Gruppo di ricerca geriatrica

Journal Club - 27 Ottobre 2017

La diagnostica in RSA: doveri e limiti.

Corrado Carabellese

Diagnosi: capire attraverso le conoscenze. [2] La diagnosi è quindi, in generale, l'identificazione della natura o/e la causa di qualcosa, di qualsivoglia natura.

dïàgnoṡi s. f. [dal gr. διάγνωσις, dal tema di διαγιγνώσκω «riconoscere attraverso»]. – **1.** In medicina, giudizio clinico che consiste nel riconoscere una condizione morbosa in base all'esame clinico del malato, e alle ricerche di laboratorio e strumentali: *fare la d.*, *formulare una d.*; *d. esatta*, *errata*, e *indovinare*, *sbagliare la diagnosi*

L’integrazione socio-sanitaria nasce con il dl 502 del 1992.

Prestazioni sanitarie a rilevanza sociale: la competenza è del SSN e di medio/lunga durata.

Prestazioni sociali a rilevanza sanitaria: la competenza è dei comuni e con partecipazione alla spesa di durata non limitata sono erogate nella fase estensiva ed lungoassistenza.

Prestazioni socio-sanitarie ad elevata integrazione sanitaria: caratterizzate da particolare rilevanza terapeutica e intensità della componente sanitaria. Le prestazioni sono a carico del SSN.

Metodologia della Medicina Low-tech

Physician Evaluation and Manegement of Nursing Home Residents.

(J. Ouslander and D. Osterweil Ann. Inter. Med. 1994)

“Physician evaluation of nursing home residents at admission and regularly thereafter is an important part of caring for this rapidly increasing segment of society.”

“The diverse goals of nursing home care, the heterogeneity of nursing home residents, …….. care complex and challenging.”

Metodologia della Medicina Low-tech

Physician Evaluation and Manegement of Nursing Home Residents.

(J. Ouslander and D. Osterweil Ann. Inter. Med. 1994)

"When evaluating and caring for home residents, physicians must address many issue besides treatment of multiple chronic diseases and **concenrs of family members**."

"The physician schould be integrated with an **interdisciplinary team** composed of nurses, reabilation therapists, social workers, and others."

Metodologia della Medicina Low-tech

Physician Evaluation and Manegement of Nursing Home Residents.

(J. Ouslander and D. Osterweil Ann. Inter. Med. 1994)

The general goals of nursing care are:
1) to provide a safe and **supportive environment** for chronically ill and dependent person,
2) to **maximize individual autonomy, functional capabilities, and quality of life**,
3) to **stabilize** and delay, if possibile, the progression of chronic illnesses,
4) to **prevent subacute and acute illnesses** and recognize and **manage** them rapidly when they do occur.

Patient Safety in Geriatrics: A Call for action.

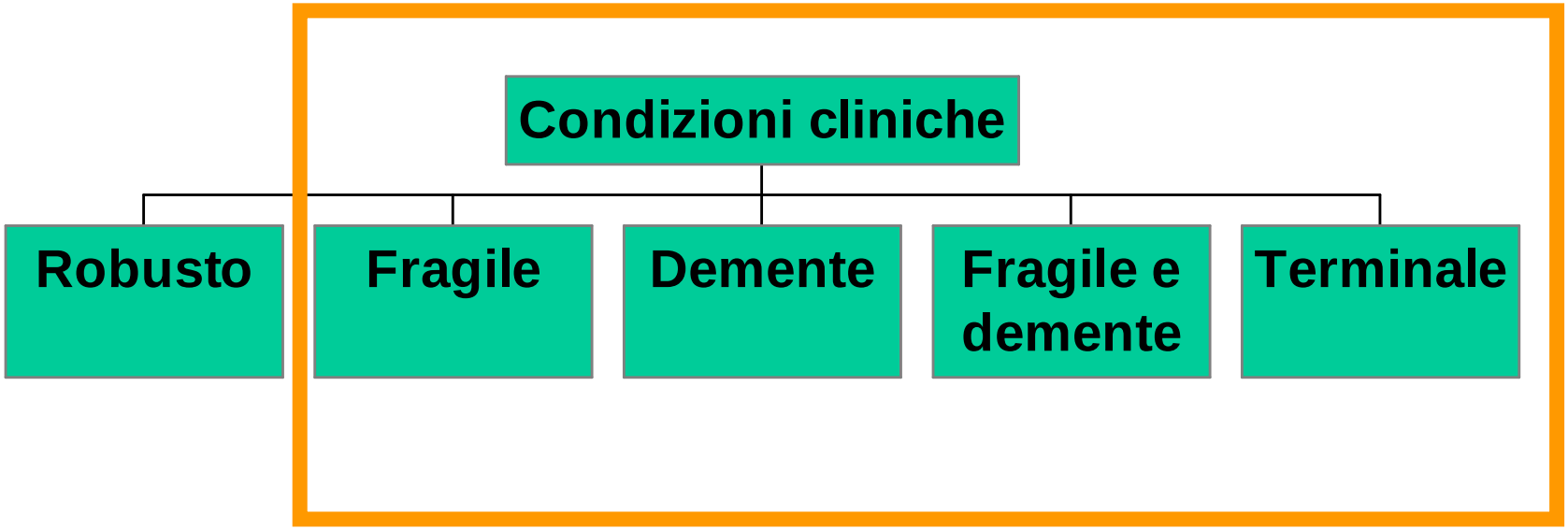
D. Tsilimingras et al J Gerontology 2003

