



Journal Club - Aggiornamenti in Geriatria

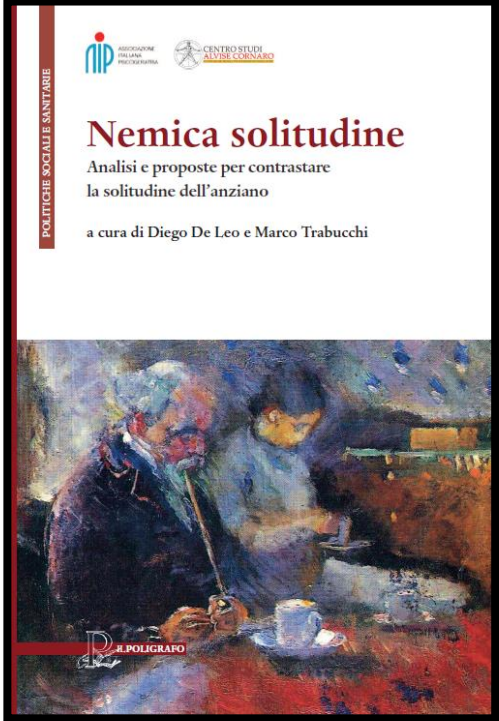
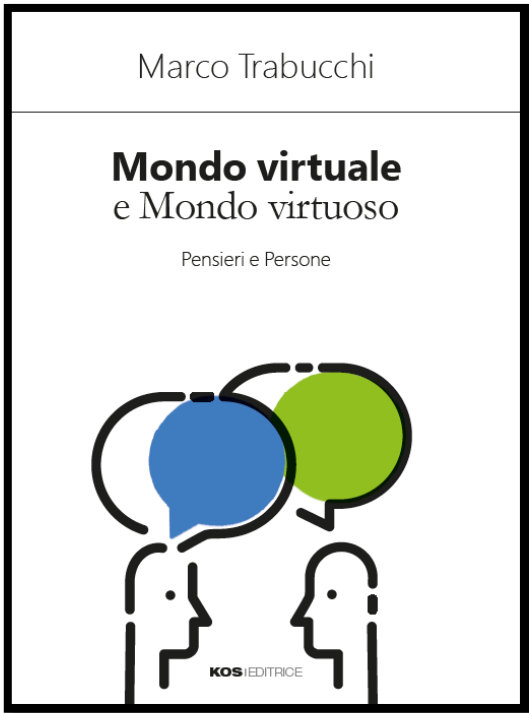
27 Dicembre 2019

Un anno di lavoro in ambito geriatrico

Marco Trabucchi



**Le scelte e le attenzioni del GRG:
una revisione veloce alla fine di
un anno vivace.**



Volumi 2019

Lavori 2019 (PubMed)

Italian consensus recommendations for the biomarker-based etiological diagnosis in MCI patients.

Boccardi M, Nicolosi V, Festari C, Bianchetti A, Cappa S, Chiasserini D, Falini A, Guerra UP, Nobili F, Padovani A, Sancesario GM, Morbelli S, Parnetti L, Tiraboschi P, Muscio C, Perani D, Pizzini FB, Beltramello A, Salvini Porro G, Ciaccio M, Schillaci O, **Trabucchi M**, Tagliavini F, Frisoni GB.

Eur J Neurol. 2019 Nov 6. doi: 10.1111/ene.14117. [Epub ahead of print]

Delirium in patients with dementia and in children: Overlap of symptoms profile and possible role for future diagnosis.

Morandi A, Thompson JL, Bellelli G, Lucchi E, Turco R, Gentile S, **Trabucchi M**, MacLulich A, Meagher D, Ely EW, Pandharipande P, Smith H.

Eur J Intern Med. 2019 Jul;65:44-50. doi: 10.1016/j.ejim.2019.04.023. Epub 2019 May 28.

Preliminary investigation of predictors of distress in informal caregivers of patients with delirium superimposed on dementia.

Grossi E, Lucchi E, Gentile S, **Trabucchi M**, Bellelli G, Morandi A.

Aging Clin Exp Res. 2019 Apr 11. doi: 10.1007/s40520-019-01194-7. [Epub ahead of print]

Timely Detection of Mild Cognitive Impairment in Italy: An Expert Opinion.

Bianchetti A, Ferrara N, Padovani A, Scarpini E, **Trabucchi M**, Maggi S.

J Alzheimers Dis. 2019;68(4):1401-1414. doi: 10.3233/JAD-181253.

Drug Prescription and Delirium in Older Inpatients: Results From the Nationwide Multicenter Italian Delirium Day 2015-2016.

Aloisi G, Marengoni A, Morandi A, Zucchelli A, Cherubini A, Mossello E, Bo M, Di Santo SG, Mazzone A, **Trabucchi M**, Cappa S, Fimognari FL, Incalzi RA, Gareri P, Perticone F, Campanini M, Montorsi M, Latronico N, Zambon A, Bellelli G; Italian Study Group on Delirium (ISGoD).

J Clin Psychiatry. 2019 Mar 12;80(2). pii: 18m12430. doi: 10.4088/JCP.18m12430.

(continued)

Lavori 2019 (PubMed)

Association between delirium, adverse clinical events and functional outcomes in older patients admitted to rehabilitation settings after a hip fracture: A multicenter retrospective cohort study.

Morandi A, Mazzone A, Bernardini B, Suardi T, Prina R, Pozzi C, Gentile S, **Trabucchi M**, Bellelli G.

Geriatr Gerontol Int. 2019 May;19(5):404-408. doi: 10.1111/ggi.13628. Epub 2019 Feb 20.

The instruments used by the Italian centres for cognitive disorders and dementia to diagnose mild cognitive impairment (MCI).

Limongi F, Noale M, Bianchetti A, Ferrara N, Padovani A, Scarpini E, **Trabucchi M**, Maggi S; MCI Working Group.

Aging Clin Exp Res. 2019 Jan;31(1):101-107. doi: 10.1007/s40520-018-1032-8. Epub 2018 Sep 3.

Delirium, Dementia, and In-Hospital Mortality: The Results From the Italian Delirium Day 2016, A National Multicenter Study.

Morandi A, Di Santo SG, Zambon A, Mazzone A, Cherubini A, Mossello E, Bo M, Marengoni A, Bianchetti A, Cappa S, Fimognari F, Antonelli Incalzi R, Gareri P, Perticone F, Campanini M, Penco I, Montorsi M, Di Bari M, **Trabucchi M**, Bellelli G; Italian Study Group on Delirium (ISGoD).

J Gerontol A Biol Sci Med Sci. 2019 May 16;74(6):910-916. doi: 10.1093/gerona/gly154.

