

17-20  
Dicembre  
2025  
Napoli

70<sup>o</sup> C O N G R E S S O  
N A Z I O N A L E  
**SIGG**  
LIBERI E LONGEVI

Università degli  
Studi di Napoli  
Federico II  
Polo Didattico  
di **SCAMPIA**



SOCIETÀ ITALIANA  
DI GERONTOLOGIA  
E GERIATRIA

# **Appropriatezza delle cure nel paziente cronico in fase avanzata: il ruolo della medicina interna.**

**Rosa Curcio**

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# DISCLOSURE INFORMATION

Rosa Curcio

negli ultimi due anni ho avuto i seguenti rapporti anche di finanziamento con soggetti portatori di interessi commerciali in campo sanitario:

NESSUNO

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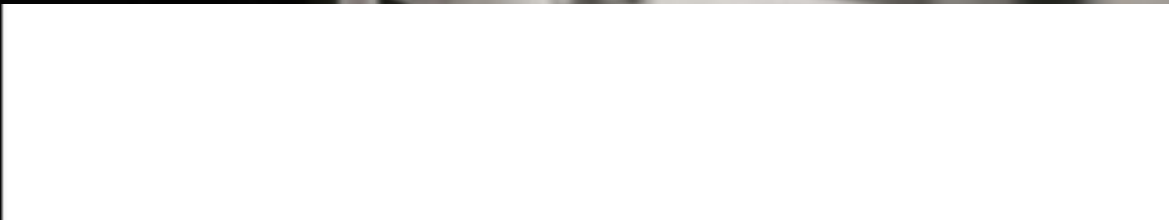




