



67° CONGRESSO NAZIONALE SIGG

LA LONGEVITÀ DECLINATA AL FEMMINILE

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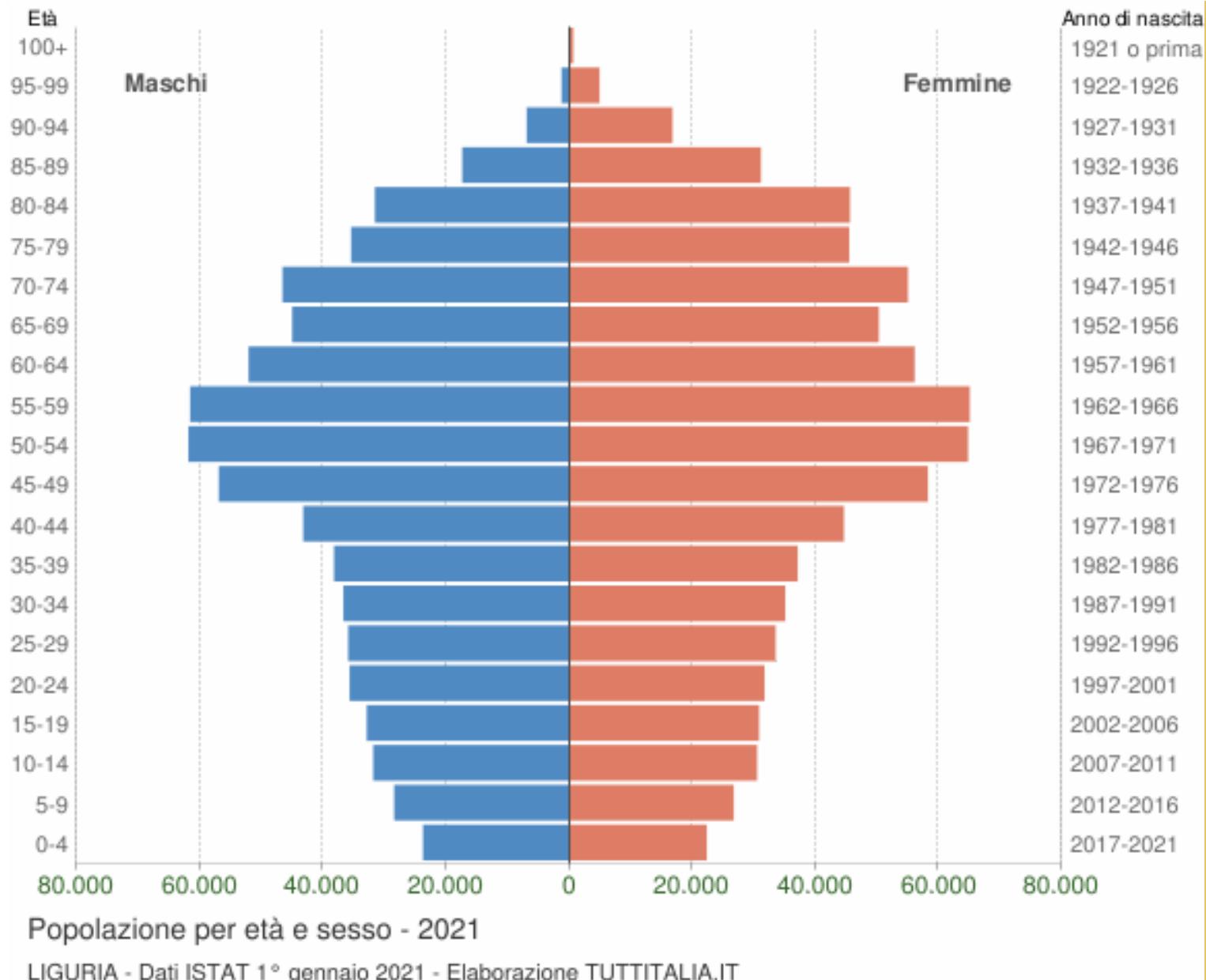
Università di GENOVA