The association of indwelling urinary catheter with delirium in hospitalized patients and nursing home residents: an explorative analysis from the "Delirium Day 2015".

Bo M, Porrino P, Di Santo SG, Mazzone A, Cherubini A, Mossello E, Bianchetti A, Musicco M, Ferrari A, Ferrara N, Filippini C, **Trabucchi M**, Morandi A, Bellelli G; Italian Study Group on Delirium (ISGoD).

Aging Clin Exp Res. 2019 Mar;31(3):411-420. doi: 10.1007/s40520-018-0974-1. Epub 2018 Jun 1.

(continued)

Lavori 2019 (PubMed)

The contribution of frailty, cognition, activity of daily life and comorbidities on outcome in acutely admitted patients over 80 years in European ICUs: the VIP2 study.

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Activity-based occupational therapy intervention for delirium superimposed on dementia in nursing home setting: a feasibility study.

Pozzi C, Lanzoni A, Lucchi E, Salimbeni I, DeVreese LP, Bellelli G, Fabbo A, **Morandi A**. *Aging Clin Exp Res.* 2019 Nov 25. doi: 10.1007/s40520-019-01422-0. [Epub ahead of print]

A comparison of very old patients admitted to intensive care unit after acute versus elective surgery or intervention.

Jung C, Wernly B, Muessig JM, Kelm M, Boumendil A, **Morandi A**, Andersen FH, Artigas A, Bertolini G, Cecconi M, Christensen S, Faraldi L, Fjølner J, Lichtenauer M, Bruno RR, Marsh B, Moreno R, Oeyen S, Öhman CA, Pinto BB, Soliman IW, Szczeklik W, Valentin A, Watson X, Zafeiridis T, De Lange DW, Guidet B, Flaatten H; VIP1 study group. *J Crit Care.* 2019 Aug;52:141-148. doi: 10.1016/j.jcrc.2019.04.020. Epub 2019 May 2.

Cumulative Prognostic Score Predicting Mortality in Patients Older Than 80 Years Admitted to the ICU.

de Lange DW, Brinkman S, Flaatten H, Boumendil A, **Morandi A**, Andersen FH, Artigas A, Bertolini G, Cecconi M, Christensen S, Faraldi L, Fjølner J, Jung C, Marsh B, Moreno R, Oeyen S, Öhman CA, Bollen Pinto B, de Smet AMGA, Soliman IW, Szczeklik W, Valentin A, Watson X, Zafeiridis T, Guidet B; VIP1 Study Group. *J Am Geriatr Soc.* 2019 Jun;67(6):1263-1267. doi: 10.1111/jgs.15888. Epub 2019 Apr 12.

per un totale di 13

Abstract 2019

Baffa Bellucci F, Gottardi F, Boffelli S, Cappuccio M, Avanzini S, Berruti N, Rodella A, Busi L, Trabucchi M. Gli Alzheimer Caffè della Lombardia Orientale: outcome a lungo termine. 19° Congresso Nazionale AIP – Associazione Italiana di Psicogeriatrica “Psicogeriatrica di persone e di saperi” (Firenze, 4-6 aprile 2019). *Psicogeriatrica*, anno XIV (suppl. 2 – n. 1), pag. 90, 2019.

Boccardi M, Nicolosi V, Festari C, Bianchetti A, Cappa S, Chiasserini D, Falini A, Guerra UP, Nobili F, Padovani A, Sanceario GM, Pizzini FB, Beltramello A, Salvini Porro G, Ciaccio M, Schillaci O, Trabucchi M, Tagliavini F, Frisoni GB. Progress Towards a Standardized Diagnostic Algorithm for Mild Cognitive Impairment: Recommendations from Italian Scientific Societies. AAIC 2019 – Alzheimer’s Association International Conference, Los Angeles, July 14-18, 2019.

Boccardi M, Nicolosi V, Festari C, Bianchetti A, Cappa S, Chiasserini D, Falini A, Guerra UP, Nobili F, Padovani A, Sanceario GM, Morbelli S, Parnetti L, Tiraboschi P, Muscio C, Perani D, Pizzini FB, Beltramello A, Salvini Porro G, Ciaccio M, Schillaci O, Trabucchi M, Tagliavini F, Frisoni GB. Italian consensual diagnostic algorithm for etiological diagnosis of prodromal AD. AAIC 2019 – Alzheimer’s Association International Conference, Los Angeles, July 14-18, 2019.

Boffelli S, Cappuccio M, Avanzini S, Berruti N, Rodella A, Gottardi F, Busi L, Trabucchi M. Caratteristiche dei pazienti che afferiscono agli Alzheimer Caffè della Lombardia Orientale. 19° Congresso Nazionale AIP – Associazione Italiana di Psicogeriatrica “Psicogeriatrica di persone e di saperi” (Firenze, 4-6 aprile 2019). *Psicogeriatrica*, anno XIV (suppl. 2 – n. 1), pag. 88, 2019.

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Guerzoni V, Lanzoni A, Pozzi C, Mazzone A, Benedetti MG, Trabucchi M, Bellelli G, Morandi A. Fragility Fracture Day 2017-2018: studio di prevalenza italiano sulla riabilitazione dei pazienti con frattura di femore. 19° Congresso Nazionale AIP – Associazione Italiana di Psicogeriatrica “Psicogeriatrica di persone e di saperi” (Firenze, 4-6 aprile 2019). *Psicogeriatrica*, anno XIV (suppl. 2 – n. 1), pag. 4, 2019.

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Guglielmi L, Chesmina Z, Mazza G, Franzini B, Trabucchi M. I fitness trackers al servizio delle RSA: possibili applicazioni. 19° Congresso Nazionale AIP – Associazione Italiana di Psicogeriatrica “Psicogeriatrica di persone e di saperi” (Firenze, 4-6 aprile 2019). *Psicogeriatrica*, anno XIV (suppl. 2 – n. 1), pag. 147, 2019.

Trabucchi M. Solitudine e fragilità nell’anziano. Congresso IFOTES (International Federation of Telephone Emergency Services) "Leaving Loneliness-Building Relationships" (Udine, 4 luglio 2019). Abstract book, pag. 53-54.

per un totale di 15

2019

**Un impegno diffuso per la ricerca
e la cultura geriatrica**

- **57 lavori in italiano**
- **42 seminari del venerdì**
- **24 bollettini AIP**
- **13 newsletter Fondazione Leonardo**
- **12 articoli rivista “BenEssere”**
- **5 articoli rivista “Profilo Salute”**
- **11 articoli rivista “Tema Farmacia”**



Because of the unique technological moment at which we live, we may not see an opportunity like this one for generations to come. We have a chance to affect the future of medicine; to advocate for patient interests; to restore the time doctors need to think, to listen, to establish trust, and build bonds, one encounter at a time. For these purposes, and in these times, an organization of all doctors is necessary. Rebuilding our relationships with our patients: *that* is our lane.