**EXIT**

**ENTRY**

**THE OLD PARADIGM**







## Life expectancy, 2000



## Life expectancy, 2021



**+ 4,5 YEARS**

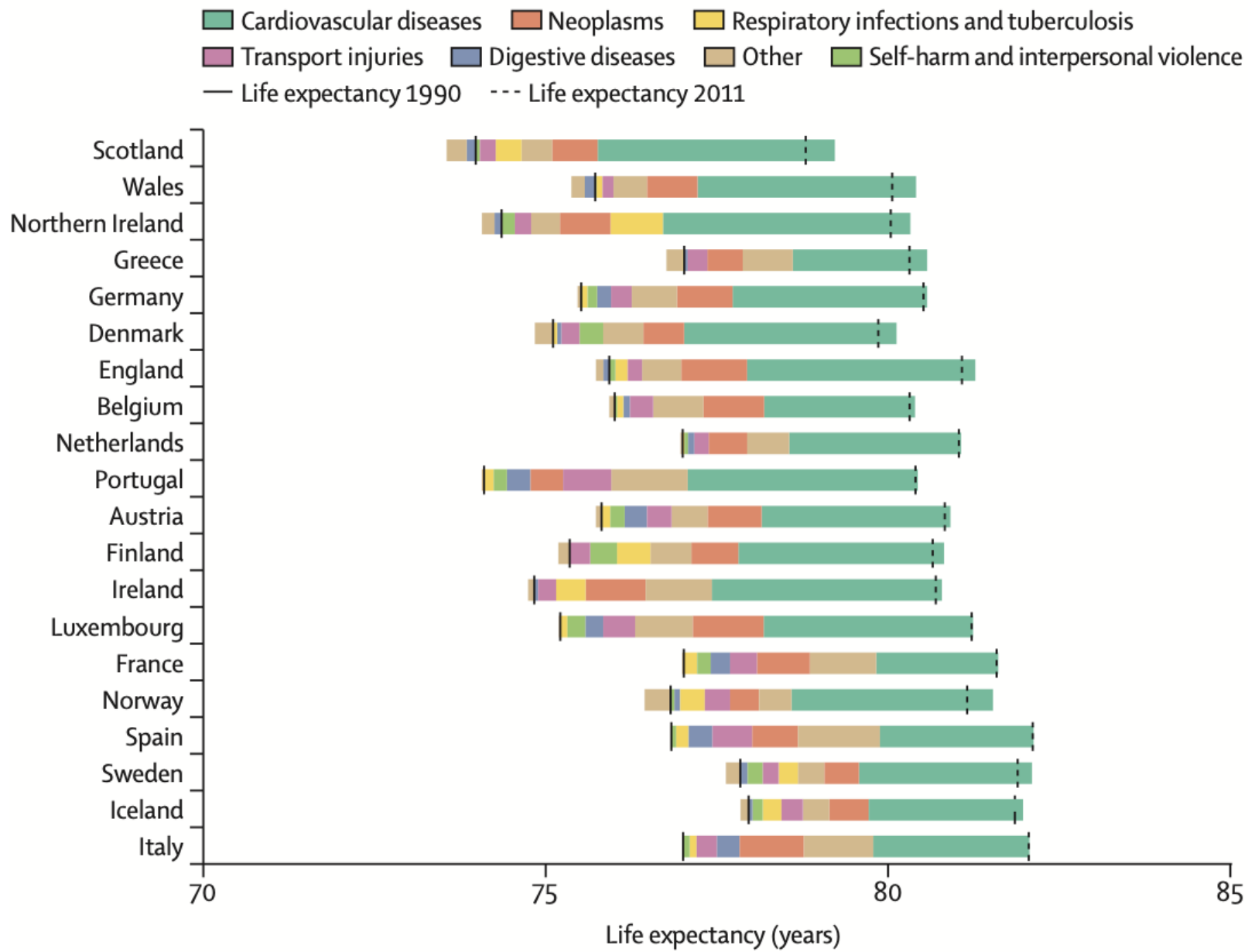
