



17-20
Dicembre
2025
Napoli

70° CONGRESSO
NAZIONALE
SIGG
LIBERI E LONGEVI

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



FRAGILITA' – DELIRIUM: DUE TARGET DI INTERVENTO PER PREVENIRE LA DEMENZA?

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DISCLOSURES

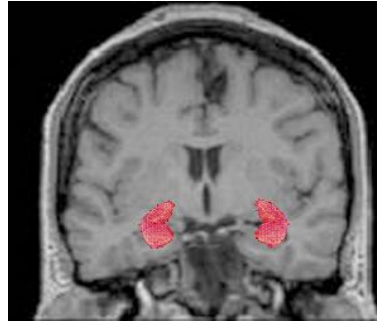
RAY HC scientific board

ViiV Healthcare scientific board

GSK

Novo Nordisk scientific board

DEMENZA



DELIRIUM

OR 5.37, 95% CI 3.3-8.7

OR 6.62, 95% CI 4.3-10.1

OR 2.96, 95% CI 2.3-3.7

OR 2.98, 95% CI 1.4-6.2

HR 1.8, 95% CI 1.1-2.9

?



FRAGILITA'

ASSOCIAZIONE OBS! I fattori di rischio

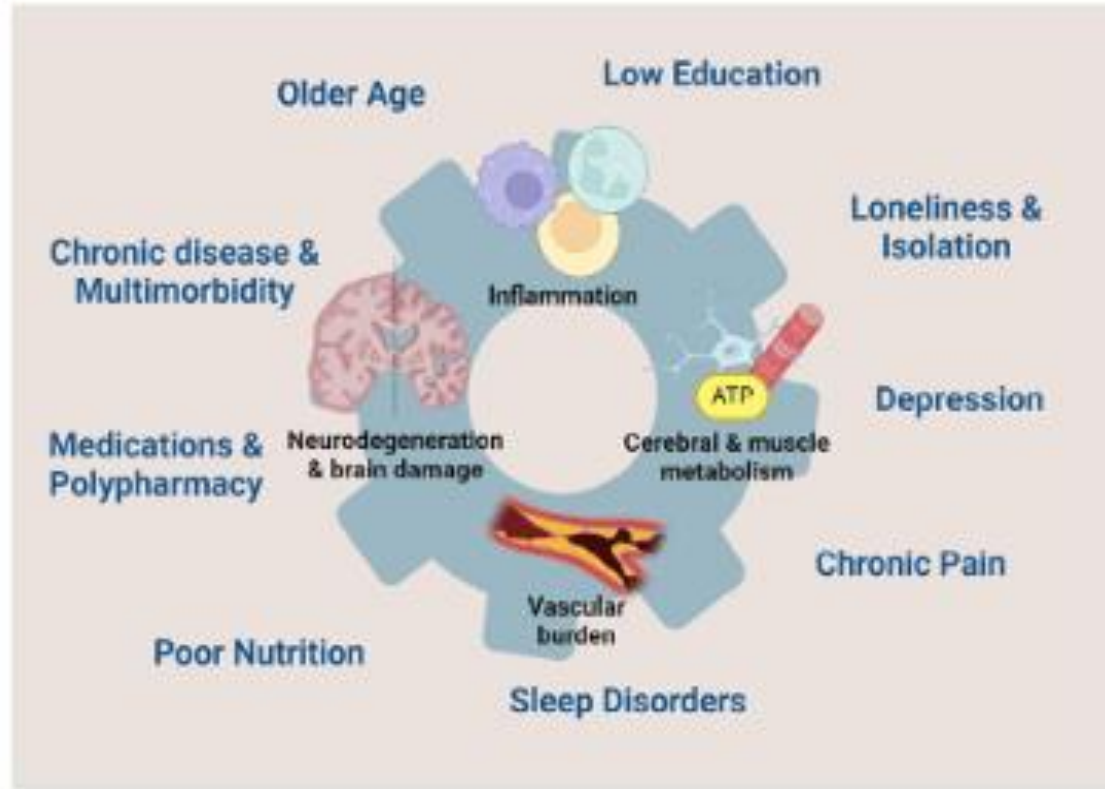


Fig. 1 Common risk factors and pathophysiological pathways linking frailty and delirium.