**«PALLIATIVE CARE DAY»: POINT-PREVALENCE STUDY SUL BISOGNO DI CURE
PALLIATIVE NEL PAZIENTE ANZIANO OSPEDALIZZATO O
ISTITUZIONALIZZATO**

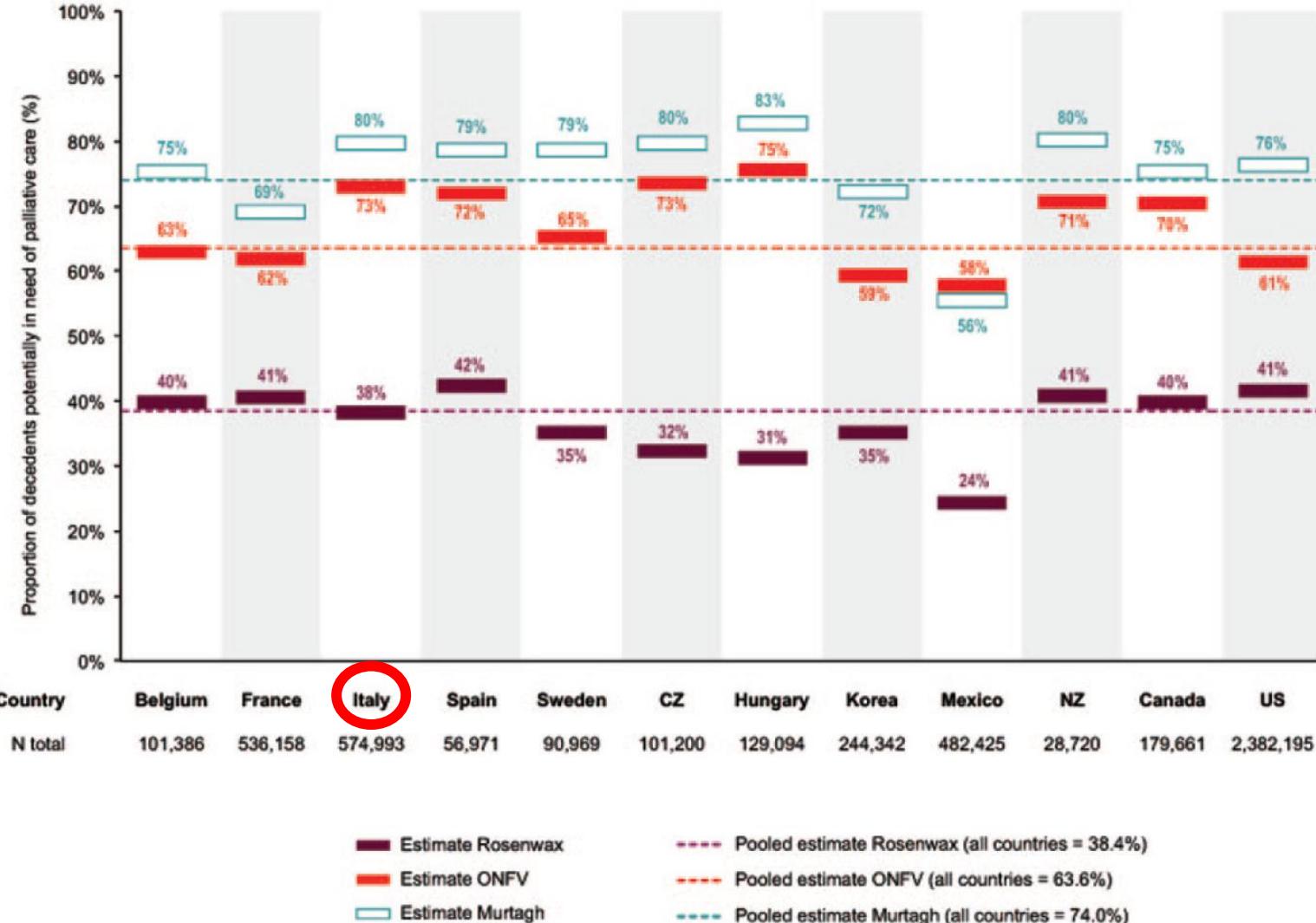
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BACKGROUND