# Healthy life expectancy, 2000

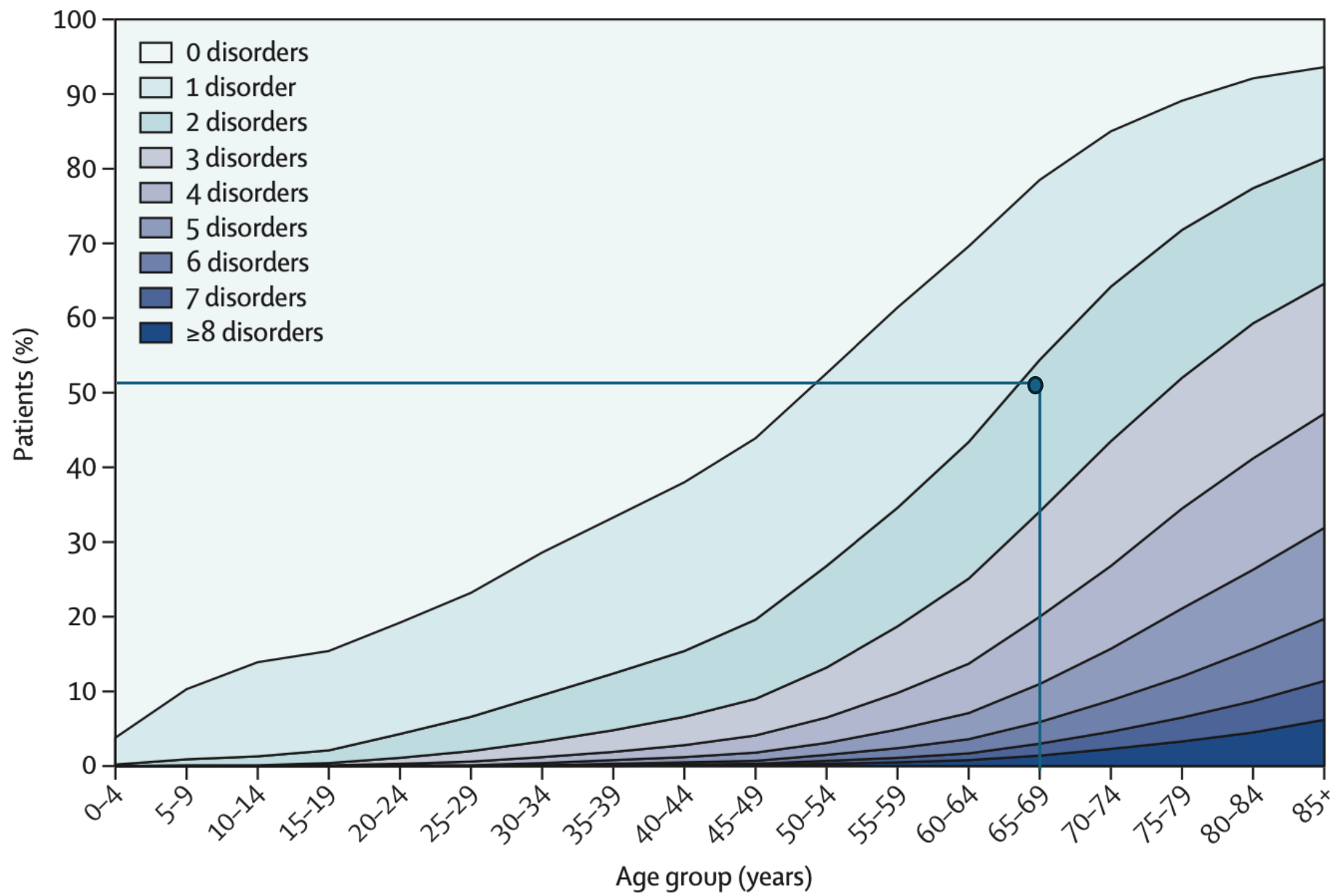


**+ 3,8 YEARS**

# Healthy life expectancy, 2021



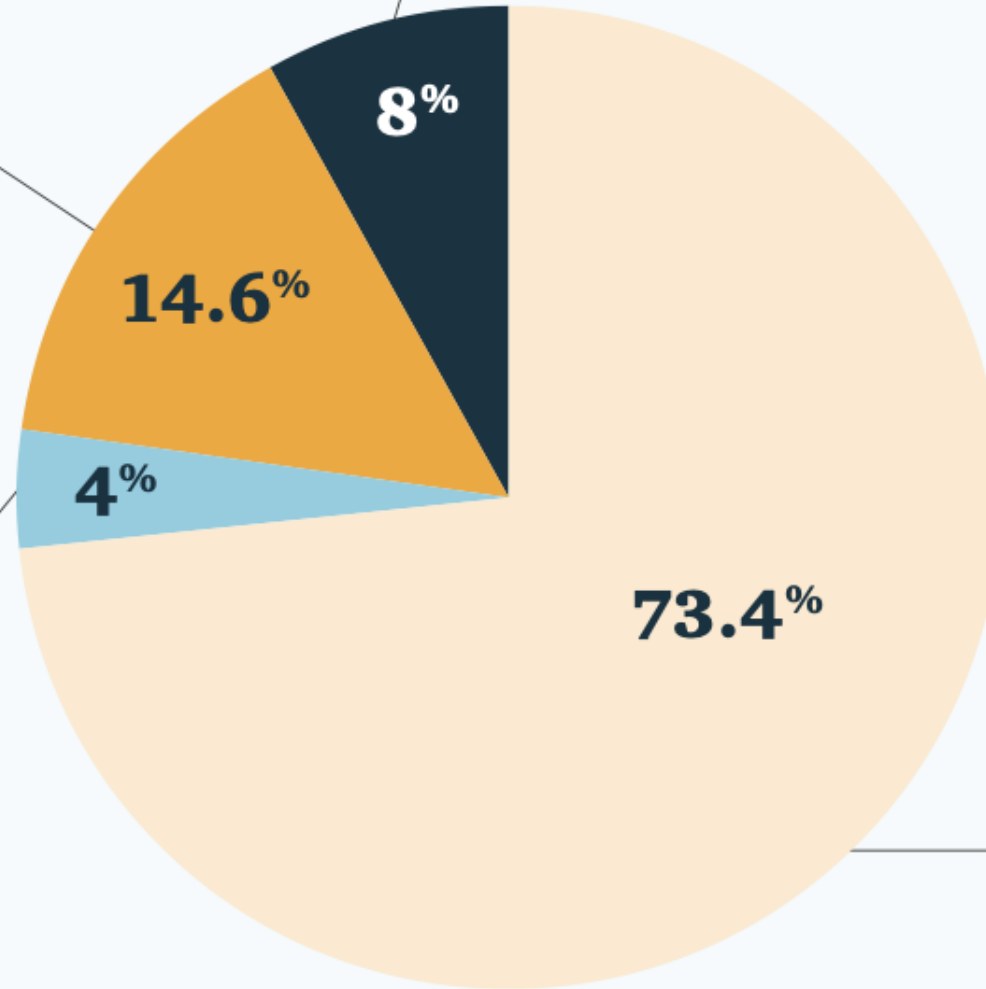




Injury, poisoning, external causes (17)\*

