62° CONGRESSO NAZIONALE SIGG

INVECCHIAMENTO: SCENARIO 2.0

NAPOLI 2017 29 novembre - 2 dicembre

Impatto di più la depressione del tono dell'umore, il dolore o i disturbi del comportamento sull'outcome riabilitativo nell'anziano?

Alessandro Morandi

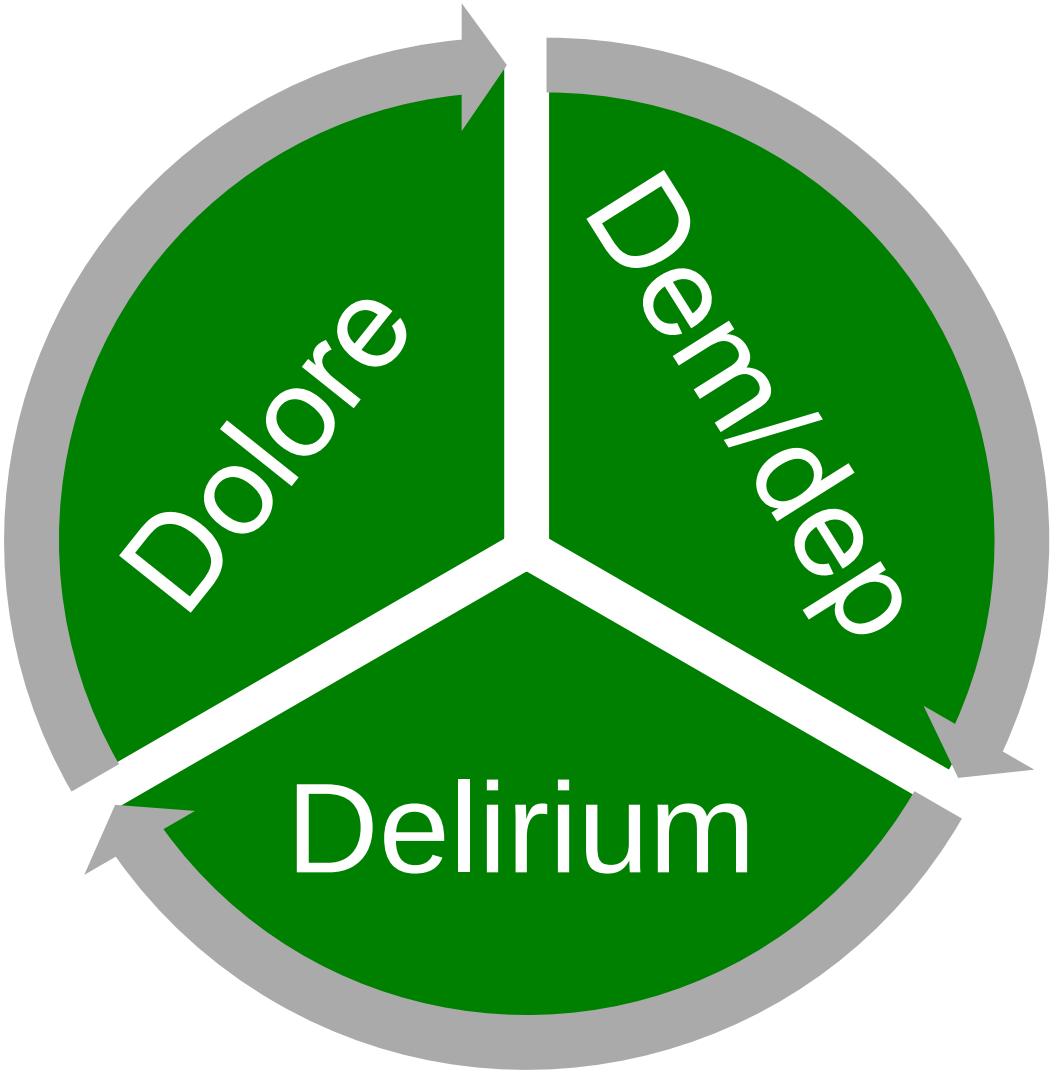
Dipartimento di Riabilitazione Fondazione Teresa Camplani Cremona

Fondazione Teresa Camplani Casa di Cura ANCELLE

Napoli, 1 Dicembre 2017

Associazione Italiana Psicogeriatria

Gruppo di ricerca geriatrica


Dolore
Dem/dep
Delirium

Problematiche comportamentali

BPSD
Apatia
Disturbi del sonno
Irritabilità
Persecuzione
Allucinazioni/wandering
Agitazione/ansietà
Confabulazione

