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ICOPE e brain health: approccio integrato a declino cognitivo e disturbi dell'umore

Luca Tagliafico

Ricercatore di Tipo A, Dipartimento di Medicina Interna e Specialità Mediche, Università degli Studi di Genova
Guest researcher, Fabrizio d'Adda di Fagagna Lab, IFOM (Milano)

Disclosures

Sono risultato vincitore del Nutritional Research Grant 2025 (Nestlé Health Science – EuGMS).

Outline

- *La definizione di brain health dell'Organizzazione Mondiale della Sanità*
- *L'ICOPE e l'healthy ageing*
- *Declino cognitivo*
- *Sintomi depressivi*
- *Take home messages*

Brain health

Brain health is the state of brain functioning across cognitive, sensory, social-emotional, behavioural and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders.



**World Health
Organization**

ICOPE

ICOPE

Integrated care for older people **handbook**

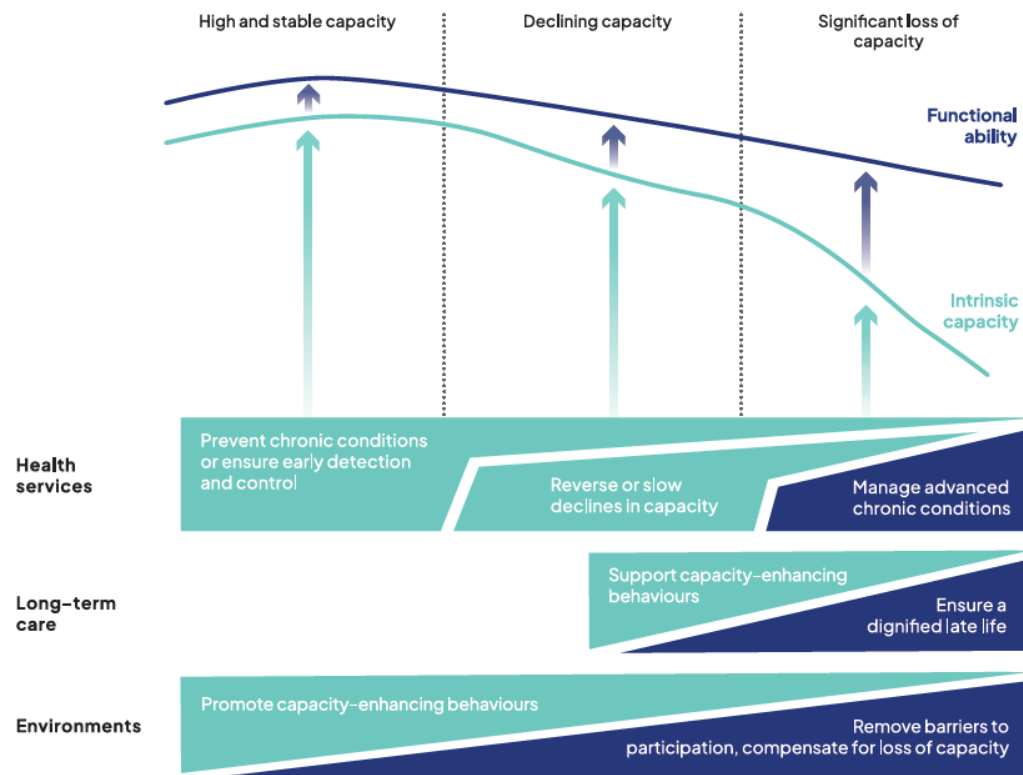
Guidance for person-centred assessment
and pathways in primary care

Second edition



ICOPE e healthy ageing

Public health framework for healthy ageing: opportunities for public health action across the life course



Key domains of intrinsic capacity

- 5 Cognition | Cognitive decline
- 6 Locomotor capacity | Limited mobility
- 7 Vitality | Malnutrition
- 8 Vision | Vision impairment
- 9 Hearing | Hearing loss
- 10 Psychological capacity | Depressive symptoms