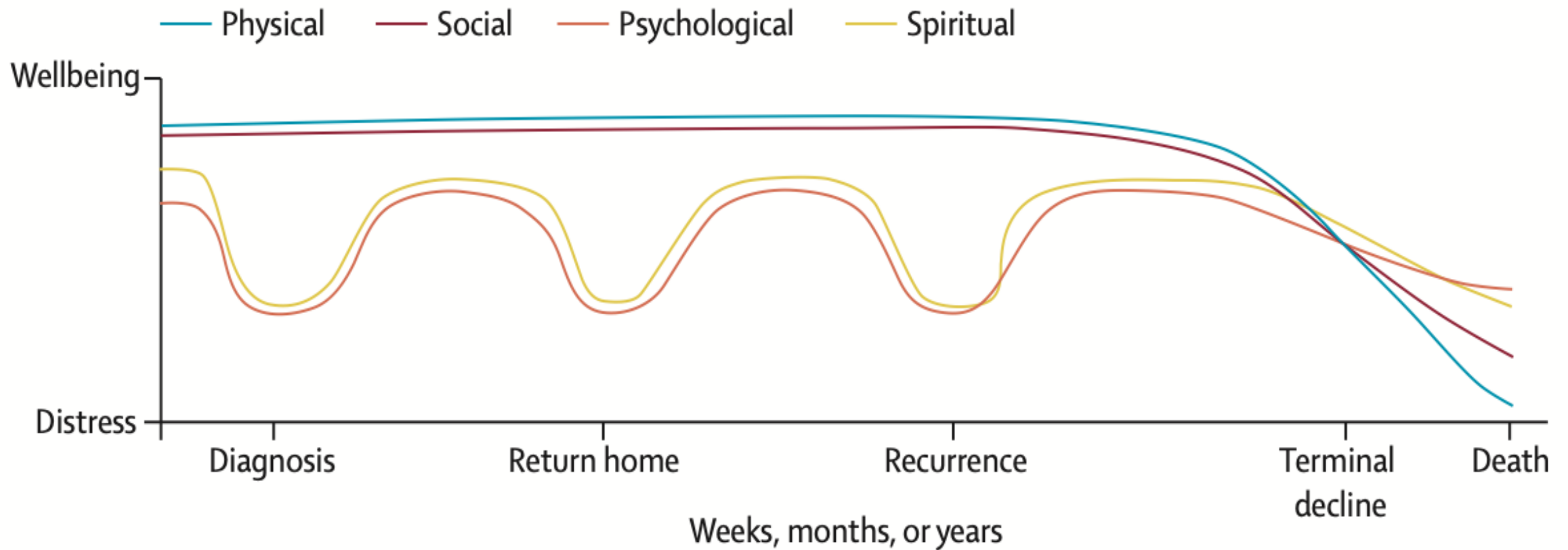
Communicable diseases (1-3; 7)\*

Maternal, perinatal and nutritional conditions (15-16; 20)\*

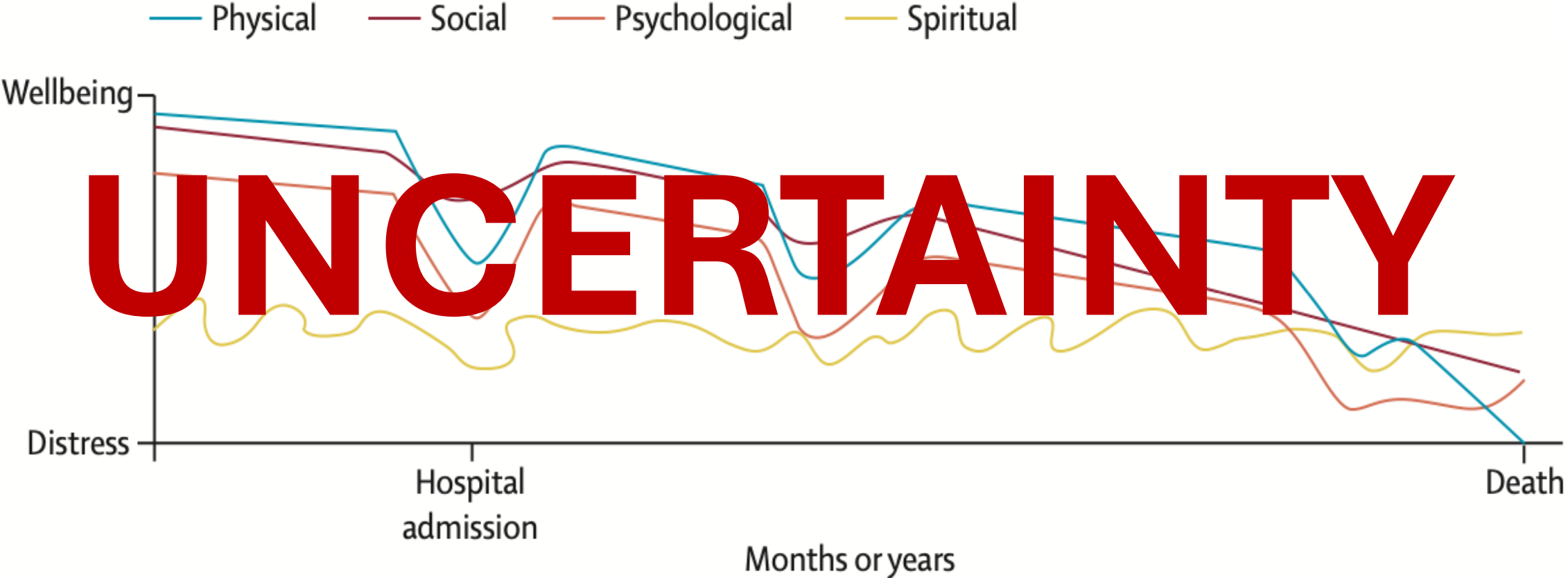