(Eric Topol. Why Doctors Should Organize. The New Yorker, August 5, 2019)

WHY DOCTORS SHOULD ORGANIZE

Meeting the challenges of modern medicine will require more than seeing patients.

By Eric Topol August 5, 2019



Many doctors feel despair about their appalling working conditions and the deteriorating doctor-patient relationship. But there have been no protest marches or social-media campaigns. Why not?

Illustration by Nicole Xu

Confronting the Rise and Fall of US Life Expectancy

Howard K. Koh, MD, MPH; Anand K. Parekh, MD, MPH; John J. Park, MBChB, MPH

The study by Woolf and Schoomaker,¹ detailing years of cumulative insults to the nation's health, represents a call to action. Further research must explore how income inequality, unstable employment, divergent state policies and other social dimensions affect disease. Recognizing the vital themes of social connection, spirituality, and community can expand understanding of proposed “leading causes of life.”^{21,22} Broad and committed collaboration with sectors beyond health to reverse US health disadvantage could restore well-being opportunities for millions. Otherwise, the nation risks life expectancy continuing downward in future years to become a troubling new norm.



In Italia non si è ancora osservata una riduzione della spettanza di vita: una maggiore resilienza sociale? Una comunità che non soccombe alle crisi economiche e politiche? Qual è quindi il nostro ruolo come attori della sanità?



Le incertezze riguardo alle demenze sono un esempio della difficoltà di affrontare la complessità strutturale di alcune malattie.



Down and up of aducanumab

Prevalence of Biologically vs Clinically Defined Alzheimer Spectrum Entities Using the National Institute on Aging–Alzheimer’s Association Research Framework



Clifford R. Jack Jr, MD; Terry M. Therneau, PhD; Stephen D. Weigand, MS; Heather J. Wiste, BA; David S. Knopman, MD; Prashanthi Vemuri, PhD; Val J. Lowe, MD; Michelle M. Mielke, PhD; Rosebud O. Roberts, MB, ChB; Mary M. Machulda, PhD; Jonathan Graff-Radford, MD; David T. Jones, MD; Christopher G. Schwarz, PhD; Jeffrey L. Gunter, PhD; Matthew L. Senjem, MS; Walter A. Rocca, MD; Ronald C. Petersen, MD, PhD

IMPORTANCE A National Institute on Aging–Alzheimer’s Association (NIA-AA) workgroup recently published a research framework in which Alzheimer disease is defined by neuropathologic or biomarker evidence of β -amyloid plaques and tau tangles and not by clinical symptoms.

OBJECTIVES To estimate the sex- and age-specific prevalence of 3 imaging biomarker-based definitions of the Alzheimer disease spectrum from the NIA-AA research framework and to compare these entities with clinically defined diagnostic entities commonly linked with Alzheimer disease.

DESIGN, SETTING, AND PARTICIPANTS The Mayo Clinic Study of Aging (MCSA) is a population-based cohort study of cognitive aging in Olmsted County, Minnesota. The MCSA in-person participants ($n = 4660$) and passively ascertained (ie, through the medical record rather than in-person) individuals with dementia ($n = 553$) aged 60 to 89 years were included. Subsets underwent amyloid positron emission tomography (PET) ($n = 1524$) or both amyloid and tau PET ($n = 576$). Therefore, this study included 3 nested cohorts examined between November 29, 2004, and June 5, 2018. Data were analyzed between February 19, 2018, and March 26, 2019.

MAIN OUTCOMES AND MEASURES The sex- and age-specific prevalence of the following 3 biologically defined diagnostic entities was estimated: Alzheimer continuum (abnormal amyloid regardless of tau status), Alzheimer pathologic change (abnormal amyloid but normal tau), and Alzheimer disease (abnormal amyloid and tau). These were compared with the prevalence of 3 clinically defined diagnostic groups (mild cognitive impairment or dementia, dementia, and clinically defined probable Alzheimer disease).



RESEARCH HIGHLIGHT

The microbiome: A target for Alzheimer disease?

Dong-oh Seo¹, Benjamin D. Boros¹ and David M. Holtzman¹

Cell Research (2019) 29:779–780; <https://doi.org/10.1038/s41422-019-0227-7>

Although recent accumulating data have suggested that gut microbiota associates with Alzheimer disease (AD) pathogenesis, it is not yet clear how alterations in the gut microbiota mechanistically contribute to different aspects of AD pathology. Here, Wang et al. identified that infiltrating peripheral immune cells facilitated by gut microbiota imbalance in mouse models of amyloidosis are associated with changes in behavior and AD-related pathology.

EDITORIAL

The Challenge of Defining Alzheimer Disease Based on Biomarkers in the Absence of Symptoms