Depressione

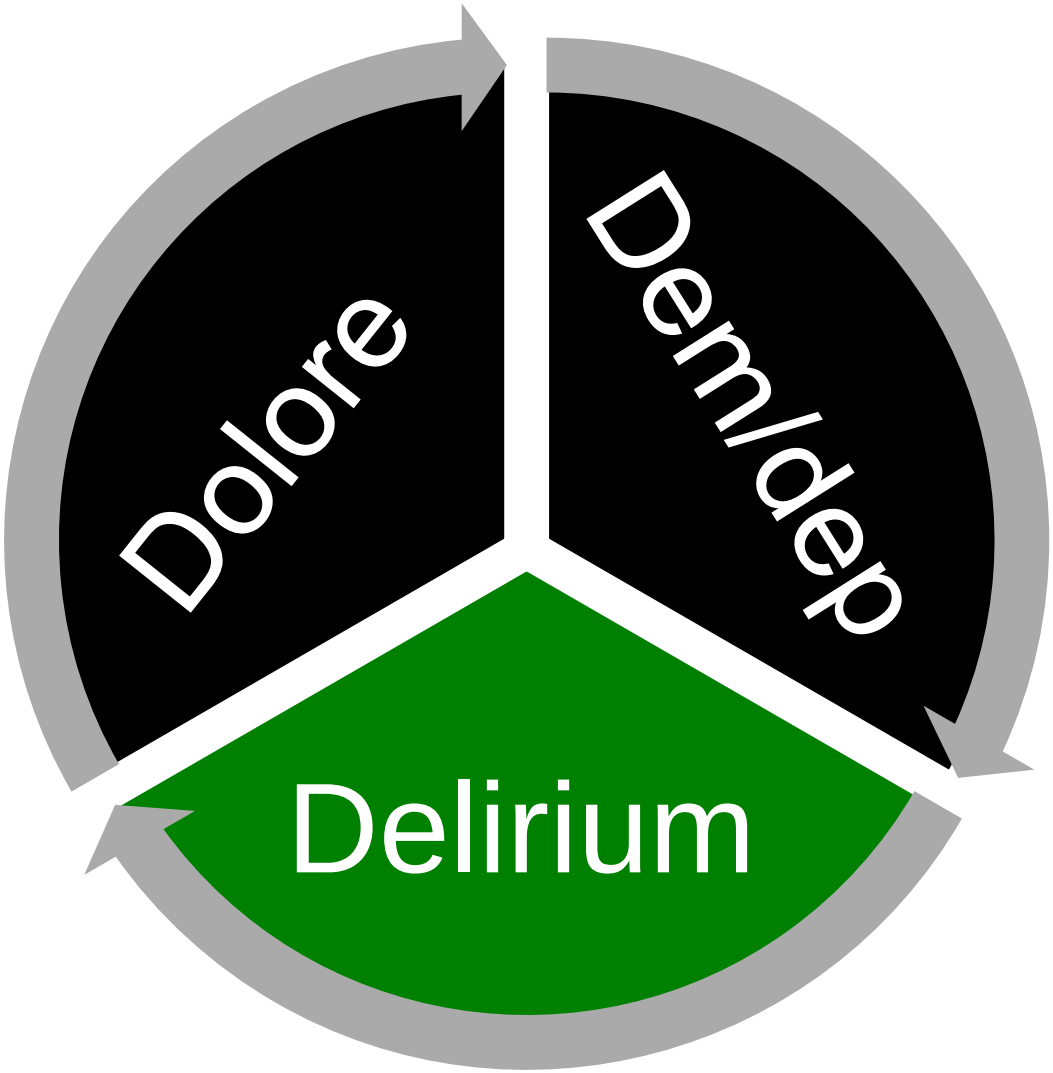
Ansietà/agitazione

Delirium

Irritabilità

Disturbi del sonno

Psicosi


Dolore
Dem/dep
Delirium

Delirium persistente: outcome

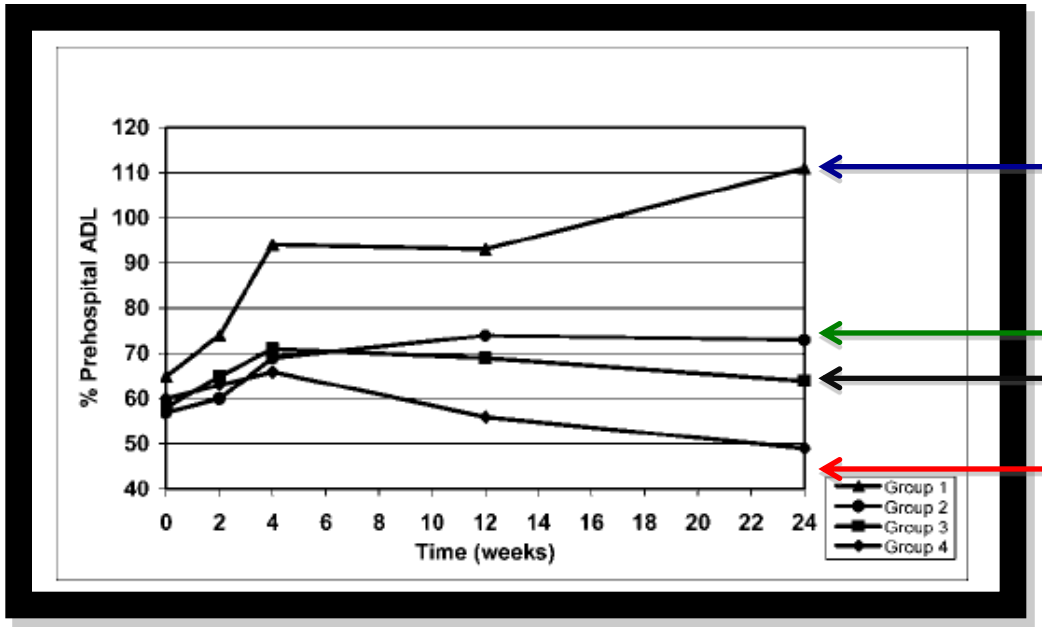
Author/year	*N*	PerD determined at	Proportion with PerD (%)	Outcomes determined at	Outcomes [OR (95% CI)]				
					Mortality	NH placement	ADL decline	Cognitive decline	Ambulation decline
Marcantonio *et al.*/2000	52	1 month	32	1 month	1.5 (0.45, 5.0)[a,c]		3.05 (0.74, 12.64)[a]		5.73 (1.51, 21.78)[a]
McCusker *et al.*/2003	181	24 h after enrolment	61	12 months	1.62 (0.79, 3.34)[b]		−10.7 (−19.8, 1.6)[c]	0.87 (−1.1, 2.8)[d]	
		Discharge	32	12 months	1.63 (0.77, 3.44)[b]		−21.9 (−31.1, −12.7)[c]	−5.3 (−7.5, −3.1)[d]	
McAvay *et al.*/2006	55	Discharge	44	12 months	2.38 (0.64, 8.84)[a,c]				

NH, nursing home; ADL, activities of daily living; PerD, persistent delirium.
[a]Unadjusted odds ratio (95% confidence interval), [b]adjusted odds ratio, [c]adjusted mean difference on Barthel Index, [d]adjusted mean difference on Mini-Mental State Exam, [e]combined OR for death/Nursing Home placement = 1.85 (0.76, 4.5).

Cole MG, et al. Age Ageing 2009

Delirium persistente e recupero funzionale

Percentuale media di IADL pre-morbose recuperate in relazione alla risoluzione del delirium durante un ricovero in riabilitazione



Risoluzione delirium entro 2 settimane

Risoluzione delirium dopo 2 settimane

Risoluzione delirium con recidiva durante la degenza

Mai risolto il delirium durante la degenza

Kiely D.K. J Gerontology, 2006;61A:204-208

Journal of Geriatric Psychiatry and Neurology
http://jgp.sagepub.com/

The Effect of Poststroke Delirium on Short-Term Outcomes of Elderly Patients Undergoing Rehabilitation

Renato Turco, Giuseppe Bellelli, Alessandro Morandi, Simona Gentile and Marco Trabucchi

J Geriatr Psychiatry Neurol published online 15 March 2013
DOI: 10.1177/0891988713481265

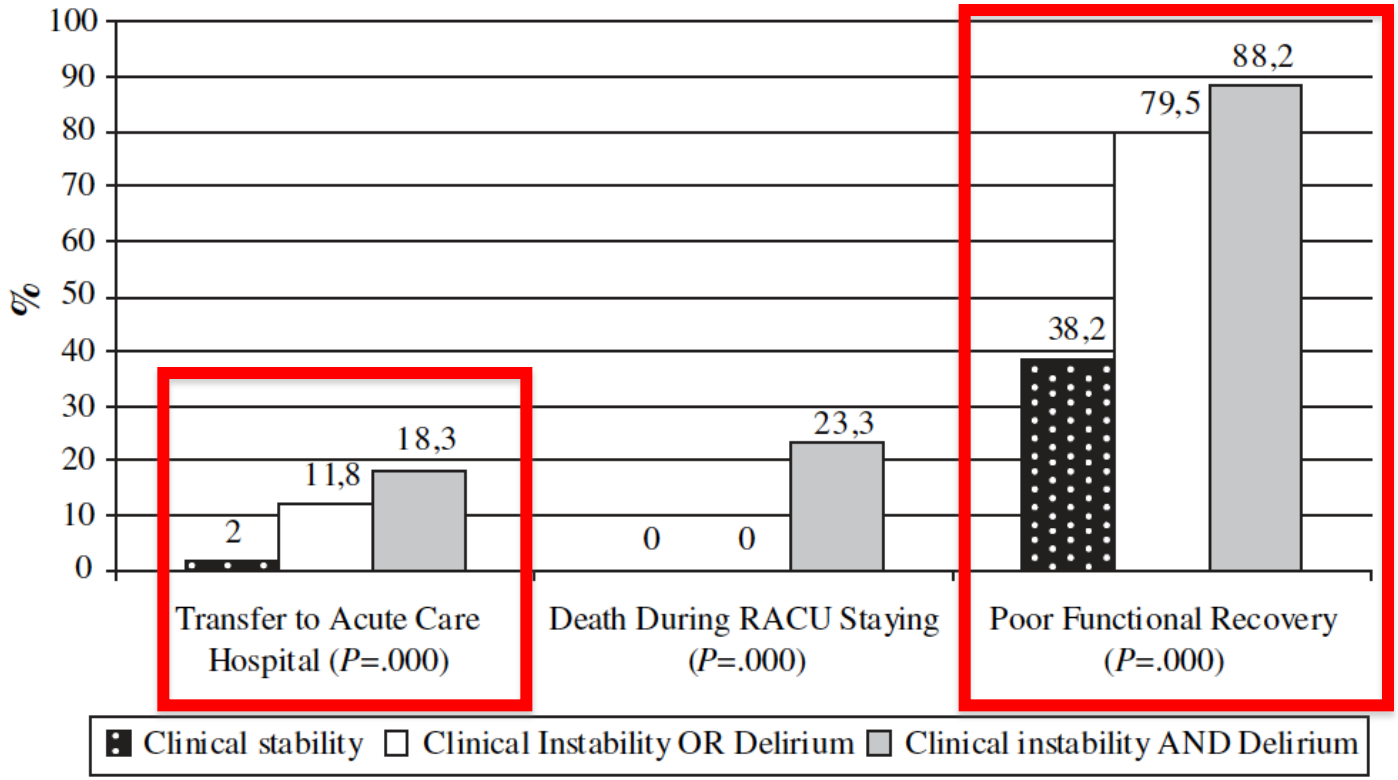
Table 2. Predictors of Institutionalization at Discharge and Inhospital Death in 176 Patients Newly and Consecutively Admitted After an Acute Stroke to a DRAC (Multiple Logistic Regression Analyses).

	Institutionalization at Discharge			Death During DRAC Stay		
	Adjusted Odds Ratio	95% Confidence Intervals	*P*	Adjusted Odds Ratio	95% Confidence Intervals	*P*
Delirium on admission	7.23	4.79-10.91	.0003	4.26	1.15-15.81	.0304
Malnutrition	5.71	1.62-20.09	.0066	6.94	1.85-26.0	.00411
Bladder catheter on admission	4.56	1.36-15.28	.0138	2.04	0.46-9.16	.3508
C-reactive protein serum levels	0.96	0.84-1.10	.5219	1.21	1.06-1.38	.0052
Barthel index score on admission	0.94	0.91-0.97	.0005	0.97	0.91-1.02	.2450

