SOCIETÀ ITALIANA DI GERONTOLOGIA E GERIATRIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

… e c'è bisogno anche della relazione con il PAZIENTE FAMIGLIA

The fine art of patient-doctor relationships

M P Park, R H R Park BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com

Orazio ZANETTI

Società Italiana di Gerontologia e Geriatria
U.O. Alzheimer - Centro per la Memoria
IRCCS, Centro S.Giovanni di Dio - Fatebenefratelli, Brescia

The fine art of patient-doctor relationships

M P Park, R H R Park

BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com

Fig 1 Goya's *Self Portrait with Dr Arrieta*, 1820. Minneapolis Institute of Arts, The Ethel Morrison Derlip Fund

Oggi in Italia meno del 2% (1.96%) degli >65enni sono ospiti/ricoverati in strutture residenziali (n. 223.509) e meno dell'1% sono seguiti a domicilio.

(In Europa: 5% in residenze e 7% al domicilio)

(Fonte: Istat 2004; C.Gori e A.Guaita: I luoghi della cura 2007)

Oggi in Italia l' 80% circa dei pazienti affetti da demenza è assistita al proprio domicilio dalla famiglia, spesso con il supporto di "badanti"

IRCCS Centro S.Giovanni di Dio-Fatebenefratelli, Brescia

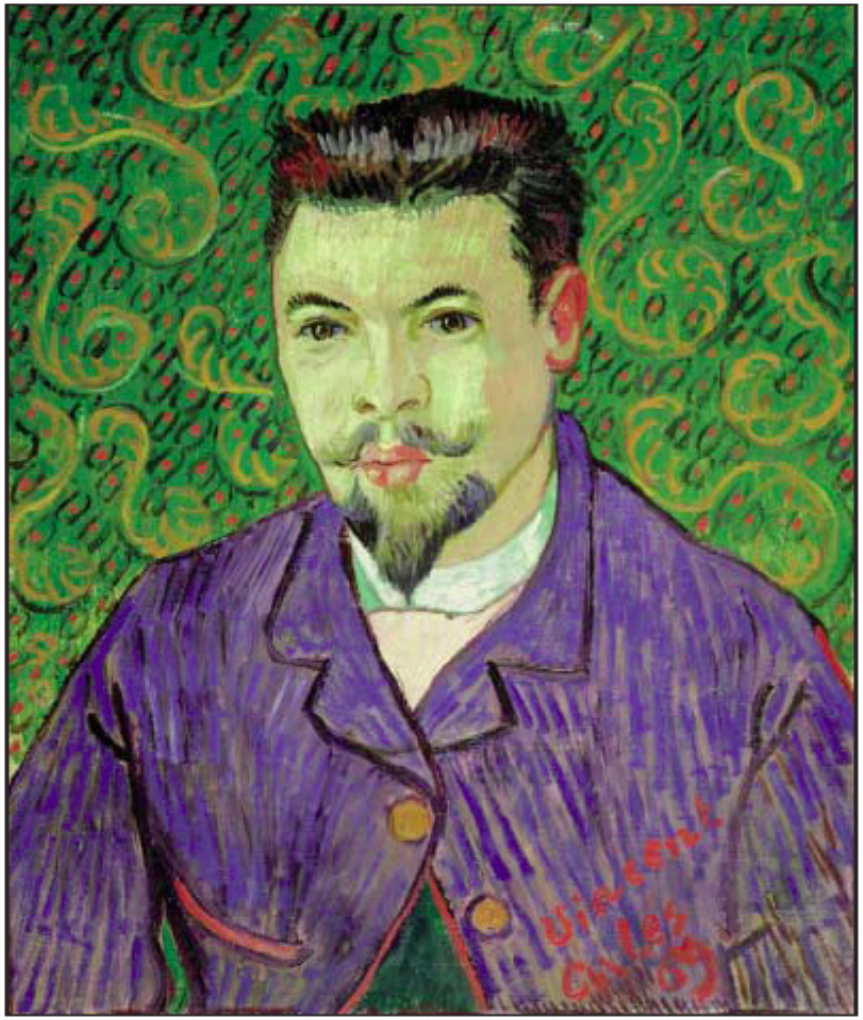
I nodi della rete

- **Caregiver ("badanti")- paziente**
- **Medico di famiglia**
- **ADI**
- **RSA - Unità Alzheimer (SCU)**
- **Centro Diurno Integrato (CDI)**
- **Unità Operative di Degenza e Day Hospital**
- **U.V.A.**

The fine art of patient-doctor relationships

M P Park, R H R Park

BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com



BRIDGEMAN ART LIBRARY

Fig 3 Van Gogh's *Portrait of Félix Rey*, 1889. Pushkin Museum, Moscow

SOCIETÀ ITALIANA
DI OBIENTOLOGIA
E OBIATRIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

… c'è bisogno anche della relazione con il paziente …

The fine art of patient-doctor relationships

M P Park, R H R Park

BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com

Fig 2 Bellany's *Bonjour Professor Calne*, 1988. Aberdeen Art Gallery and Museums Collections

Il paziente nella fase diagnostica

“Sono un medico degli anziani, perchè è venuto da me?”
(Come posso esserle utile? Cosa posso fare per lei?)”

“ ? … Mi hanno portato loro …”

“Sig.ra Bianchi mi dica come sta? Lei come si sente?”

“Io sto bene!”

