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PREVENTING OVERDIAGNOSIS

Winding back the harms of too much medicine

"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".

Slow Medicine

doing more
does not mean doing better
Choosing Wisely Italy

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:

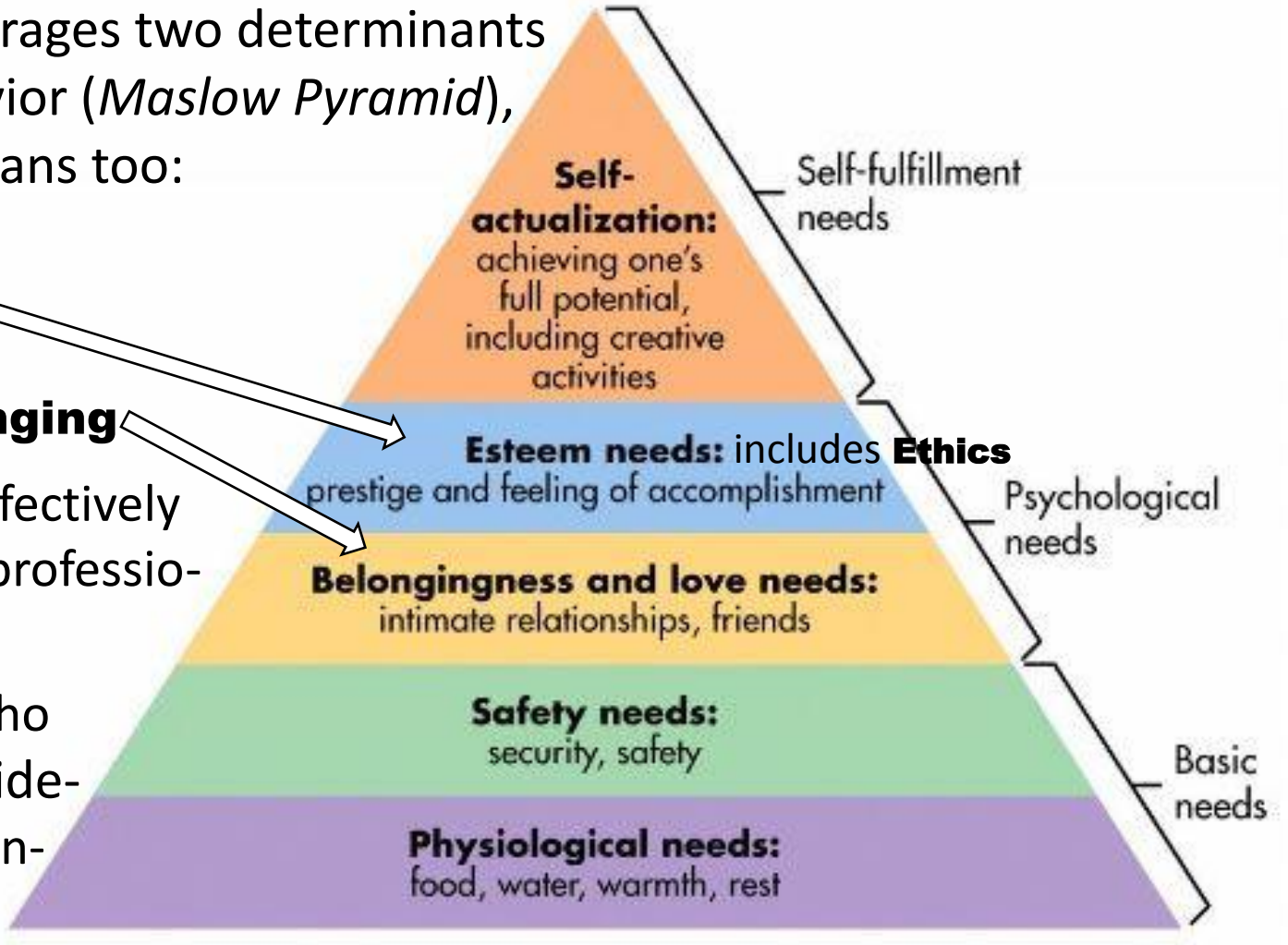
Ethics

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.

Pratiche a rischio d'inappropriatezza di cui medici e pazienti dovrebbero parlare

Cinque raccomandazioni dell'Associazione Medici Diabetologi (AMD)

One of the Italian Diabetologists' "top five", however, seems rather a defense of their core business.

2	**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.*

[(1)] *Schopman JE, et al. The incidence of mild and severe hypoglycaemia in patients with t2 diabetes mellitus treated with sulfonylureas: a systematic review and meta-analysis. Diabetes Metab Res Rev 2014; 30:11-22.*

"…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]

[2] *Hemmingsen B, Lund SS, Gluud C, Vaag A, Almdal TP, Hemmingsen C, Wetterslev J. Targeting intensive glycaemic control versus targeting conventional glycaemic control for type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2013, Issue 11. Art. No.: CD008143. DOI: 10.1002/14651858.CD008143.pub3.*

[3] *Donzelli A, Battaggia A, Mariani M. Algoritmo AIFA-AMD-SID per la terapia del diabete. Target di glicata e rischi di sovratrattamento. InfoFarma 2015;1-8.*

“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!*

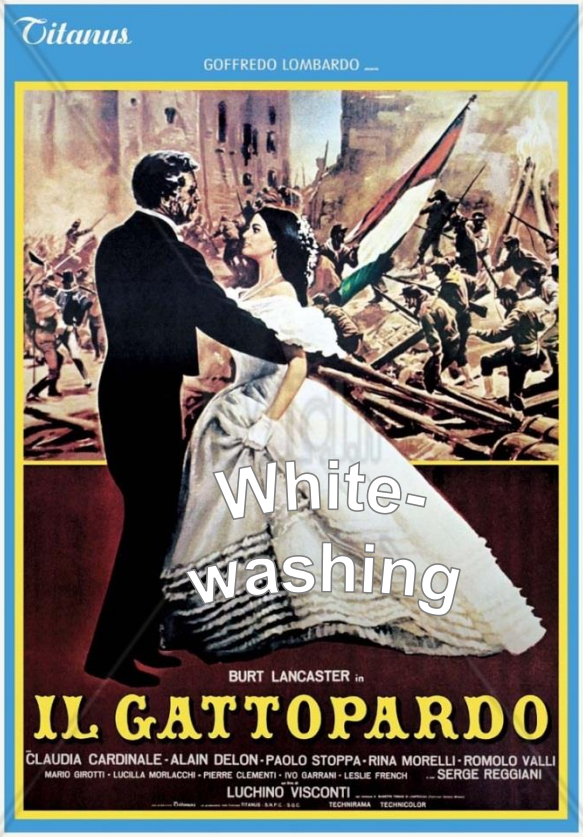
If you use the **innovative** drugs, you can well avoid the self- monitoring, except in the clinical situations: one, two, three, four,… fifteen, and ...

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.

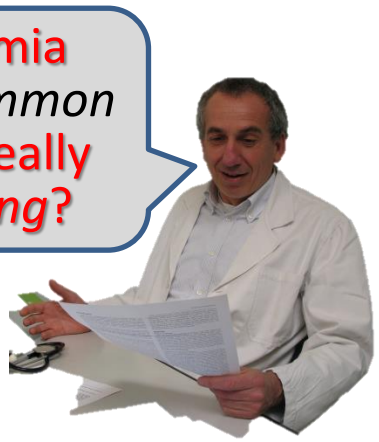
Moreover, **some of the chosen practices may be marginal** compared with its core business.



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** .

Thanks for the attention!