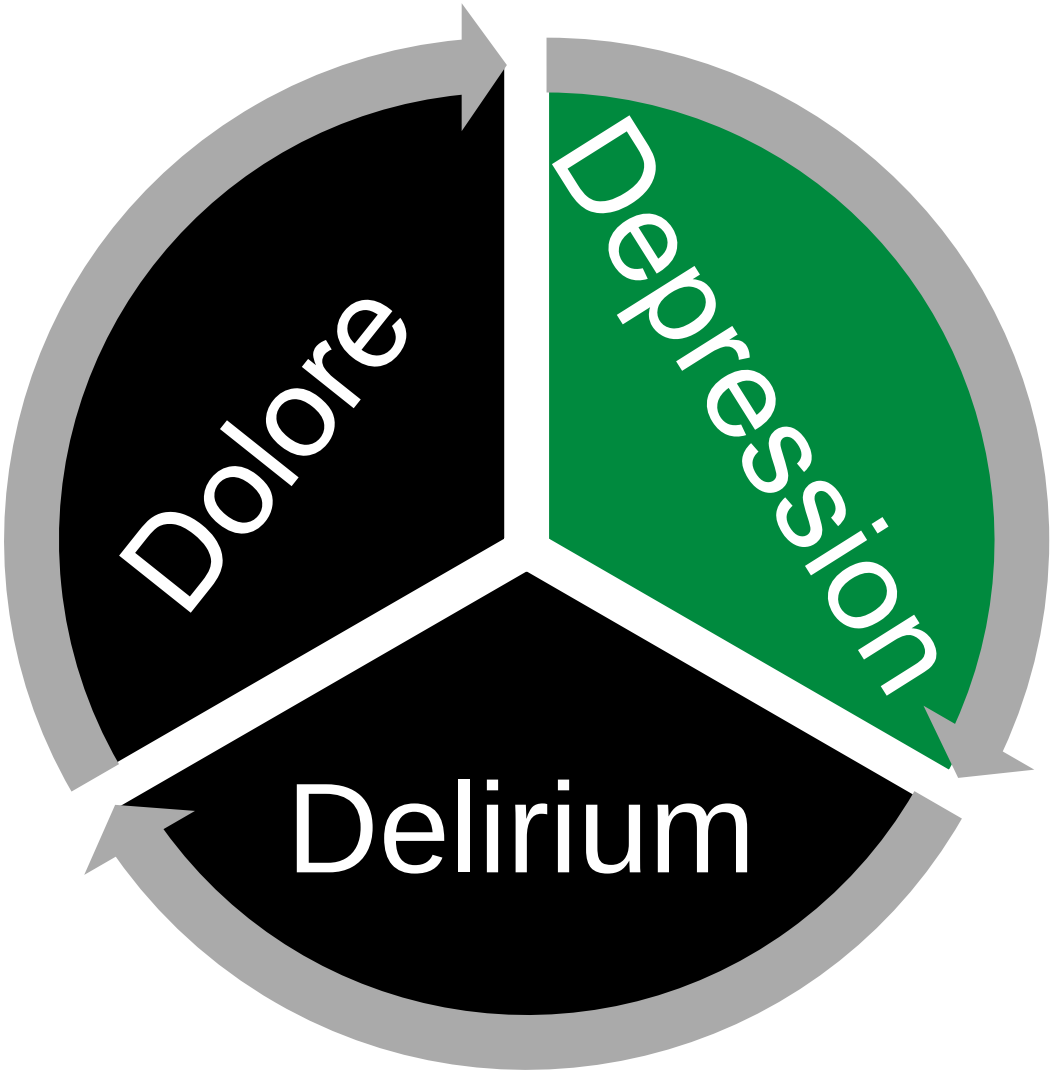
Abbreviation: DRAC, Department of Rehabilitation and Aged Care; *P*, significance.

Clinical Instability as a Predictor of Negative Outcomes Among Elderly Patients Admitted to a Rehabilitation Ward

Fabio Guerini, MD, Giovanni B. Frisoni, MD, Sara Morghen, PsyD, Salvatore Speciale, MD, Giuseppe Bellelli, MD, and Marco Trabucchi, MD



JAMDA 2010


Dolore
Depression
Delirium

Moderate to severe depressive symptoms and rehabilitation outcome in older adults with hip fracture

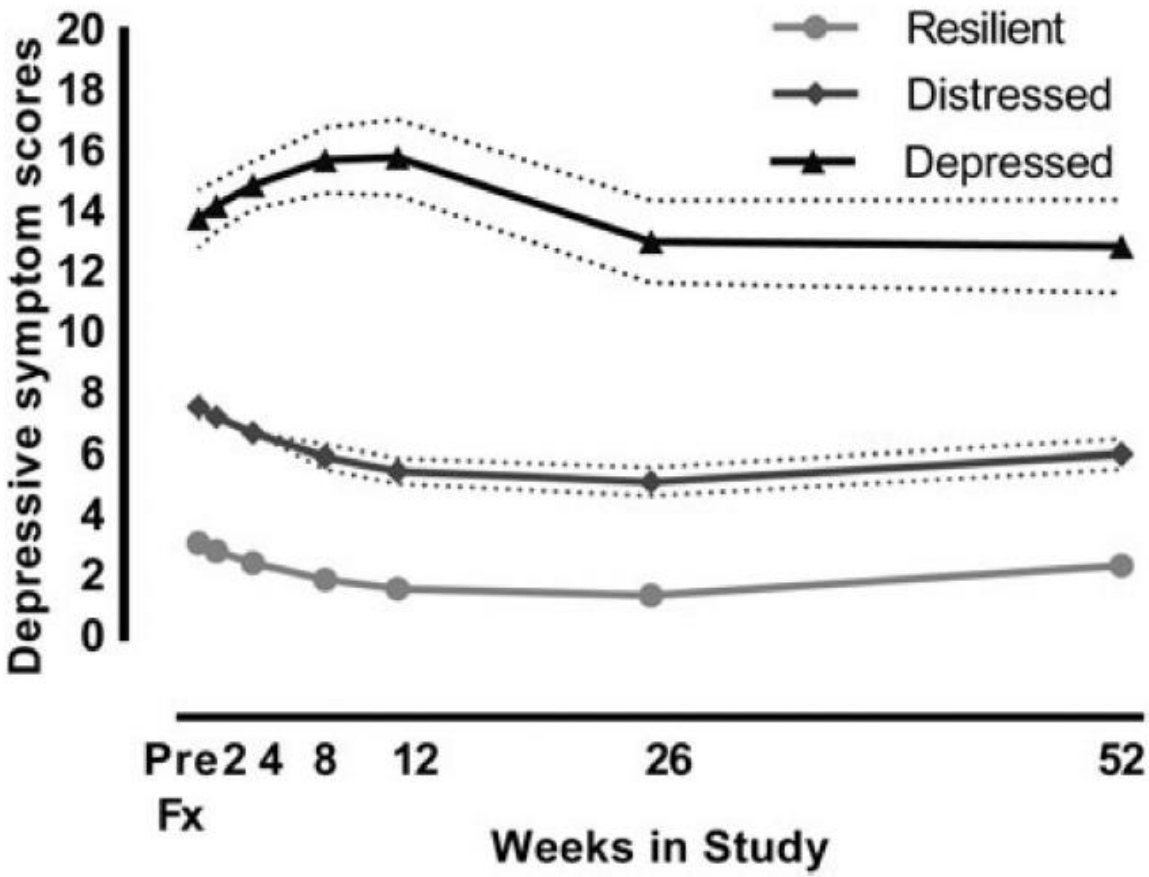
Sara Morghen[1,2], Giuseppe Bellelli[1,2], Sara Manuele[3], Fabio Guerini[1,2], Giovanni B Frisoni[4] and Marco Trabucchi[1,5]

	Failure to recover walking independence at discharge							
	Unadjusted				Adjusted			
	OR	Wald χ^2	95% CI	*p*	OR	Wald χ^2	95% CI	*p*
Age	1.1	11.953	1.1–1.1	0.001	1.1	7.256	1.0–1.1	0.007
Female gender	0.5	4.661	0.2–0.9	0.031	0.5	1.796	0.2–1.4	0.180
Living alone	0.5	7.550	0.3–0.8	0.006	0.6	2.194	0.3–1.2	0.139
Mild depressive symptoms	1.0	0.002	0.6–1.7	0.968	1.6	1.743	0.8–3.3	0.187
Moderate to severe depressive symptoms	4.6	18.745	2.3–9.1	<0.0001	3.2	6.611	1.3–7.8	0.010
Mini Mental State Examination	0.9	14.198	0.8–0.9	<0.0001	1.0	0.308	0.9–1.1	0.579
Charlson Comorbidity Index	1.4	13.254	1.2–1.6	<0.0001	1.2	3.753	1.0–1.6	0.053
Albumin serum levels	0.4	11.559	0.2–0.8	0.016	0.3	5.404	0.1–0.8	0.020
Walking ability before fracture[a]	0.8	25.339	0.7–0.8	<0.0001	0.8	8.510	0.7–0.9	0.004
Number of drugs	1.2	5.842	1.1–1.4	0.001	1.1	3.132	1.0–1.3	0.077
Antidepressants	2.1	4.861	1.1–4.2	0.027	1.8	2.179	0.8–4.2	0.140

Int J Geriatr Psychiatry 2010; **25**: 1–8.