Il paziente nella fase diagnostica

“l’ appetito?”, **“buono !”;** *“digerisce bene?”*, **“abbastanza”;** *“ha dolori?”* **“si ho questo ginocchio ...”;** *“e la memoria, come va?”* **“sa dottore, alla mia età non si può pretendere”;** *“Sig.ra Bianchi, quanti anni ha?”* **“ … Sono del ’27”**

CONSAPEVOLEZZA, INSIGHT, AWARENESS, COSCIENZA

DEPRESSIONE - SOFFERENZA

COMPETENZA - CONSENSO

COMPLIANCE - OUTCOME

CAREGIVER BURDEN

ASPETTI ETICI E MEDICO LEGALI

(testamento, direttive anticipate - living wills - testamento di vita)

SOCIETÀ ITALIANA
DI OBESITOLOGIA
E CHIRURGIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

Il paziente nella fase diagnostica

Lo spazio per l'empatia

BRIDGEMAN ART LIBRARY

Fig 4 Van Gogh's *L'Homme à la Pipe, Dr Gachet*, 1890. Bibliotheque Nationale Paris

SOCIETÀ ITALIANA
DI OBIENTOLOGIA
E OBIATRIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

Il paziente e la restituzione della diagnosi

Position Paper

Research criteria for the diagnosis of Alzheimer's disease: revising the NINCDS–ADRDA criteria

Bruno Dubois*, Howard H Feldman*, Claudia Jacova, Steven T DeKosky, Pascale Barberger-Gateau, Jeffrey Cummings, André Delacourte, Douglas Galasko, Serge Gauthier, Gregory Jicha, Kenichi Meguro, John O'Brien, Florence Pasquier, Philippe Robert, Martin Rossor, Steven Salloway, Yaakov Stern, Pieter J Visser, Philip Scheltens

Lancet Neurol 2007; 6: 734–46

Published Online
July 9, 2007
DOI:10.1016/S1474-4422(07)70178-3

August 2007

Lancet Neurol 2007; 6: 734–46
Published Online
July 9, 2007
DOI:10.1016/S1474-4422(07)70178-3

Panel 2: Diagnostic criteria for AD

Probable AD: A plus one or more supportive features B, C, D, or E

Core diagnostic criteria

1

A. Presence of an early and significant episodic memory impairment that includes the following features:

1. Gradual and progressive change in memory function reported by patients or informants over more than 6 months
2. Objective evidence of significantly impaired episodic memory on testing: this generally consists of recall deficit that does not improve significantly or does not normalise with cueing or recognition testing and after effective encoding of information has been previously controlled
3. The episodic memory impairment can be isolated or associated with other cognitive changes at the onset of AD or as AD advances

Supportive features

2

B. Presence of medial temporal lobe atrophy

- Volume loss of hippocampi, entorhinal cortex, amygdala evidenced on MRI with qualitative ratings using visual scoring (referenced to well characterised population with age norms) or quantitative volumetry of regions of interest (referenced to well characterised population with age norms)

3

C. Abnormal cerebrospinal fluid biomarker

- Low amyloid β_{1-42} concentrations, increased total tau concentrations, or increased phospho-tau concentrations, or combinations of the three
- Other well validated markers to be discovered in the future

4

D. Specific pattern on functional neuroimaging with PET

- Reduced glucose metabolism in bilateral temporal parietal regions
- Other well validated ligands, including those that foreseeably will emerge such as Pittsburg compound B or FDDNP

E. Proven AD autosomal dominant mutation within the immediate family

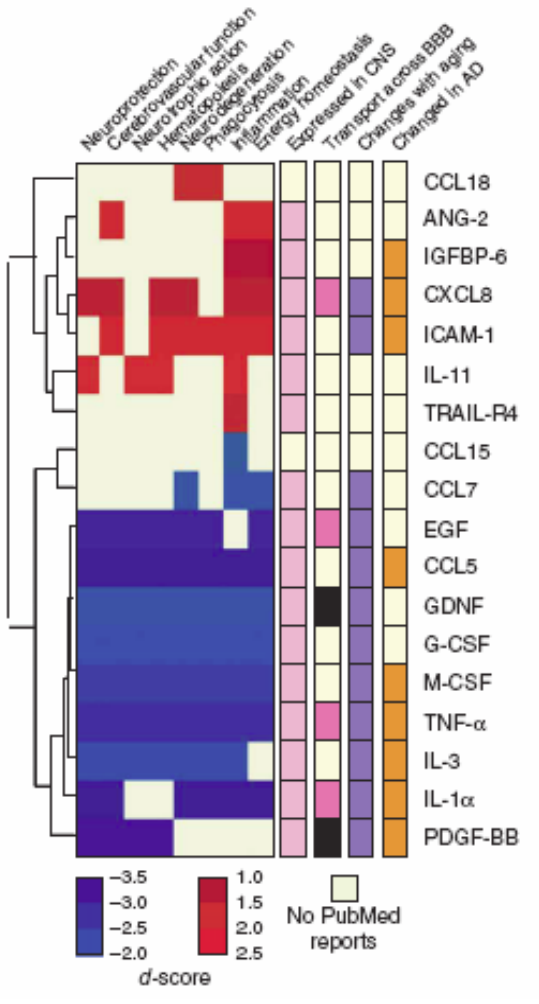
nature medicine

Classification and prediction of clinical Alzheimer's diagnosis based on plasma signaling proteins

Sandip Ray[1,16], Markus Britschgi[2,16], Charles Herbert[1], Yoshiko Takeda-Uchimura[2], Adam Boxer[3], Kaj Blennow[4], Leah F Friedman[5], Douglas R Galasko[6], Marek Jutel[7], Anna Karydas[3], Jeffrey A Kaye[8], Jerzy Leszek[9], Bruce L Miller[3], Lennart Minthon[10], Joseph F Quinn[8], Gil D Rabinovici[3], William H Robinson[11], Marwan N Sabbagh[12], Yuen T So[2], D Larry Sparks[12], Massimo Tabaton[13], Jared Tinklenberg[5], Jerome A Yesavage[5], Robert Tibshirani[14] & Tony Wyss-Coray[2,15]

Received 2 May; accepted 30 August; published online 14 October 2007; doi:10.1038/nm1653

A molecular test for Alzheimer's disease could lead to better treatment and therapies. We found 18 signaling proteins in blood plasma that can be used to classify blinded samples from Alzheimer's and control subjects with close to 90% accuracy and to identify patients who had mild cognitive impairment that progressed to Alzheimer's disease 2–6 years later. Biological analysis of the 18 proteins points to systemic dysregulation of hematopoiesis, immune responses, apoptosis and neuronal support in presymptomatic Alzheimer's disease.