Key factors in older people's health

- 11 Social care and support
- 12 Carer support
- 13 Urinary incontinence

Declino cognitivo

5

Cognition

Care pathway to manage
cognitive decline

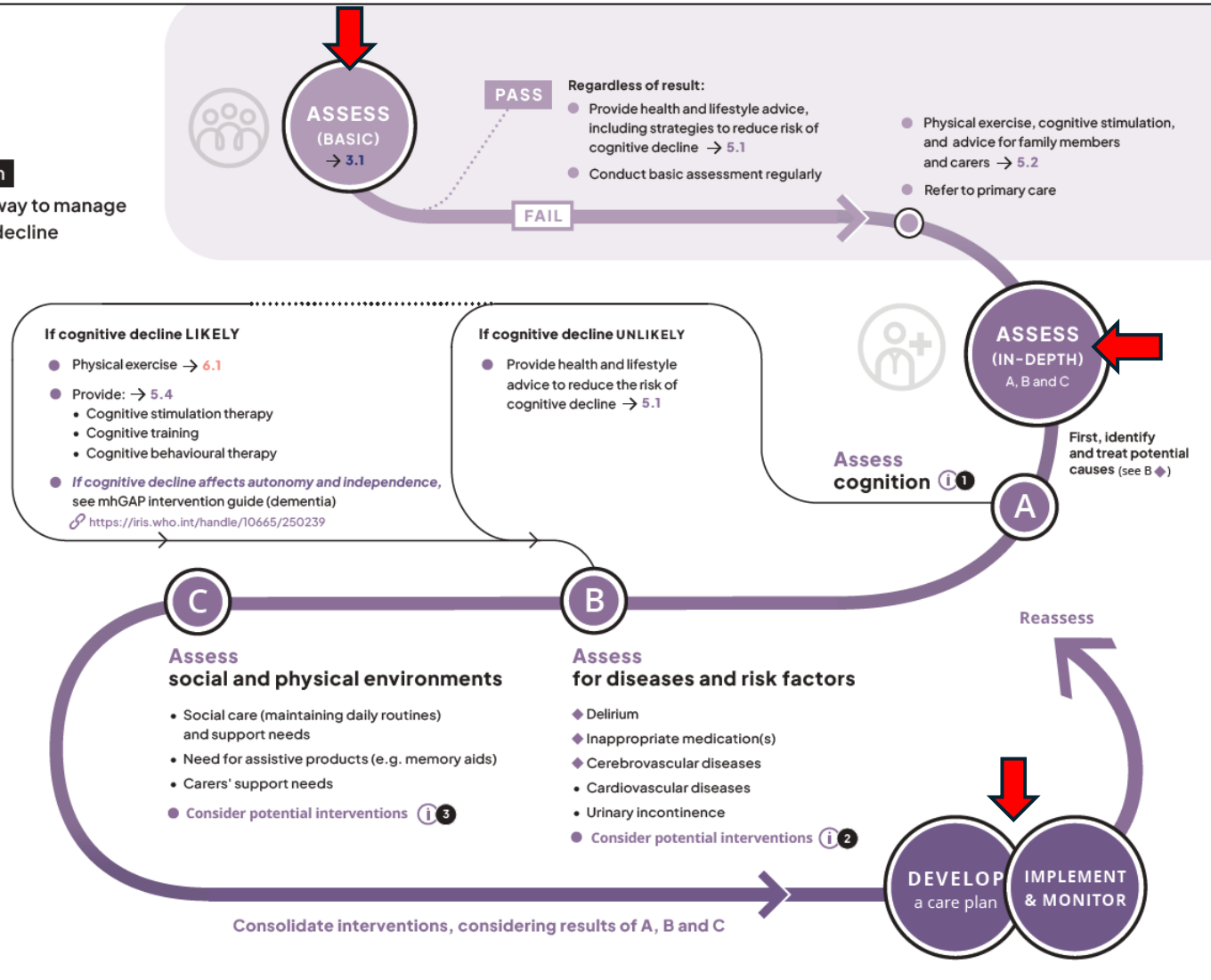


Declino cognitivo

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Cognition

Care pathway to manage cognitive decline

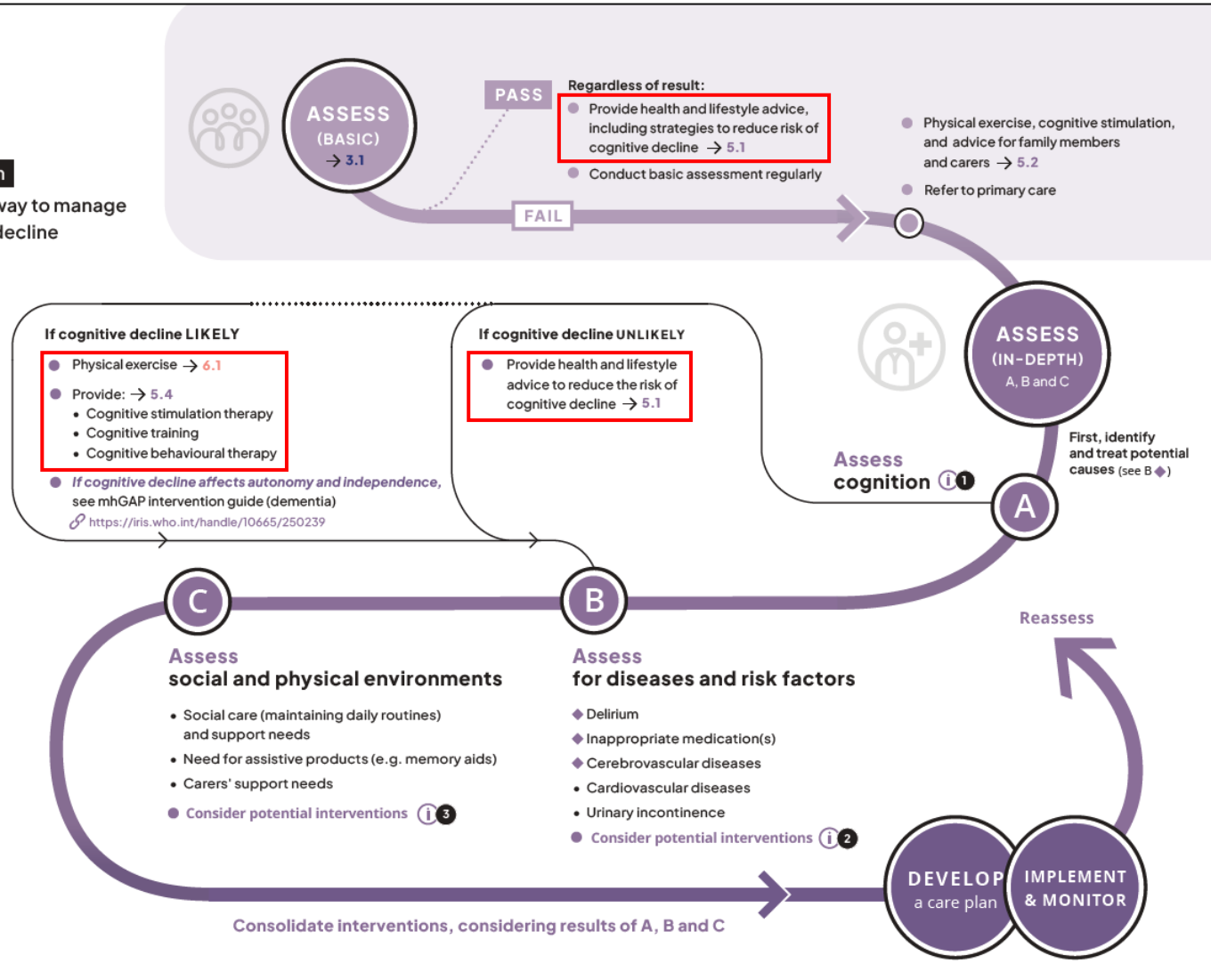


Declino cognitivo

5

Cognition

Care pathway to manage cognitive decline



Declino cognitivo – Fattori di rischio modificabili

