ASSOCIAZIONE ITALIANA PSICOGERIATRIA
Sezione Regionale Campana

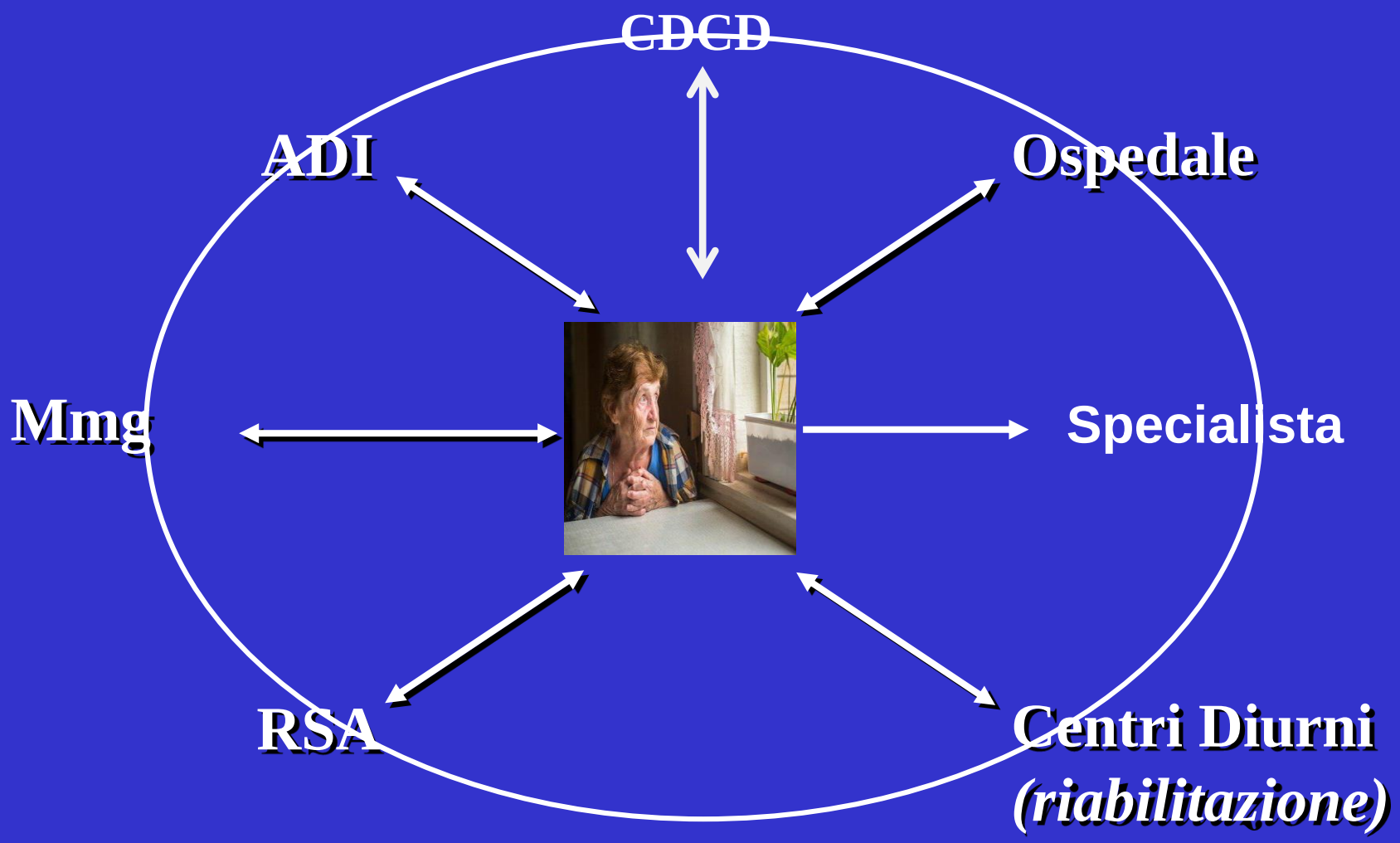
Azienda Ospedaliera Universitaria Federico II
Integrata con il Servizio Sanitario Regionale