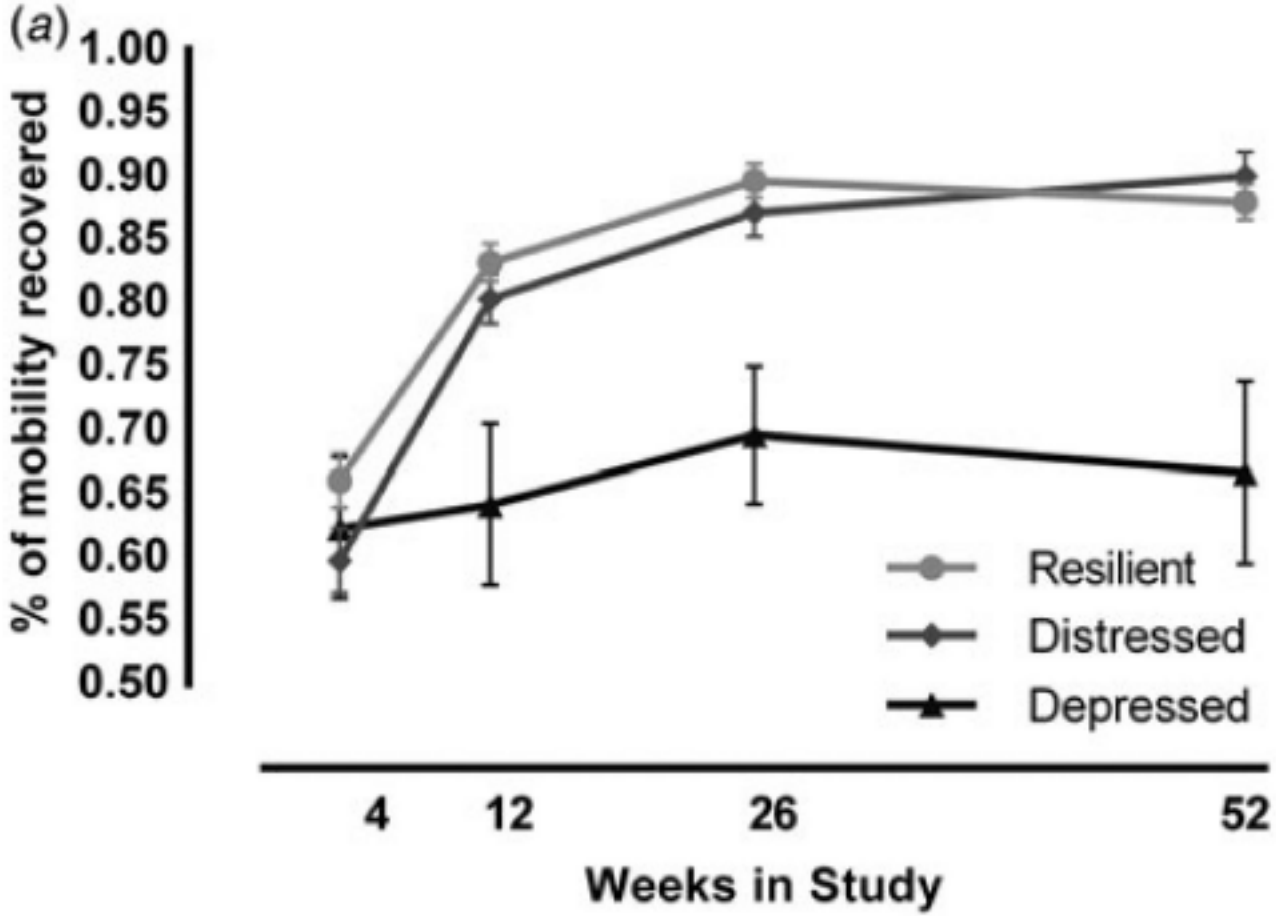
Trajectories of depressive symptoms after hip fracture

P. Cristancho[1,*], E. J. Lenze[1], M. S. Avidan[2], and K. S. Rawson[1]

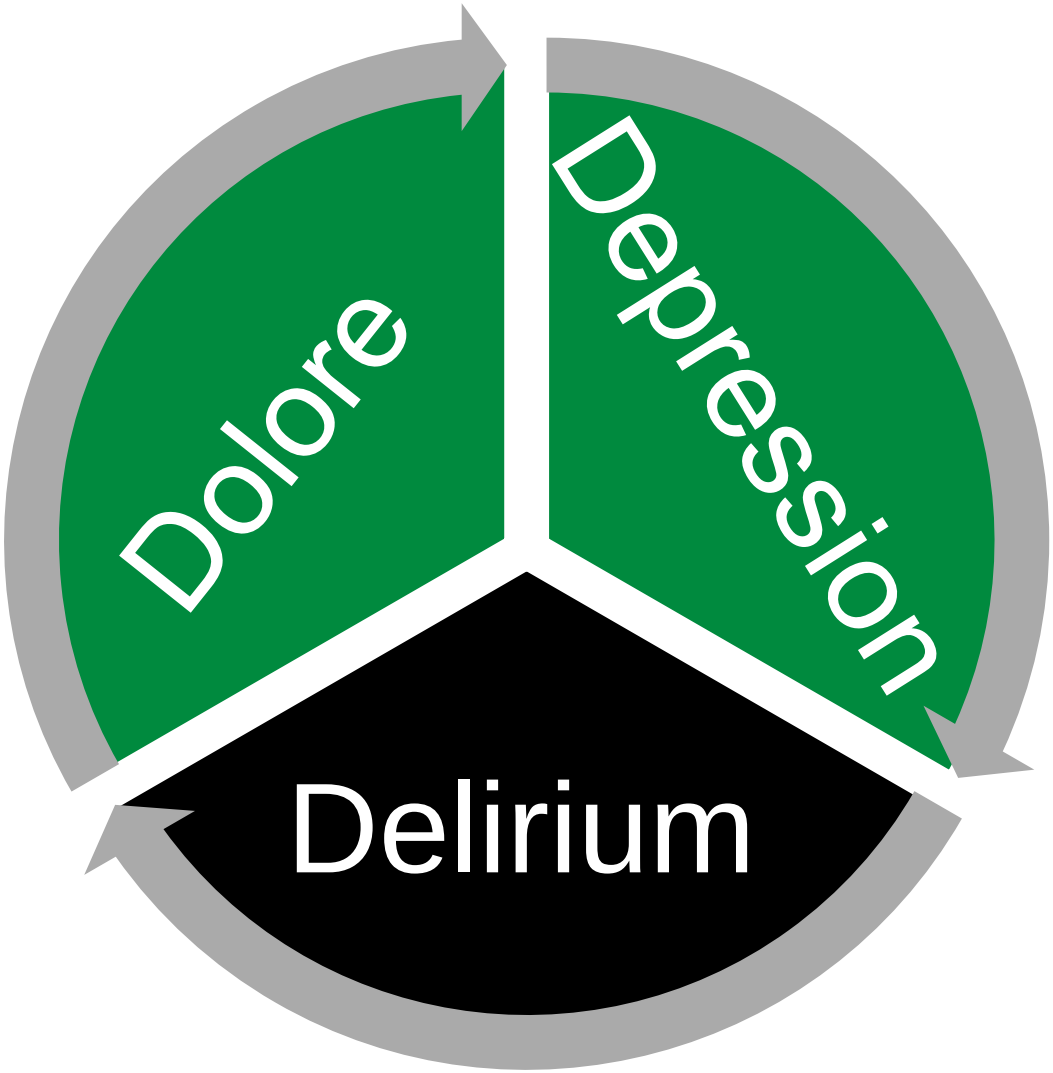


Psychol Med. 2016 May ; 46(7): 1413–1425.

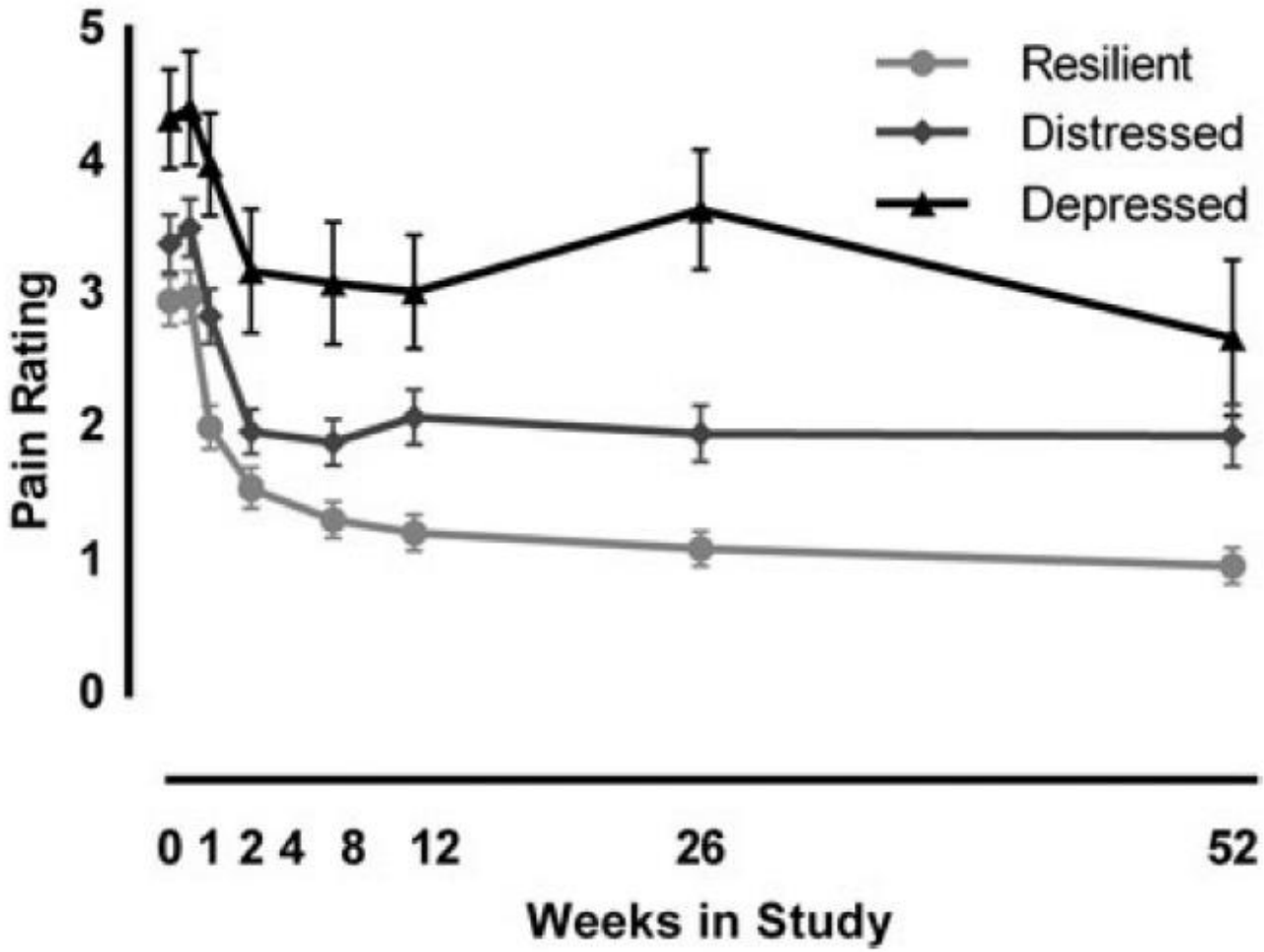
Mobility recovery and depressive symptoms