THE LANCET COMMISSIONS · Volume 404, Issue 10452, P572-628, August 10,

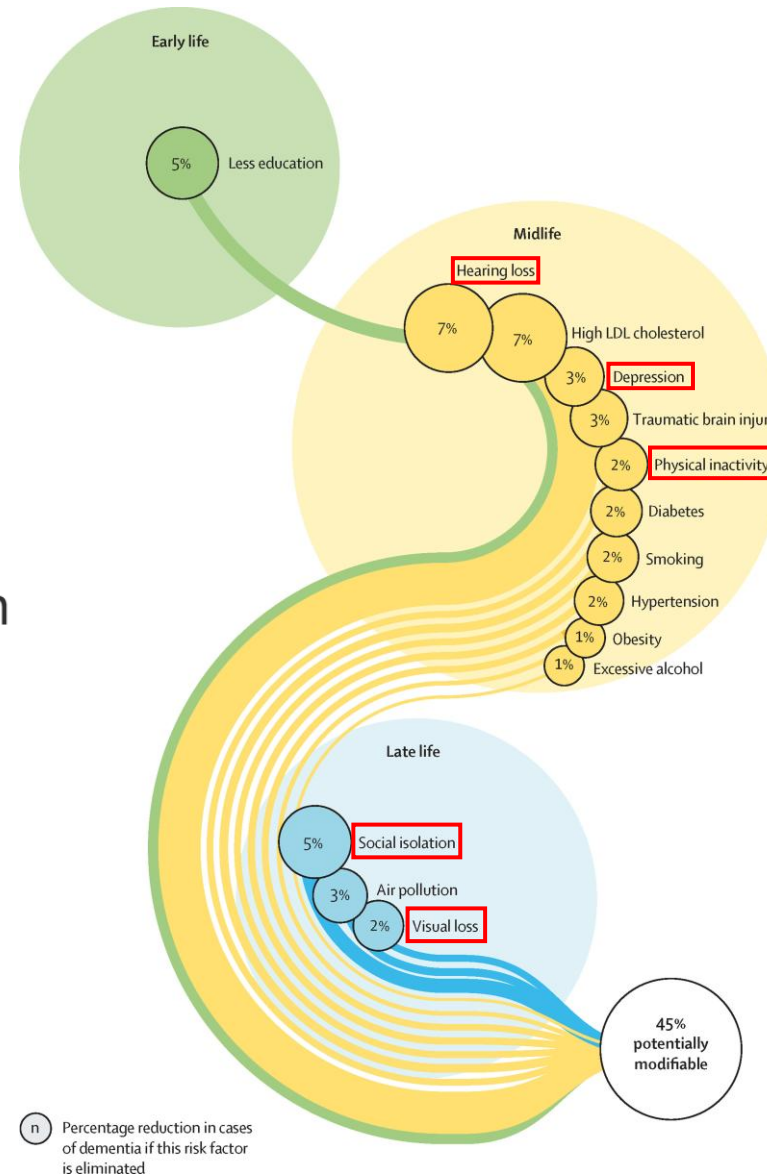
2024

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Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission

[Prof Gill Livingston, MD](#) ^{a,b} · [Jonathan Huntley, PhD](#) ^c · [Kathy Y Liu, MRCPsych](#) ^a ·

[Prof Sergi G Costafreda, PhD](#) ^{a,b} · [Prof Geir Selbæk, MD](#) ^{d,e,f} · [Prof Suvarna Alladi, PhD](#) ^g · et al.



“Brain Health Chart”

Table 1. Brain health chart.

What is the patient’s cognitive reserve and social and functional status?