La solitudine nei luoghi di cura

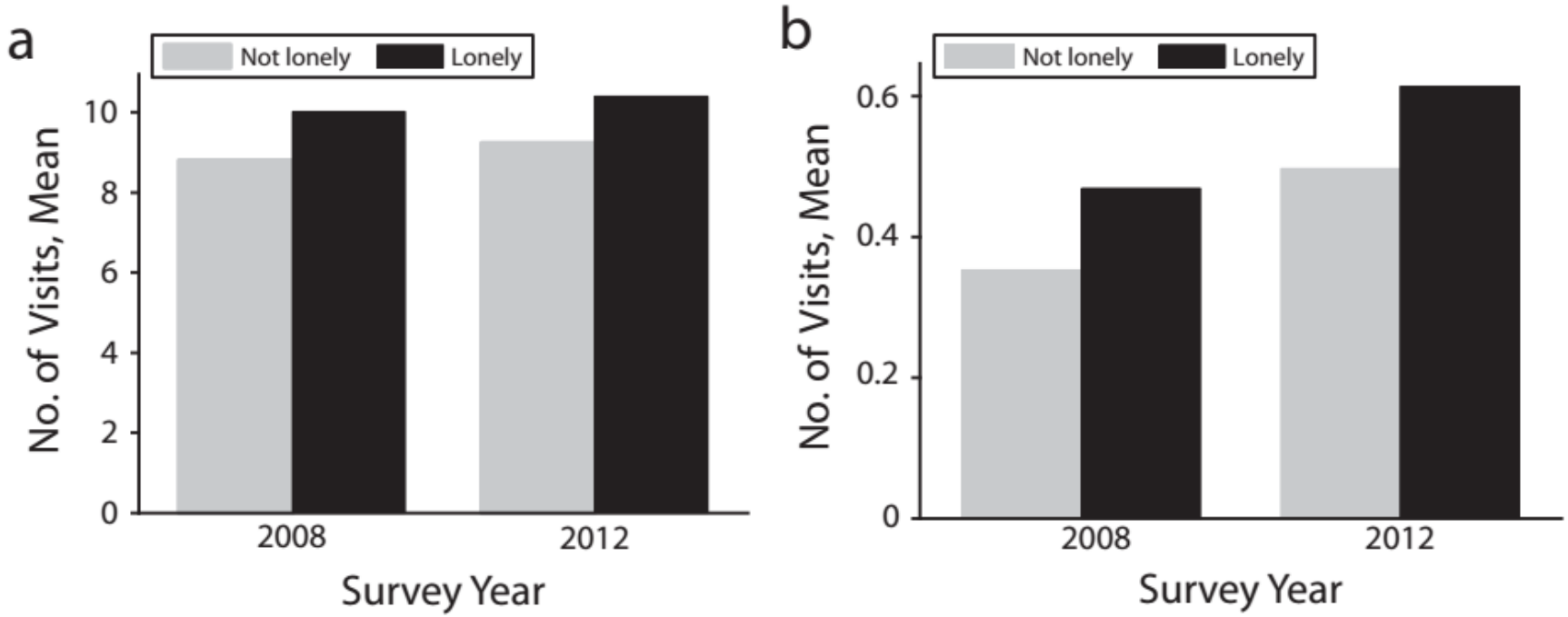
Vincenzo Canonico

Unità di Valutazione Alzheimer
Cattedra di Geriatria
Università "Federico II" Napoli