Non-communicable diseases (4-6; 8-14; 18-19)\*

# TRAJECTORY OF DYING IN CANCER

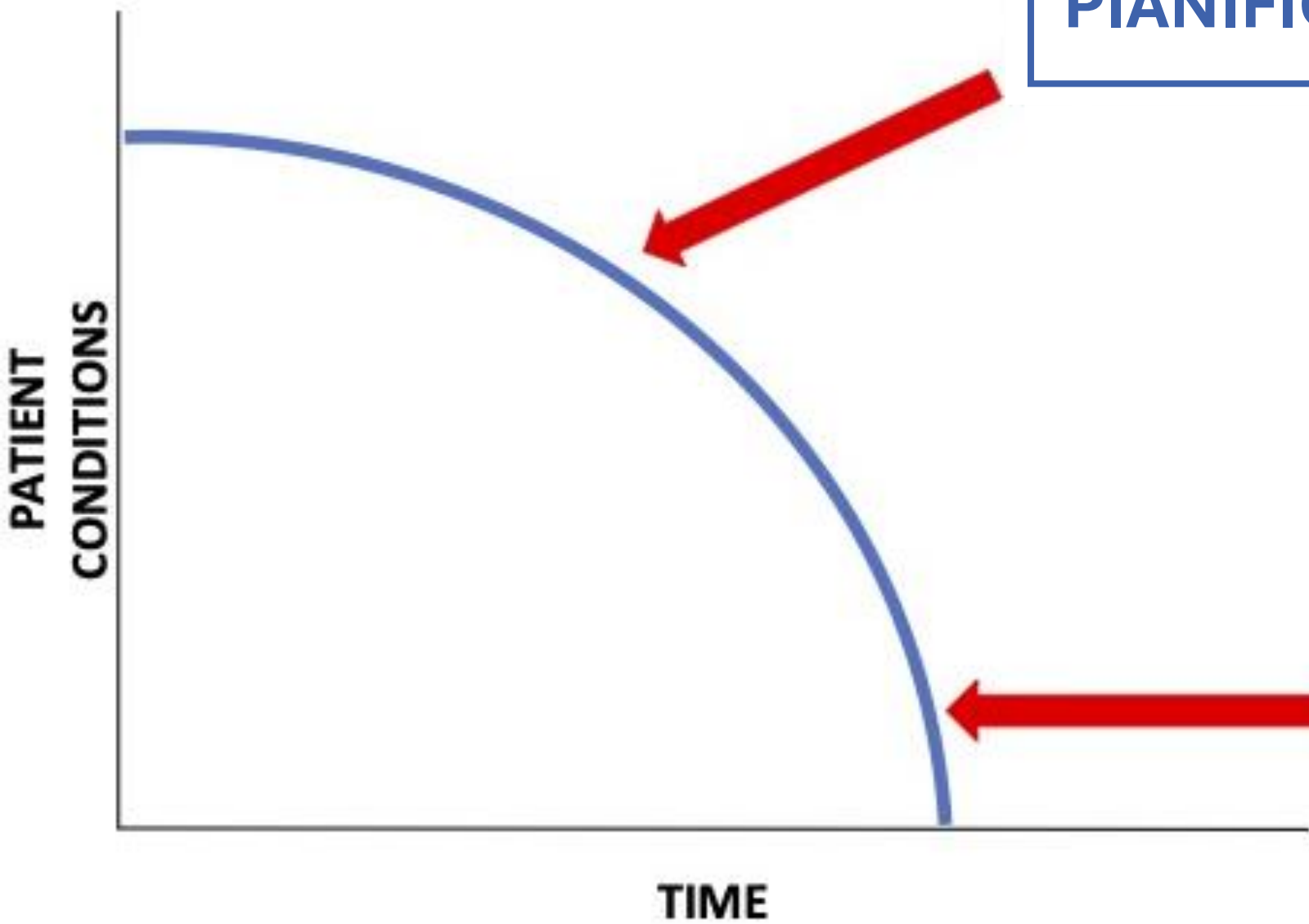


# TRAJECTORY OF DYING IN ORGAN FAILURE

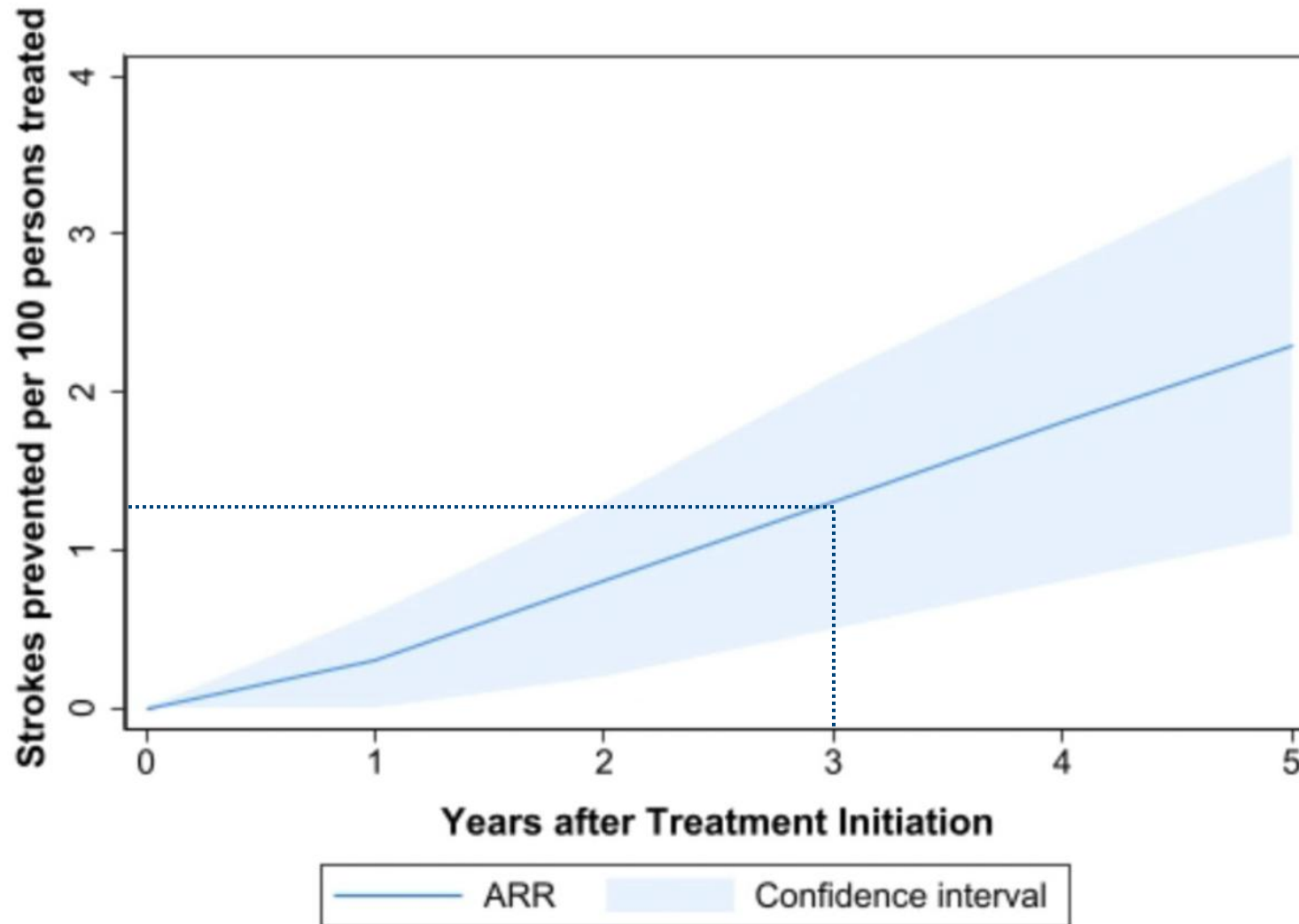


Sallnow L et al; Lancet Commission on the Value of Death. Report of the Lancet Commission on the Value of Death: bringing death back into life. Lancet. 2022 Feb 26;399:837-884.