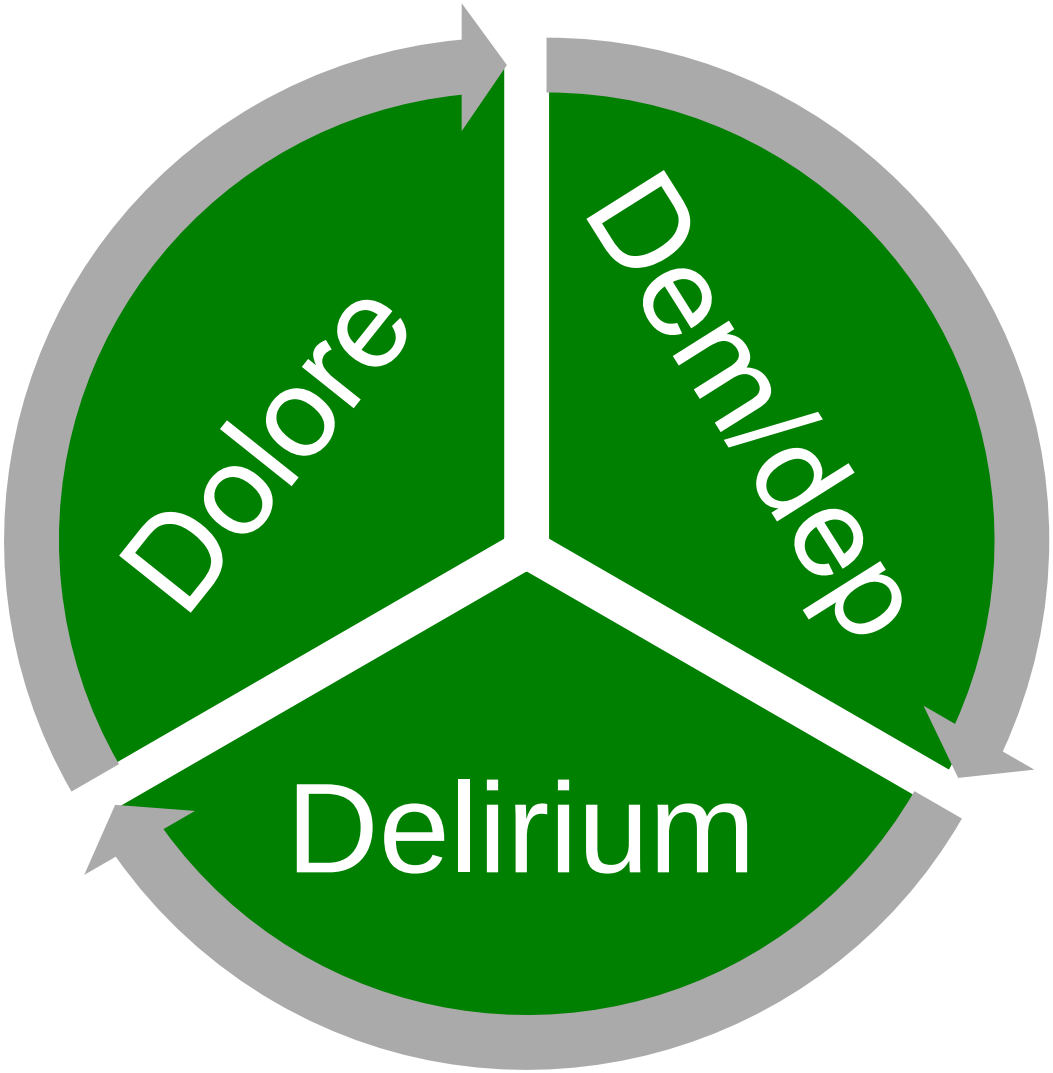
Psychol Med. 2016 May ; 46(7): 1413–1425.


Dolore
Depression
Delirium

Pain rating and depressive symptoms



Psychol Med. 2016 May ; 46(7): 1413–1425.


Dolore
Dem/dep
Delirium

Injury, Int. J. Care Injured 45 (2014) 1246–1250

Contents lists available at ScienceDirect

Injury

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Table 2
Risk factors for severe postoperative pain immediately after hip fracture surgery.

Variables	Odds ratio	95% CI	*P*
Age (mean yr)	1.03	0.98–1.07	0.221
Sex	0.74	0.37–1.53	0.415
Home sedatives	0.97	0.50–1.84	0.935
Preoperative anaemia	1.79	1.03–3.48	0.087
Diabetes	0.54	0.19–1.49	0.217
Previous surgery	1.32	0.69–2.54	0.392
Level of education (yr in school)			
University degree (>12)	1.00		
Secondary school (9–12)	1.53	0.63–3.72	0.349
Elementary school (4–8)	2.75	1.09–6.94	0.033
Without formal education (0–3)	0.55	0.16–1.92	0.352
Cognitive function (SPMSQ ≥ 8 vs. SPMSQ < 8)	2.57	1.27–5.20	0.009
ASA (1,2 vs. 3,4)	1.27	0.55–2.97	0.553
Preoperative delirium	3.12	1.37–7.08	0.006
Depression	1.79	1.00–3.20	0.047
Time to surgery	1.00	0.96–1.05	0.979
Duration of surgery (mean surgical time)	1.00	0.99–1.01	0.754
Intraoperative blood loss	1.00	0.99–1.00	0.873
Type of anaesthesia (general vs. regional)	1.04	0.54–1.98	0.901
Type of surgery (Hemiarthroplasty vs. ORIF)	0.78	0.39–1.48	0.431

SPMSQ = Short Portable Mental Status Questionnaire; ORIF = open reduction and internal fixation.

Postoperative Delirium: The Importance of Pain and Pain Management

Linnea E. Vaurio, BA,* Laura P. Sands, PhD,† Yun Wang, PhD,‡ E. Ann Mullen, BSc,* and Jacqueline M. Leung, MD, MPH*

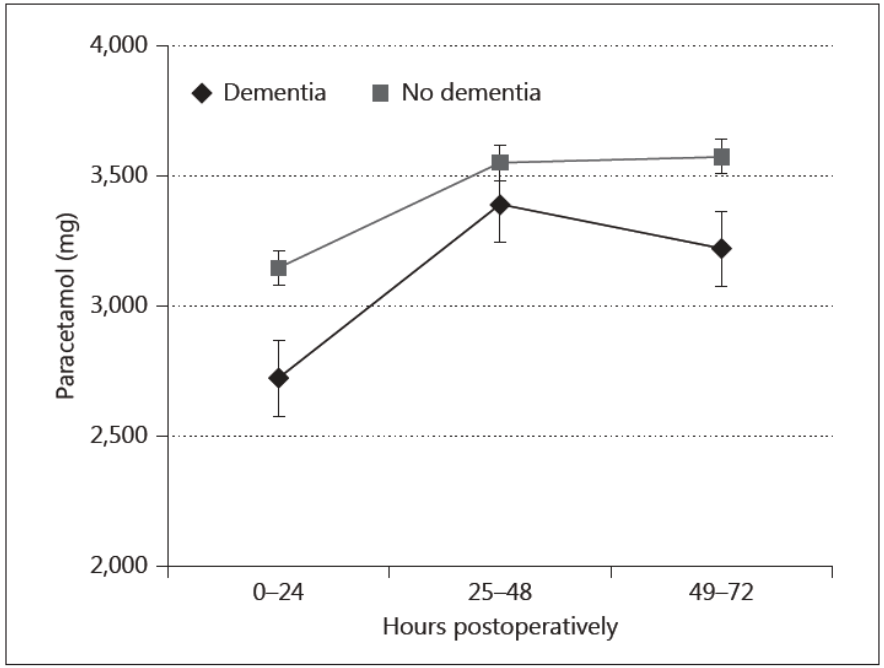
Table 6. Factors Associated with Postoperative Delirium by Multivariate Logistic Regression