<i>Evaluation of cognitive reserve</i>	ISCED Years of education CRIq
<i>Evaluation of social status</i>	<i>Social isolation:</i> LSNS or DSSI <i>Loneliness:</i> UCLA-Loneliness Scale <i>Social vulnerability:</i> SVI
<i>Evaluation of functional status</i>	ADL, Barthel Index, and IADL <i>Gait speed:</i> 4-meter gait speed
Is there evidence of cognitive decline? <i>Formal cognitive testing</i>	Cognitive screening tests (such as MoCA) and structured interviews or ADCS-PACC Cognitive tests (such as the FCSRT) and batteries (ADCS-PACC) focused on early symptomatology
Is there evidence of a mood or sleep disorder? <i>Evaluation of a possible mood disorder</i>	SCID-5 CESD PHQ-9 HADS GDS in older adults
<i>Evaluation of a possible sleep disorder</i>	STOP-Bang questionnaire RBDSQ MSQ PSQI
Is there evidence of a general dementia risk factor? <i>Non-modifiable factors</i>	Heterozygosity and homozygosity for APOE ε4 History of traumatic brain injury (OSU TBI-ID) and, more generally, of brain damage
<i>Modifiable factors</i>	<i>Physical inactivity:</i> IPAQ for the general adult population; PASE or the CHAMPS for older adults <i>Excessive alcohol consumption:</i> > 21 units per week <i>Smoking:</i> pack-year <i>Obesity:</i> refer to the specific diagnostic criteria <i>High LDL cholesterol:</i> refer to the specific diagnostic criteria <i>Diabetes:</i> refer to the specific diagnostic criteria <i>Hypertension:</i> refer to the specific diagnostic criteria <i>Hearing loss:</i> refer to the specific diagnostic criteria <i>Visual loss:</i> refer to the specific diagnostic criteria <i>Air pollution:</i> especially PM2.5, nitrogen dioxide, and nitrogen oxides
General risk scale: CAIDE, ANU-ADRI, BDSI, GVRS, FRS or LIBRA	

Is there evidence of a geriatric syndrome? (Specific for older adults)

<i>Frailty assessment</i>	Frailty Phenotype, Frailty Index, or CFS Probable diagnosis: low muscle strength (grip strength or chair stand test)
<i>Sarcopenia</i>	Screening tools like MNA and nutritional evaluation with the support of bioimpedance analysis in case of positivity to them
<i>Malnutrition</i>	Polypharmacotherapy (≥5 medications per day) ACB score STOPP/START criteria
<i>Evaluation of a pharmacotherapy</i>	It is advisable to assess these geriatric syndromes in the context of the <i>Comprehensive Geriatric Assessment</i>

Is there evidence of structural brain damage?

<i>Brain volume assessment, extent and distribution of white and grey matter ischemic load, and presence of microbleeds or other hemoglobin degradation products</i>	Volumetric analysis T2-weighted and SW/GRE T2 MRI for microbleeds Diffusion tensor imaging Advanced diffusion MRI techniques, such as diffusion kurtosis imaging, q-space imaging, neurite orientation dispersion, and density imaging BHI
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Is there (peripheral) evidence of a neurodegenerative proteinopathy?

Blood markers as an expression of non-specific axonal damage and neurodegeneration, such as NfL
Plasma markers of extracellular β-amyloid deposition and tauopathy, such as Aβ₄₂ (alone or Aβ₄₂/Aβ₄₀ ratio) and p-Tau species

Declino cognitivo – Interventi multicomponentziali

Randomized Controlled Trial > Int J Nurs Stud. 2022 Jan;125:104110.

doi: 10.1016/j.ijnurstu.2021.104110. Epub 2021 Oct 10.

Effects of a multicomponent intervention to slow mild cognitive impairment progression: A randomized controlled trial

Qiao-Hong Yang¹, Xia Lyu², Qing-Ran Lin³, Zi-Wen Wang¹, Li Tang¹, Yu Zhao¹, Qi-Yuan Lyu⁴

Affiliations + expand

PMID: 34736073 DOI: 10.1016/j.ijnurstu.2021.104110

Randomized Controlled Trial > J Clin Psychiatry. 2024 May 13;85(2):23m15112.

doi: 10.4088/JCP.23m15112.

Effects of a Multicomponent Intervention With Cognitive Training and Lifestyle Guidance for Older Adults at Risk of Dementia: A Randomized Controlled Trial

Pengfei Wang^{1 2}, Tingting Yang³, Wenjia Peng¹, Meng Wang⁴, Xiaoli Chen⁴, Yinghua Yang³, Yanyan Huang^{5 6}, Yihua Jiang⁷, Feng Wang⁷, Shuangyuan Sun⁸, Ye Ruan⁸, Yan Ding⁷, Ye Yao^{1 9}, Ying Wang^{1 2 9}