I luoghi di cura dell'anziamo



Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults

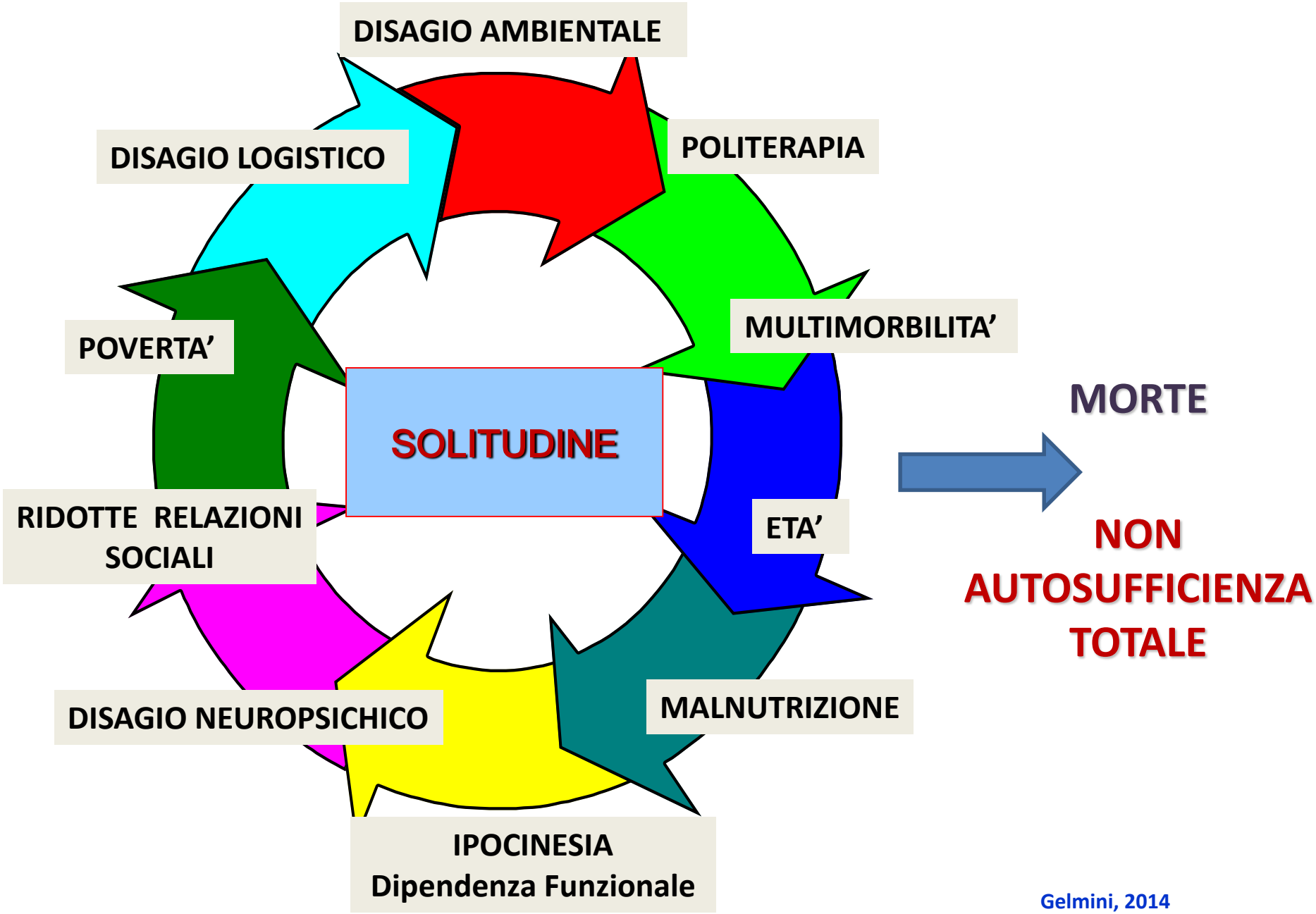


…chronic loneliness (those lonely both in 2008 and 4 years later) was significantly and positively associated with physician visits.

Gerst-Emerson K Am J Public Health. 2015;105:1013–1019

VARIABILI CLINICHE E SOCIALI DELL'ANZIANO

- **Età**
- **Deficit sensoriali**
- **Comorbilità**
- **Politerapia**
- **Incontinenza**
- **Cadute**
- **Problemi nutrizionali**
- **Osteoporosi**
- **Anemia**
- **Sarcopenia**
- **Instabilità clinica**
- **Non autosufficienza**
- **Famiglia**
- **Reddito**



Gelmini, 2014

Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry

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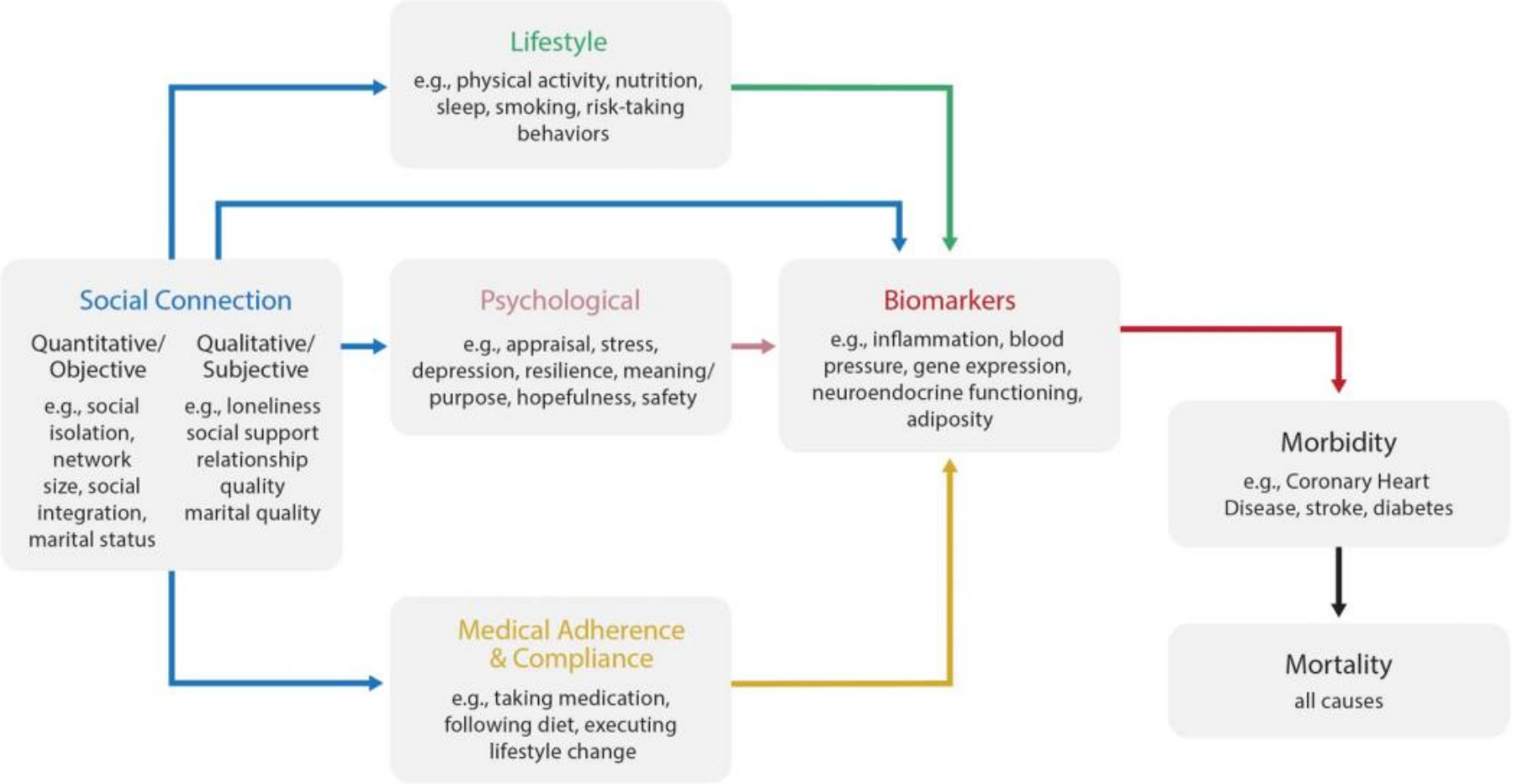