Central to geriatrics is the management of a variety of medical conditions "Geriatric syndromes", which includes falls, delirium, pressure ulceres, and underfeeding.

These geriatric syndromes tend to developed when the compensatory ability of elederly people is compromised by accumulated effect of impairments in multiple domains.

The geriatric syndromes are associated with increased mortality.

The literature has shown that these geriatric syndromes in many cases can be prevented from occurring.


Condizioni cliniche
Robusto
Fragile
Demente
Fragile e demente
Terminale

The Health Maintenance Clinical Glidepath.

	Robust > 5 Years	Frail < 5 Years	Demented 2 to 10 Years	End of life < 2 Years
Office visit	Do once a year	Do 1-4 times/yr	Do 1-4 times/yr	Do as needed
Weight	Do each visit	Do each visit	Do each visit	Don't do
Aspirina	Do, History infarction or risk factors	Do, History infarction or risk factors	Do, History infarction or risk factors	Don't do
Cognitive screening	Do initially, if simptomatic	Do initially, if simptomatic	Do initially.	Consider if simptomatic

The Health Maintenance Clinical Glidepath.

	Robust > 5 Years	Frail < 5 Years	Demented 2 to 10 Years	End of life < 2 Years
Mammogra= fy	Do every 1-2 years up 80	Consider every 1-2 years up 75	Consider every 1-2 years up 70	Don’t do
Influence vaccine	Do yearly	Do yearly	Do yearly	Do yearly
Visual acuity testing	Consider every year	Consider every year	Consider every year	Don’t do
Scrrening for gait and balance	Do initially,do if simptomatic	Do initially, if simptomatic	Do initially, do if simptomatic.	Do if simptomatic

La metodologia della cura assistenziale e definizione:

Piano Individuale (PI)

Piano di Assistenza Individuale (PAI)

Le cure continuative nelle RSA Lombarde

Responsabilità del Medico Inquadramento diagnostico-funzionale Classificazione fragilità ospite (SOSIA)	Percorsi Diagnostici- Terapeutici- Assistenziali	PAI
Responsabilità operatori sanitari Pianificazione/Esecuzione PAI Collaborazione alla definizione PAI Organiz. e Coord. Operatori di supporto	Percorsi Diagnostici- Terapeutici- Assistenziali	PAI
Responsabilità Operatori di Supporto Funzioni Assegnate art. 4 del 5428/01	Percorsi Diagnostici- Terapeutici- Assistenziali	PAI

JAMDA 18 (2017) 810.e11–810.e14

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Brief Report

The Nursing Home Pneumonia Risk Index: A Simple, Valid MDS-Based Method of Identifying 6-Month Risk for Pneumonia and Mortality

Philip D. Sloane MD, MPH [a,b,*], Sheryl Zimmerman PhD [a,c], Kimberly Ward BA [a], David Reed PhD [a], John S. Preisser PhD [d], David J. Weber MD, MPH [e,f]

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Table 1
The Nursing Home Pneumonia Risk Index