Sintomi depressivi

10

Psychological capacity

Care pathway to manage depressive symptoms

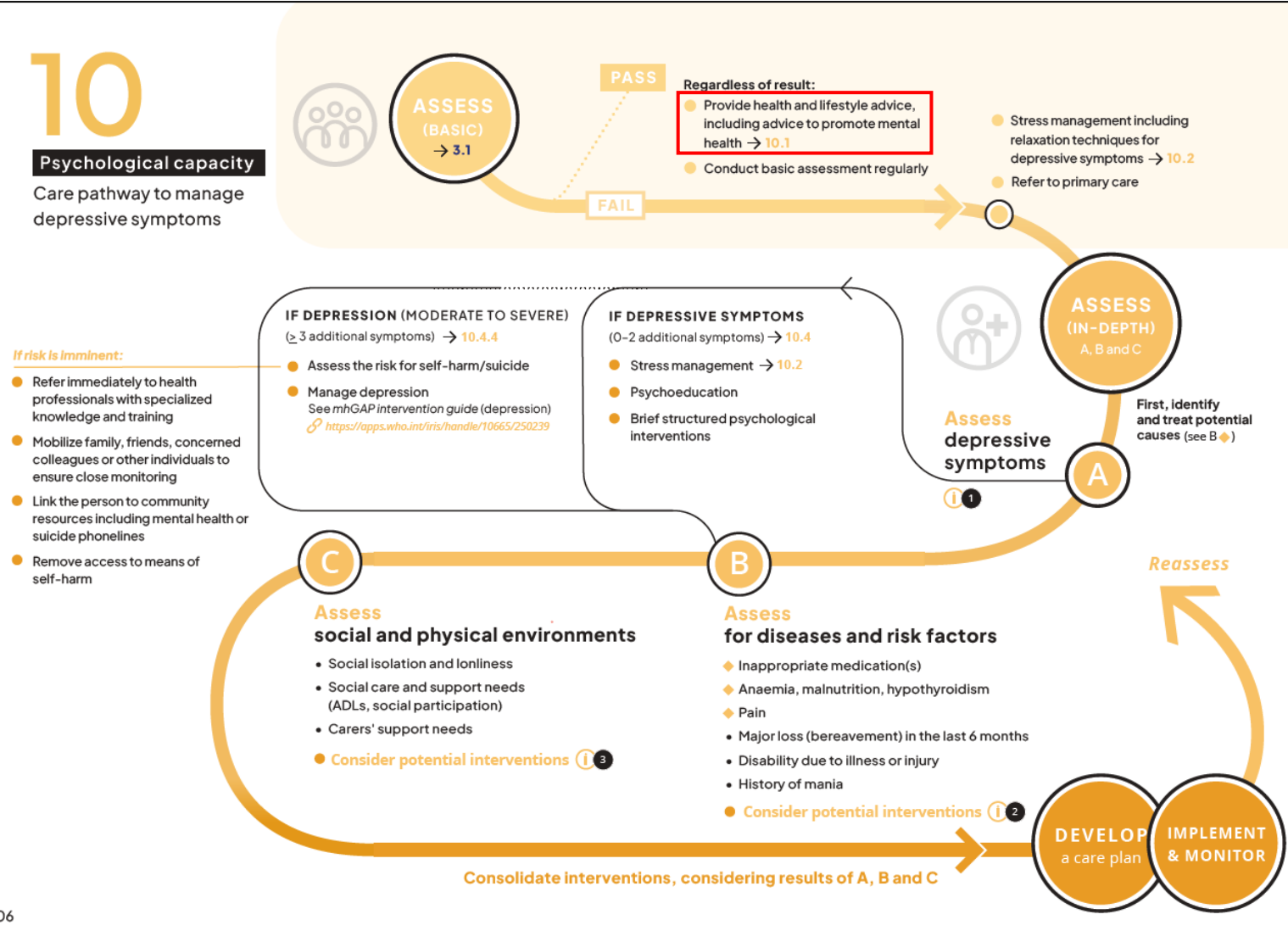


Sintomi depressivi

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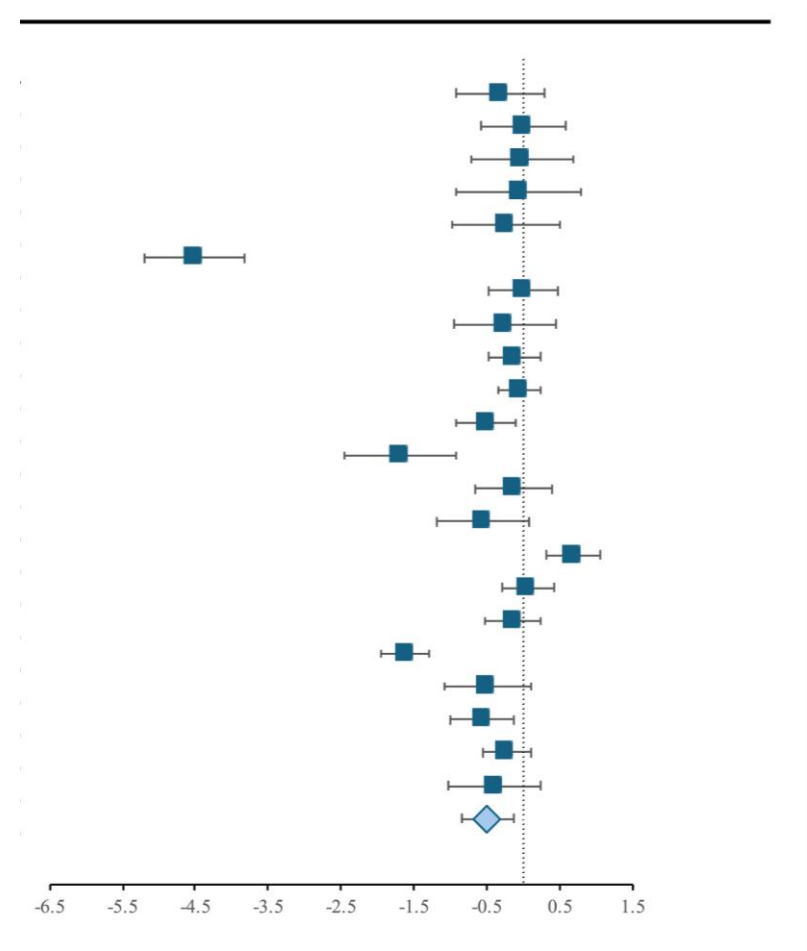
Psychological capacity

Care pathway to manage depressive symptoms



Sintomi depressivi – Stile di vita

Multicomponent structured exercise



Randomized Controlled Trial > J Nutr Health Aging. 2017;21(8):918-926.

doi: 10.1007/s12603-016-0867-y.

Multi-Domains Lifestyle Interventions Reduces Depressive Symptoms among Frail and Pre-Frail Older Persons: Randomized Controlled Trial

T P Ng ¹, M S Z Nyunt, L Feng, L Feng, M Niti, B Y Tan, G Chan, S A Khoo, S M Chan, P Yap, K B Yap

Randomized Controlled Trial > J Affect Disord. 2020 Feb 15:263:437-444.

doi: 10.1016/j.jad.2019.12.013. Epub 2019 Dec 9.