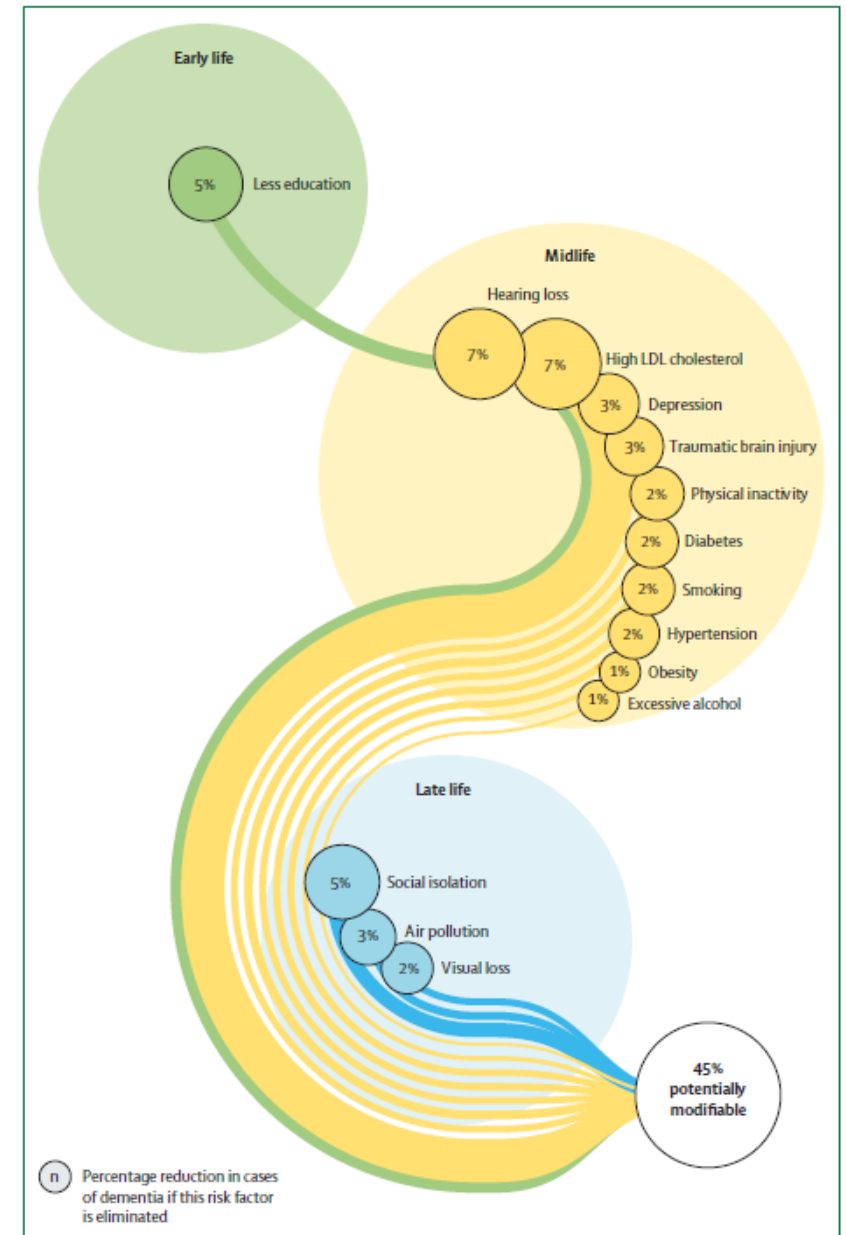


Figure 9: Population attributable fraction of potentially modifiable risk