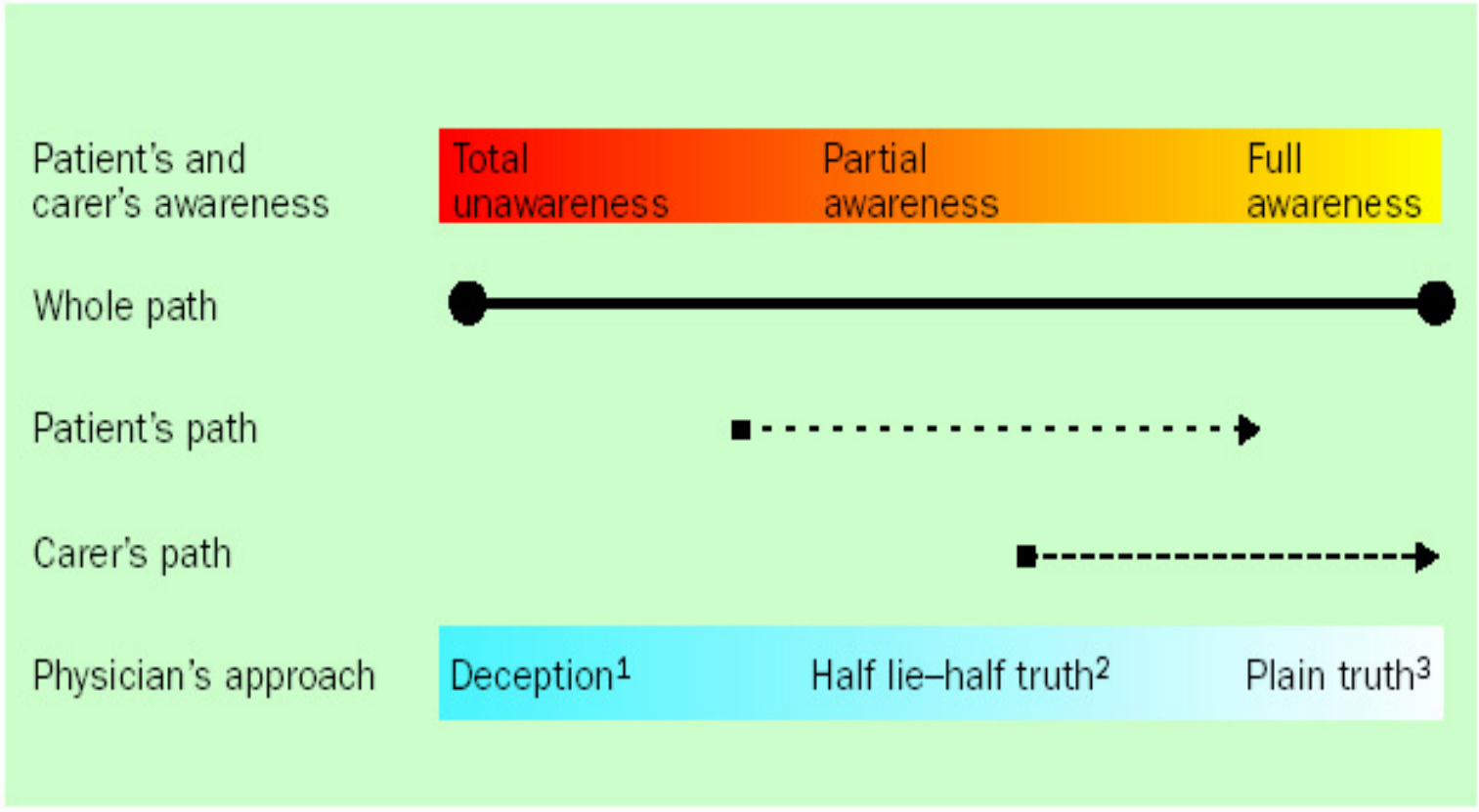
INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2004; **19**: 151–169.
Published online in Wiley InterScience (www.interscience.wiley.com). **DOI**: 10.1002/gps.1050

Disclosing a diagnosis of dementia: a systematic review

Claire Bamford, Sharon Lamont, Martin Eccles*, Louise Robinson, Carl May and John Bond

Centre for Health Services Research, University of Newcastle-upon-Tyne, UK

Studies of the impact of disclosure indicate both negative and positive consequences of diagnostic disclosure for people with dementia and their carers.
Conclusions Existing evidence regarding diagnostic disclosure in dementia is both inconsistent and limited with the perspectives of people with dementia being largely neglected. This state of knowledge seems at variance with current guidance about disclosure.



Frisoni GB: Lancet Neurology 2004

The fine art of patient-doctor relationships

M P Park, R H R Park BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com

Munch's *Portrait of Dr Jacobsen*, 1909. Munch Museum, Oslo

SOCIETÀ ITALIANA DI OFTALMOLOGIA E OFTALMOLOGIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

Il paziente nella fase della restituzione della diagnosi

"Sig. Bianchi, fino al prossimo controllo Le consiglio di non guidare l'automobile"

SOCIETÀ ITALIANA DI OBESITÀ CHIRURGIA E CHIRURGIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

Il paziente nella fase della restituzione della diagnosi

Il paziente, il coniuge, gli altri familiari, necessitano di informazioni qualitativamente e quantitativamente diverse

Cura orientata alla famiglia (oltre che al paziente), come nel modello pediatrico

SOCIETÀ ITALIANA
DI OBESITOLOGIA
E DIETATRA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

… e c'è bisogno anche della relazione con la famiglia

Michelangelo, ***La Sacra Famiglia (Tondo Doni)***, circa 1503 Olio e tempera su tavola, Firenze, Uffizi

Pietro Antonio Longhi (Venezia,1701-1785) , Famiglia Patrizia

Roberto Guarneri

Pompeo Girolamo Batoni (Lucca, 1708 - Roma, 1787)

Zarit S.H., Reever K.E., and Bach-Peterson J.: Relatives of the impaired elderly: correlates of feeling of burden.