Teresa Gomez-Isla, MD, PhD; Matthew P. Frosch, MD, PhD

JAMA Neurol. 76(10):1143-1144, 2019



**Siti d'azione preventiva e terapeutica
nella malattia di Alzheimer:
A – T – N – S**



**Una medicina presintomatica e preventiva?
Quale ruolo realistico per i fattori di rischio?**



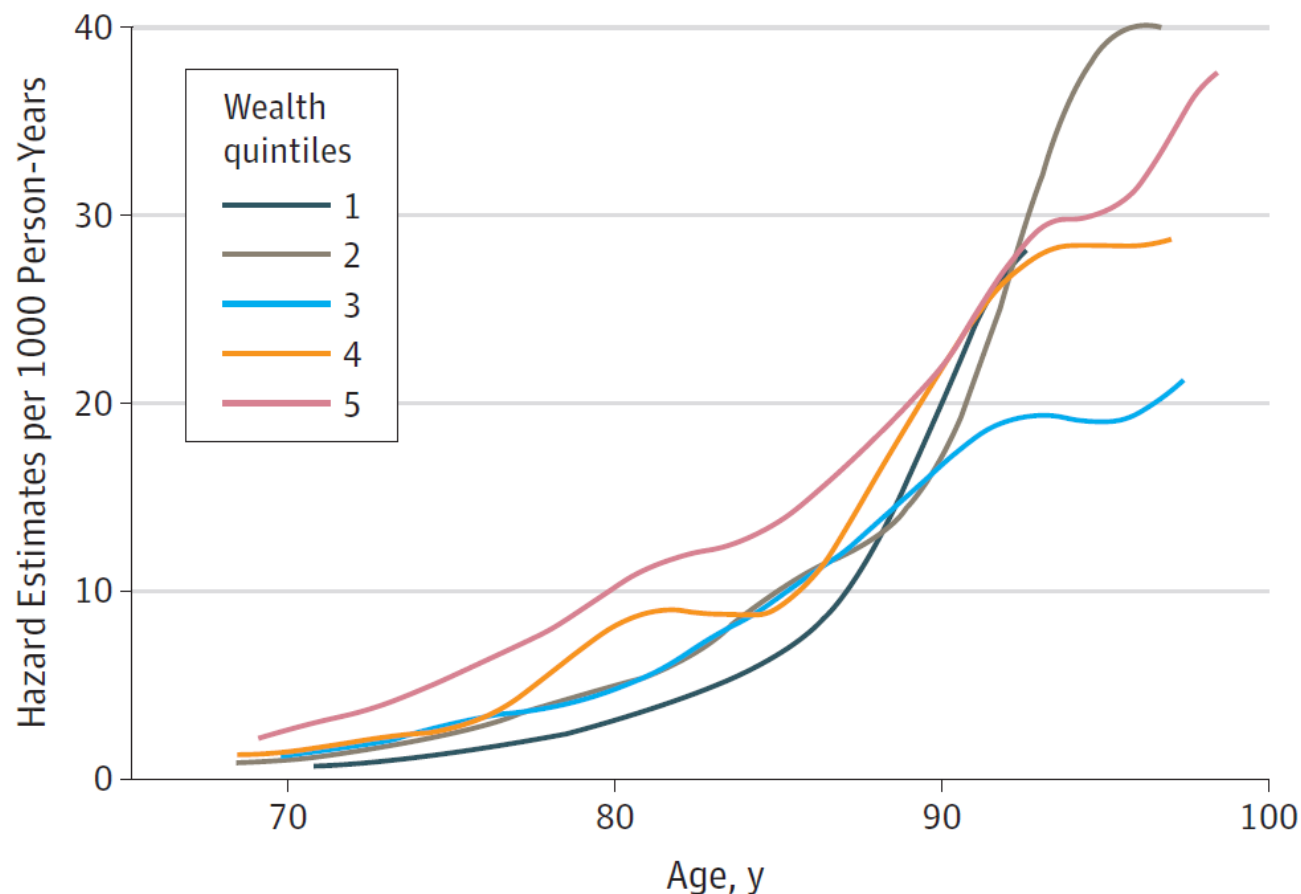
JAMA Psychiatry | **Original Investigation**

Individual and Area-Based Socioeconomic Factors Associated With Dementia Incidence in England Evidence From a 12-Year Follow-up in the English Longitudinal Study of Ageing

Dorina Cadar, PhD; Camille Lassale, PhD; Hilary Davies, PhD; David J. Llewellyn, PhD; G. David Batty, DSc; Andrew Steptoe, DSc

JAMA Psychiatry. 2018;75(7):723-732. doi:[10.1001/jamapsychiatry.2018.1012](https://doi.org/10.1001/jamapsychiatry.2018.1012)

Figure 3. Smoothed Hazard Estimates by Age per 1000 Person-Years by Wealth Quintiles in the English Longitudinal Study of Ageing



Wealth quintile 1 indicates the highest level of wealth; quintile 5, the lowest.

(Cadar D. et al, JAMA Psychiatry 75(7):723-732, 2018)

Building Blocks for Addressing Social Determinants of Health

Stuart M. Butler, PhD

The evidence on social determinants of health is growing, but is still insufficient to convince many key decision makers. For instance, there is good research on the link between such **housing problems** as mold or substandard accommodations and health, **and between family or social “toxic” stress** and long-term mental health and other patterns. But purported linkages between health and other social conditions, such as general poverty, lack reliable evidence. Much more basic research is needed to understand the key determinants.

Opinion

The Unending Indignities of Alzheimer's

A family navigates the disease — and its financial burdens.

By **Jeneen Interlandi**

Ms. Interlandi is a member of the editorial board.

Dec. 1, 2019



Religioni e Etica Medica: Cure Palliative e Salute Mentale nell'Invecchiamento

Roma, 11-12 Dicembre 2019



RELIGION AND
MEDICAL ETHICS

Roma, 12 dicembre 2019

**Maintaining the bridge of love between
people with dementia and their carers**

Marco Trabucchi

Gruppo di Ricerca Geriatrica, Brescia
Associazione Italiana di Psicogeriatrica
Università di Roma «Tor Vergata»



Loneliness of the elderly

NEMICA SOLITUDINE

II giornata nazionale contro la solitudine

Firenze

15-16 Novembre 2019

ALDA MERINI
ph. credit Giuliano Grittini





III° Giornata Nazionale
La città e le solitudini

Padova, 15 novembre 2020

DIEGO DE LEO · MARCO TRABUCCHI

MALEDETTA SOLITUDINE

CAUSE ED EFFETTI DI UN'ESPERIENZA
DIFFICILE DA TOLLERARE



Matters of the Mind—Bedtime Procrastination, Relaxation-Induced Anxiety, Lonely Tweeters



Rita Rubin, MA

For their study, the researchers collected approximately 400 million tweets from Twitter users in Pennsylvania between 2012 and 2016. The scientists identified 6202 users whose tweets contained the words “lonely” or “alone” and compared them with a control group of users who were matched by age, sex, and time frame of post. The authors then used natural-language processing, a branch of artificial intelligence, to characterize tweet topics and timing.

Compared with the control group, Twitter users whose posts included “lonely” or “alone” posted 1.9 times more tweets during the study period. Twitter users who posted about loneliness, typically in the evening or at night, were more likely to use language associated with anger, depression, and anxiety. And they were more likely to tweet about difficult interpersonal relationships, psychosomatic symptoms, substance use, wanting change, unhealthy eating, and trouble sleeping.

Assessing tweets could serve as a low-cost method of identifying individuals experiencing loneliness and evaluating interventions focused on the chronic conditions associated with it, the authors concluded. ■



I social sono un prodotto della modernità; non possono quindi essere combattuti.

Quale ruolo potranno avere nelle comunità?

La base per comprendere dinamiche altrimenti non rilevabili?