factors for dementia

PREVENZIONE

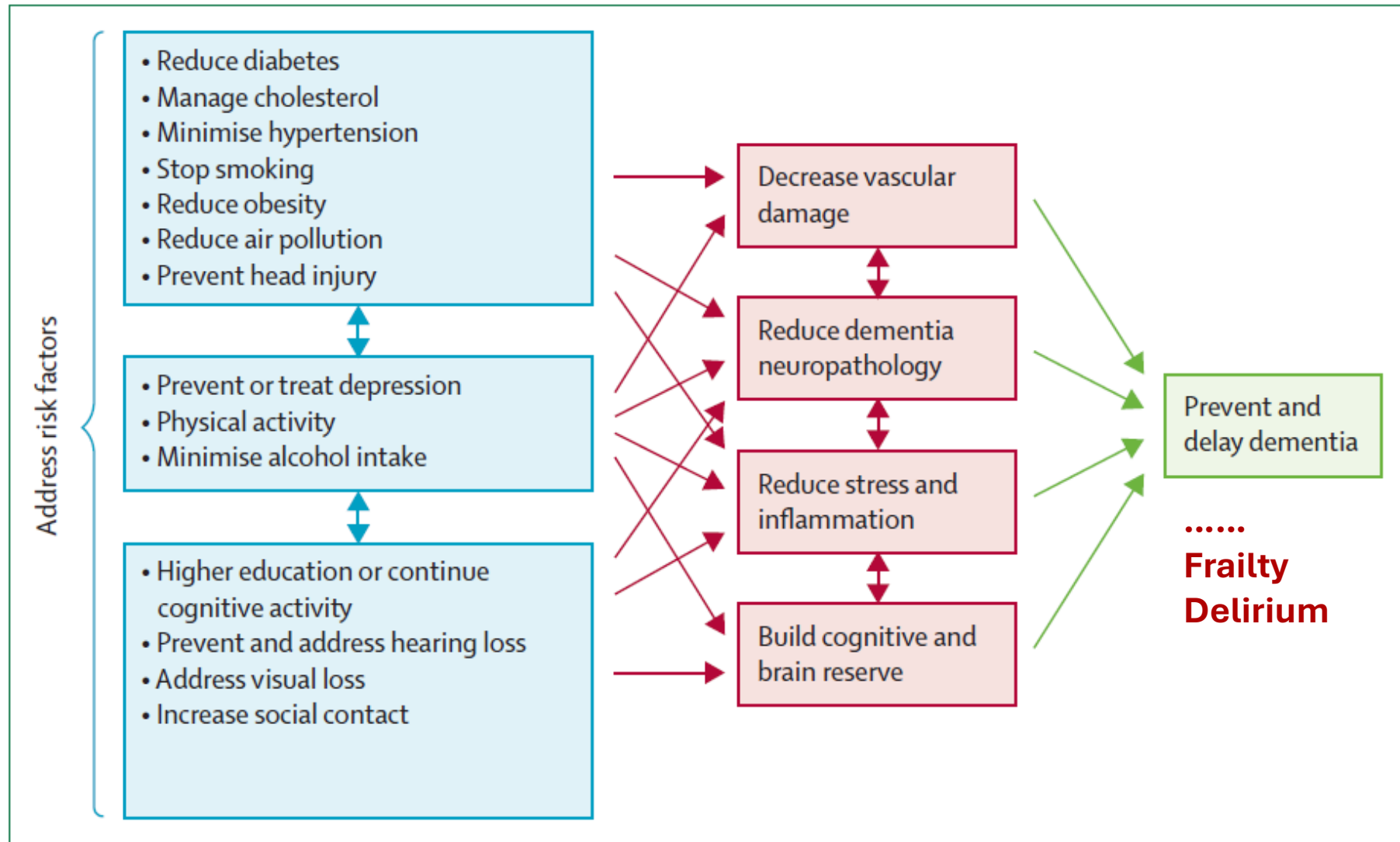
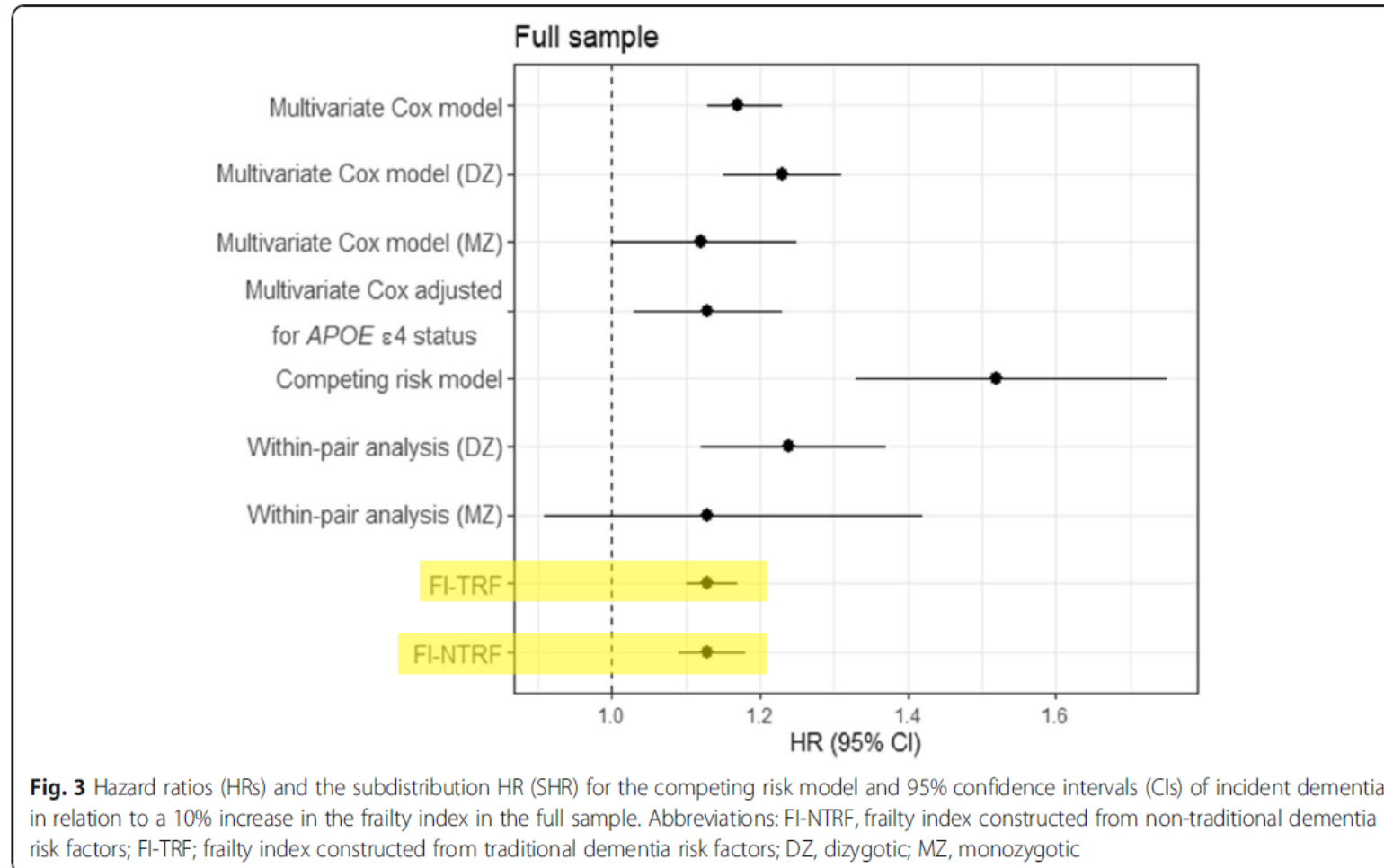