A 12-week multidomain intervention for late-life depression: a community-based randomized controlled trial

Hyun Woong Roh ¹, Chang Hyung Hong ², Hyun Kook Lim ³, Ki Jung Chang ⁴, Haena Kim ², Na-Rae Kim ², Jin Wook Choi ⁵, Kang Soo Lee ⁶, Sun-Mi Cho ², Bumhee Park ⁷, Sang Joon Son ⁸

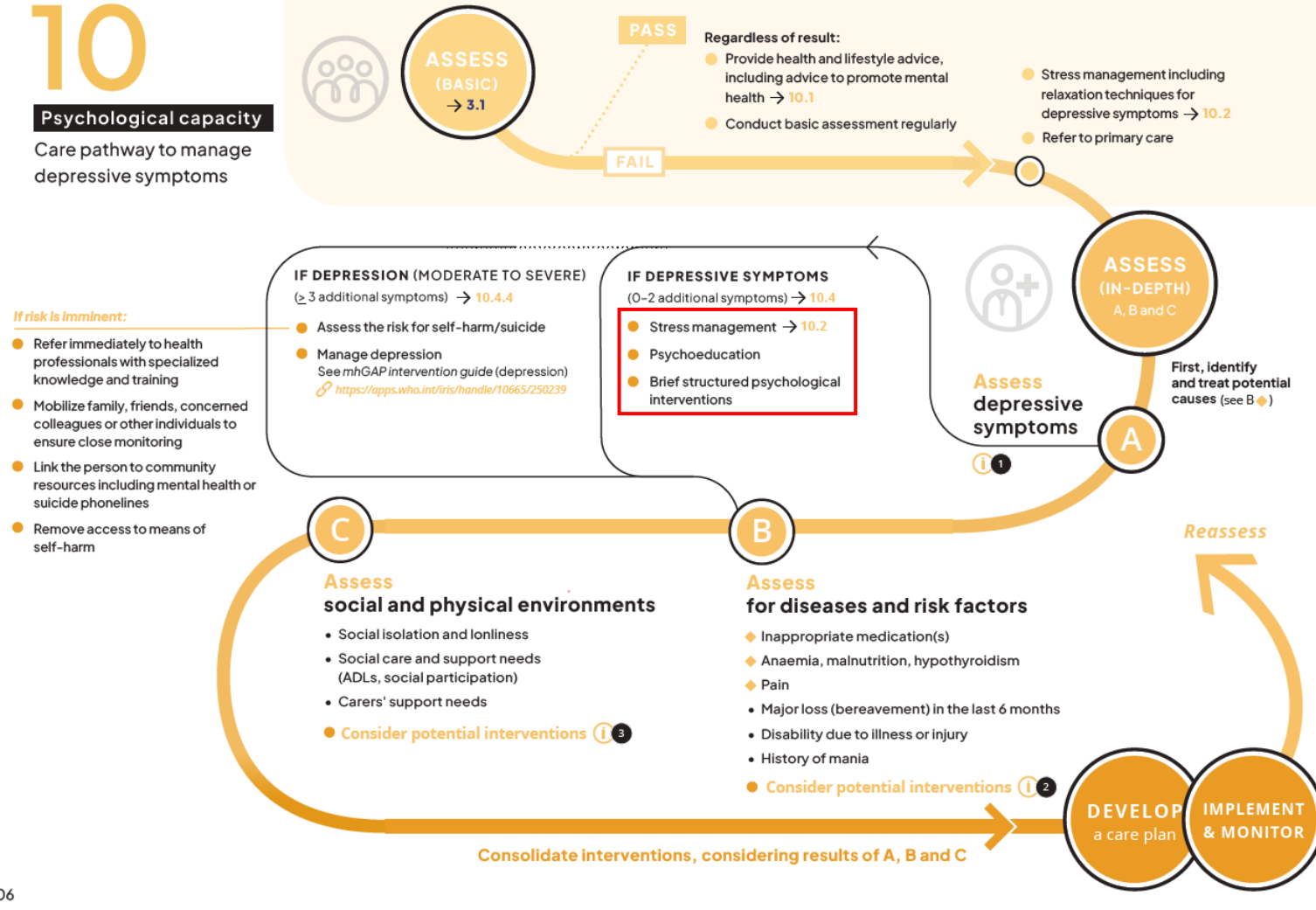
Shishi Cheng et al. J Exerc Sci Fit. 2025

