

2024

ROMA 1° OTTOBRE

Ministero della Salute, Auditorium Cosimo Piccinno

LA PERSONA ANZIANA PROTAGONISTA DEL SUO TEMPO E DELLA SUA SALUTE

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2024
FIASD

FEDERAZIONE ITALIANA AZIENDE SANITARIE E OSPEDALIERE

L'assistenza per l'anziano fragile in Ospedale

Giovanni Capobianco

Dir. UOC GERIATRIA

Osp. S. Eugenio ASL ROMA 2

Dimensioni del fenomeno “fragilità” in DEU/Ospedale

- **15% accessi in DEU over 75 aa**
- **34% in destinazione ricovero >75 aa vs 15% pop. gen.**
- **70% degenti in area medica > 70aa**
- **20% fragili ricoverati definiti “*long term*” o “*critici cronici*”**
- **12 % dei ricoverati in Dipartimento di Medicina presenta demenza avanzata**
- **35 % dei ricoverati in ospedale presenta demenza lieve-moderata**

Un pericolo strisciante ... il “*neo-pessimismo*””

Nei pazienti anziani fragili...

- Inutilità degli interventi diagnostico-terapeutici
- Aumento immotivato dei costi delle cure
- L'ospedale è dannoso e inappropriato

FALSO!



JAMA[®]

The Journal of the American Medical Association

BMJ

British Medical Journal

MODELLI ALTERNATIVI ALL'UGA NELLA CURA DEL PAZIENTE ANZIANO FRAGILE

Clinical Care in the Aging Century-
Announcing "Care of the Aging Patient.
From Evidence to Action"

Landefeld C.S., Winkler M., Chernof B. 2009

Comprehensive geriatric assessment for
older adults: meta-analysis of randomised
controlled trials

Ellis G., Whitehead M., Robinson D.,
Langhorne P. 2011

*"Meta-analysis found that care provided on a
dedicated ACE Unit achieves better patient
outcomes, than care provided by mobile teams".*

Nel mondo...

SPECIAL ARTICLE

*"Acute care for elders units
produced shorter hospital stays
at lower cost while maintaining
patients' functional status"*



Barnes DE, Palmer RM, Krasevich, DM, Landefeld
CS et al.