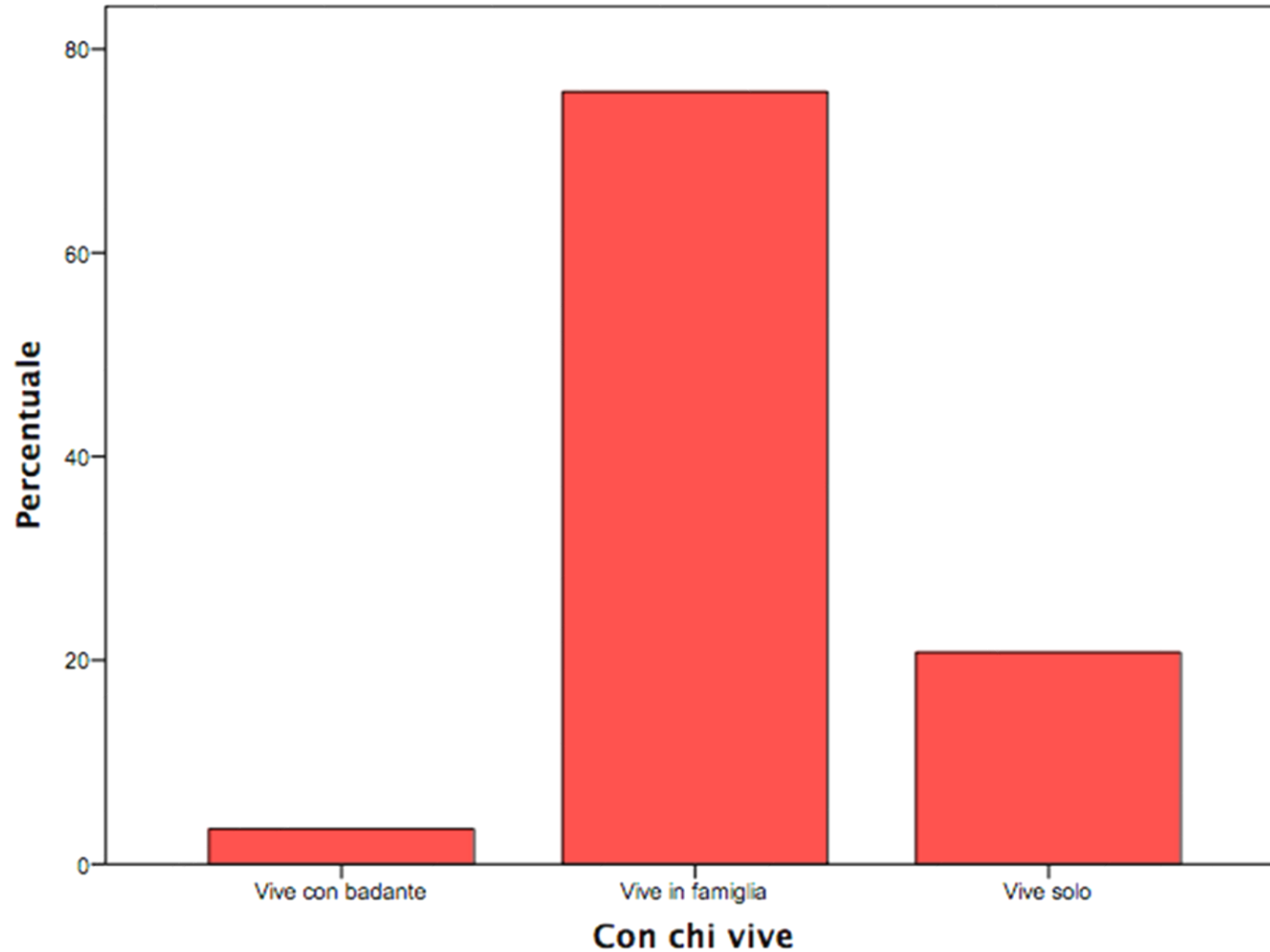


PDTA and long term care in dementia.
Il Progetto Reload.

RELOAD

17 Settembre 2019

CDCD **LOMBARDIA** ORIENTALE





Dementia Friendly Community



**Il futuro e l'esigenza di un'elaborazione innovativa.
Alcuni spunti della letteratura più recente.**



L'integrazione tra le discipline che curano il malato molto vecchio (vedi chirurgia vascolare) e la cultura geriatrica.

Perioperative Risk Calculators and the Art of Medicine

PERSPECTIVE

Nidhi Rohatgi, MD, MS
Division of Hospital
Medicine, Department
of Medicine, Stanford
University School of
Medicine, Stanford,
California.

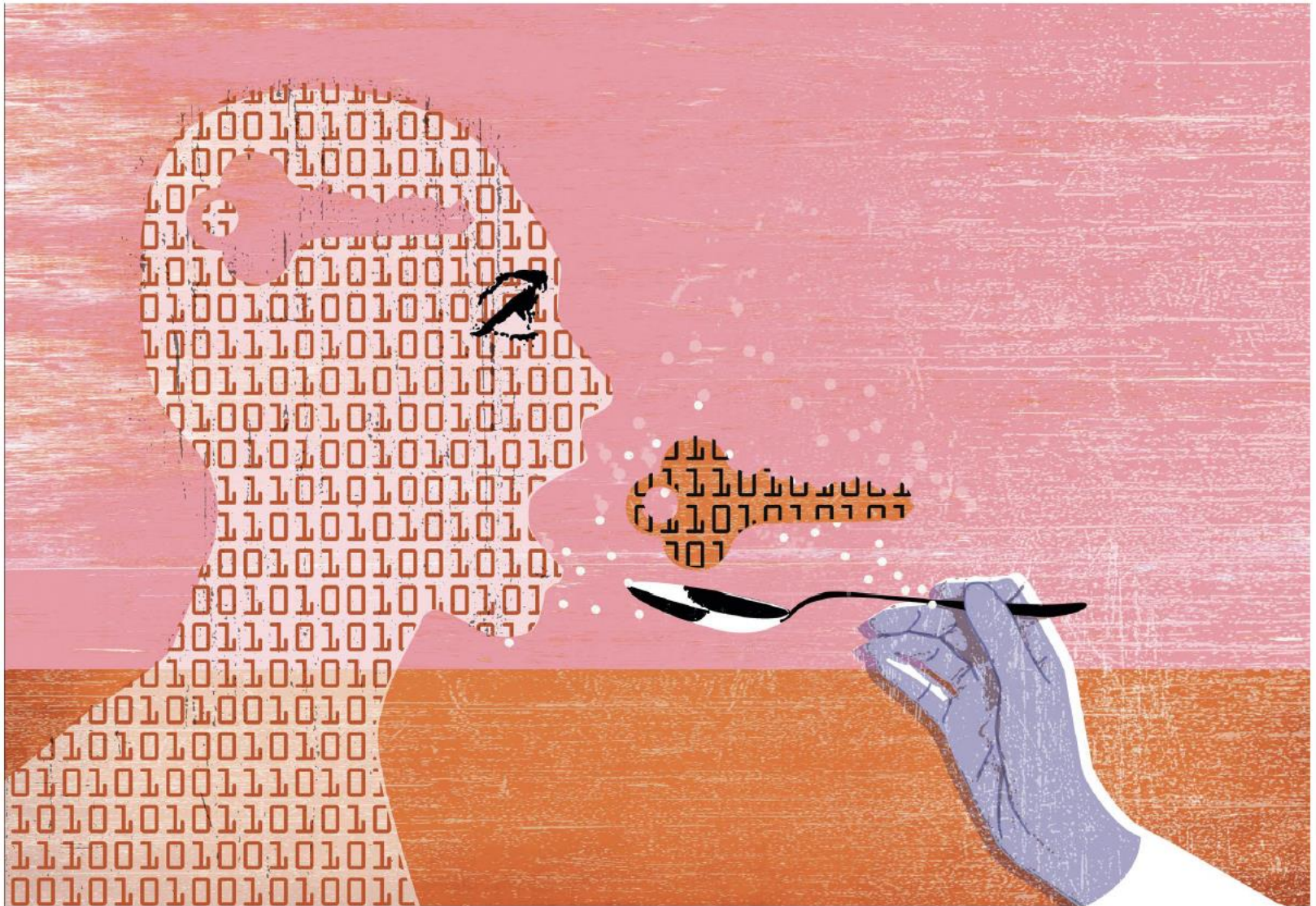
Perioperative care of the patient is best accomplished by combining the science of medicine with the “old fashioned” art of medicine that involves talking to patients, examining them, and making medical decisions together with patients. The risk calculators are meant to serve as decision aids. Numbers, whether taken in isolation or as an index, are not a substitute for clinical evaluation and clinical judgment. If we choose a solely calculator-based risk assessment and categorization of patients into low or elevated risk without individualized clinical evaluation, then have we really made any progress from the taboo and unhelpful words, “the patient is medically cleared for surgery”?