*Scenario demografico
ligure*

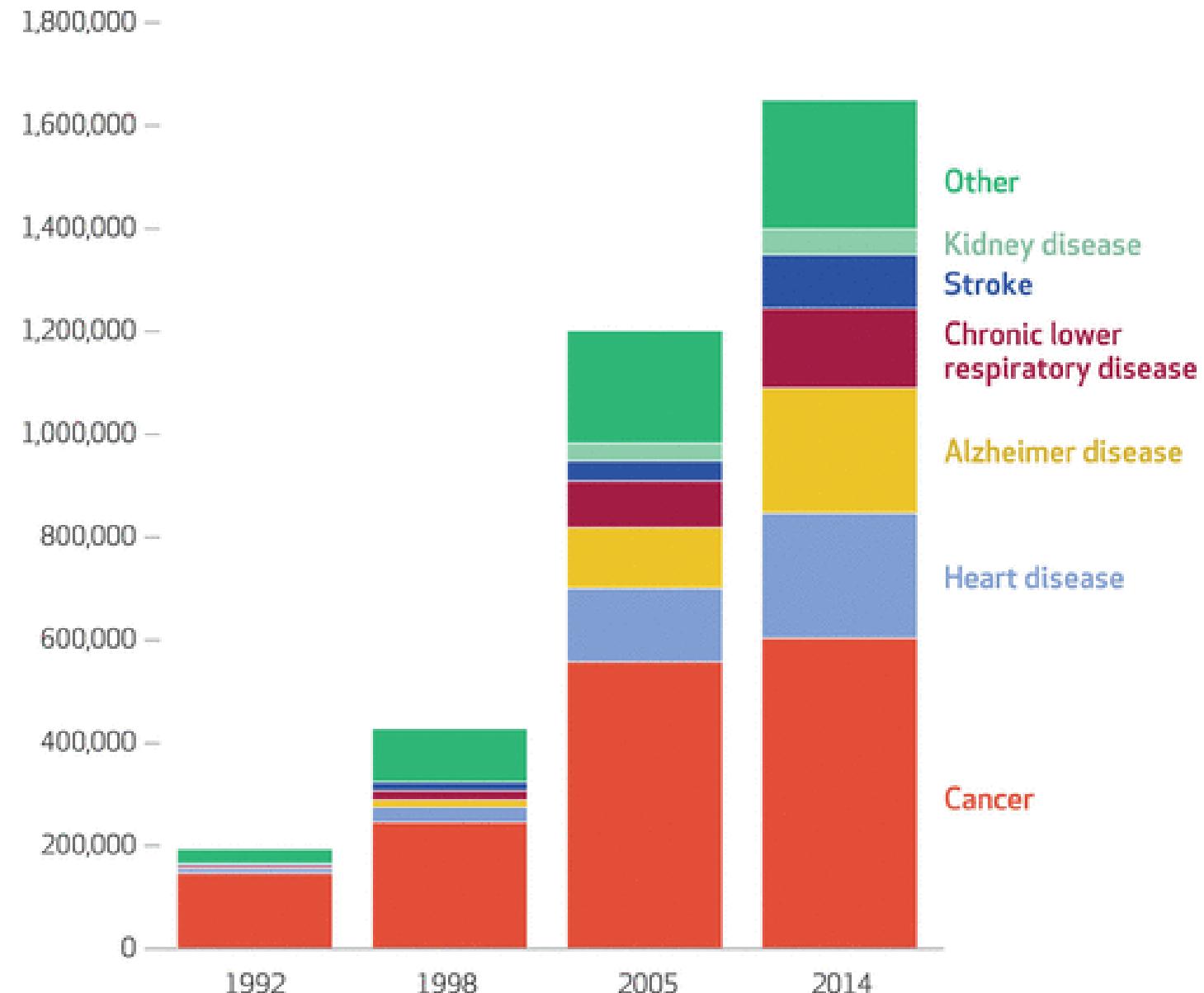


Bisogno di cure palliative e patologie croniche degenerative



Proportion of decedents potentially in need of palliative care at the end of life, according to three different estimation methods.