Health Affairs (Milwood)
2012 June; 31 (6): 1227-36

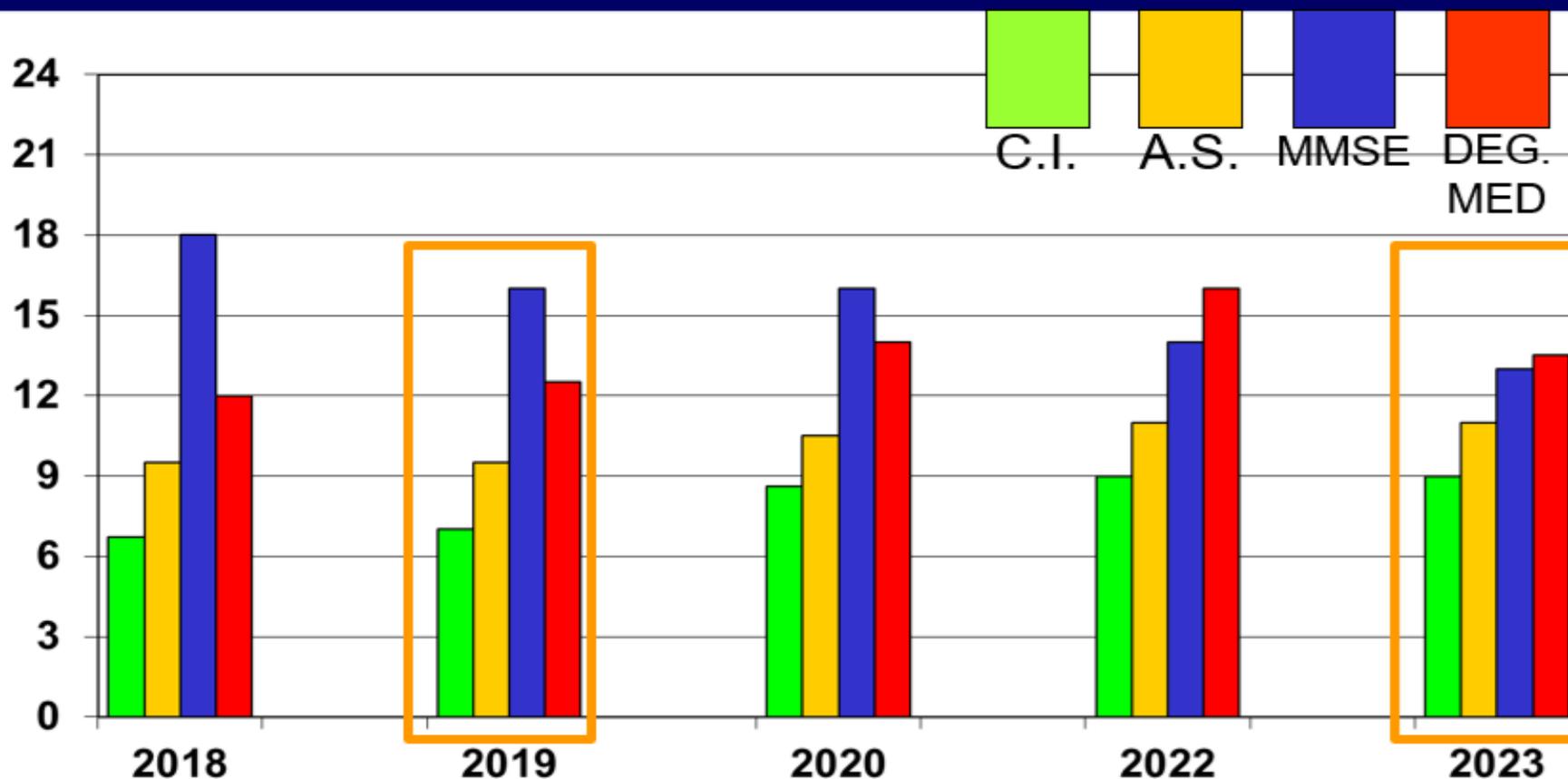
Criteria di appropriatezza clinica, tecnologica
e strutturale nell'assistenza all'anziano

In Italia...



Ministero della Salute

UOC GERIATRIA



Comparazione valori

Charlson Index/Apache Score/MMSE/Degenza Media
anni 2018-2019-2020 (Genn.-Ott.)-2022-2023 (Genn.-Giu.)

ESITO DEI PAZIENTI RICOVERATI IN UGA 2009-2020 (pre-COVID) / 2021-2024 post pandemia

- **Pazienti presi in carico** **5183**
 - **Età media anni** **87.1**
-

- **Dimessi a domicilio** **84.6%**
15.4%
- **Trasferiti in strutt. Resid.** **45%**

***Una nuova missione per
l'ospedale...***

Curare @casa

L'Ospedale «reale»

completato da

l'Ospedale «virtuale»