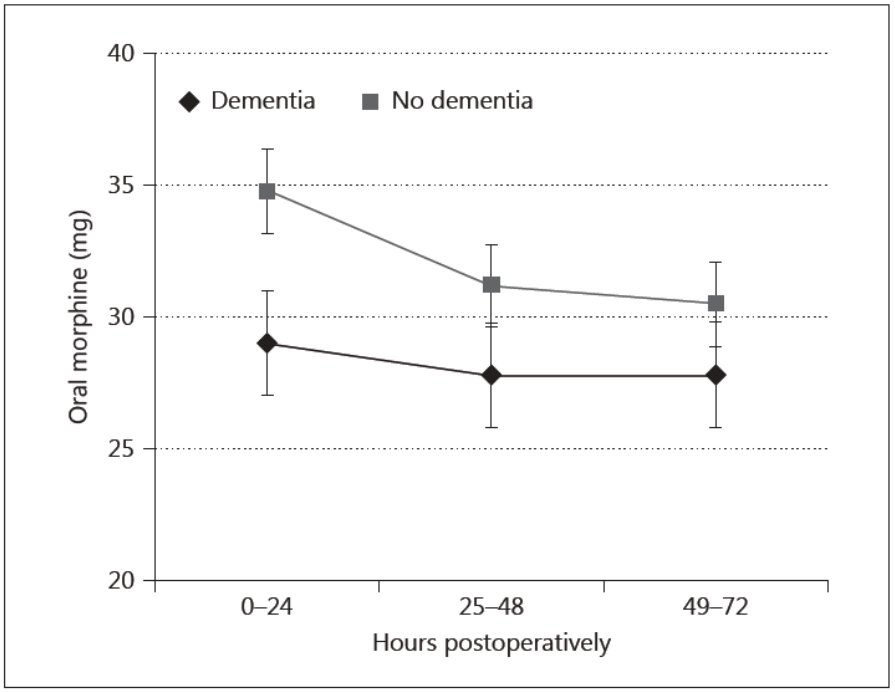
Variable	OR	95% CI
Age ≥ 70 years	2.50	1.47–4.24
Moderate pain at rest preoperatively (VAS 1–4 versus VAS = 0)	2.19	1.20–4.01
Severe pain at rest preoperatively (VAS ≥5 versus VAS = 0)	3.72	1.54–8.96
Increase in pain at rest; baseline vs. postoperative Day 1	1.11	1.01–1.23
Neuraxial vs. patient-controlled analgesia for postoperative pain control[a]	0.83	0.39–1.74
Oral narcotics vs. patient-controlled IV analgesia for postoperative pain control	0.35	0.17–0.73

(Anesth Analg 2006;102:1267–73)

Postoperative Treatment of Pain after Hip Fracture in Elderly Patients with Dementia

Christina Jensen-Dahm[a] Henrik Palm[c] Christiane Gasse[d]
Jørgen B. Dahl[b] Gunhild Waldemar[a]

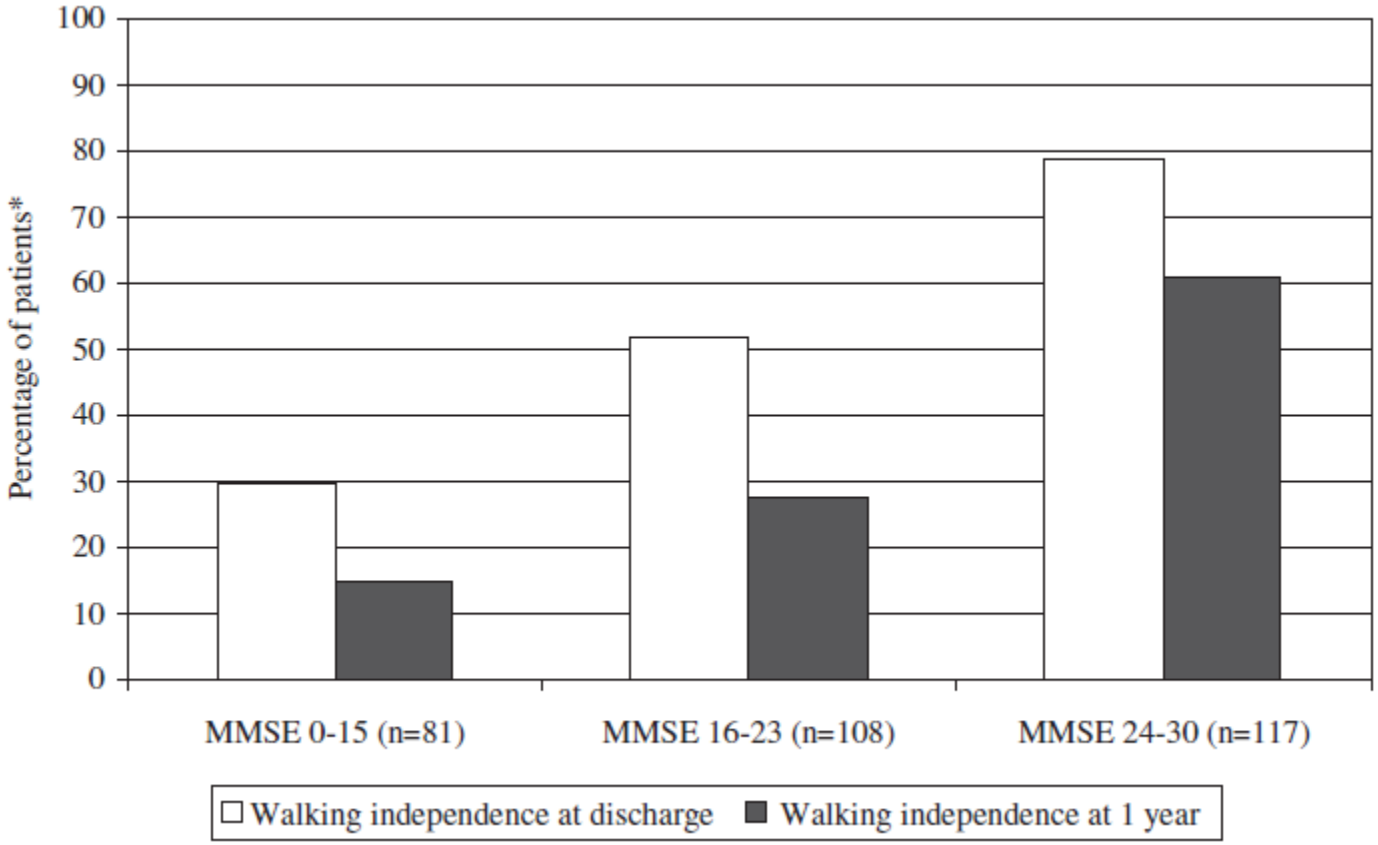




Dement Geriatr Cogn Disord 2016;41:181–191

Rehabilitation of Older Adults with Hip Fracture: Cognitive Function and Walking Abilities

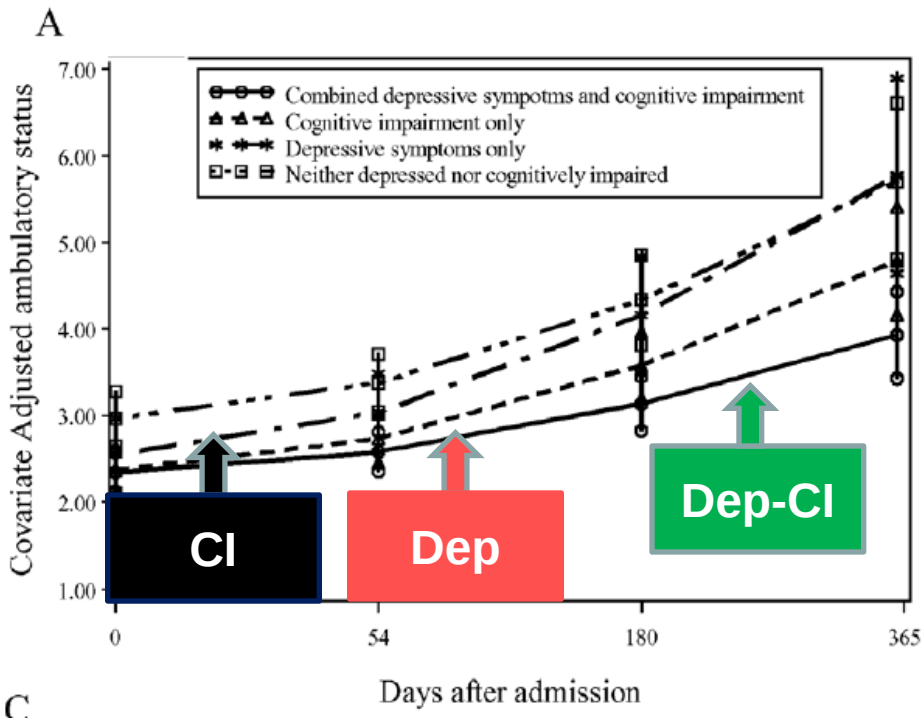
Sara Morghen, PsyD,† Simona Gentile, MD,*† Eleonora Ricci, MD,*† Fabio Guerini, MD,*† Giuseppe Bellelli, MD,*†‡ and Marco Trabucchi, MD*‡*