Il futuro delle residenze per anziani:

- **la mancanza di un'elaborazione seria tra posizioni molto diverse**
- **la copertura di spazi di bisogno sempre più ampi: dal cohousing alle terapie palliative**

"Non sempre l'anziano, il nonno, la nonna, ha una famiglia che può accoglierlo. E allora ben vengano le case per gli anziani... purché siano veramente case, e non prigioni! E siano per gli anziani, e non per gli interessi di qualcuno altro! Non ci devono essere istituti dove gli anziani vivono dimenticati, come nascosti, trascurati. Mi sento vicino ai tanti anziani che vivono in questi Istituti, e penso con gratitudine a quanti li vanno a visitare e si prendono cura di loro. Le case per anziani dovrebbero essere dei "polmoni" di umanità in un paese, in un quartiere, in una parrocchia; dovrebbero essere dei "santuari" di umanità dove chi è vecchio e debole viene curato e custodito come un fratello o una sorella maggiore".

**Papa Francesco
Incontro con gli anziani
28 settembre 2014**



Credit: Mouka Studio/Alamy Stock Photo



AI: its role in diagnosis and treatment



Comment

Is health-care data the new blood?



**Eric Perakslis, Andrea Coravos*

www.thelancet.com/digital-health Vol 1 May 2019

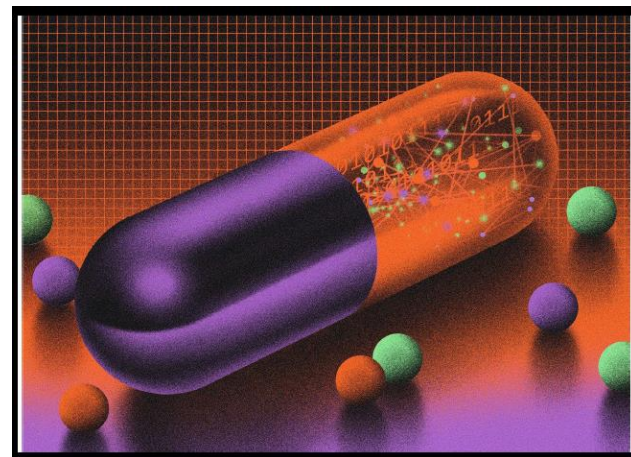
For a Longer, Healthier Life, Share Your Data

Privacy protections are standing in the way of artificial-intelligence programs that could diagnose cancers and screen for genetic disorders.

By Luke Miner

Mr. Miner is a data scientist.

May 22, 2019



L'INCHIESTA

NICOLA PINNA

Burocrazia assediata dai pirati informatici Allarme per la Sanità

PP. 14-15



Software illegal per progettare opere e gestire scuole e ospedali. La truffa ai danni degli enti. Migliaia di programmi clandestini sequestrati in tutta Italia: sanzioni per 54 milioni in un anno

La pubblica amministrazione assediata da pirati informatici

Allarme per i dati sanitari

NICOLA PINNA

L'intromissione più semplice è avvenuta nell'ambiente che in teoria dovrebbe essere più inviolabile. Nei computer della pubblica amministrazione, i pirati si muovono con facilità: tra società controllate e imprese appaltatrici, ma anche tra aziende che gestiscono servizi scolastici o che realizzano grandi progetti per gli enti, si nascondono i più spudorati abusivi dell'informatica.

La gran parte del business illegale che deriva dallo sfruttamento di programmi senza licenza e di software utilizzati clandestinamente, si registra spesso negli uffici regionali e nelle sedi delle cooperative che forniscono supporto ai Comuni più piccoli o alle Province e talvolta anche ad enti ministeriali. Persino all'interno degli ospedali e negli studi che si occupano di grandi progetti, a iniziare dal

settore aerospaziale.

La rete del mercato nero

Per misurare quanto fosse estesa la rete del mercato nero dell'informatica, è stato necessario schierare una squadra di hacker in divisa. La Guardia di finanza ha creato un nucleo speciale (ufficio a

A rischio milioni di informazioni cliniche riservate: boom di casi in tutte le regioni

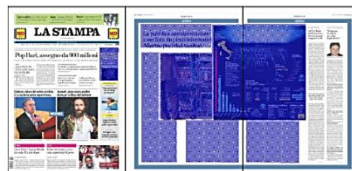
Bari, capacità di infiltrazione quasi ovunque) che si occupa ogni giorno di tutelare il diritto d'autore e di proteggere le reti pubbliche da collegamenti clandestini e quindi potenzialmente dannosi.

L'operazione "Underli©ensing" ha registrato nel corso dell'ultimo anno numeri da record, con sanzioni per 54 milioni di euro e ha scoperto un mondo quasi del

tutto sconosciuto: la contaminazione provocata da programmi "craccati" nella gestione dei servizi pubblici e nella realizzazione di grandi opere.