The Gerontologist 1980; 20: 260-266

Council report (AMA)

Physicians and Family Caregivers

A Model for Partnership

JAMA 1993; 269; 1282 - 1284.

… family caregivers, key resources for the frail elderly.

…. family members play a central and essential role in the health care and care management of the community-dwelling , frail elderly

Council report (AMA)

Physicians and Family Caregivers

A Model for Partnership

JAMA 1993; 269; 1282 - 1284.

… family support reduce health care utilization by the elderly .. Informal support may retard institutionalization …

IRCCS Centro S.Giovanni di Dio-Fatebenefratelli, Brescia

Council report (AMA)

Physicians and Family Caregivers

A Model for Partnership

JAMA 1993; 269; 1282 - 1284.

Caregivers and patients as a single unit of care and caregiver as a partner with the physician in care of the patient

IRCCS Centro S.Giovanni di Dio-Fatebenefratelli, Brescia

Council report (AMA)

Physicians and Family Caregivers

A Model for Partnership

JAMA 1993; 269; 1282 - 1284.

- **Patient caregiver unit**
- **Comprehensive home-based approach**
- **Caregiver and patient assessment**
- **Providing training to caregiver**
- **Offer specific help for upsetting behaviors**
- **Validate the caregiver role**
- **Act as case manager**

SOCIETÀ ITALIANA DI GERONTOLOGIA E GERIATRIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

I famigliari fonte di informazioni

- esordio ed evoluzione dei deficit cognitivi
- disturbi comportamentali
- comparsa dei deficit funzionali

Associazione tra report del caregiver e valutazione diretta

ELEVATA : *PERFORMANCE* MOTORIA (deambulazione)
MODERATA-BUONA : VESTIRSI
MODERATA: USO DEL TELEFONO, GESTIONE FINANZE, FARE LA SPESA
NO ASSOCIATION: TOILETTE

LE DISCREPANZE TRA CAREGIVER *REPORT* E MISURE DI *PERFORMANCE* DIRETTA SONO SIGNIFICATIVAMENTE INFLUENZATE DAL CAREGIVER BURDEN

Zanetti et al.: J. Am. Geriatr. Soc. 1999;47:196 202.

SOCIETÀ ITALIANA DI GERONTOLOGIA E GERIATRIA

52° CONGRESSO NAZIONALE SIGG
Firenze, 28 novembre- 2 dicembre 2007

I famigliari come target di cure

Il carico fisico e psicologico della famiglia, del *caregiver* primario in particolare

DETERMINATS OF BURDEN IN AN ITALIAN SAMPLE OF ALZHEIMER'S PATIENT CAREGIVERS

The greater the number of persons, the lower the report of caregiver stress.

Lower frequency of visits of friends or relatives, caregiver's poor health and higher age, and the presence of patient's behavioural disturbances were the main determinants of caregiver's depressive symptoms.

Cognitive impairment of patients was not correlated to caregiver's distress.

Zanetti et al., J.Cross-Cultural Gerontology, 1996

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2005; **20**: 168–174.
Published online in Wiley InterScience (www.interscience.wiley.com). **DOI**: 10.1002/gps.1267

Predictors of high level of burden and distress in caregivers of demented patients: results of an Italian multicenter study

P. Rinaldi[1], L. Spazzafumo[2], R. Mastriforti[1], P. Mattioli[1], M. Marvardi[1], M. C. Polidori[1], A. Cherubini, G. Abate[3], L. Bartorelli[4], S. Bonaiuto[5], A. Capurso[6], D. Cucinotta[7], M. Gallucci[8], M. Giordano[9], M. Martorelli[10], G. Masaraki[11], A. Nieddu[12], C. Pettenati[13], P. Putzu[14], V. A. Tammaro[15], P. F. Tomassini[16], C. Vergani[17], U. Senin[1], P. Mecocci[1]* and the Study Group on Brain Aging of the Italian Society of Gerontology and Geriatrics (GSIC-SIGG)

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2003; 18: 160–174.
Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/gps.1267

Predictors of high level of burden and distress in caregivers of demented patients: results of an Italian multicenter study

P Rinaldi[1], L. Spazzafumo[2], R. Mastriforti[3], P. Mariolì[1], M. Marvardi[1], M. C. Polidori[1], A. Chorobini, G. Abate[3], L. Bartorelli[3], S. Bonanni[3], A. Caporso[4], D. Cucinotta[5], M. Galluzzi[6], M. Giordano[7], M. Martorelli[8], G. Masacali[9], A. Nieddu[10], C. Petrignani[11], P. Porzi[12], V. A. Tammaro[13], P. F. Tomassoni[14], C. Vergani[15], U. Senin[1], P. Mecocci[1]* and the Study Group on Brain Aging of the Italian Society of Gerontology and Geriatrics (GSIC-SIGG)