Sintomi depressivi

10

Psychological capacity

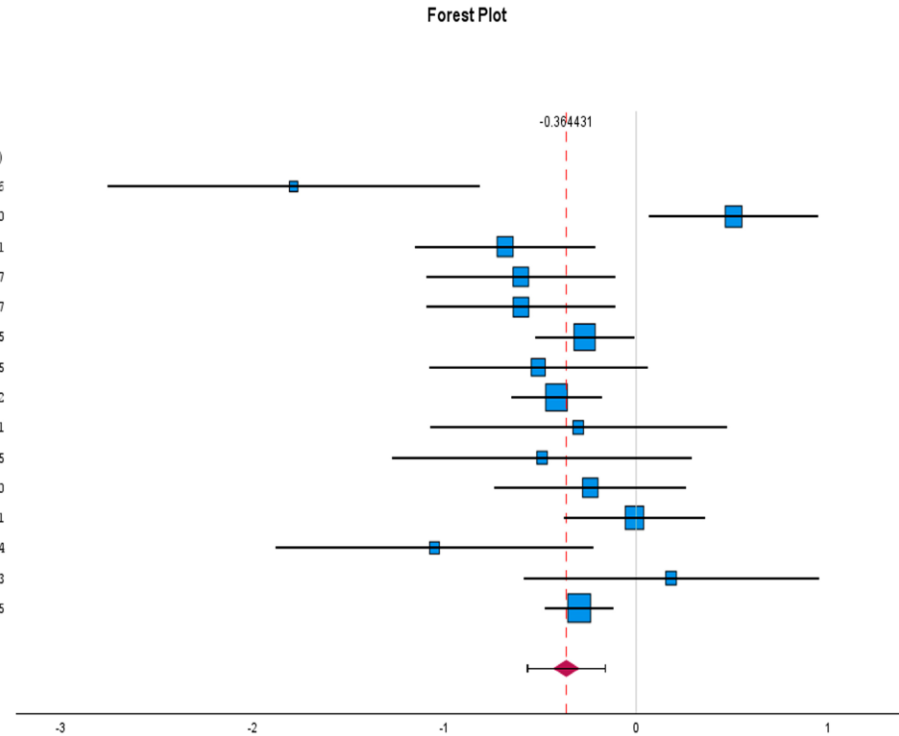
Care pathway to manage depressive symptoms



Sintomi depressivi – Interventi psicologici

ID	Autors, year	Study Hedges' g	Std. Error	Lower	Upper	p-value	Weight	Weight (%)
1	Bazrafshan et al.,2021	-1.79	0.50	-2.76	-0.81	0.00	2.96	3.16
2	Ayudhaya et al.,2022	0.51	0.22	0.07	0.95	0.02	7.02	7.50
3	Xie et al.,2019	-0.68	0.24	-1.16	-0.21	0.00	6.66	7.11
4a	Silfvernagel et al.,2018	-0.60	0.25	-1.10	-0.11	0.02	6.43	6.87
4b	Silfvernagel et al.,2018	-0.60	0.25	-1.10	-0.11	0.02	6.43	6.87
5	Irwin et al.,2022	-0.27	0.13	-0.53	-0.01	0.04	9.13	9.75
7	Shih et al.,2021	-0.51	0.29	-1.08	0.06	0.08	5.66	6.05
8	McCurry et al.,2021	-0.42	0.12	-0.65	-0.18	0.00	9.38	10.02
10a	Selva et al.,2012	-0.30	0.39	-1.08	0.47	0.44	4.03	4.31
10b	Selva et al.,2012	-0.49	0.40	-1.27	0.29	0.22	3.98	4.25
11	Seeley et al.,2019	-0.24	0.25	-0.74	0.26	0.35	6.37	6.80
12	Verner et al.,2017	-0.01	0.19	-0.37	0.36	0.96	7.88	8.41
13a	Moss et al.,2012	-1.05	0.42	-1.88	-0.22	0.01	3.69	3.94
13b	Moss et al.,2012	0.18	0.39	-0.59	0.95	0.64	4.05	4.33
14	Bruce et al.,2004	-0.30	0.09	-0.48	-0.12	0.00	9.97	10.65
	Overall	-0.36	0.10	-0.57	-0.16	0.00		

Model: Random-effects model
 Heterogeneity: Tau-squared = 0.09, I-squared = 3.22, H-squared = 0.69
 Homogeneity: Q = 36.08, df = 14, p-value = 0.00
 Test of overall effect size: z = -3.53, p-value = 0.00



Bruno Morgado et al. Healthcare (Basel). 2024

Sintomi depressivi

- **Major loss (bereavement) in the last 6 months:** Bereavement is a normal process of loss, grief and recovery associated with death. Grief has both mental and physical effects and people grieve in different ways, for example, showing strong emotions or a limited reaction. In most cases, grief diminishes over time. A discussion on and support for culturally appropriate adjustment and/or mourning processes are important to manage grief. If a person's symptoms involve considerable difficulty with daily functioning lasting longer than 6 months and include severe preoccupation with or intense longing for the deceased person and intense emotional pain, grief disorder should be suspected. In this case, a health worker with specialist knowledge should be consulted.
- **Disability due to illness or injury:** People who experience disability due to illness or injury undergo stress; they must also cope with life transitions. The stages of adjusting to a new form of disability include shock, denial and adjustment/acceptance. Older people with new disabilities are at risk of developing anxiety and depression. In most cases the symptoms are likely to diminish over time, particularly if the person gets social support and engages in stress reduction.
- **History of mania:** Mania is an episode of mood elevation and increased energy and activity. People who experience manic episodes are classified as having bipolar disorder, characterized by alternate manic and depressive episodes. History of mania can be identified by checking several symptoms, including decreased need for sleep, increased talkativeness or rapid speech and impulsive or reckless behaviours occurring simultaneously, lasting for at least 1 week, and severe enough to interfere significantly with work and social activities or requiring hospitalization or confinement. Management of mania requires health professionals with training in mental health or specialized care, if available.