Tra Lazio, Emilia Romagna, Trentino Alto Adige, Lombardia, Liguria, Campania e Veneto il nucleo specializzato delle Fiamme gialle ha individuato, sanzionato e denunciato, una serie di società incaricate dalle Regioni di organizzare corsi per disoccupati e che avrebbero at-

tribuito punteggi aggiuntivi per le graduatorie degli uffici di collocamento. Altre, sem-



LA STAMPA

16/12/2019



La doverosa attenzione ai rischi indotti dall'Intelligenza Artificiale, non deve far dimenticare la possibilità che il nostro paese non sia pronto per una "rivoluzione" sia sul versante della raccolta dei dati sia su quello della mediazione necessaria tra indicazioni digitali e competenza umana nella clinica.

ARTICOLI ORIGINALI

Intelligenza Artificiale in medicina: storia, attualità e futuro

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Parole chiave: Intelligenza artificiale, Sanità del futuro, Ruolo medico.

Keywords: Artificial Intelligence, Healthcare system, Medical role.

Abstract

L'intelligenza artificiale (IA) è già ampiamente diffusa in sanità nonostante a tutt'oggi non vi siano sufficienti dati e informazioni che permettano di prevedere quale possa essere il suo impatto complessivo sulla salute dei pazienti; l'IA promette benefici straordinari, ma i possibili rischi per la loro sicurezza, l'equità dell'erogazione dei servizi e l'attendibilità dei dati prodotti sono da verificare.

L'unico modo ragionevole per garantire che i benefici siano massimizzati e che i rischi siano ridotti al minimo è che i medici e chi lavora in sanità abbiano un ruolo attivo già nello sviluppo iniziale di questa tecnologia. Il coinvolgimento dei medici, attraverso le conoscenze umane e cliniche di cui dispongono, è vitale per l'evoluzione delle nuove tecnologie, per la definizione degli standard da creare e da rispettare e dei limiti da imporre all'IA.

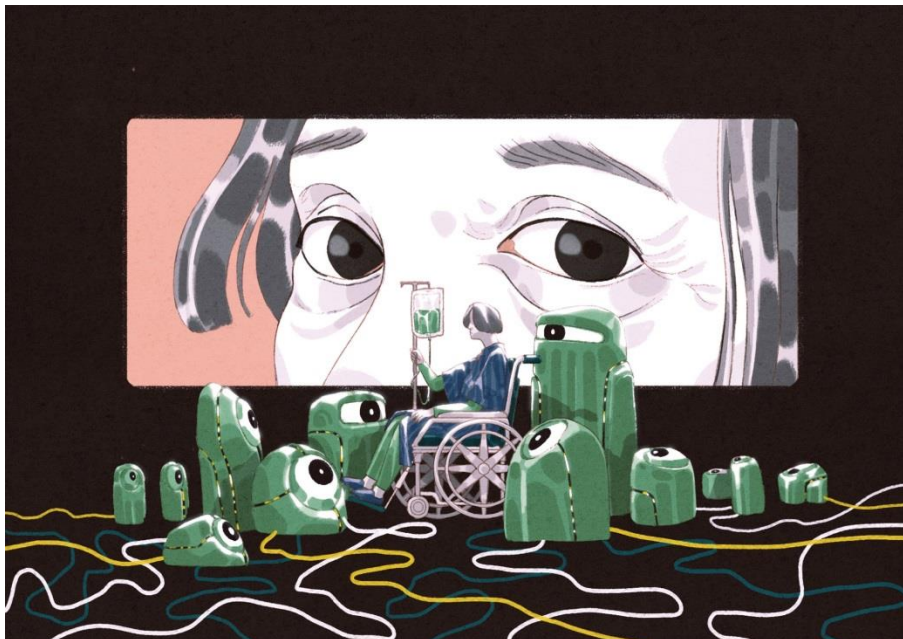
Would You Let a Robot Take Care of Your Mother?

Robotic companions are being promoted as an antidote to the burden of longer, lonelier human lives. At stake is the future of what it means to be human.

By Maggie Jackson

Ms. Jackson is the author of "Distracted: Reclaiming Our Focus in a World of Lost Attention."

Dec. 13, 2019



The New York Times

The New York Times

Killer Robots Aren't Regulated. Yet.

“Killing in the Age of Algorithms” is a New York Times documentary examining the future of artificial intelligence and warfare.



By **Jonah M. Kessel**

Dec. 13, 2019

Times reporters traveled to Russia, Switzerland, California and Washington, D.C., talking to experts in the commercial tech, military and A.I. communities. Below are some key points and analysis, along with extras from the documentary.



**La letteratura come fonte di stimoli inattesi.
Una formazione ordinata non deve escludere
la casualità.**



Invited Commentary

Aligning Care With Patient Values and Priorities

Ian G. Hargraves, PhD; Victor M. Montori, MD

JAMA Internal Medicine December 2019 Volume 179, Number 12 **1697**

Association of Subclinical Hearing Loss With Cognitive Performance

Justin S. Golub, MD, MS; Adam M. Brickman, PhD; Adam J. Ciarleglio, PhD; Nicole Schupf, PhD; José A. Luchsinger, MD, MPH

IMPORTANCE Age-related hearing loss (HL) is a common and treatable condition that has been associated with cognitive impairment. The level of hearing at which this association begins has not been studied to date.

OBJECTIVE To investigate whether the association between hearing and cognition is present among individuals traditionally classified as having normal hearing.

DESIGN, SETTING, AND PARTICIPANTS Cross-sectional study of 2 US epidemiologic studies (Hispanic Community Health Study [HCHS], 2008-2011, and National Health and Nutrition Examination Study [NHANES], 1999-2000, 2001-2002, and 2011-2012 cycles). The dates of analysis were November 2018 to August 2019. Multivariable generalized additive model (GAM) regression and linear regression were used to assess the association between HL (exposure) and cognition (outcome). Participants included 6451 individuals aged 50 years or older from the general Hispanic population (HCHS [n = 5190]) and the general civilian, noninstitutionalized US population (NHANES [n = 1261]).

EXPOSURES Audiometric HL (4-frequency pure-tone average).

MAIN OUTCOMES AND MEASURES Neurocognitive performance measured by the Digit Symbol Substitution Test (DSST) (score range, 0-113), Word Frequency Test (range, 0-49), Spanish-English Verbal Learning Test (SEVLT) 3 trials (range, 5-40), SEVLT recall (range, 0-15), and Six-Item Screener (range, 0-6); higher scores indicated better cognitive performance.