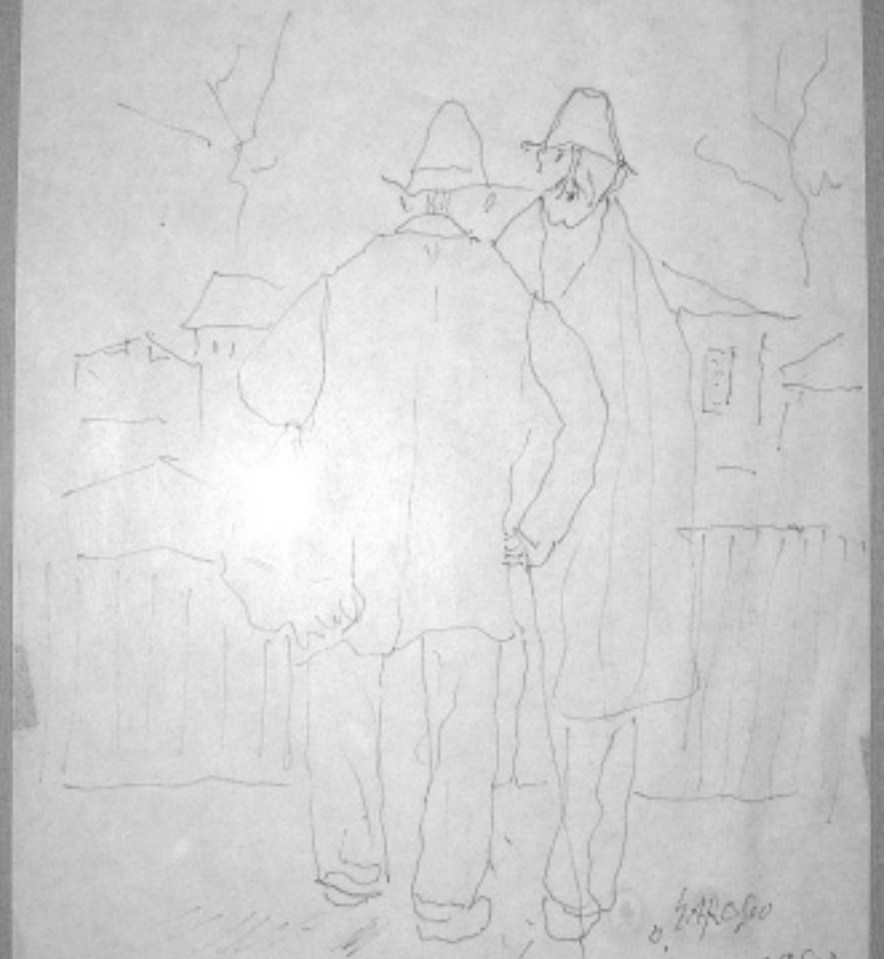
Table 4. Multivariate analysis of patient's and caregiver's variables associated to the risk of belonging to the high burden, distress, depression and anxiety (HBDDA) group

	OR	CI 95%
ADL		
Mild disability (5–6)	1	
Moderate disability (3–4)	4.01	1.87–8.61
Severe disability (0–2)	6.55	3.28–13.30
NPI agitation		
None	1	
Mild (1–4)	1.09	0.55–2.16
Moderate (5–8)	3.41	1.42–8.22
Severe (9–12)	3.86	1.38–10.81
NPI irritability		
None	1	
Mild (1–4)	1.15	0.57–2.28
Moderate (5–8)	2.99	1.27–7.05
Severe (9–12)	2.58	0.78–8.49
NPI aberrant motor behaviour		
None	1	
Mild (1–4)	1.73	0.77–3.91
Moderate (5–8)	3.19	1.43–7.08
Severe (9–12)	2.60	1.04–6.46
NPI night time behaviours		
None	1	
Mild (1–4)	2.11	1.05–4.25
Moderate (5–8)	2.75	1.30–5.85
Severe (9–12)	3.27	1.09–9.77
Caregiver's age		
≤ 50 years	1	
51–69 years	2.07	0.96–4.45
≥ 70 years	3.40	1.29–8.98
Type of relationship		
Others	1	
Child	5.02	1.96–12.85
Spouse	6.70	2.27–19.12
Place of living		
North	1	
Center	0.91	0.44–1.87
South	2.98	1.38–6.44

ENTE OSPEDALIERO PROV. GAVARDO - SALO'
OSPEDALE DI GAVARDO

DIVISIONE MEDICA
PRIMARIO PROF. FRANCO FONTANA

Gavardo _____



dall'ospedale di Gavardo

1980

A 27

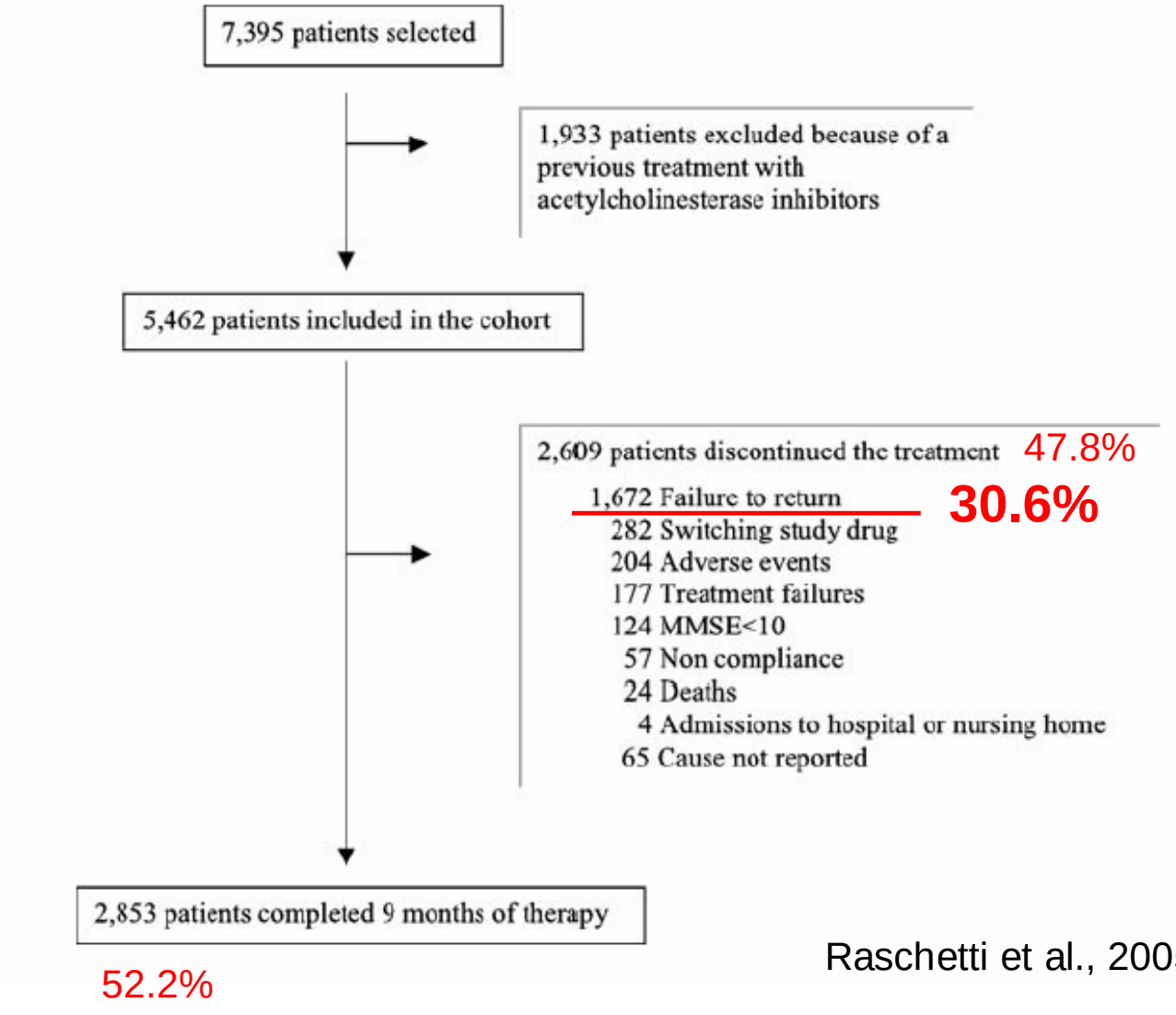
Eur J Clin Pharmacol (2005) 61: 361–368
DOI 10.1007/s00228-005-0946-1