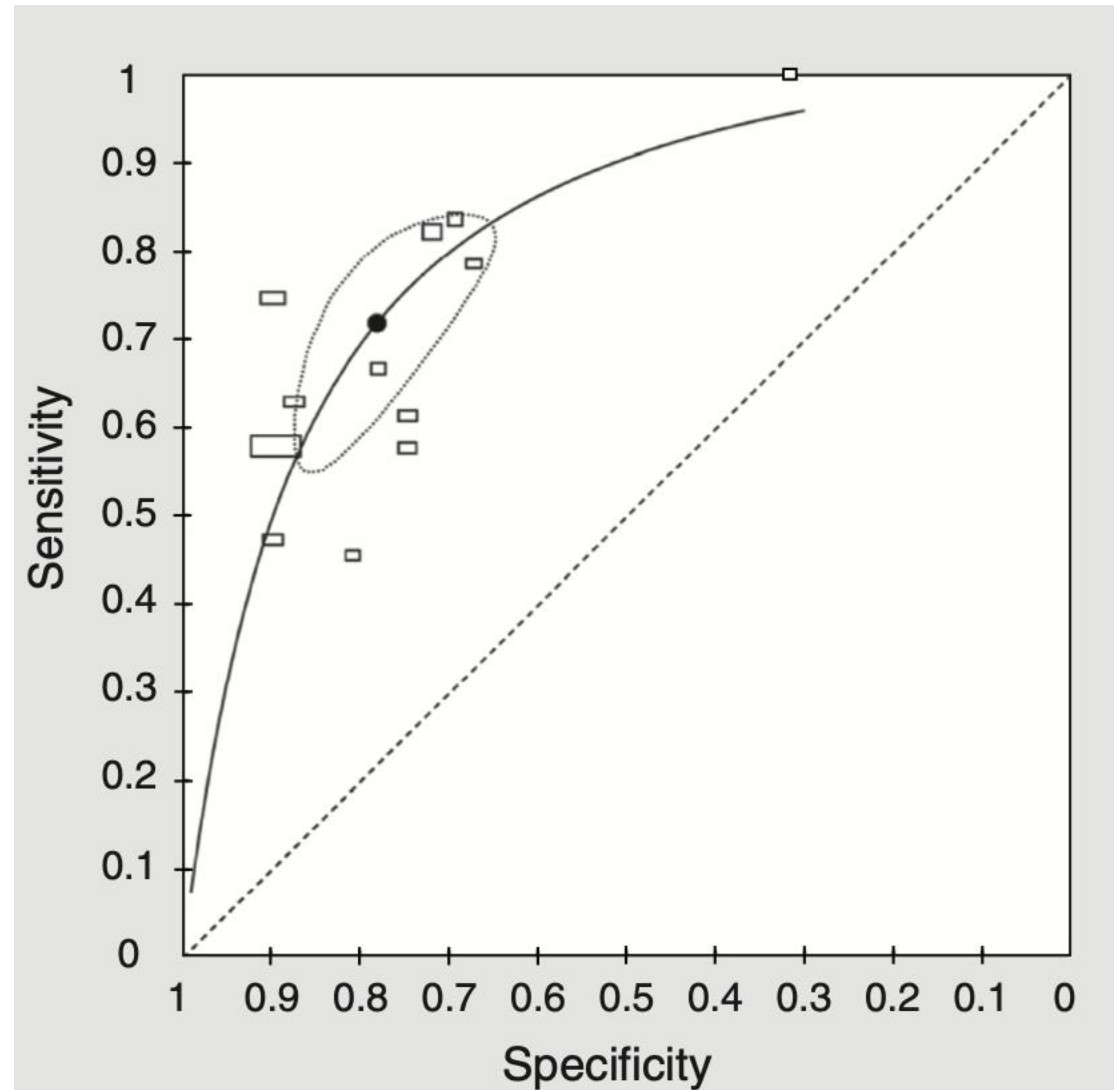
# PIANIFICAZIONE DELLE CURE



# TIME TO BENEFIT & TIME TO HARM



# «SURPRISE QUESTION»



# SUPPORTIVE AND PALLIATIVE CARE INDICATORS TOOL (SPICT)

## Look for any general indicators of poor or deteriorating health.

- Urgent or emergency hospital admission(s) or visits.
- Functional ability is poor or deteriorating, with limited reversibility.  
(eg The person often stays in bed or in a chair for more than half the day.)
- Depends on others more for care due to increasing physical and/or mental health problems.  
Person's carer needs more help and support.
- Progressive weight loss; remains underweight; low muscle mass.
- Persistent symptoms despite optimal treatment of health condition(s).
- The person (or family) asks for palliative care; chooses to reduce, stop or not have treatment; or wishes to focus on quality of life.

## Look for clinical indicators of life shortening conditions.

### Cancer

Functional ability deteriorating due to progressive cancer.

Too frail for cancer treatment or treatment is for symptoms.

### Dementia or frailty

Unable to dress, walk or eat without help.

Eating and drinking less; difficulty with swallowing.

Urinary and faecal incontinence.

Not able to communicate by speaking; little social interaction.

Frequent falls; fractured femur.

Recurrent febrile illnesses or infections; aspiration pneumonia.

### Heart or vascular disease

Heart failure or extensive, untreatable coronary artery disease; breathlessness or chest pain at rest or on minimal effort.

Severe, inoperable peripheral vascular disease.

### Respiratory disease

Severe, long term lung disease; breathlessness at rest or on minimal effort between exacerbations.

Persistent hypoxia needing long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

### Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life shortening conditions or treatments.

Stopping or not starting dialysis.

### Liver disease

Cirrhosis with one or more complications in the past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is not possible.

### Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive difficulty with swallowing.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Ongoing disability with worsening physical and/or mental health after a major stroke or multiple strokes