(continued)

Association of Subclinical Hearing Loss With Cognitive Performance

Justin S. Golub, MD, MS; Adam M. Brickman, PhD; Adam J. Ciarleglio, PhD; Nicole Schupf, PhD; José A. Luchsinger, MD, MPH

RESULTS Among 6451 individuals, the mean (SD) age was 59.4 (6.1) years, and 3841 (59.5%) were women. The GAM regression showed a significant inverse association between hearing and cognition across the entire spectrum of hearing after adjusting for demographics and cardiovascular disease. In separate multivariable linear regressions stratified by the classic binary definition of HL, decreased hearing was independently associated with decreased cognition in adults with normal hearing (pure-tone average ≤ 25 dB) across all cognitive tests in the HCHS. For example in this group, a 10-dB decrease in hearing was associated with a clinically meaningful 1.97-point (95% CI, 1.18-2.75) decrease in score on the DSST. When using a stricter HL cut point (15 dB), an association was also present in NHANES. The associations between hearing and cognition were stronger or equivalent in individuals with normal hearing than among those with HL. For example, there was a 2.28-point (95% CI, 1.56-3.00) combined cohort DSST score decrease per 10-dB decrease among individuals with normal hearing vs a 0.97-point (95% CI, 0.20-1.75) decrease among those with HL, with a significant interaction term between continuous and binary hearing.

CONCLUSIONS AND RELEVANCE An independent association was observed between cognition and subclinical HL. The association between hearing and cognition may be present earlier in HL than previously understood. Studies investigating whether treating HL can prevent impaired cognition and dementia should consider a lower threshold for defining HL than the current 25-dB threshold.



The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

Transforming Culture in Health Care

Michael Nurok, M.B., Ch.B., Ph.D., and Thomas H. Lee, M.D.

VIEWPOINT

Cardiovascular Disease Prevention at a Crossroads: Precision Medicine or Polypill?

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A clinical trial of precision medicine vs the polypill will also have the benefit of addressing fundamental issues about the merits of complexity vs simplicity in a delivery and performance activity like clinical medicine. Many successful delivery and performance organizations, in activities as diverse as manufacturing, sports, and the arts, are obsessive about reducing steps and identifying and mastering a limited set of fundamental activities and skills critical to their success. Reduction in agency or the amount of effort required by an individual to participate in a health-promoting activity has been found to be important in increasing adherence.⁷ A trial comparing precision medicine vs the polypill will help determine whether an approach involving complexity vs simplicity will be more effective in meeting the ongoing challenge of preventing CVD.



Medicina di precisione vs personalizzazione della medicina.

Association Between Physician Depressive Symptoms and Medical Errors A Systematic Review and Meta-analysis

Karina Pereira-Lima, PhD; Douglas A. Mata, MD, MPH; Sonia R. Loureiro, PhD; José A. Crippa, MD, PhD; Lívia M. Bolsoni, MSc; Srijan Sen, MD, PhD

Abstract

IMPORTANCE Depression is highly prevalent among physicians and has been associated with increased risk of medical errors. However, questions regarding the magnitude and temporal direction of these associations remain open in recent literature.

OBJECTIVE To provide summary relative risk (RR) estimates for the associations between physician depressive symptoms and medical errors.

DATA SOURCES A systematic search of Embase, ERIC, PubMed, PsycINFO, Scopus, and Web of Science was performed from database inception to December 31, 2018.

STUDY SELECTION Peer-reviewed empirical studies that reported on a valid measure of physician depressive symptoms associated with perceived or observed medical errors were included. No language restrictions were applied.

DATA EXTRACTION AND SYNTHESIS Study characteristics and RR estimates were extracted from each article. Estimates were pooled using random-effects meta-analysis. Differences by study-level characteristics were estimated using subgroup meta-analysis and metaregression. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guideline was followed.

(continued)

Association Between Physician Depressive Symptoms and Medical Errors A Systematic Review and Meta-analysis

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MAIN OUTCOMES AND MEASURES Relative risk estimates for the associations between physician depressive symptoms and medical errors.

RESULTS In total, 11 studies involving 21 517 physicians were included. Data were extracted from 7 longitudinal studies (64%; with 5595 individuals) and 4 cross-sectional studies (36%; with 15 922 individuals). The overall RR for medical errors among physicians with a positive screening for depression was 1.95 (95% CI, 1.63-2.33), with high heterogeneity across the studies ($\chi^2 = 49.91$; $P < .001$; $I^2 = 82\%$; $\tau^2 = 0.06$). Among the variables assessed, study design explained the most heterogeneity across studies, with lower RR estimates associated with medical errors in longitudinal studies (RR, 1.62; 95% CI, 1.43-1.84; $\chi^2 = 5.77$; $P = .33$; $I^2 = 13\%$; $\tau^2 < 0.01$) and higher RR estimates in cross-sectional studies (RR, 2.51; 95% CI, 2.20-2.83; $\chi^2 = 5.44$; $P = .14$; $I^2 = 45\%$; $\tau^2 < 0.01$). Similar to the results for the meta-analysis of physician depressive symptoms associated with subsequent medical errors, the meta-analysis of 4 longitudinal studies (involving 4462 individuals) found that medical errors associated with subsequent depressive symptoms had a pooled RR of 1.67 (95% CI, 1.48-1.87; $\chi^2 = 1.85$; $P = .60$; $I^2 = 0\%$; $\tau^2 = 0$), suggesting that the association between physician depressive symptoms and medical errors is bidirectional.

CONCLUSIONS AND RELEVANCE Results of this study suggest that physicians with a positive screening for depressive symptoms are at higher risk for medical errors. Further research is needed to evaluate whether interventions to reduce physician depressive symptoms could play a role in mitigating medical errors and thus improving physician well-being and patient care.



... verso il futuro.

**"Non è vivere alla giornata, ma vivere la giornata:
né nostalgici né utopisti, ma radicati e radicali
nelle 24 ore".**

(A. D'Avenia, Corriere della Sera 16/12/2019)

Non avere paura di cadere, dunque. E se rimuovere totalmente questo sentimento significa farsi prendere da un delirio di onnipotenza che distrugge il mondo, al contrario, farsi soverchiare dall'angoscia è il modo per rinunciare alla vita che desideriamo. Non avere paura di cadere quindi, non perché si possa riuscire a non cadere mai, ma perché la caduta è parte integrante dell'esercizio della libertà, meraviglioso e sempre imperfetto, che richiede allo stesso tempo coraggio e accortezza, solitudine e, insieme, solidarietà.

È solo nello stupore di ciò che non è mai pienamente compiuto che abita la libertà.

(Mauro Magatti. Non avere paura di cadere. Mondadori, 2019)



“Mi sembra che la scienza -sostenuta dal rispetto per i valori umani, dal buon senso, dalla lungimiranza e dalla preoccupazione per gli sfortunati e i poveri- offra al mondo una speranza nella palude in cui attualmente si trova”.

(Oliver Sacks, Ogni cosa al suo posto, 2019)



**L'augurio più caloroso per il 2020 con le parole di Primo Levi:
"Il tipo di libertà più utile al consorzio umano coincide con l'essere competente nel proprio lavoro e quindi nel provare piacere a svolgerlo".**