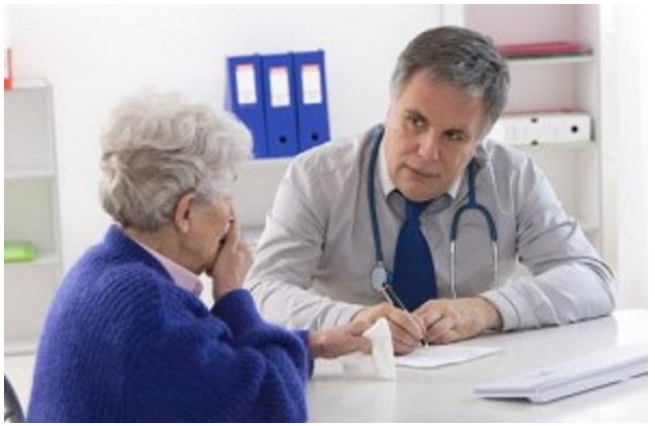
Lunstad JH Heart 2016; 102, 987-989

Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry

…..Similar to how cardiologists and other healthcare professionals have taken strong public stances regarding other factors exacerbating CVD (eg, smoking, diets high in saturated fats), **further attention to social connections is needed in research and public health surveillance, prevention and intervention efforts.**

Lunstad JH Heart 2016; 102, 987-989

Rapporto paziente-medico di famiglia-solitudine



- Unico riferimento per la cura
- Difficoltà di accesso
- Scarso tempo dedicato al paziente
- Solitudine del paziente vista come un problema secondario
- Visite al paziente limitate di numero e di breve durata
- Limitato rapporto con strutture specialistiche
- Non interviene sempre in caso di prescrizione inadeguata o per la deprescrizione

Social Isolation and Patient Experience in Older Adults*

Table 1. Characteristics of Study Participants *(continued)*

Characteristic	Total (n = 465)	Social Isolation Present (n = 127)	Social Isolation Absent (n = 298)	Data Missing (n = 40)
Number of comorbidities,[a] N (%)				
0	9 (1.9)	2 (1.6)	7 (2.3)	8 (20.0)
1	89 (19.1)	22 (17.3)	59 (19.8)	11 (27.5)
≥2	348 (74.8)	100 (78.7)	226 (75.9)	11 (27.5)
Data missing	19	3	6	10
Self-rated health, N (%)				
Excellent	12 (2.6)	6 (4.7)	4 (1.3)	2 (5.0)
Very good	75 (16.1)	29 (22.8)	39 (13.1)	7 (17.5)
Good	277 (59.6)	64 (50.4)	193 (64.8)	20 (50.0)
Poor	85 (18.3)	24 (18.9)	53 (17.8)	8 (20.0)
Very poor	6 (1.3)	1 (0.8)	5 (1.7)	0 (0.0)
Data missing	10	3	4	3
SF-36 Mental Health Index score, mean (SD)	50.9 (9.3)	48.3 (9.4)	52.1 (9.1)	47.5 (8.4)
JPCAT, mean (SD)				
Total score	65.7 (14.4)	64.2 (15.3)	66.0 (14.0)	68.5 (14.1)
First contact	50.6 (24.8)	50.9 (22.8)	48.9 (25.3)	63.3 (24.0)
Longitudinality	81.2 (15.4)	78.8 (17.5)	81.9 (14.5)	83.7 (14.6)
Coordination	70.2 (24.6)	70.9 (23.6)	70.4 (25.0)	66.4 (24.7)
Comprehensiveness (services available)	70.0 (21.5)	66.9 (23.0)	71.2 (20.8)	71.9 (20.9)
Comprehensiveness (services provided)	45.8 (28.4)	43.5 (27.9)	46.7 (28.4)	46.4 (31.7)
Community orientation	74.0 (17.7)	71.0 (18.7)	75.5 (16.9)	73.0 (19.8)