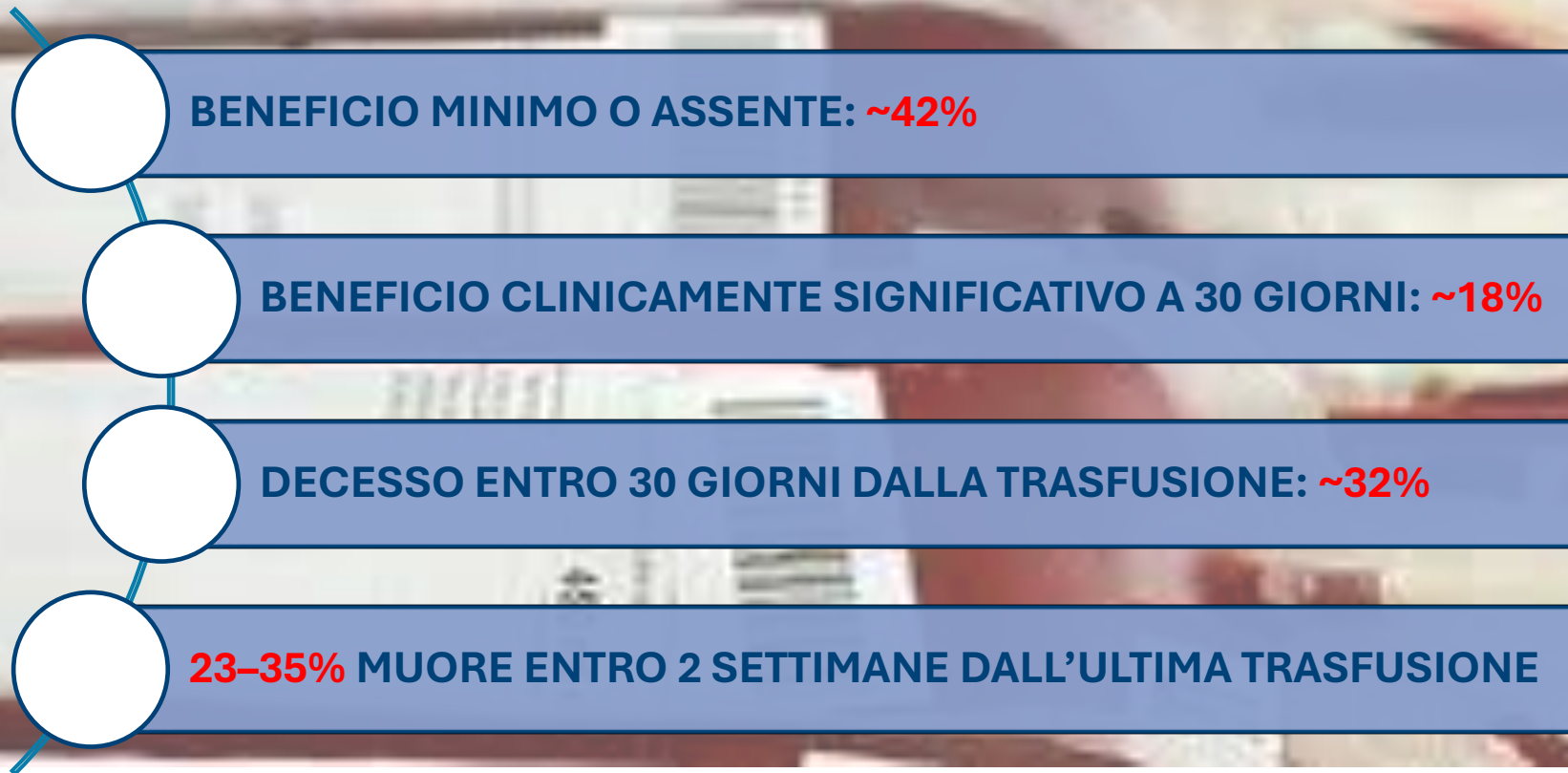
## Review current care and care planning.

- Review current treatments and medication; minimise polypharmacy. Shared decision making about treatment and care.
- Review holistic care – symptoms; emotional, social, financial, spiritual needs. Support families and carers.
- Ask for specialist advice or a review if symptoms or other problems are difficult to manage.
- Agree a current and future care plan with the person/family. Discuss future decision making (e.g. Power of Attorney).
- Record, share, and review care plans.

# STATING AND SHARING THE GOAL OF CARE

Intervention	Interventions, No. (%)				
	Across 109 patients	Across 398 epochs	Across 183 life-extension epochs	Across 128 maintain or improve function epochs	Across 71 comfort-focused epochs
Invasive diagnostic or minor therapeutic procedure <sup>a</sup>	80 (73)	144 (36)	99 (54)	41 (32)	4 (6)
Physical and/or occupational therapy (inpatient or outpatient)	74 (68)	115 (29)	75 (41)	40 (31)	0 (0)
Do not resuscitate or do not intubate order	54 (50)	65 (16)	6 (3)	37 (29)	22 (31)
Admission to intensive care unit	43 (39)	54 (14)	40 (22)	14 (11)	0 (0)
Hospice enrollment	38 (35)	51 (13)	0 (0)	4 (3)	47 (66)
Chemotherapy	31 (28)	48 (12)	41 (22)	7 (5)	0 (0)
Invasive palliative procedure <sup>b</sup>	26 (24)	43 (11)	20 (11)	15 (12)	8 (11)
Intubation with mechanical ventilation	19 (17)	38 (10)	29 (16)	9 (7)	0 (0)

# TRASFUSIONI E FUTILITA' NELLE FASI AVANZATE DI MALATTIA





Contents lists available at [ScienceDirect](#)

# Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



ESPEN Guideline

## ESPEN guideline on nutrition and hydration in dementia – Update 2024



### Recommendation 37

Enteral nutrition shall not be initiated in patients with severe dementia.

Grade of recommendation GPP – strong consensus (100% agreement)

### Recommendation 35

Enteral and parenteral nutrition and parenteral fluids shall NOT be initiated in persons with dementia in the terminal phase of life.

Grade of recommendation GPP – strong consensus (96% agreement)



**CONVEYOR-BELT MEDICINE**



**CEILING OF CARE**

**TOLERANCE**

**TIME-LIMITED TRIAL**

**PLANNING**

**COMFORT CARE**

**COMMUNICATION**

- L'inappropriatezza nei pazienti con malattia cronica avanzata non nasce da singoli errori, ma da **cure corrette non armonizzate.**
- La Medicina Interna — insieme alla Geriatria — ha un ruolo insostituibile: **tenere insieme la complessità, trasformare frammenti specialistici in un piano coerente, proporzionato, sostenibile e goal-concordant.**