Figure 2: Possible brain mechanisms for enhancing or maintaining cognitive reserve and risk reduction of potentially modifiable risk factors in dementia



Ge Bai¹, Yunzhang Wang¹, Ralf Kuja-Halkola¹, Xia Li¹, Yasutake Tomata^{1,2}, Ida K. Karlsson^{1,3}, Nancy L. Pedersen¹, Sara Hägg¹ and Juulia Jylhävä^{1,4*}



Investigation of frailty as a moderator of the relationship between neuropathology and dementia in Alzheimer's disease: a cross-sectional analysis of data from the Rush Memory and Aging Project

Lindsay MK Wallace, Olga Theou, Judith Godin, Melissa K Andrew, David A Bennett, Kenneth Rockwood

Lancet Neurol 2019; 18: 177-84

LA MODERAZIONE

The difference
between having a
disease and
expressing it clinically

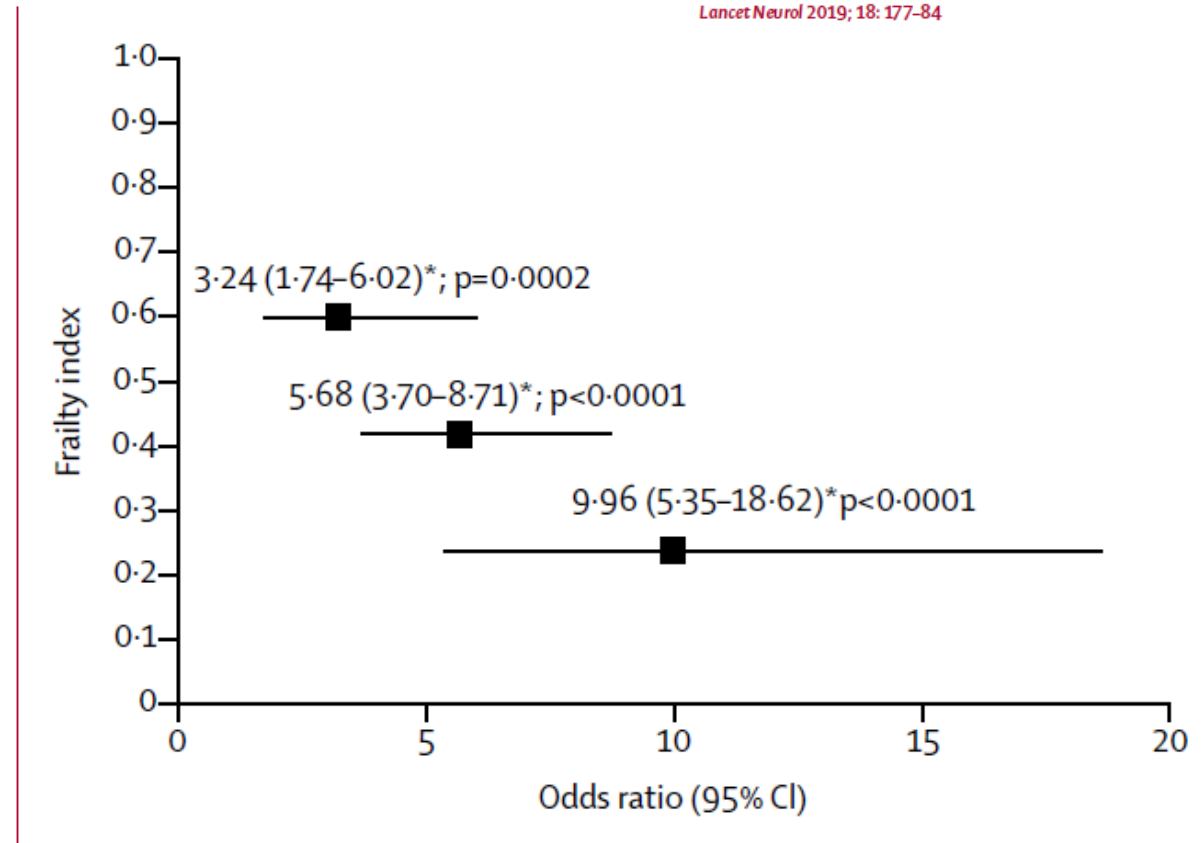
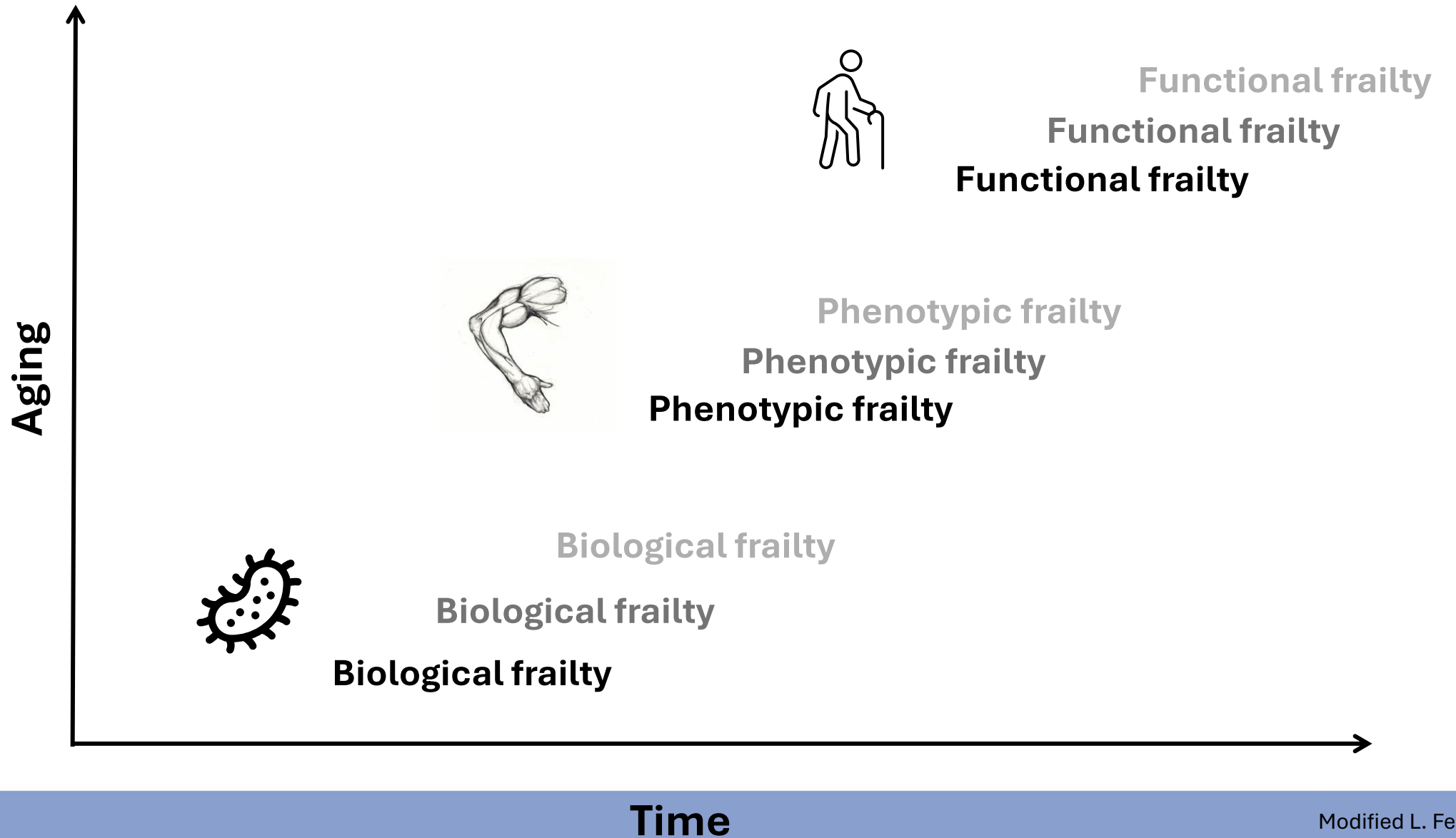


Figure 2: Conditional effect of Alzheimer's disease pathology on Alzheimer's dementia status at values of the moderator (frailty), adjusted for age, sex, and education