Resident Characteristic	Minimum Data Set (MDS) 3.0 Item	Points
Male gender	A0800	+1
Age ≥85 y	A0900	+1
Diagnosis: Alzheimer disease/dementia	I14200 or I14800	+1
Chronic lung disease	I6200	+1
Chronic renal disease	K0100C	+1
Requires extensive or total assistance in eating	G0110H	+1
Noted to have coughing or choking during meals	K0100C	+1
Behavior interferes with care	E0500B or E0800	+1
Dental problems	L0200 (not B or Z)	+1
No teeth	L0200B	−1
On a sedative or antipsychotic medication	N0400 A, B, or D	+1

The Nursing Home Pneumonia Risk Index: A Simple, Valid MDS-Based Method of Identifying 6-Month Risk for Pneumonia and Mortality.

Pneumonia is the leading infectious cause of hospitalization and death for nursing home (NH) residents; however, diagnosis is often delayed because classic signs of infection are not present. **We sought to identify NH residents at high risk for pneumonia, to identify persons to target for more intensive surveillance and preventive measures..**

NH Pneumonia Risk Index scores ranged from -1 to 6, with a mean of 2.1, a median of 2, and a mode of 2. For the outcome of pneumonia, a 1-point increase in the index was associated with a risk odds ratio of 1.26 (P = .038) or a hazard ratio of 1.24 (P = .037); using it as a dichotomous variable (≤2 vs ≥3), the corresponding figures were a risk odds ratio of 1.78 (P = .045) and a hazard ratio of 1.82 (P = .025). For the outcome of mortality, a 1-point increase in the NH Pneumonia Risk Index was associated with a risk odds ratio of 1.58 (P = .002) and a hazard ratio of 1.45 (P = .013); **using the index as a dichotomous variable, the corresponding figures were a risk odds ratio of 3.71 (P < .001) and a hazard ratio of 3.29 (P = .001).**

The NH Pneumonia Risk Index can be used by NH staff to identify residents for whom to apply especially intensive preventive measures and surveillance. Because of its strong association with mortality, the index may also be valuable in care planning and discussion of advance directives.

JAMDA xxx (2017) 1.e1–1.e6

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Original Study

Basis for Sarcopenia Screening With the SARC-CalF in Nursing Homes

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[b] Science and Research Center Koper, Institute for Kinesiology Research, Garibaldijeva, Koper, Slovenia

Background: Sarcopenia is a major health problem of the older population. The European Working Group on Sarcopenia in Older People (EWGSOP) developed diagnostic criteria for diagnosis of sarcopenia that require assessing muscle mass and strength or physical performance. Recently, however, a rapid screening method SARC-CalF was developed.

Objective: The aim of the present study was to validate the SARC-CalF test using EWGSOP sarcopenia diagnostic criteria in a sample of nursing home residents.

Conclusions: SARC-CalF could be a useful screening test for sarcopenia in nursing home residents. The incorporation of the test as a basis for sarcopenia screening will provide additional value to current nursing home preventive measures.

Appendix Table 1

SARC-CalF: A Simple Questionnaire to Rapidly Diagnose Sarcopenia With Calf Circumference Measurements–Original Version

Components	Questions	Scoring
Strength	How much difficulty do you have in lifting and carrying 10 pounds?	None = 0 Some = 1 A lot or unable = 2
Assistance in walking	How much difficulty do you have walking across a room?	None = 0 Some = 1 A lot, use aids, or unable = 2
Rise from a chair	How much difficulty do you have transferring from a chair or bed?	None = 0 Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of 10 stairs?	None = 0 Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the past year?	None = 0 1-3 falls = 1 4 or more falls = 2
Calf circumference	Measure the patient's exposed right calf circumference with the legs relaxed and feet 20 cm apart from each other	Females >33 cm = 0 ≤33 cm = 10 Males >34 cm = 0 ≤34 cm = 10

Sum (0– 20 points).

0–10: no suggestive signs of sarcopenia at the time (consider periodical re-evaluation).

11–20: suggestive of sarcopenia (proceed with further diagnostic examinations).