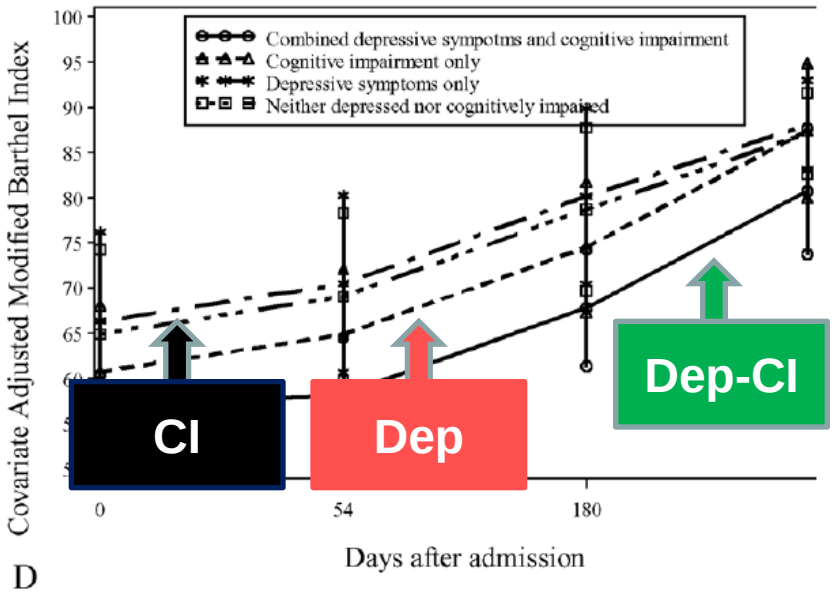


J Am Geriatr Soc 59:1497–1502, 2011.

Comorbid cognitive impairment and depression is a significant predictor of poor outcomes in hip fracture rehabilitation

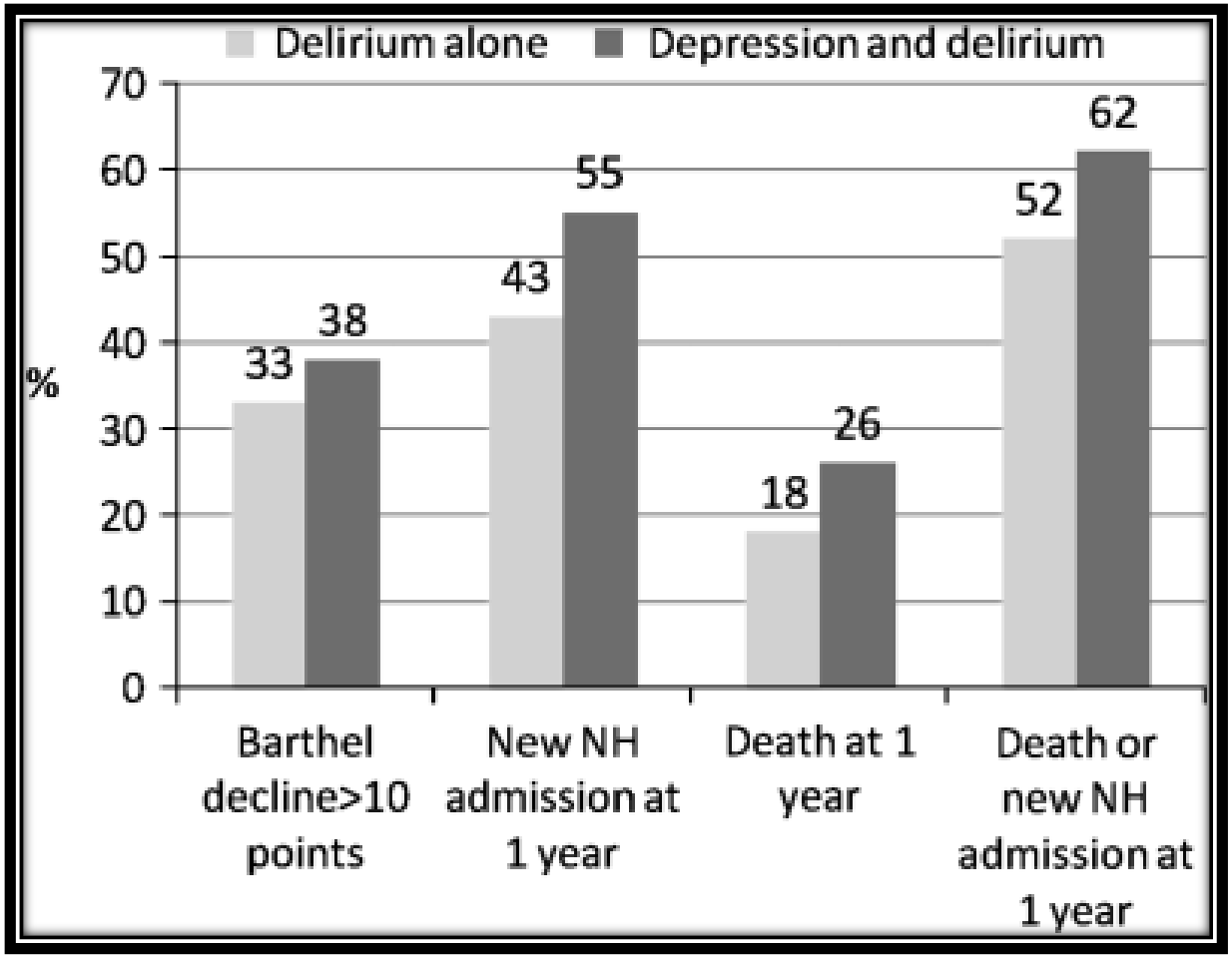
Liang Feng,[1,2] Samuel C Scherer,[1,3] Boon Yeow Tan,[1,4] Gribson Chan,[4] Ngan Phoon Fong[1,5] and Tze Pin Ng[1,2]





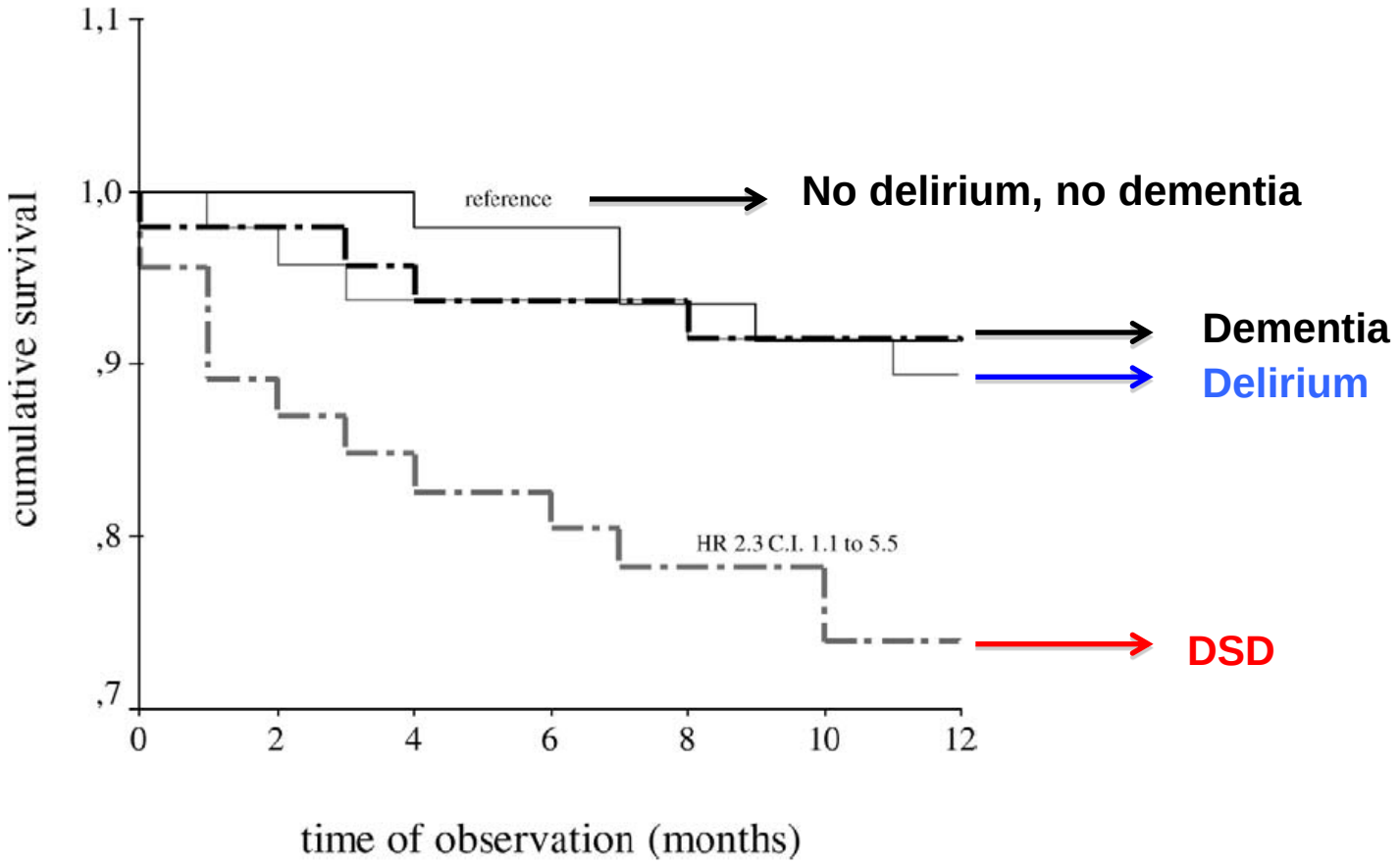
International Psychogeriatrics (2010), 22:2, 246–253