Curare@casa

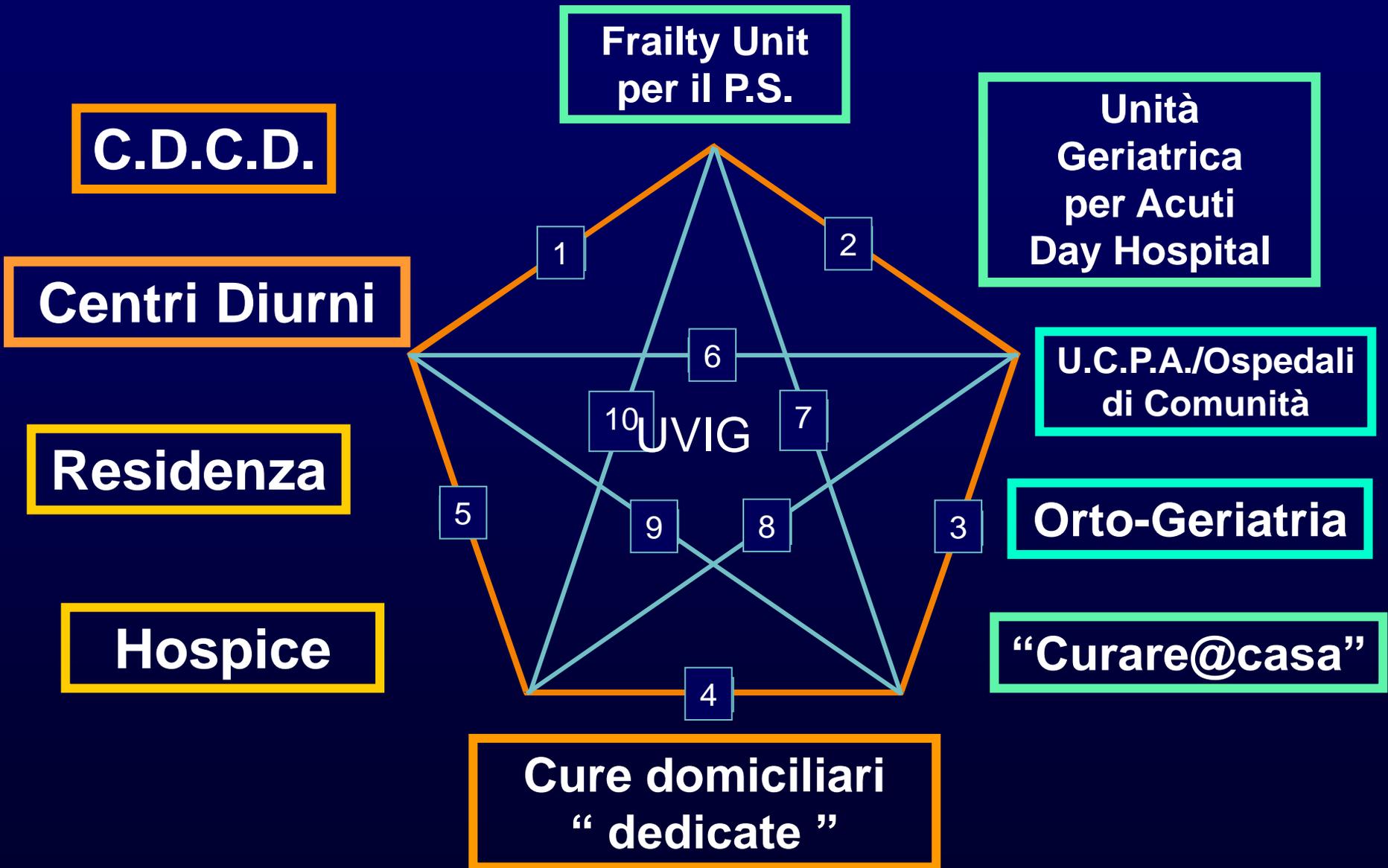
Ospedale virtuale

2024

La persona anziana protagonista del suo tempo e della sua salute

- **Sostegno alla centralità inedita delle cure a casa**
- **Strumento di contenimento della solitudine e dell'abbandono**
- **Sintesi tra medicina tecnologica e di prossimità**
- **Contaminazione culturale tra servizi**

PIATTAFORMA ASSISTENZIALE PER LA FRAGILITA' GERIATRICA



Ospedali come fortezze o centri vitali di rapporto ?

International Journal of Nursing Studies 77 (2018) 154–161

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journal homepage: www.elsevier.com/locate/ijns



Using simulated family presence to decrease agitation in older hospitalized delirious patients: A randomized controlled trial

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ARTICLE INFO

ABSTRACT

Keywords:

Agitation
Hospitalized patient
Hyperactive delirium
Mixed delirium
Nature video
Nonpharmacological intervention
Simulated family presence
Video messages

Background: Simulated family presence has been shown to be an effective nonpharmacological intervention to reduce agitation in persons with dementia in nursing homes. Hyperactive or mixed delirium is a common and serious complication experienced by hospitalized patients, a key feature of which is agitation. Effective non-pharmacological interventions to manage delirium are needed.

Objectives: To examine the effect of simulated family presence through pre-recorded video messages on the agitation level of hospitalized, delirious, acutely agitated patients.

Design: Single site randomized control trial, 3 groups × 4 time points mixed factorial design conducted from July 2015 to March 2016.