CLINICAL TRIALS

Roberto Raschetti · Marina Maggini
Giacoma Carla Sorrentino · Nello Martini
Bruno Caffari · Nicola Vanacore

A cohort study of effectiveness of acetylcholinesterase inhibitors in Alzheimer's disease

U.V.A.: n. 118



Raschetti et al., 2005

FUNZIONI UVA

Diagnosi etiologica del deficit cognitivo
Interventi farmacologici e non farmacologici (riabilitazione cognitiva e fisica)
Gestione dei disturbi comportamentali
Diagnosi e terapia della comorbilità
Prevenzione

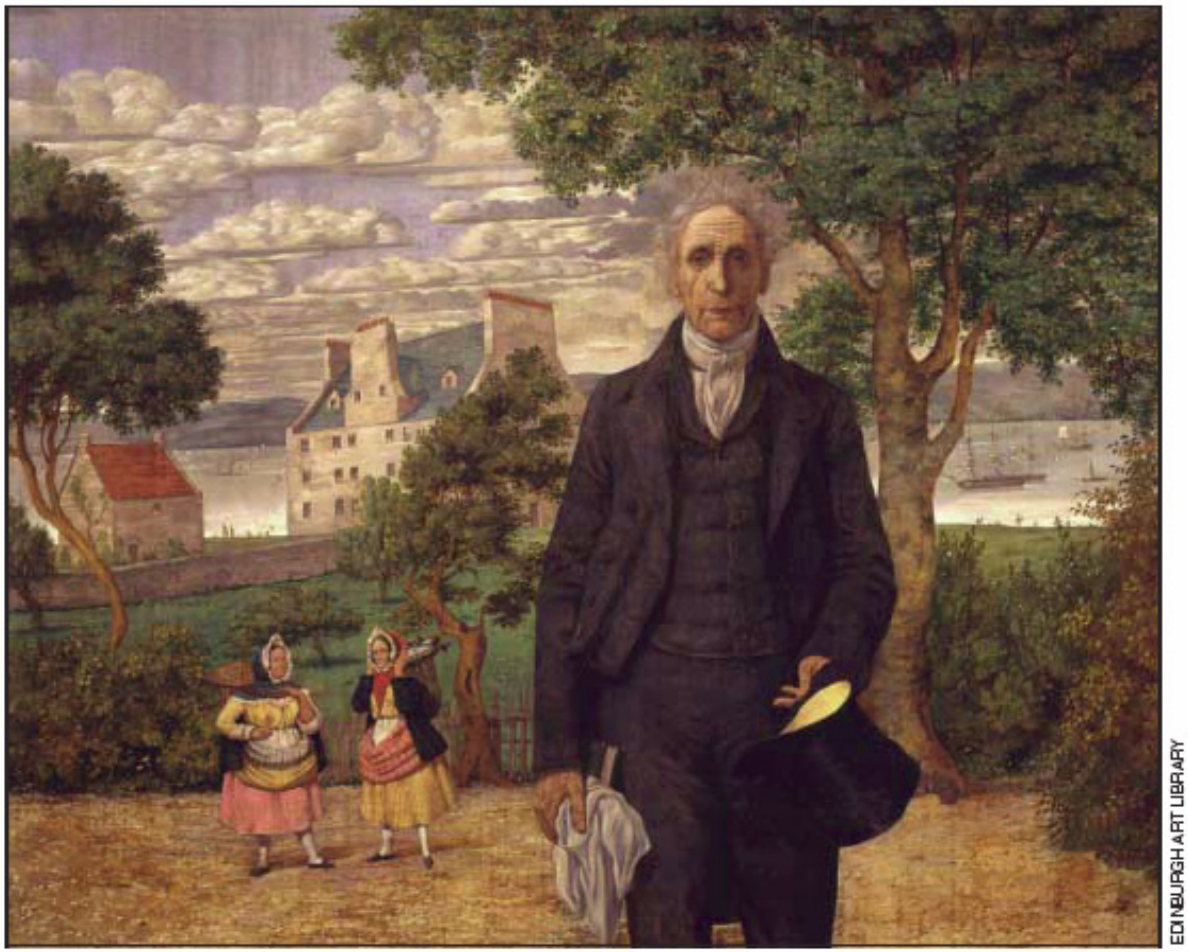
Educazione e supporto dei familiari
Interazione con gli altri nodi della rete dei servizi per l'anziano con deficit cognitivi

Formazione (*Ricerca e formazione*)