Lutto complicato e declino cognitivo nel grande anziano

	Esordio sintomi cognitivi		
	<85 anni (N=30)	≥85 anni (N=60)	p-value
Età (anni)	78.7 (DS 4.4)	88.8 (DS 2.2)	
Femmine, N (%)	20 (66.7%)	43 (71.7%)	0.80
Scolarità (anni)	8.7 (DS 4.5)	6.9 (DS 3.9)	0.08
Anamnesi psichiatrica, N (%)	15 (50.0%)	22 (36.7%)	0.32
Lutto complicato, N (%)	0 (0.0%)	9 (15.0%)	<0.05
Familiarità per demenza, N (%)	15 (50.0%)	14 (23.3%)	<0.05
Delirium nell'ultimo anno, N (%)	3 (10.0%)	7 (11.7%)	0.81
Cadute nell'ultimo anno, N (%)	4 (13.3%)	10 (16.7%)	0.68

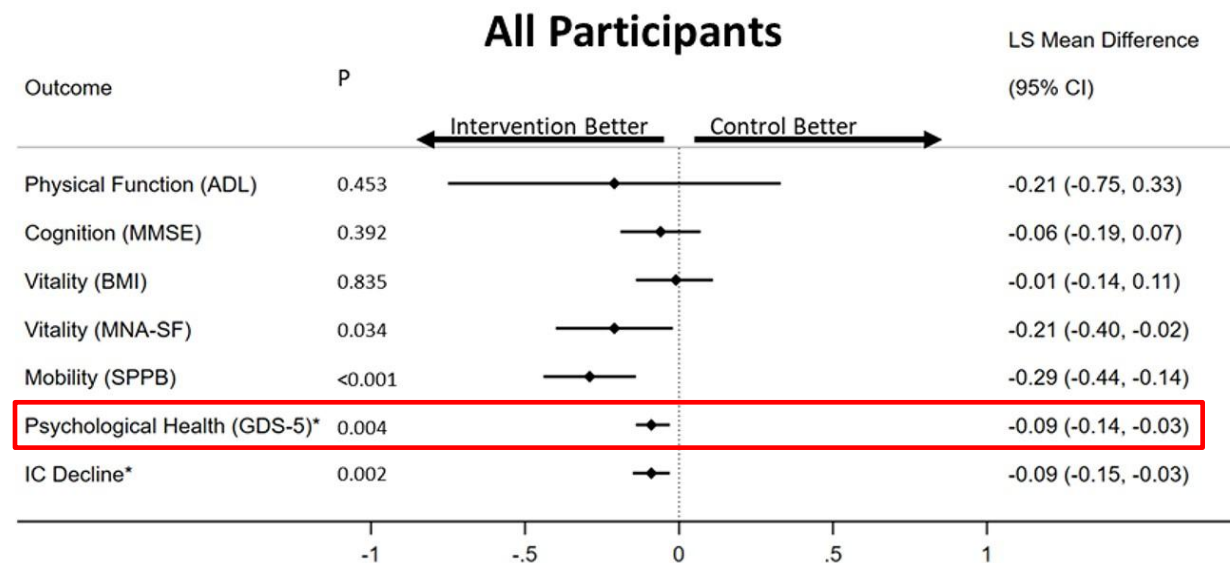
Evidenze di ICOPE su funzione cognitiva e sintomi depressivi

JOURNAL ARTICLE

Implementation and impact of the World Health Organization integrated care for older people (ICOPE) program in China: a randomised controlled trial

Ninie Yan Wang , Xiaohong Liu, Xiangrong Kong, Yuka Sumi, Jagadish K Chhetri, Linlin Hu, Minglei Zhu, Lin Kang, Zhen Liang, John W Ellis ... [Show more](#)

Age and Ageing, Volume 53, Issue 1, January 2024, afad249,



Sintomi depressivi – Ageismo e stigma





Experimental Gerontology

Volume 196, 15 October 2024, 112575



Review article

The influence of ageism on the hallmarks of aging: Where age stigma and biology collide

Helio J. Coelho-Junior^a, Riccardo Calvani^{a,b}, Anna Picca^{a,c}, Francesco Landi^{a,b}, Emanuele Marzetti^{a,b}  

^a Fondazione Policlinico Universitario "A. Gemelli" IRCCS, Rome, Italy

^b Department of Geriatrics, Orthopedics and Rheumatology, Università Cattolica del Sacro Cuore, Rome, Italy

^c Department of Medicine and Surgery, LUM University, Casamassima, Italy

Highlights

- Stereotypes of aging are developed from the first years of life and are reinforced over the life course
- Self-perceptions of aging associate with mobility, cognition, mental health, and markers of Alzheimer's disease
- Self-perceptions of aging are predictors of cardiovascular events, obesity, and dementia
- People with more positive self-perceptions live longer than those with negative views
- Ageist views are associated with fundamental mechanisms of aging
- Ageism may be viewed as a marker of unsuccessful aging

Take home messages

- La brain health è un tema centrale nella letteratura scientifica attuale e comprende sia funzioni cognitive che aspetti emotivi.
- Una pratica clinica volta a garantire la brain health in modo efficace e diffuso dovrebbe essere incardinata in una visione più ampia di healthy ageing con interventi di cure primarie a livello di popolazione.
- ICOPE rappresenta uno strumento pratico che, in quest'ottica di salute globale, consente di applicare interventi personalizzati con evidenze solide, tra le altre, su declino cognitivo e sintomi depressivi.
- ICOPE integra anche elementi chiave come lo stile di vita e fattori sociali e temi critici quali stigma e ageismo.
- Perché diventi pratica diffusa, è necessario un adattamento dei sistemi sanitari ad ICOPE che coinvolga un ampio spettro di professionisti in ambito socio-sanitario (educatori, psicologi, ecc.), ma anche una diffusa sensibilizzazione della popolazione, soprattutto per quanto riguarda gli aspetti dell'ageismo e dello stigma verso le patologie mentali.

Alessio Nencioni, MD
Fiammetta Monacelli, MD PhD
Irene Caffa, PhD

Dirigenti medici

Monica Pizzonia, MD
(responsabile UO Ortogeriatria)
Chiara Giannotti, MD PhD
Federico Molinelli, MD
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