Aoki T *Ann Fam Med* 2018;16:393-398

Social Isolation and Patient Experience in Older Adults

Table 2. Associations Between Social Isolation and JPCAT Scores[a] (N = 465)

Outcome[b]	Unadjusted Mean Difference (95% CI)	*P* Value	Adjusted[c] Mean Difference (95% CI)	*P* Value
JPCAT total score	−3.43 (−6.74 to −0.12)	.042	−3.67 (−7.00 to −0.38)	.029
JPCAT domain scores				
First contact	1.83 (−3.83 to 7.48)	.525	2.50 (−3.24 to 8.25)	.392
Longitudinality	−5.31 (−8.77 to −1.85)	.003	−5.33 (−8.79 to −1.87)	.003
Coordination	−1.86 (−7.77 to 4.05)	.536	−3.74 (−9.63 to 2.15)	.212
Comprehensiveness (services available)	−4.41 (−9.71 to 0.88)	.102	−3.61 (−8.97 to 1.75)	.186
Comprehensiveness (services provided)	−6.36 (−13.02 to 0.31)	.062	−7.58 (−14.28 to −0.88)	.027
Community orientation	−5.74 (−9.86 to −1.63)	.006	−5.31 (−9.51 to −1.10)	.014

CONCLUSIONS **Social isolation was associated with negative patient experience in elderly primary care patients.**

Aoki T *Ann Fam Med* 2018;16:393-398

The Long Loneliness of Primary Care

Timothy P. Daaleman, DO, MPH

The activity of developing and maintaining relationships with patients is a core component of primary care, one that gives meaning to the everyday work of generalist physicians

…..generalist physicians report that caring for lonely patients evokes feelings of **powerlessness and frustration**, which may contribute to less time spent during encounters.

Ann Fam Med 2018;16:388-389

ASSISTENZA OSPEDALIERA-SOLITUDINE

Criticità delle UO di Geriatria:

- Numero inferiore alle necessità
- Degenza prolungata per problemi organizzativi
- Difficoltà a soddisfare i bisogni dei pazienti e fornire un servizio personalizzato
- Assenza di spazi privati
- Nessun coinvolgimento del Geriatra territoriale o del MMg durante la degenza o alla dimissione
- Assenza dimissione protetta
- Foglio di dimissione con informazioni limitate
- Cartella clinica a volte poco chiara consegnata in ritardo

Am J Emerg Med. 2008 26: 454-61

Does lack of social support lead to more ED visits for older adults?

Hastings SN et Al.

OBJECTIVE:
The goals of this study were to (1) determine whether level of social support and living situation predicted emergency department (ED) use among older adults and (2) identify correlates of ED visits according to whether the patient was admitted to the hospital.
METHODS:
Secondary analysis of a longitudinal, prospective study was conducted.
RESULTS:
In adjusted analyses, **subjects who lived alone were 60% more likely to visit the ED than those who lived solely with their spouse.** Neither type nor level of social support as measured by the Duke Social Support Index predicted ED use. **Indicators of poor physical health (prior hospitalization, poorer self-rated health, and functional disability) were predictors of ED visits that resulted in hospitalization;** however, these were not significantly associated with outpatient ED visits.
DISCUSSION:
Older adults who live alone are more likely to visit the ED. Additional study is needed to understand the determinants of outpatient ED visits.