METRICS OF FRAILITY



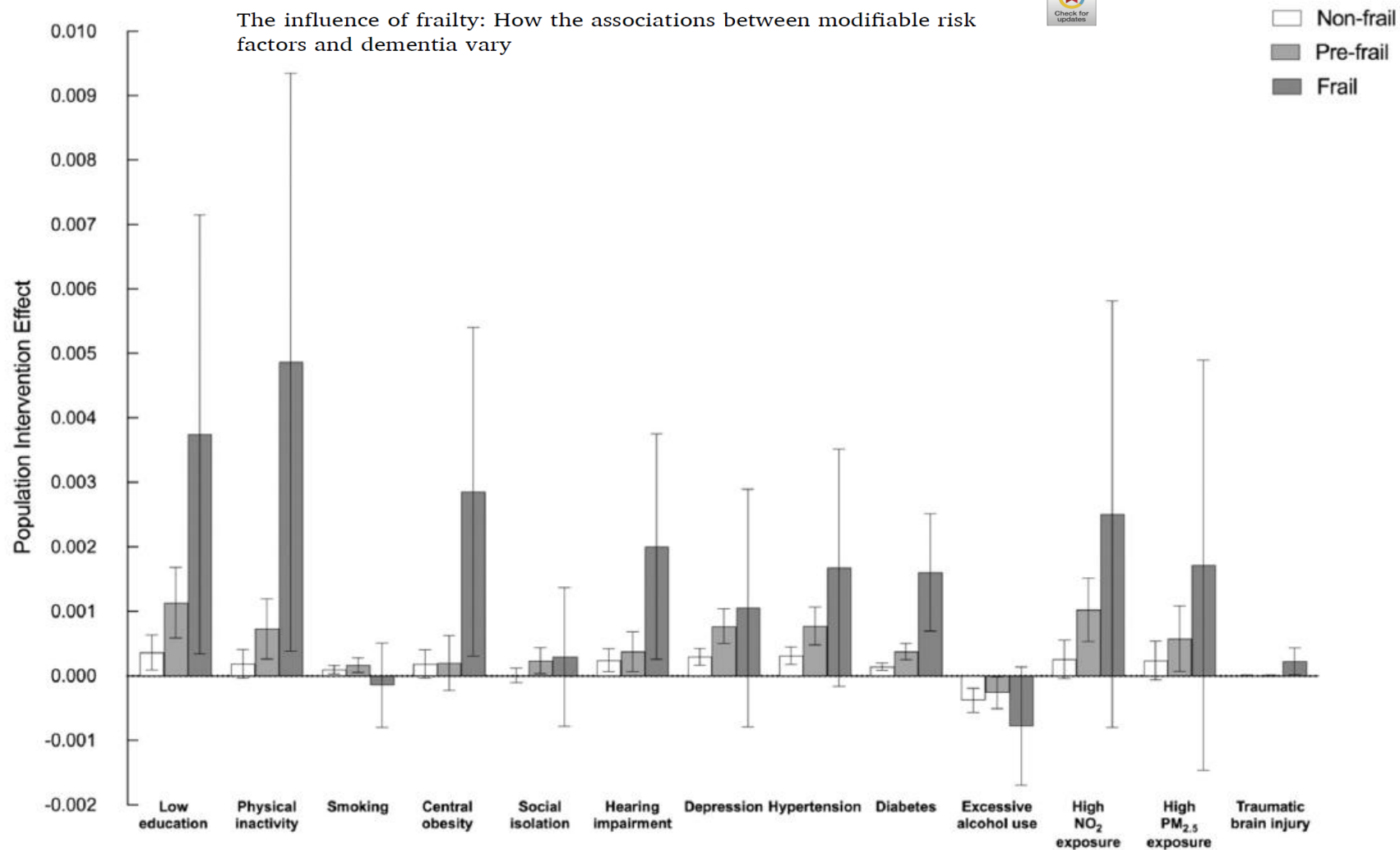
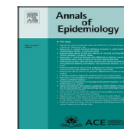


Fig. 2b. Population intervention effect (PIE) of each exposure for a hypothetical intervention of the randomly 50 % coverage among the non-frail ($n = 222\,740$), prefrail ($n = 145\,663$), and frail ($n = 13\,016$) participants. **Note:** Each Q-model was adjusted for baseline age, sex, ethnicity, Townsend deprivation index, comorbidity index, cognitive function, and APOE e4 carrier status.