Overlap delirium e depressione



Turco R, et al. JAGS 2012

Delirium Superimposed on Dementia (DSD) and Mortality



Bellelli G, et al. J Gerontol 2007

DSD e stato funzionale: setting riabilitativo

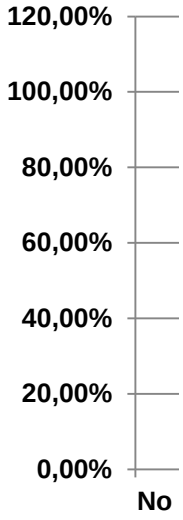
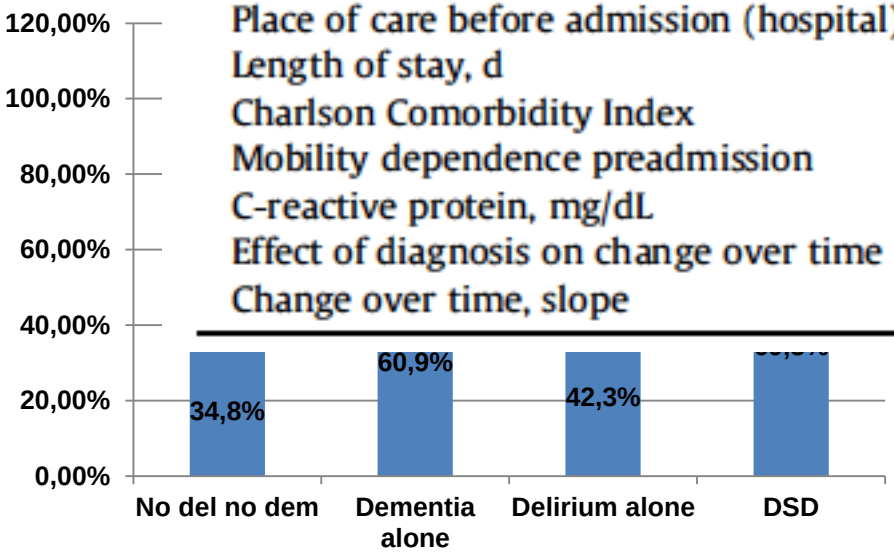


Table 2
Mixed-Effect Logistic Regression on the Effect of Delirium Superimposed on Dementia (DSD)* on Walking Dependence at Rehabilitation Discharge and at 1-Year Follow-Up†

	Odds Ratio	95% Confidence Interval	*P* Value
Dementia alone	3.45	2.39–4.97	.00
Delirium alone	4.31	2.08–8.94	.00
DSD	15.50	5.62–42.67	.00
Age	1.03	1.02–1.04	.00
Sex, female	0.83	0.67–1.02	.08
Place of care before admission (hospital)	1.11	0.91–1.37	.30
Length of stay, d	1.05	1.03–1.06	.00
Charlson Comorbidity Index	1.35	1.19–1.53	.00
Mobility dependence preadmission	8.25	6.50–10.45	.00
C-reactive protein, mg/dL	1.14	1.02–1.27	.02
Effect of diagnosis on change over time	0.71	0.58–8.71	.00
Change over time, slope	0.72	0.59–0.87	.00



Morandi A, et al. JAMDA 2014

Functional Recovery After Hip Fracture: The Combined Effects of Depressive Symptoms, Cognitive Impairment, and Delirium

Jane L. Givens, MD, MSCE, Tara B. Sanft, MD,† and Edward R. Marcantonio, MD, SM‡§*

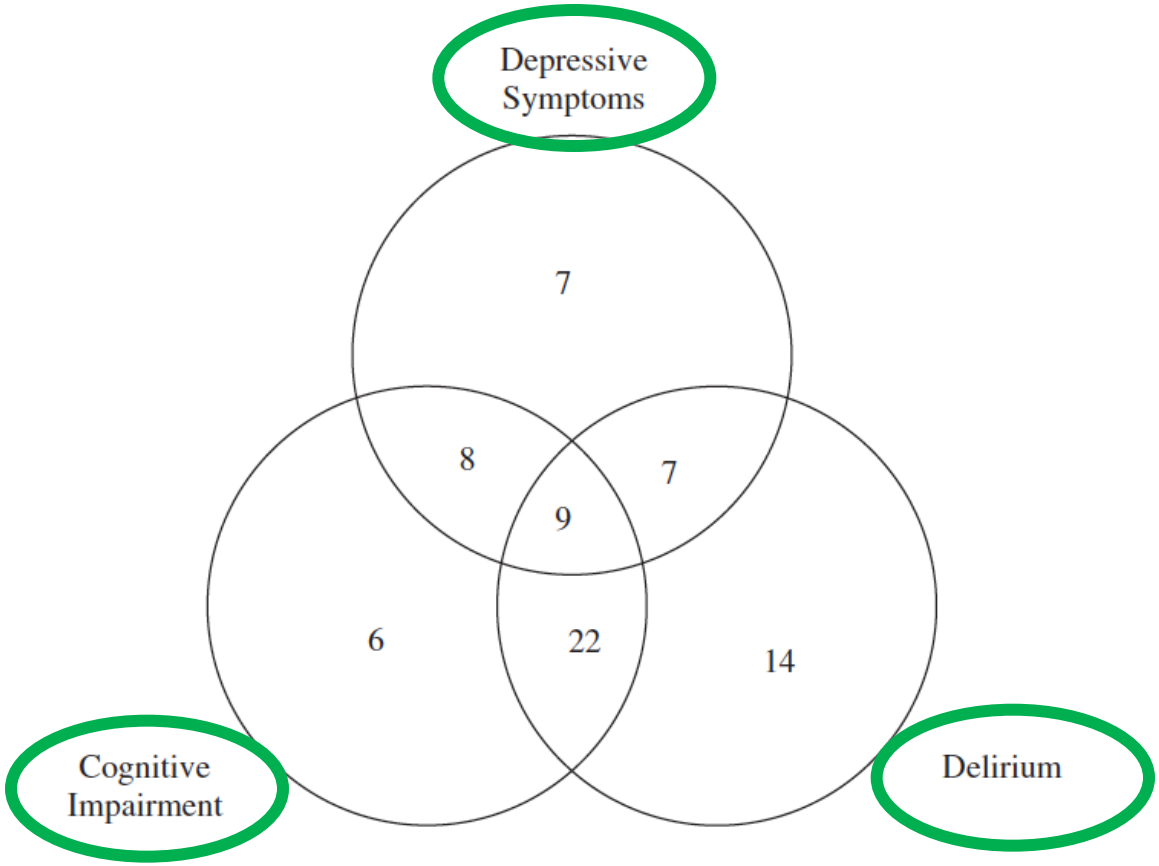


Figure 1. Prevalence of depressive symptoms, cognitive impairment, and delirium in the cohort of 126 hip fracture patients; 50 patients (41%) had none of the three disorders.

J Am Geriatr Soc 2008.

Table 2. Adjusted Odds Ratios (AORs) from Multivariable Regression Models Predicting Outcomes at 1 and 6 Months

Outcome	≥1-Point Decline in ADLs	Loss of Prefracture Ability to Walk 15 Feet Independently	New Nursing Home Placement or Death
	AOR (*P*-Value)		
One month			
Depressive symptoms	1.26 (.63)	1.18 (.75)	3.53 (.03)
Cognitive impairment	2.25 (.08)	2.58 (.05)	8.42 (.001)
Delirium	3.40 (.005)	4.39 (.002)	4.26 (.007)
Combined cognitive and mood disorders	1.78 (.02)	1.83 (.02)	3.90 (<.001)
Six months			
Depressive symptoms	0.34 (.08)	0.30 (.07)	0.71 (.62)
Cognitive impairment	1.11 (.84)	1.20 (.72)	1.48 (.57)
Delirium	2.35 (.07)	2.10 (.12)	2.17 (.17)
Combined cognitive and mood disorders	1.01 (.96)	0.93 (.79)	1.22 (.53)

J Am Geriatr Soc 2008.

Conclusioni

- La valutazione della depressione del tono dell’umore, del dolore, dei deficit cognitivi e disturbi del comportamento sono essenziali nella riabilitazione della persona anziana
- Il continuum della valutazione e del trattamento
- L’intervento di un’equipe multidisciplinare e multiprofessionale