Bagno Disabili
U.O. Radiologia
O.B.I.
Sala Attesa

Napoli, caos sovraffollamento. Cardarelli, ospedale sotto assedio: 90 ricoveri al giorno

Torino, anziana muore in ospedale dopo 4 giorni in barella: la Procura blocca il funerale

Una “tranquilla” domenica di caos al San Martino: istantanee tra le barelle

Ospedale di Terni: alcuni malati parcheggiati in corridoio. Cambio turno non sarà retribuito

Roma: scambio di barelle in ospedale, muoiono due anziani

Ospedale Rossano, una vergogna senza fine: mancano barelle, posti letto e personale

Gela: senza privacy al Vittorio Emanuele, pazienti in barella nella hall dell’ospedale

…Un’altra condizione peculiare, anche se di breve durata, è **la solitudine dell’anziano durante il ricovero ospedaliero**, quando la paura del futuro domina il tempo e le ore, la **vicinanza dei familiari non è sempre gradita** ed il personale sanitario è oberato da una routine che non concede respiro (l’organizzazione del reparto non ha compreso l’importanza, al fine del buon esito della cura, di un rapporto significativo con l’ammalato).

De Leo D. Trabucchi M. Psicogeriatria 2018; 1, 1-5

Health Services and Outcomes Research

Circulation
JOURNAL OF THE AMERICAN HEART ASSOCIATION

American Heart Association
Learn and Live

Reduced Cardiocirculatory Complications With Unrestrictive Visiting Policy in an Intensive Care Unit

Results From a Pilot, Randomized Trial

Stefano Fumagalli, MD; Lorenzo Boncinelli, MD; Antonella Lo Nostro, BSc; Paolo Valoti, MD; Giorgio Baldereschi, MD; Mauro Di Bari, MD, PhD; Andrea Ungar, MD; Samuele Baldasseroni, MD; Pierangelo Geppetti, MD; Giulio Masotti, MD; Riccardo Pini, MD; Niccolò Marchionni, MD

OBJECTIVE

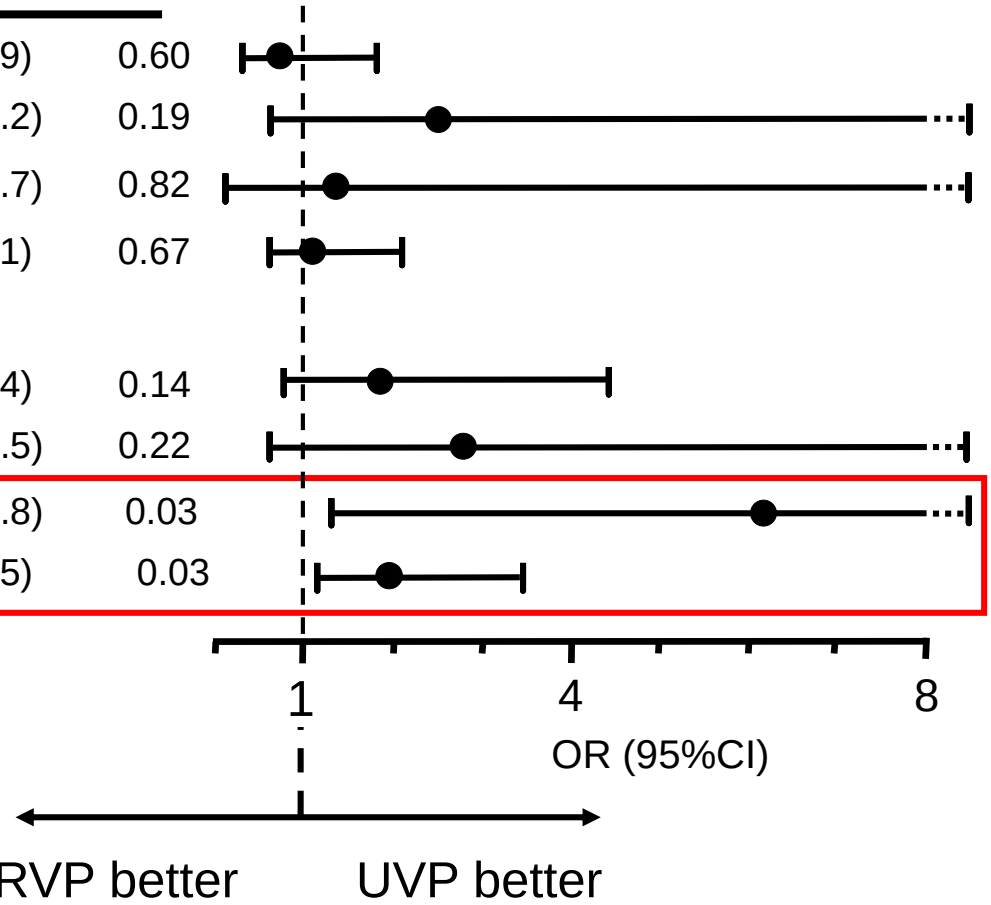
- Pilot RCT, aimed at comparing the effects of restricted vs. unrestricted visiting policy in a geriatric cardiological ICU on:
  - microbiologic environment contamination
  - emotional profile
  - clinical outcomes (?)