JAMA Internal Medicine | Original Investigation

Effect of the Tailored, Family-Involved Hospital Elder Life Program on Postoperative Delirium and Function in Older Adults: A Randomized Clinical Trial

Yan-Yan Wang, PhD; Ji-Rong Yue, MD; Dong-Mei Xie, BSN; Patricia Carter, PhD; Quan-Lei Li, MPH, MSN, PhDc;

Sarah L. Gartaganis, MSW; Jie Chen, MD, PhD; Sharon K. Inouye, MD, MPH

IMPORTANCE Postoperative delirium (POD) is a common condition for older adults, contributing to their functional decline.

OBJECTIVE To investigate the effectiveness of the Tailored, Family-Involved Hospital Elder Life Program (t-HELP) for preventing POD and functional decline in older patients after a noncardiac surgical procedure.

[+](#) Invited Commentary

[+](#) Supplemental conte

Research

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Effect of Flexible Family Visitation on Delirium Among Patients in the Intensive Care Unit: The ICU Visits Randomized Clinical Trial

Regis Goulart Rosa, MD, PhD; Maicon Falavigna, MD, PhD; Daiana Barbosa da Silva, RN, MSc; Daniel Sganzerla, BSc; Mariana Martins Siqueira Santos, MSc; Renata Kochhann, PhD; Rafaela Moraes de Moura, PHAR; Cláudia Severgnini Eugênio, RN, MSc; Tarissa da Silva Ribeiro Haack, RN; Mirceli Goulart Barbosa, MSc; Caroline Cabral Robinson, PhD; Daniel Schneider, BSc; Débora Mariani de Oliveira, BSc; Rodrigo Wiltgen Jeffman, MD; Alexandre Biasi Cavalcanti, MD, PhD; Flávia Ribeiro Machado, MD, PhD; Luciano Cesar Pontes Azevedo, MD, PhD; Jorge Ibrain Figueira Salluh, MD, PhD; José Augusto Santos Pellegrini, MD, PhD; Rafael Barberena Moraes, MD, PhD; Rafael Botelho Foernges, MD; Andre Peretti Torelly, MD; Lizandra de Oliveira Ayres, RN; Pericles Almeida Delfino Duarte, MD, PhD; Wilson José Lovato, MD; Patrick Harrison Santana Sampaio, MD; Lúcio Couto de Oliveira Júnior, MD; Jorge Luiz da Rocha Paranhos, MD; Alessandro da Silva Dantas, MD; Pollyanna Iracema Peixoto Gouveia Gomes de Brito, PT; Eliane Aparecida Peixoto Paulo, RN; Marcos Antônio Cavalcanti Gallindo, MD; Janaina Pilau, MD, PhD; Helen Martins Valentim, MD; José Mario Meira Teles, MD; Vandack Nobre, MD, PhD; Daniella Cunha Birriel, MD; Livia Corrêa e Castro, MD; Andréia Martins Specht, RN, MSc; Gregory Saraiva Medeiros, MD, MSc; Tulio Frederico Tonietto, MD; Emerson Cicilini Mesquita, MD, PhD; Nilton Brandão da Silva, MD, PhD; Jeffrey E. Korte, MD, PhD; Luciano Serpa Hammes, MD, PhD; Alberto Giannini, MD; Fernando Augusto Bozza, MD, PhD; Cassiano Teixeira, MD, PhD; for the ICU Visits Study Group Investigators and the Brazilian Research in Intensive Care Network (BRICNet)

Family participation in the care of older hospitalised patients: Patients', family caregivers' and nurses' preferences on family caregivers performing care tasks

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Affiliations [+](#) expand

PMID: 34923742 DOI: [10.1111/opn.12440](https://doi.org/10.1111/opn.12440)

Abstract

Background: It is estimated that there are 101 million older care-dependent people (60+). This group is expected to double by 2050 due to the ageing of the world's population and the rise in life expectancy. Although people tend to live longer, there is little evidence that they live their later years in better health. In the future, this might put even more stress on an already overburdened acute care health system. Hospitals therefore need to focus on preventive measures to avoid rehospitalisation of older people. Family participation could be part of the solution.

Objectives: This study aimed to gain insight into the preferences of family caregivers, patients and nurses towards family caregivers taking up care tasks during hospitalisation, after receiving education

La persona anziana protagonista del suo tempo e della sua salute

Grazie per la vostra
attenzione!