DELIRIUM - DEMENZA

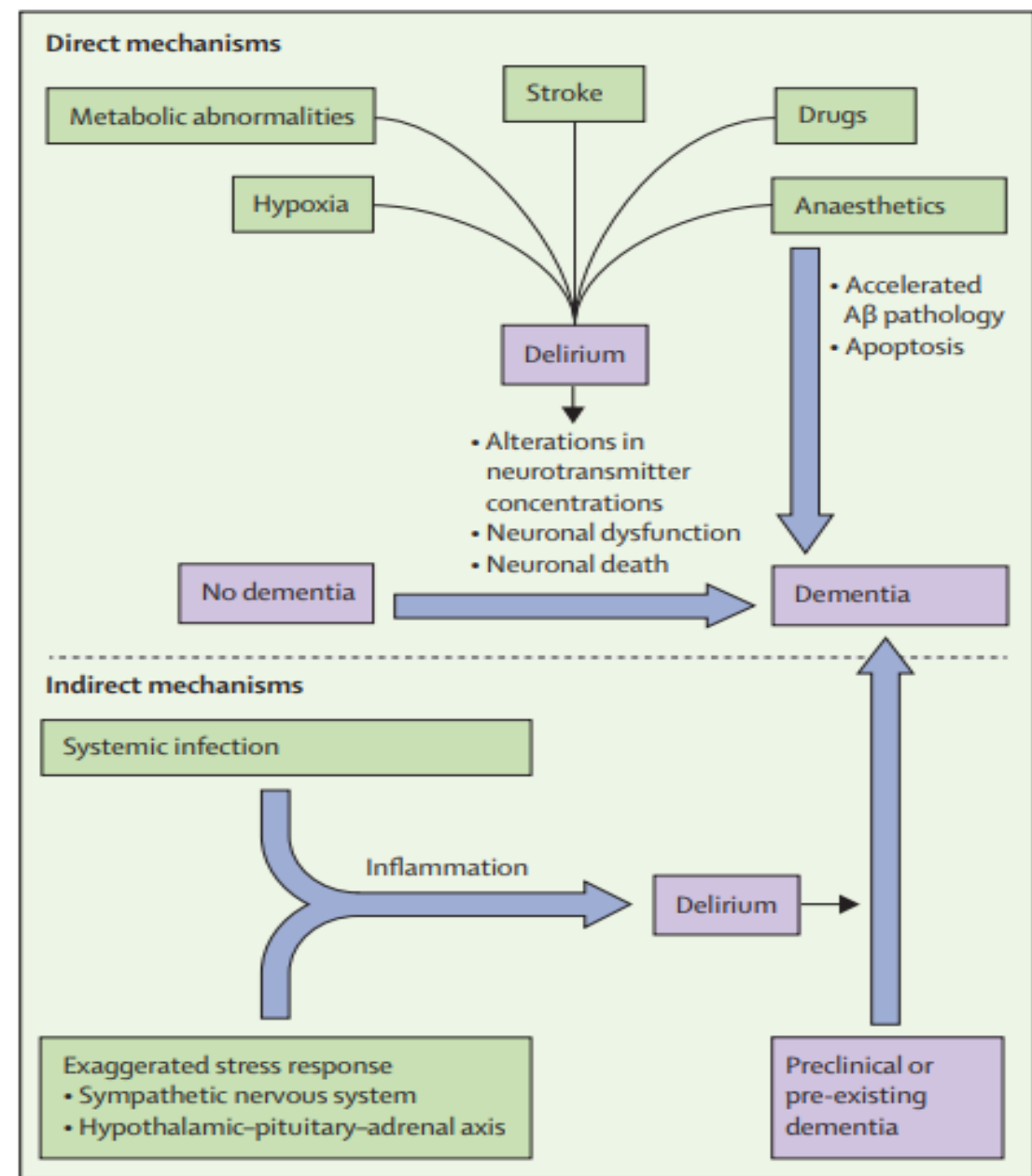


Figure: A hypothetical model for the pathophysiological relation between delirium and dementia

RESEARCH PAPER

Delirium is frequently underdiagnosed among older hospitalised patients despite available information in hospital medical records

IRIT TITLESTAD^{1,2}, KRISTOFFER HAUGARVOLL³, STEIN-ERIK H. SOLVANG², TONE MERETE NOREKVÅL^{4,5}, RAGNHILD E. SKOGSETH^{2,5}, OLE A. ANDREASSEN⁶, DAG ÅRSLAND^{7,8}, BJØRN ERIK NEERLAND⁹, JAN ERIK NORDREHAUG⁵, GRETHE S. TELL¹⁰, LASSE M. GIIL^{2,5}

Age and Ageing 2024; **53**: 1–8
<https://doi.org/10.1093/ageing/afae006>

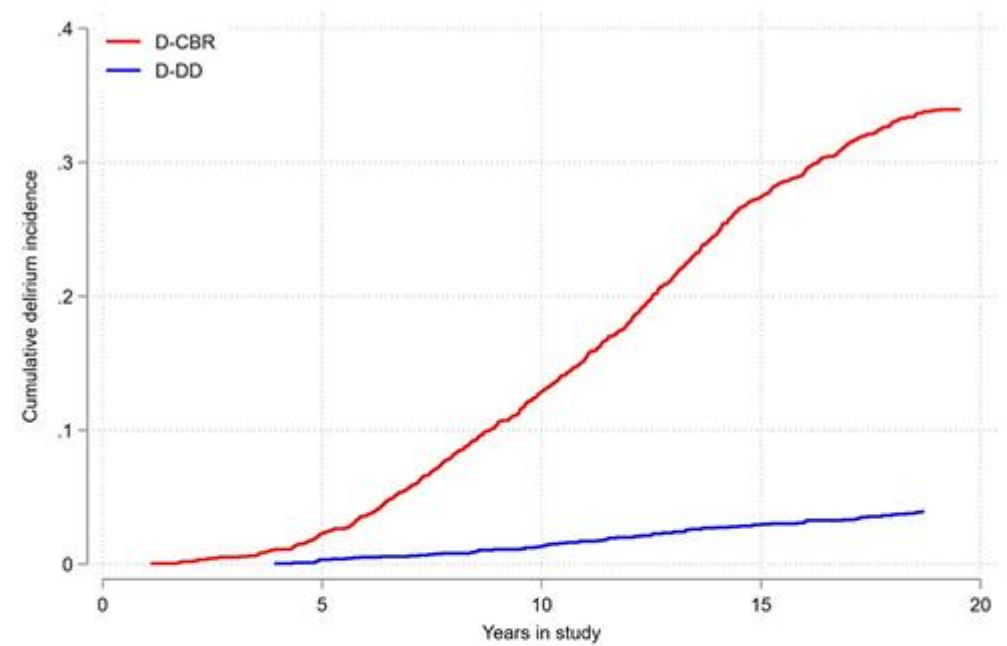


Figure 1. The cumulative incidence of delirium according to source of diagnosis. The Hordaland Health Study. Delirium discharge diagnoses (D-DD) versus delirium identified by chart-based review of electronic medical records (D-CBR). The y-axis shows cumulative incidence from 0 to 0.4 (0–40%) and the x-axis displays years in study. The analysis included only the first delirium episode for each patient.

Screening del rischio di delirium:

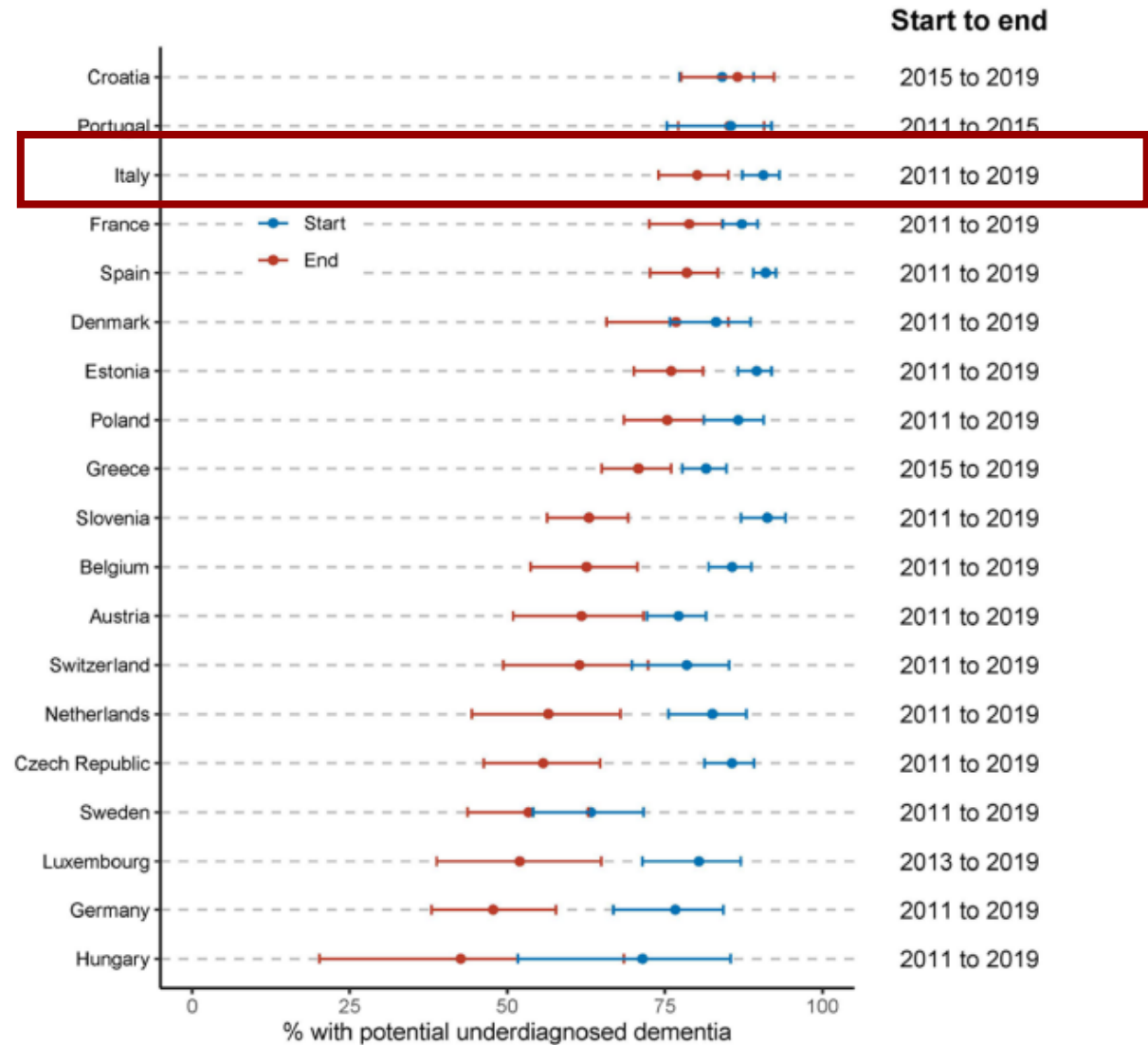
Delirium Risk Assessment Tool



≥ 3 points
HIGH RISK OF DELIRIUM

*At least one chronically prescribed drug among: antidepressants (SSRI, SNRI, tricyclic, atypical), anti-psychotics (atypical and typical), benzodiazepines, trazodone, opioids, antiepileptics, anti-dementia, and drug for Parkinson's disease

SHARE. Survey of Health Aging and Retirement in Europe



PREVENZIONE DEL DELIRIUM

The New England Journal of Medicine

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VOLUME 340

MARCH 4, 1999

NUMBER 9



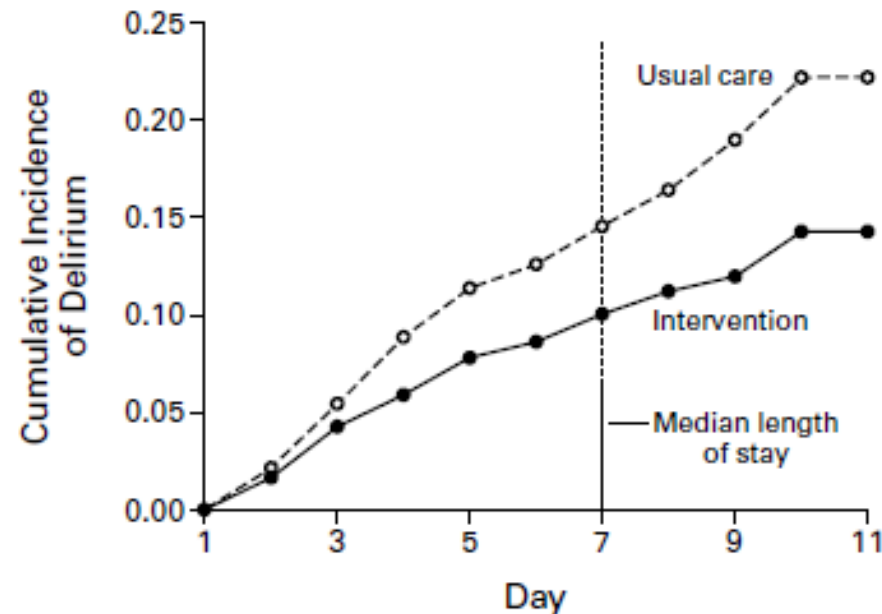
A MULTICOMPONENT INTERVENTION TO PREVENT DELIRIUM IN HOSPITALIZED OLDER PATIENTS