Circulation 2006; 113:946-52

RESULT 4

Circulation
Journal of the American Heart Association
American Heart Association
Learn and Live

	RVP (n=115)	UVP (n=111)	OR (95%CI) §	p
Pneumonia, %	8.7	12.6	0.7 (0.3-1.9)	0.60
UT infection, %	7.0	2.7	2.5 (0.6-10.2)	0.19
Generalized sepsis, %	0.9	0.9	1.4 (0.1-23.7)	0.82
Any infection, %	16.6	14.2	1.1 (0.6-2.1)	0.67
Arrhythmias, %	14.8	9.0	1.9 (0.8-4.4)	0.14
Cardiac rupture, %	5.2	1.8	2.8 (0.6-14.5)	0.22
Pul. edema/shock, %	8.7	1.8	6.1 (1.3-29.8)	0.03
Any CV compl., %	28.8	12.6	2.0 (1.1-3.5)	0.03



§ adjusted for
age, gender, and time of enrollment

Fumagalli S et al, *Circulation* 2006; 113:946-52

CONCLUSION

- Restricting visiting hours in [geriatric] ICUs is neither caring, compassionate, nor necessary to protect acutely ill older patients
- Rather, attention to patients' emotional status translating into open visiting policies seem to protect against severe cardiovascular complications, possibly by reducing anxiety and physiologic reaction to stress

High Tech / High Touch

John Naisbitt (1999)

- We can see manifestations of **High Tech** in contemporary health care … The high technology of modern medicine with …[many advanced techniques]… has lead to debates concerning the ethics [**High Touch**] involved in all these …

In Medicine

- High-Tech: RCTs, organ transplants, CAT scans, DNA testing and genetic engineering …
- High-Touch: attention to ethics, equity, spirituality, emotional status …

Presidenza del Consiglio dei Ministri

CNB

COMITATO NAZIONALE
PER LA BIOETICA

TERAPIA INTENSIVA "APERTA" ALLE VISITE DEI FAMILIARI

Pubblicato il 24 luglio 2013

Approvato il 19 luglio 2013

Presidenza del Consiglio dei Ministri

CNB
COMITATO NAZIONALE
PER LA BIOETICA

Conclusioni e raccomandazioni

Il CNB ritiene pertanto che il modello organizzativo definito precedentemente come TI «aperta»:

a) esprima con pienezza il principio del rispetto della persona nei trattamenti sanitari **orientando l'organizzazione sanitaria in funzione del primato della dignità e dei diritti della persona anche nel tempo di particolare fragilità e dipendenza rappresentato dalla malattia grave che necessita di cure intensive**;

b) sia una scelta utile ed efficace per dare risposta ad alcuni importanti bisogni del paziente e della sua famiglia.

Osteoporos Int. 2016; 27: 737-45

The impact of social isolation on delayed hospital discharges of older hip fracture patients and associated costs.

Landeiro F et Al.

Delayed discharges represent an inefficient use of acute hospital beds. Social isolation and referral to a public-funded rehabilitation unit were significant predictors of delayed discharges while admission from an institution was a protective factor for older hip fracture patients. Preventing delays could save between 11.2 and 30.7 % of total hospital costs for this patient group.

INTRODUCTION:

Delayed discharges of older patients from acute care hospitals are a major challenge for administrative, humanitarian, and economic reasons. At the same time, older people are particularly vulnerable to social isolation which has a detrimental effect on their health and well-being with cost implications for health and social care services. The purpose of the present study was to determine the impact and costs of social isolation on delayed hospital discharge.

METHODS:

A prospective study of 278 consecutive patients aged 75 or older with hip fracture admitted, as an emergency, to the Orthopaedics Department of Hospital Universitário de Santa Maria, Portugal, was conducted. A logistic regression model was used to examine the impact of relevant covariates on delayed discharges, and a negative binomial regression model was used to examine the main drivers of days of delayed discharges. Costs of delayed discharges were estimated using unit costs from national databases.

RESULTS:

Mean age at admission was 85.5 years and mean length of stay was 13.1 days per patient. Sixty-two (22.3 %) patients had delayed discharges, resulting in 419 bed days lost (11.5 % of the total length of stay). Being isolated or at a high risk of social isolation, measured with the Lubben social network scale, was significantly associated with delayed discharges (odds ratio (OR) 3.5) as was being referred to a public-funded rehabilitation unit (OR 7.6). These two variables also increased the number of days of delayed discharges (2.6 and 4.9 extra days, respectively, holding all else constant). Patients who were admitted from an institution were less likely to have delayed discharges (OR 0.2) with 5.5 fewer days of delay. Total costs of delayed discharges were between 11.2 and 30.7 % of total costs (€2352 and €9317 per patient with delayed discharge) conditional on whether waiting costs for placement in public-funded rehabilitation unit were included.