JAMDA

journal homepage: www.jamda.com

Original Study

Effects of an Oral Nutritional Supplementation Plus Physical Exercise Intervention on the Physical Function, Nutritional Status, and Quality of Life in Frail Institutionalized Older Adults: The ACTIVNES Study

Pedro Abizanda MD, PhD [a,*], Mateo Díez López MD [b], Victoria Pérez García MD [c], Juan de Dios Estrella MD [d], Álvaro da Silva González MD [e], Núria Barcons Vilardell RDN [f], Krysmarú Araujo Torres MD [f]

BMC Geriatric, 2016 Dec 2;16(1):206.

Prevalence and predictive importance of anemia in Swedish nursing home residents - a longitudinal study.

Westerlind B., Midlov P.

Anemia is common in elderly people and especially in nursing home residents. Few studies have been performed on the consequences of anemia in a nursing home population.

CONCLUSIONS:

Anemia is common in nursing home residents in Sweden, especially among men for whom it is related to higher mortality. A rapid Hb drop is associated with higher mortality. Regardless of earlier Hb values, monitoring Hb regularly in a nursing home population seems important for catching rapid Hb decline correlated with higher mortality.

Società Italiana di Gerontologia e Geriatria

G GERONTOL 2009;57:23-32

ARTICOLO ORIGINALE
ORIGINAL ARTICLE

La complessità e l'instabilità clinica nell'anziano istituzionalizzato

Clinical complexity and clinical instability among the nursing home residents

S. LOPEZ, A. SIBILANO, M.G. STEFANONI, G. GAZZARDI, R. BALCONI, A. GUAITA*

Unità Organizzativa Complessa Vigilanza e Controllo, ASL della Provincia di Milano 1; * Fondazione Golgi Cenci, Abbiategrasso (MI)

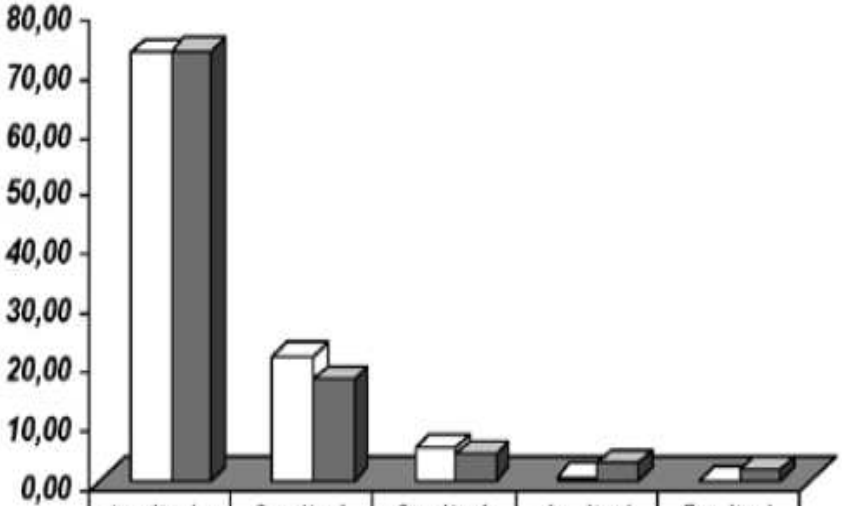
I criteri di Halm

temperatura corporea > 37,8 gradi;
frequenza cardiaca > 100/minuto;
frequenza respiratoria > 24/minuto;
saturazione di ossigeno: SO2 < 90% ;
incapacità ad alimentarsi in modo autonomo;
delirium;
dolore.

Fig. 1. Distribuzione percentuale degli ospiti stabili e instabili ai criteri di Halm.

Coorte di 450 anziani			Controllo: Stabili	Controllo: Instabili	
			249 (55,33%)	201 (44,67%)	Tot. 450 (100%)
Ingresso RSA: Stabili		285 (63,33%)	216 (48,00%)	**69** (15,33%)	
Ingresso RSA: Instabili		165 (36,67%)	**33** (7,33%)	**132** (29,33%)	
		Tot. 450 (100%)	Soggetti con periodi di instabilità		**234 (52%)**

Fig. 2. Frequenza (%) compresenza criteri di Halm.



	1 criterio	2 criteri	3 criteri	4 criteri	5 criteri
Ingresso	72,73	21,21	5,45	0,61	0
Controllo	73,13	17,41	4,48	2,99	1,99

Tab. VI. Distribuzione percentuale dei criteri clinici di Halm negli ospiti instabili.