Crescente bisogno di cure palliative (Hospice users)



Identificazione precoce del bisogno di cure palliative

Traditional palliative care



Early palliative care



NECPAL

CCOMS ICO

v. 3.1

- MULTIDIMENSIONALE
- Quali-quantitativo
- Multifattoriale
- Non Dicotomico

NECPAL CCOMS-ICO© TOOL VERSION 3.1 2017

**Surprise question (to/ among professionals):
Would you be surprised if this patient dies within the next year?**

NECPAL Parameters		
"Demand" or "Need"	- Demand: Have the patient, the family or the team requested in implicit or explicit manner, palliative care or limitation of therapeutic effort?	1
	- Need: identified by healthcare professionals from the team	2
General Clinical Indicators: 6 months - Last 6 months - Not related to recent/reversible intercurrent process	- Nutritional Decline	3
	- Functional Decline	4
	- Cognitive Decline	5
Severe Dependence	- Karnofsky <50 o Barthel <20	6
Geriatric Syndromes	- Falls - Pressure Ulcers - Dysphagia - Delirium - Recurrent infections	7
Persistent symptoms	Pain, weakness, anorexia, digestive...	8
Psychosocial aspects	Distress and/or Severe adaptive disorder	9
	Severe Social Vulnerability	10
Multi-morbidity	>2 chronic diseases (from the list of specific indicators)	11
Use of resources	Evaluate Demand or intensity of interventions	12
Specific Indicators of Illness severity/progression	Cancer, COPD, CHD, Liver, Renal, CVA, Dementia, Neurodegenerative diseases, AIDS, other advanced illnesses	13

If there is at least 1 NECPAL Parameter: **NECPAL+**



SCOPO DEL LAVORO

- **Point prevalence study** multicentrico nell'ambito della realtà Genovese
 - OBIETTIVO: prevalenza del **bisogno di Cure Palliative** nella **popolazione anziana, ricoverata o istituzionalizzata**
 - 3 ospedali, 7 strutture di lungodegenza
- Analisi delle **caratteristiche demografiche, cliniche e psicosociali** della popolazione che richiede Cure Palliative.
- **Raccolta dei dati condotta nell'arco di 48 ore.**

MATERIALI E METODI



- **Necessità di cure palliative:** NECPAL CCOMS ICO v. 3.1
- **Valutazione cognitiva:** Clinical Dementia Rating Scale
- **Fragilità:** Clinical Frailty Scale
- **Multimorbilità:** Cumulative Illness Rating Scale (CIRS)

Inclusion criteria	Exclusion criteria
Age \geq 65 yo	Age $<$ 65 yo
Patients suffering from chronic diseases included in the NECPAL questionnaire	Hospital admission for less than 72 hours
Hospital admission for at least 72 hours	

RISULTATI

Numero totale di pazienti reclutati nello studio: **984**

	Hospital (n=238, 64.5%)	LTC (n=228, 37.1%)
Age, mean (SD)	82.8 (8.2)	88.9 (7.3)
Female, n (%)	117 (49.2)	182 (79.8)
Number of drugs, median (range)	9 (1-24)	9 (1-19)
CIRS severity, mean (SD)	1.32 (0.47) [n=187]	1.97 (0.51) [n=135]
CIRS comorbidity, mean (SD)	4.0 (2.14) [n=187]	5.0 (2.3) [n=135]
Clinical Frailty scale, median (range)	7 (1-9) [n=141]	7 (3-9) [n=198]
Clinical Dementia scale, median (range)	2 (0-5) [n=81]	3 (0-5) [n=165]

NECPAL tool	Hospital (n=238, 64.5%)	Long-term Care (n=228, 37.1%)
“Demand” or “Need”	108 (45.4)	79 (34.7)
General Clinical Indicators	180/218 (82.6)	109/186 (58.6)
Severe Dependence	149/230 (64.8)	199/221 (90.1)
Geriatric Syndromes	141/236 (59.8)	174/216 (80.6)
Persistent symptoms	161/232 (69.4)	48 (21.1)
Psychosocial aspects	96/219 (43.8)	25/185 (13.5)
Multimorbidity	211/235 (89.8)	211/224 (94.2)
Use of resources	142/233 (60.9)	173/228 (75.9)
Specific indicators	226/237 (95.4)	221/224 (98.7)
Cancer	59 (24.9)	7 (3.1)
Pulmonary chronic disease	49 (20.7)	7 (3.1)
Cardiac chronic disease	69 (29.1)	29 (12.7)
Dementia	55 (23.2)	175 (76.8)
Frailty	52 (21.9)	188 (82.5)