CONCLUSION:

High risk of social isolation, social isolation and referral to public-funded rehabilitation units increase delays in patients' discharges from acute care hospitals.

…La notte prima dell’intervento è stata quella della paura e dell’ansia; un’efficace azione lenitiva è stata esercitata dalla presenza serena e puntuale del personale di assistenza, dalla visita serale dell’ortopedico (di scarse parole, ma di grande incisività). Ci vuole veramente poco, ho pensato, a rendere meno difficili ore molto difficili.

M. Trabucchi: ...dall’altra parte. Psicogeriatria 2016; 2, 5-8

Riabilitazione-terapia occupazionale-solitudine

Reducing Isolation and Loneliness Through Membership in a Fitness Program for Older Adults: Implications for Health

Journal of Applied Gerontology 1–21, 2018

Table 3. Pearson's Correlations for Variables Included in Path Model.

	SilverSneakers membership	Physical activity	Social isolation	Loneliness	Health
SilverSneakers membership[a]	1.00				
Physical activity	.165	1.00			
Social isolation	−.083	−.107	1.00		
Loneliness	−.053	−.154	.295	1.00	
Health	.158	.360	−.170	−.267	1.00

Note. All correlations are significant at $p < .05$, $N = 3{,}143$.
[a]SilverSneakers membership is a binary variable modeled here as continuous.

…a nationally available **fitness program for older adults has a significant impact in reducing social isolation,** which accrues to better health above and beyond physical activity levels alone. Participants in the program had more social connections, and this **reduced loneliness provides additional health benefits.**

COPD 2018 7:1-8

The Impact of Loneliness on Outcomes of Pulmonary Rehabilitation in Patients with COPD.

Reijnders T et Al

Abstract

Psychological factors such as negative affect have been demonstrated to impact course and treatment of chronic obstructive pulmonary disease (COPD). However, little is known about the respective impact of social factors. In several other chronic diseases, loneliness has been shown to predict morbidity, but little is known about its impact on COPD. Therefore, this study examined the associations between lonelinessand outcome measures of a pulmonary rehabilitation program (PR). Before and after a 3-week inpatient PR program, patients with COPD (N = 104) underwent a 6-min walking test to measure functional exercise capacity. Loneliness was assessed with the Loneliness Scale. The Medical Outcomes Study 36-item short form, 9-item Patient Health Questionnaire, and 7-item General Anxiety Disorder questionnaire were administered as measures of health-related quality of life (HQoL), depression, and anxiety, respectively. Multiple regression analyses showed that **at the start of PR, more loneliness was associated with worse levels of functional exercise capacity**, HQoL, depression, and anxiety, but with greater improvements in functional exercise capacity and HQoL over the course of PR, even after controlling for age, sex, lung function, and smoking status. **Patients with stronger decreases in loneliness from start to end of PR showed stronger improvements in functional exercise capacity and HQoL over the course of PR.** The present study shows that subjective loneliness is associated with relevant treatment outcomes in patients with COPD undergoing pulmonary rehabilitation. Therefore, **loneliness should be addressed in patients with COPD as it could play a significant role in their disease progression.**

Il contributo della terapia occupazionale: professione a favore delle persone anziane

La Terapia Occupazionale, quindi, è una “potente” disciplina terapeutica: **prevenendo la deprivazione occupazionale (perdita completa dell’agire, con graduale ed inesorabile isolamento sociale)** e la conseguente deprivazione sensoriale, evita o riduce la dipendenza assistenziale, andando ad incidere, direttamente o indirettamente, anche sul carico economico ad essa connesso. La Terapia Occupazionale si avvale di modelli concettuali rigorosi dal punto di vista scientifico, ma flessibili dal punto di vista pratico.

Bertholom Y. Psicogeriatria 2018; 1: 67-71

CONCLUSIONI

La solitudine è un fattore di rischio per malattia o peggioramento di malattia già presente

I medici e gli altri professionisti della salute in tutti i luoghi di cura devono occuparsi con attenzione ai problemi della solitudine e del disagio sociale

E’ necessario instaurare un rapporto fiduciario con il paziente e la famiglia, indicando le strade giuste per migliorare la condizione

E’ auspicabile una maggiore collaborazione con i servizi sociali per coloro che non hanno supporto familiare monitorando nel tempo il risultato degli interventi.

ASSOCIAZIONE
ITALIANA
PSICOGERIATRIA

LA PSICOGERIATRIA TRA NEUROBIOLOGIA, CLINICA, RELAZIONE. UNA MEDICINA PER IL NOSTRO TEMPO

Napoli
11-13 dicembre 2018

XIV BRAIN AGING