The fine art of patient-doctor relationships

M P Park, R H R Park

BMJ VOLUME 329 18-25 DECEMBER 2004 bmj.com



EDINBURGH ART LIBRARY

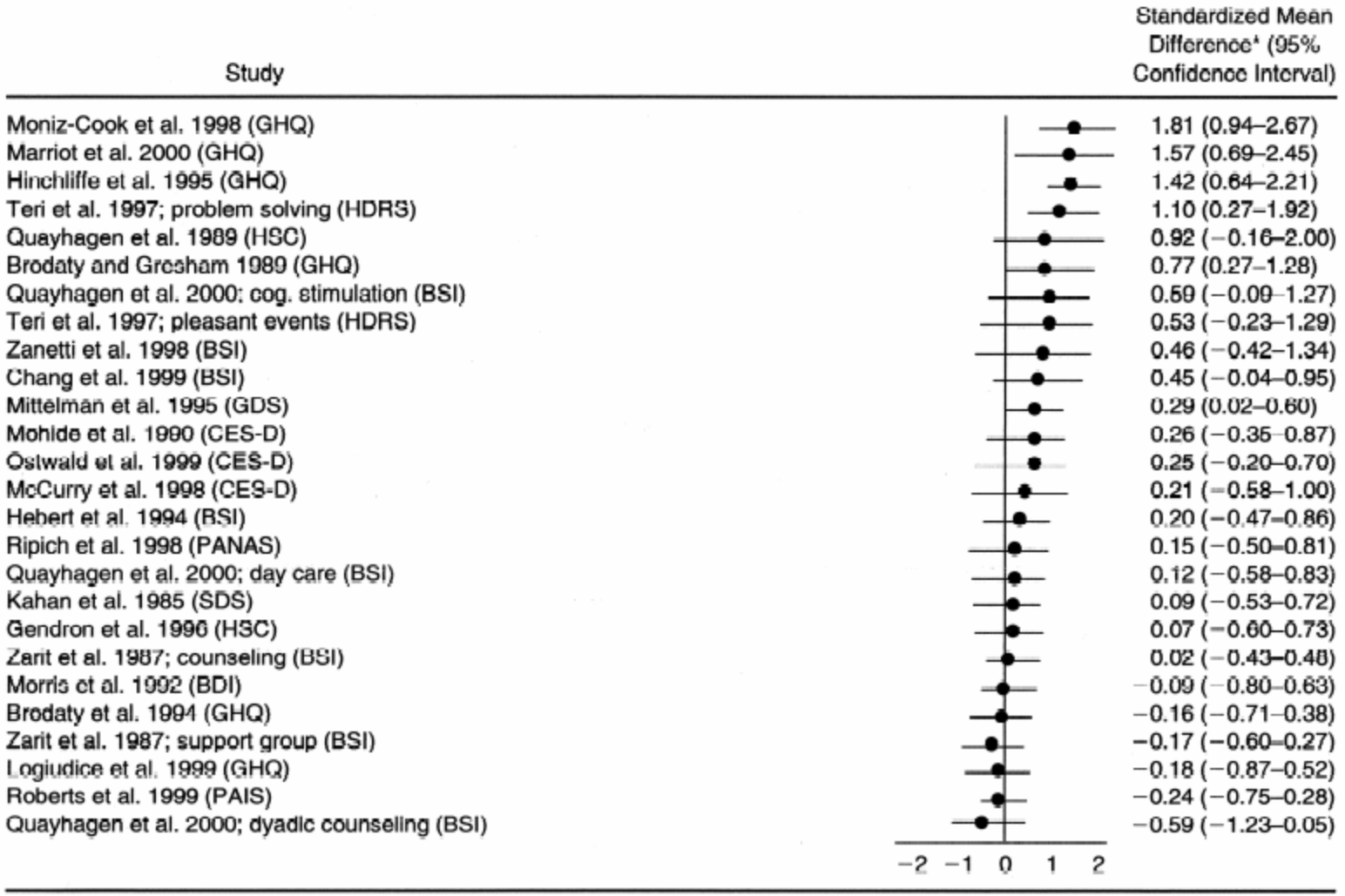
Fig 7 Dadd's *Portrait of Sir Alexander Morison*, 1852. Scottish National Portrait Gallery, Edinburgh

Meta-Analysis of Psychosocial Interventions for Caregivers of People with Dementia

Henry Brodaty, MD, FRANZCP, FRACP,[*†] *Alisa Green, B. Sc (Psychol). Hons,*[†] *and Annette Koschera, PhD*[†]

J Am Geriatr Soc 51:657–664, 2003

Table 3. Effect Size for Psychological Morbidity at Most Current Follow-Up Assessment