Criteri di Halm	Frequenza criteri di Halm nei 165 anziani instabili all'ingresso in RSA	Frequenza criteri di Halm nei 201 anziani instabili al momento del controllo
Temperatura corporea	25%	23,4%
Frequenza cardiaca	9,7%	8,4%
Frequenza respiratoria	14%	13%
Saturazione O_2	9,7%	15,4%
Alimentazione non autonoma	76%	83%

J. Am Med Dir Assoc.2017 Jun 1;18(6):528-532. doi: 10.1016/j.jamda.2016.12.082. Epub 2017 Feb 22.

Accuracy of Teledentistry for Diagnosing Dental Pathology Using Direct Examination as a Gold Standard: Results of the Tel-e-dent Study of Older Adults Living in Nursing Homes.

Queyroux A., Tichalla A.

Dental neglect and high levels of unmet dental needs are becoming increasingly prevalent among elderly residents of long-term care facilities, although frail, elderly, and dependent populations are the most in need of professional dental care.

To evaluate the accuracy of teledentistry for diagnosing dental pathology, assessing the rehabilitation status of dental prostheses, and evaluating the chewing ability of older adults living in nursing homes (using direct examination as a gold standard).

Teledentistry showed excellent accuracy for diagnosing dental pathology in older adults living in nursing homes; its use may allow more regular checkups to be carried out by dental professionals.

Tijdsch Gerontol Geriatric.2016 Jun;47(3):117-23. doi: 10.1007/s12439-016-0177-1.

[Teledermatology within Dutch nursing homes].

[Article in Dutch]

Lubeek SF. Gerritsen MJ

Skin problems are common within the nursing home population and could have a significant impact on quality of life. As a form of long-distance consultation teledermatology offers several potential benefits within this frail population. In this review we discuss several aspects of teledermatology, especially in relation to the nursing home population. Several studies demonstrated that teledermatology is a cost-effective and easy-to-use consultation method, which could significantly reduce the amount of hospital visits. However, teledermatology is only used in a limited number of Dutch nursing homes in daily practice due to several factors. For the optimal implementation of teledermatological consultation there are some important logistical, legal and financial framework conditions. **In conclusion, teledermatology has a lot to offer within the nursing home population and therefore teledermatology will hopefully be increasingly used in daily practice within the near future.**

JAMDA 18 (2017) 105–110

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Special Article

Prevention of Functional Decline by Reframing the Role of Nursing Homes?

Clarisse Laffon de Mazières MD[a,b,*], John E. Morley MD, PhD[c], Cari Levy MD, PhD[d], Fabien Agenes PhD[e], Mario Barbagallo MD, PhD[f], Matteo Cesari MD, PhD[a,b], Philipe De Souto Barreto PhD[a,b], Lorenzo Maria Donini MD[g], Jaime Fitten MD, PhD[h], Alain Franco MD, PhD[i], Mikel Izquierdo PhD[j], Rosalie A. Kane PhD[k], Finbarr C. Martin MD, MSc[l], Graziano Onder MD, PhD[m], Joseph Ouslander MD[n], Kaisu Pitkälä MD, PhD[o], Debra Saliba MD, MPH[p], Alan Sinclair MSc, MD[q], Leocadio Rodriguez Manas MD, PhD[r], Bruno Vellas MD, PhD[a,b], Yves Rolland MD, PhD[a,b]

Institutionalization is generally a consequence of functional decline driven by physical limitations, cognitive impairments, and/or loss of social supports. At this stage, intervention to reverse functional losses is often too late. To be more effective, geriatric medicine must evolve to intervene at an earlier stage of the disability process. Could nursing homes (NHs) transform from settings in which many residents dwell to settings in which the NH residents and those living in neighboring communities benefit from staff expertise to enhance quality of life and maintain or slow functional decline? A task force of clinical researchers met in Toulouse on December 2, 2015, to address some of these challenges:

how to prevent or slow functional decline and disabilities for NH residents and how NHs may promote the prevention of functional decline in community-dwelling frail elderly. The present article reports the main results of the Task Force discussions to generate a new paradigm.