PRINCIPALI DIFFERENZE TRA I SETTING OSPEDALIERI

	Total (N = 238)	Geriatrics, Translational care & Orthogeriatrics (N = 44, 57.1%)	Internal medicine (N = 129, 71.7%)	Others (N = 65, 58.0%)	<i>P value</i>
Sex					
	Females	117 (49.2%)	27 (61.4%)	60 (46.5%)	30 (46.2%)
	Males	121 (50.8%)	17 (38.6%)	69 (53.5%)	35 (53.8%)
Age, years (N = 238)	82.7 ± 8.19	87.5 ± 6.69	81.7 ± 8.54	81.5 ± 7.33	<0.001
Days of hospitalization (N = 237)	16.2 ± 15.44	22.0 ± 25.99	13.6 ± 10.13	17.2 ± 13.56	0.06
Nr. of medications (N = 238)	9.2 ± 3.54	8.9 ± 4.34	9.1 ± 3.16	9.5 ± 3.69	0.33
CIRS – Severity index (N = 187)	1.3 ± 0.46	1.6 ± 0.61	1.2 ± 0.34	1.3 ± 0.44	0.003
CIRS – Comorbidity index (N = 187)	4.0 ± 2.14	5.0 ± 2.62	3.9 ± 1.89	3.3 ± 1.77	0.002
					<i>Under submission 2022</i>

NECPAL TOOL	Total (N = 238)	Geriatrics, Translational care & Orthogeriatrics (N = 44, 57.1%)	Internal medicine (N = 129, 71.7%)	Others (N = 65, 58.0%)	P value
"Request" or "Need"	No	130 (54.6%)	17 (38.6%)	69 (53.5%)	0.011
	Yes	108 (45.4%)	27 (61.4%)	60 (46.5%)	
General clinical indicators of progression	No	39 (17.8%)	4 (10.3%)	24 (19.0%)	0.39
	Yes	180 (82.2%)	35 (89.7%)	102 (81.0%)	
Severe dependence	No	82 (35.5%)	10 (23.8%)	52 (40.6%)	0.12
	Yes	149 (64.5%)	32 (76.2%)	76 (59.4%)	
Geriatric syndromes	No	96 (40.5%)	6 (14.0%)	55 (42.6%)	<0.001
	Yes	141 (59.5%)	37 (86.0%)	74 (57.4%)	
Persistent symptoms	No	72 (30.9%)	5 (12.8%)	37 (28.7%)	0.001
	Yes	161 (69.1%)	34 (87.2%)	92 (71.3%)	
Psychosocial aspects	No	124 (56.4%)	9 (22.5%)	82 (64.6%)	<0.001
	Yes	96 (43.6%)	31 (77.5%)	45 (35.4%)	
Comorbidities	No	25 (10.6%)	0 (0.0%)	16 (12.5%)	0.043
	Yes	211 (89.4%)	43 (100.0%)	112 (87.5%)	
Use of resources	No	92 (39.3%)	10 (24.4%)	51 (39.5%)	0.048



PUNTI DI FORZA

- Peculiarità demografica della Regione Liguria
- Applicazione della **VMD**

CONCLUSIONI

LIMITI DELLO STUDIO

- Mancanza di coinvolgimento dei **pazienti in comunità**
- Mancata rappresentazione di **setting chirurgici**

PROSPETTIVE FUTURE

- Coinvolgere **pazienti in comunità**
- Studio **multicentrico** con valutazione puntuale su base **nazionale**
- Studio **prospettico** (traiettoria clinica dei pazienti positivi al NECPAL tool)



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**GRAZIE PER
L'ATTENZIONE**