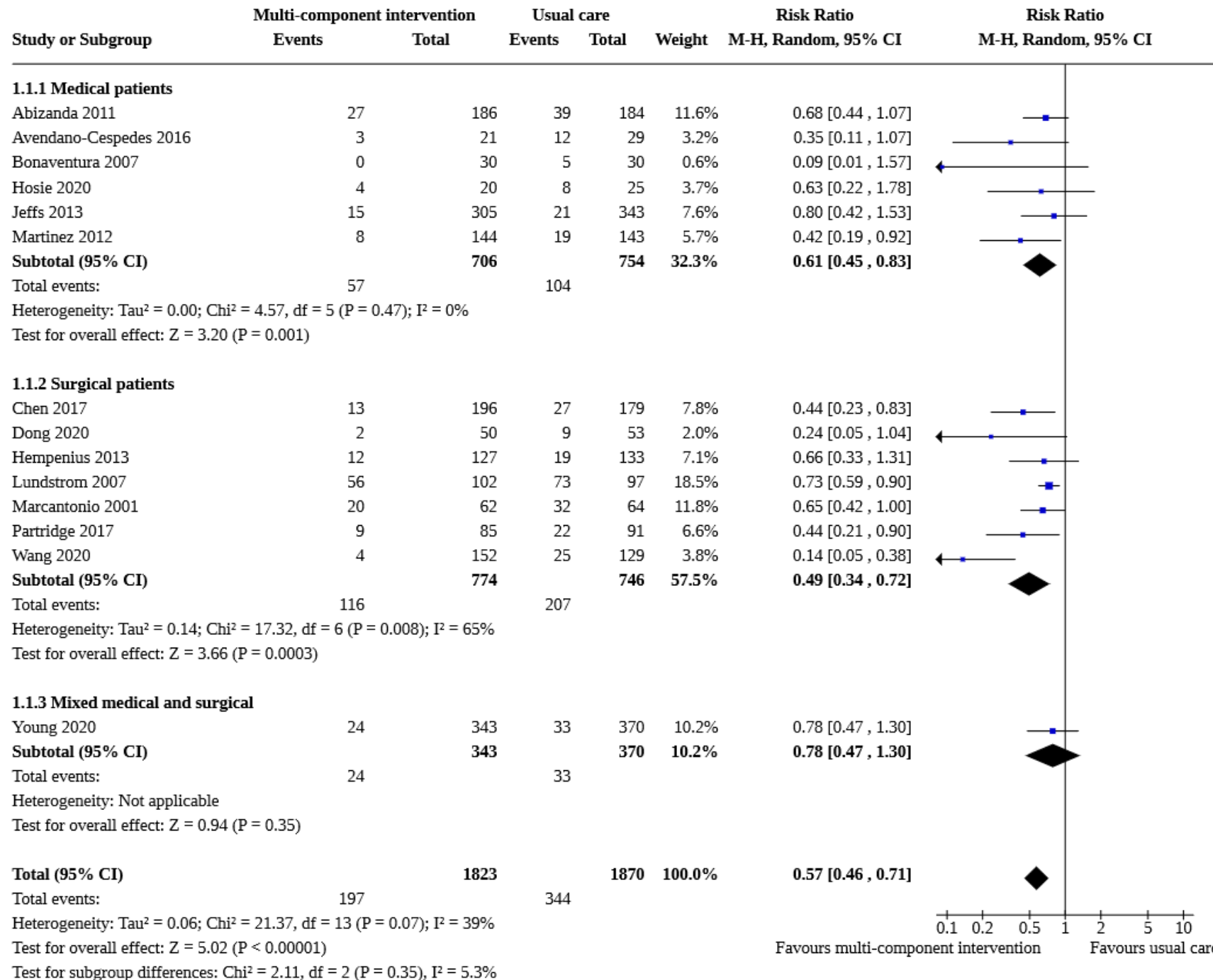
SHARON K. INOUE, M.D., M.P.H., SIDNEY T. BOGARDUS, JR., M.D., PETER A. CHARPENTIER, M.P.H.,
LINDA LEO-SUMMERS, M.P.H., DENISE ACAMPORA, M.P.H., THEODORE R. HOLFORD, PH.D., AND LEO M. COONEY, JR., M.D.

Multicomponent Intervention:

1. Cognitive stimulation
2. Sleep
3. Hydration
4. Early mobilization
5. Vision/hearing devices

852 patients
70 + years
General medicine





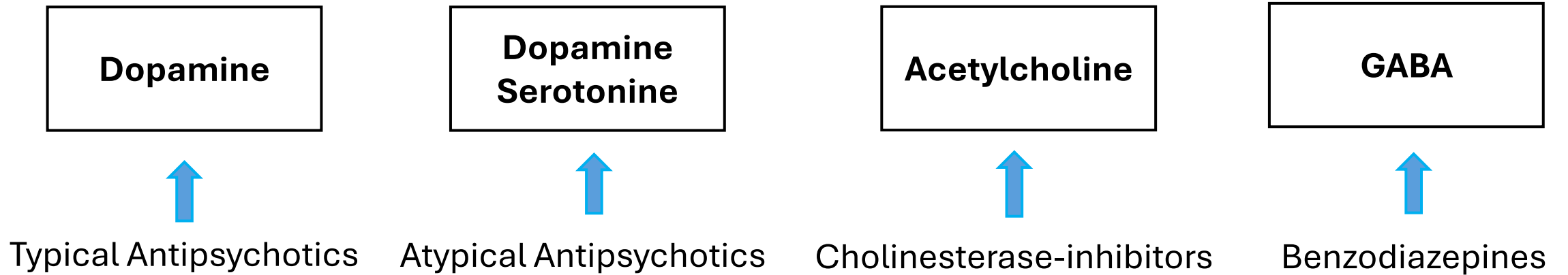
Pooled ARR: 0.05
NNT = 20

Pooled ARR: 0.15
NNT = 6.7

Non aspettiamo il farmaco della prevenzione



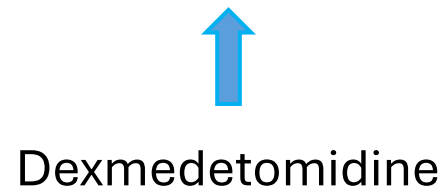
«Bonaparte crossing the Grand Saint Bernard» - Banksy 2018



Trigger, prevent and treat?

Widely used, not convincing, maybe harmful

Prevent and treat?



Promising, but limited settings and with adverse events



Not used, not convincing, but safe

Prevent?

Cosa sappiamo e cosa no

1. Fragilità, delirium e demenza condividono fattori di rischio
2. La fragilità sembra aumentare il rischio di demenza, il delirium è espressione di vulnerabilità cerebrale
3. La prevenzione si basa sui fattori di rischio comuni e specifici
4. Non ci sono evidenze che prevenire delirium o fragilità possa prevenire la demenza
5. La sottodiagnosi e il sottoscreening delle tre sindromi nella popolazione geriatrica e nella pratica clinica sono elevati