SPECIAL ARTICLE

JAGS 55:780–791, 2007

Geriatric Syndromes: Clinical, Research, and Policy Implications of a Core Geriatric Concept

Sharon K. Inouye, MD, MPH,[*†] *Stephanie Studenski, MD,*[‡§] *Mary E. Tinetti, MD,*[‖] *and George A. Kuchel, MD*[¶]

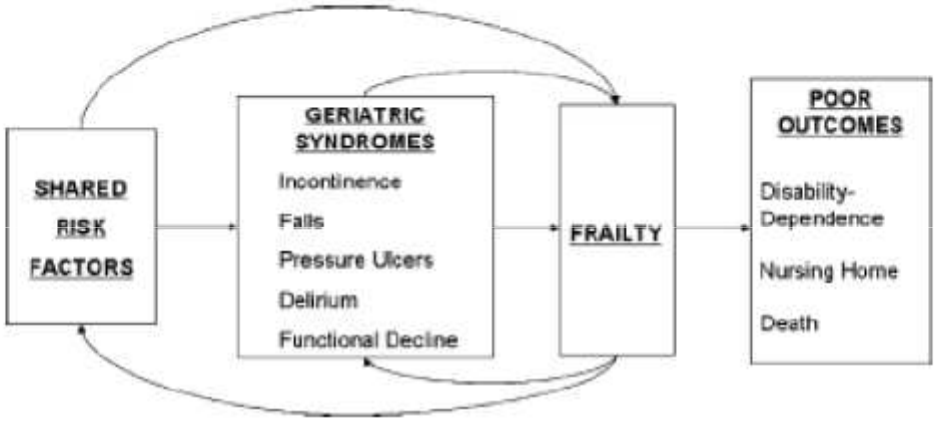

Figure 2. A unifying conceptual model demonstrates that shared risk factors may lead to geriatric syndromes, which may in turn lead to frailty, with feedback mechanisms enhancing the presence of shared risk factors and geriatric syndromes. Such self-sustaining pathways may result in poor outcomes involving disability dependence, nursing home placement, and ultimately death, thus holding important implications for elucidating pathophysiological mechanisms and designing effective intervention strategies.

Feasibility of Quality Indicators for the Management of Geriatric Syndromes in Nursing Home Residents

Debra Saliba, MD, MPH, David Solomon, MD, Laurence Rubenstein, MD, MPH, Roy Young, MD, John Schnelle, PhD, Carol Roth, RN, MPH, and Neil Wenger, MD, MPH

Purpose: The assessment and management of dementia, falls and mobility disorders, malnutrition, end-of-life issues, pressure ulcers, and urinary incontinence have been identified as important quality improvement targets for vulnerable elders residing in nursing homes. This study aimed to identify valid and feasible measures of specific care processes associated with improved outcomes for these conditions.

Methods: Nine experts in nursing home (NH) care participated in a modified Delphi process to evaluate potential quality indicators (QIs) for care in NHs. Panelists met and discussed potential indicators before completing confidential ballots rating validity (process associated with improved outcomes), feasibility of measurement (with charts or interviews), feasibility of implementation (given staffing resources in average community NHs), and importance (expected benefit and prevalence in NHs). The NH panel's median votes were used to identify a final set of QIs that were subsequently reviewed by a clinical oversight committee.

Results: Sixty-eight geriatric syndrome QIs were identified as valid and important in NH populations. Panelists assessed 12 (18%) of these QIs as having questionable feasibility to implement in average community nursing homes trying to provide quality care. Nine (13%) would not be included in systems assessing quality of care for persons with advanced dementia or poor prognosis.

Conclusions: Steps of care critical to the assessment and management of geriatric syndromes in NHs were identified. Feasibility is an important issue for a significant number of these, indicating that much remains to be done to design systems that efficiently and reliably implement these care processes. **(J Am Med Dir Assoc 2004; 5: 310–319)**

Keywords: Nursing home; quality; dementia; falls; mobility; malnutrition; end-of-life care; pressure ulcers; urinary incontinence

J Am Geriatri Soc 2016 Apr;64(4):715-22. doi: 10.1111/jgs.14035. Epub 2016 Apr 5.

Geriatric Syndromes in Hospitalized Older Adults Discharged to Skilled Nursing Facilities.

Bell SP Simmons SF.

