“Doing more does not mean doing better” Project: Italian Diabetologists’ Association (AMD) take the opportunity to promote overdiagnosis and overtreatment

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Background and Objective

Like the USA Choosing Wisely/CW initiative, in Italy Slow Medicine/SM promotes “Doing more does not mean doing better”.

Every Scientific/professional association is invited to indicate five common practices of low-value/at risk of harm, to facilitate shared decisions with patients.
The Project leverages two determinants of human behavior (*Maslow Pyramid*), affecting physicians too:

**Ethics**

and

**Sense of belonging**

The latter acts effectively in the scientific/professional community, rewards those who follow official widespread recommendations, and provide medical/legal cover for possible litigation.
One of the Italian Diabetologists’ “top five”, however, seems rather a defense of their core business.

Non prescrivere di routine l’auto misurazione domiciliare quotidiana della glicemia nelle persone con diabete tipo 2 in trattamento con farmaci che non causano ipoglicemia.

Nei pazienti con diabete tipo 2 in trattamento con farmaci che non causano ipoglicemia, una volta che l’obiettivo glicemico è raggiunto e i risultati di autocontrollo diventano abbastanza prevedibili, il monitoraggio quotidiano delle glicemie non aggiunge informazioni per mantenere il controllo glicemico, e a volte può generare ansia. A questa condizione vi sono molte eccezioni, come, ad esempio, l’uso a scopo educativo, le malattie acute intercorrenti, il peggioramento del compenso glicemico, l’inserimento in terapia di farmaci iperglicemizzanti, dove l’autocontrollo è spesso transitoriamente indispensabile per raggiungere gli obiettivi prefissati.
Method and Results

We have critically analyzed the AMD practice n. 2 and its rationale.

“Do not prescribe **routinely** the **daily** blood glucose self-measurement...”

**Comment:** *the glycemic self-measurement is not* evidence-based and *has adverse effects with oral drugs; several systematic reviews demonstrate its utility only in insulin-treated patients.*

*In at least three out of four patients currently implementing the self-monitoring, a NHS could use more effectively the **huge financial resources** and the **time consumed** by health professionals and patients.*
“...in people with type 2 diabetes treated with drugs that do not cause hypoglycemia...”.

**Rationale**: “if treated with drugs that don’t cause hypoglycemia”

**Comment**: this insistent statement supports the use of the new very expensive **incretins** (whose superiority over conventional alternatives is not proven for **DPP4-inhibitors**), or **sodium-glucose co-transporter 2 inhibitors**, effective for high-risk patients, but with unknown long-term safety, instead of the cheaper, effective, more studied and reasonably safe **gliclazide** or **repaglinide**, whose low hypoglycemic risk\(^1\) can be minimized by avoiding too aggressive targets.

“...once the glycemic objective is achieved...”

*(Comment: Italian diabetologists’ guidelines advocate HbA1c targets *<7% for most patients*, and *<8% only for some.*

But a Cochrane systematic review*(2)* shows that a target *<7%, vs a mean of 7.6%, greatly increases the risk of hypoglycemia, without clear/unbiased microvascular benefits, and in trials with public sponsors it increases the all-cause and cardiovascular mortality*(3)*


“the **daily** self-monitoring... sometimes can generate anxiety”

“[But the daily self-monitoring **avoidance**] has **many exceptions**: for **example**, for educational purpose, an acute illness, a worsening glycemic control, addition of hypoglycemic drugs...”

**Comment**: the **Italian Diabetologists Association (AMD)** actually **offer any loophole for continuing** the daily self-monitoring **even** with drugs that do not cause hypoglycemia!

If you use the **innovative** drugs, you can well avoid the self- monitoring, except in the clinical situations: one, two, three, four,... fifteen, and ...
Conclusions

This is an example of how, with the "top five", some professional societies reach a triple goal:

1) **Whitewashing**: jumping on the bandwagon of Slow Medicine, a Scientific Society improves its image, accrediting itself as reliable, and gives *credibility to all its other* practices not listed, including very questionable ones.

Moreover, **some of the chosen practices may be marginal** compared with its core business.
2) Legitimize indiscriminate prescriptions for inappropriate self-monitoring, invoking every possible exception even to its timid reduction.

3) Promote «profitable» prescriptions, that is the most expensive new antidiabetic drugs, of doubtful or unknown medium to long-term safety, overemphasizing the argument that they would not cause hypoglycemia, instead of minimizing the hypoglycemic risk by steadily promoting a Veg-diet/healthy lifestyle, by reducing the drug doses and by aiming at less aggressive target.

Hypoglycaemia (though uncommon and mild) is really so devastating?

Thanks for the attention!