INTERVENTIONS FOR CAREGIVERS OF PATIENTS WITH DEMENTIA

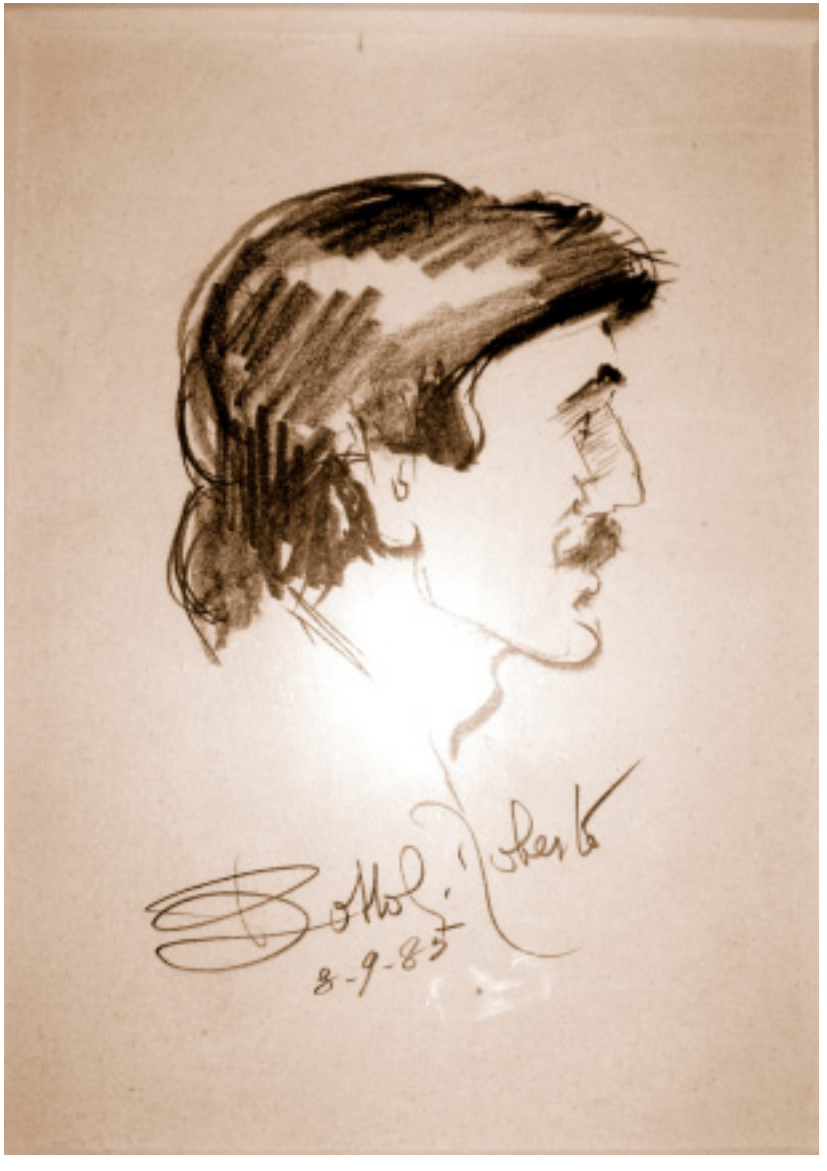
SUPPORT GROUPS

INDIVIDUAL AND FAMILY COUNSELLING

RESPITE CARE

SKILLS TRAINING INTERVENTIONS

COMPREHENSIVE, MULTI-COMPONENT INTERVENTIONS


8-9-85

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry 2004; **19**: 1103–1104.
Published online in Wiley InterScience (www.interscience.wiley.com). **DOI**: 10.1002/gps.1176

RESEARCH LETTER

'Immigrant paid caregivers' and primary caregivers' burden

E. Rosa[1]*, M. Ambrogio[2], G. Binetti[2] and O. Zanetti[2]

[1]*AFAR, Research Association Fatebenefratelli, Rome, Italy*
[2]*Alzheimer's Research and Care Unit-Memory Clinic—IRCCS—Centro S.Giovanni di Dio-Fatebenefratelli Brescia, Italy*

Table 1. Association between objective and subjective caregiver burden with the availability of an immigrant paid caregiver

Subjective and Objective burden	Immigrant paid caregiver			
	No (n = 33) M (DS)	Yes (n = 18) M (DS)	f	Sig.
H. dedicate to vigilance	15.79 (9.4)	5.00 (6.4)	18.70	**0.000***
H. dedicated to assistance	3.06 (2.7)	1.00 (1.3)	8.91	**0.004***
CBI*				
Time dependence burden	14.15 (6.4)	7.61 (4.3)	14.68	**0.000***
Developmental burden	8.00 (5.8)	4.39 (5.7)	5.73	**0.021***
Physical burden	7.91 (4.8)	4.61 (4.3)	4.51	**0.039***
Social burden	4.97 (4.7)	6.06 (5.5)	5.74	0.466
Emotional burden	3.88 (3.3)	1.83 (1.8)	0.54	**0.020***
CES-D**	26.00 (13.7)	15.39 (14.5)	6.66	**0.013***

*Caregiver Burden Inventory.
**CES-D: Center for Epidemiological Studies Depression Scale.

La vita riposta:

i costi sociali ed economici della malattia di Alzheimer

P. Spadin e C.M. Vaccaro

Franco Angeli, Milano, 2007

	1999	**2006**
Assistenza diretta (ore/d)	7.0	6.0
Sorveglianza (ore/d)	10.8	7.0

INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY
Int J Geriatr Psychiatry (2007)
Published online in Wiley InterScience
(www.interscience.wiley.com) DOI: 10.1002/gps.1879

RESEARCH LETTER

The immigrant paid caregivers' role in the care of patients with severe dementia

E. Rosa*, G. Lusignoli, F. Sabbatini, A. Chiappa, S. Di Cesare, L. Lamanna, B. Surrente and O. Zanetti

Alzheimer's Research and Care Unit, Memory Clinic, IRCCS-Centro S. Giovanni di Dio, Fatebenefratelli Brescia, Italy

Badanti:n.50

	Mean SD	*N*	%
Age	41 ± 10		
Sex			
Female		49	98
Male		1	2
Education	13 ± 2		
8 years		6	12
13 years		28	56
more than 13 years		16	32
Language			
Fairly good Italian		18	36
Good Italian		17	34
Very good Italian		15	30
Civil status			
Married		37	74
Single		3	6
Divorced		7	14
Widower/Widow		3	6
Relationship with the patient			
Good		33	66
Not very good		17	34
Relationship with the caregiver			
Good		31	62
Not very good		19	38
Illegal work in Italy			
Yes		33	66
No		17	34
First experience as immignant paid caregiver			
Yes		26	52
No		24	48
Training to care for patients			
Yes		6	12
No		44	86
Need of a specific training to care for a patient with dementia			
Yes		40	80
No		10	20
Economic situation			
Good		22	44
Not good		28	56
Depressive symptoms (CES-D)			
Absence		30	66
Mild		10	17
Severe		10	17
Hours of vigilance	13 ± 6		
Hours of assistance	2 ± 1		

P.D.A 2/5

A. Hayoz

BMJ | 17 NOVEMBER 2007 | VOLUME 335

Respecting the subjective: quality measurement from the patient's perspective

An unhappy patient suggests poor quality care, but **Glyn Elwyn and colleagues** point out that using measures of satisfaction to assess health providers is not without problems