To determine the prevalence, recognition, co-occurrence, and recent onset of geriatric syndromes in individuals transferred from the hospital to a skilled nursing facility (SNF).

RESULTS:

Geriatric syndromes were prevalent in more than 90% of hospitalized adults referred to SNFs; 55% met criteria for three or more coexisting syndromes. The most-prevalent syndromes were falls (39%), incontinence (39%), loss of appetite (37%), and weight loss (33%). In individuals who met criteria for three or more syndromes, the most common triad clusters were nutritional syndromes (weight loss, loss of appetite), incontinence, and depression. Treating hospital physicians commonly did not recognize and document geriatric syndromes in discharge summaries, missing 33% to 95% of syndromes present according to research personnel.

CONCLUSION:

Geriatric syndromes in hospitalized older adults transferred to SNFs are prevalent and commonly coexist, with the most frequent clusters including nutritional syndromes, depression, and incontinence. Despite the high prevalence, this clinical information is rarely communicated to SNFs on discharge.

Quale medicina per le case di riposo.

Per una miglior risposta ai bisogni dell'anziano istituzionalizzato la casa di riposo deve essere in stretto rapporto con un reparto ospedaliero con competenza geriatrica, dove vengono ricoverati i pazienti affetti da forme patologiche acute.

E' opportuno superare la tendenza ancora diffusa ad affrontare con i limitati strumenti diagnostici e terapeutici delle CDR tutti i problemi tipici di un ospedale.

Infatti una diagnosi deve essere sempre raggiunta ed un trattamento intensivo deve sempre essere messo in opera in risposta alla "crisi" somatica.

R. Rozzini, A. Bianchetti, C. Carabellese, M. Trabucchi

La Rivista del Medico Pratico Gerontologia 1989

Eur J Intern Med.2016 Jun;31:11-4. doi: 10.1016/j.ejim.2016.03.005. Epub 2016 Mar 18.

The geriatric management of frailty as paradigm of "The end of the disease era".

Cesari M., Bernabei R.

Abstract

The sustainability of healthcare systems worldwide is threatened by the absolute and relative increase in the number of older persons. The traditional models of care (largely based on a disease-centered approach) are inadequate for a clinical world dominated by older individuals with multiple (chronic) comorbidities and mutually interacting syndromes. There is the need to shift the center of the medical intervention from the disease to the biological age of the individual. Thus, multiple medical specialties have started looking with some interest at concepts of geriatric medicine in order to better face the increased complexity (due to age-related conditions) of their average patient. In this scenario, special interest has been given to frailty, a condition characterized by the reduction of the individual's homeostatic reserves and increased vulnerability to stressors. Frailty may indeed represent the fulcrum to lever for reshaping the healthcare systems in order to make them more responsive to new clinical needs. **However, the dissemination of the frailty concept across medical specialties requires a parallel and careful consideration around the currently undervalued role of geriatricians in our daily practice**

J Am Med Dir Assoc. 2016 Mar 1;17(3):188-92. doi: 10.1016/j.jamda.2015.12.016. Epub 2016 Jan 21.

Frailty: An Emerging Public Health Priority.

Cesari M., Vellas B.

The absolute and relative increases in the number of older persons are evident worldwide, from the most developed countries to the lowest-income regions. Multimorbidity and need for social support increase with age. Age-related conditions and, in particular, disabilities are a significant burden for the person, his or her family, and public health care systems. To guarantee the sustainability of public health systems and improve the quality of care provided, it is becoming urgent to act to prevent and delay the disabling cascade. Current evidence shows that too large a proportion of community-dwelling older people present risk factors for major health-related events and unmet clinical needs. **In this scenario, the "frailty syndrome" is a condition of special interest. Frailty is a status of extreme vulnerability to endogenous and exogenous stressors exposing the individual to a higher risk of negative health-related outcomes.** Frailty may represent a transition phase between successful aging and disability, and a condition to target for restoring robustness in the individual at risk. Given its syndromic nature, targeting frailty requires a comprehensive approach. The identification of frailty as a target for implementing preventive interventions against age-related conditions is pivotal. Every effort should be made by health care authorities to maximize efforts in this field, balancing priorities, needs, and resources. Raising awareness about frailty and age-related conditions in the population is important for effective prevention, and should lead to the promotion of lifelong healthy behaviors and lifestyle.