



Journal Club - Aggiornamenti in Geriatria

17 Gennaio 2020

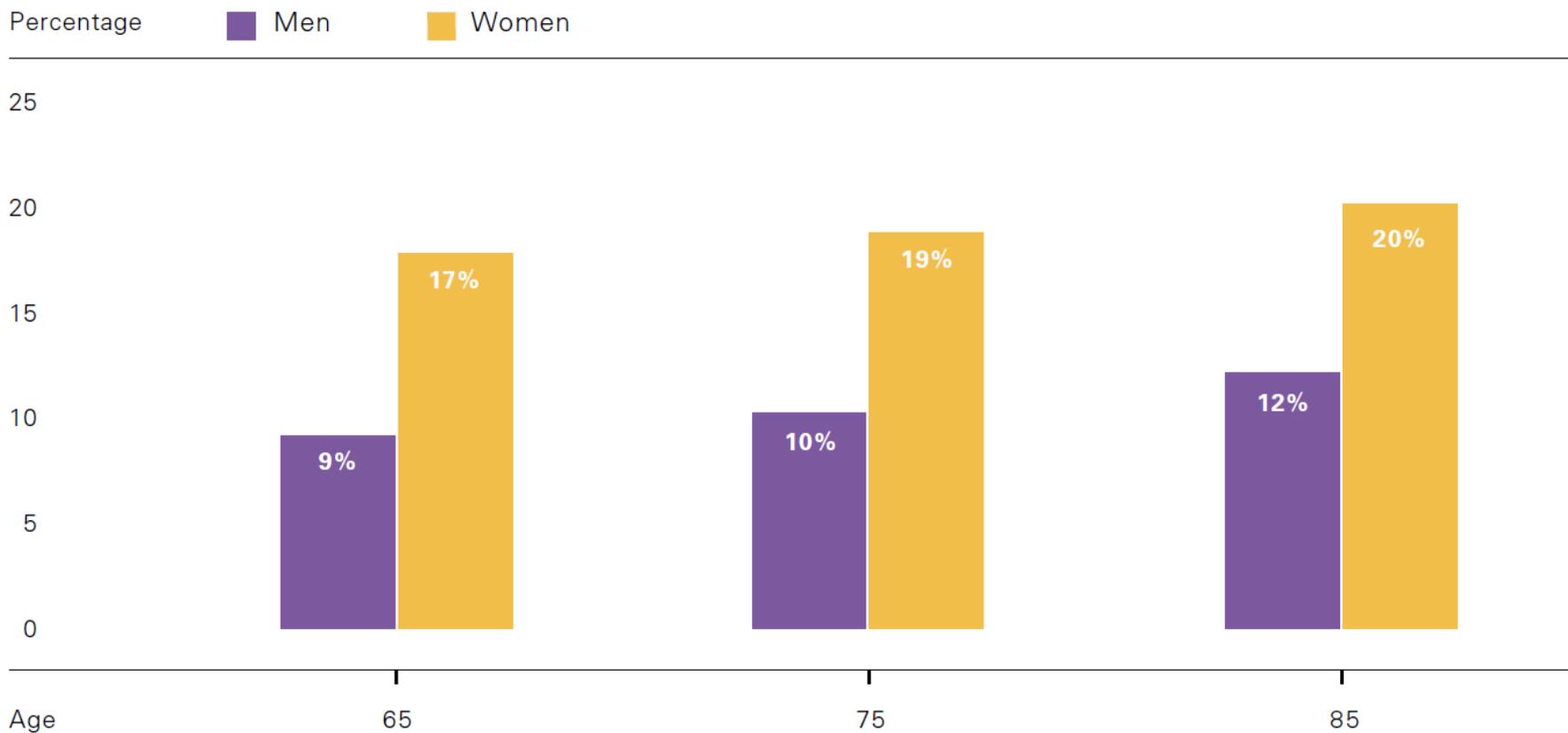
Le dinamiche tra persona affetta da demenza e caregiver

Marco Trabucchi



The number of persons affected by dementia is increasing, due to aging of the population. The possibility to find an effective treatment is still very far. In the meantime we must improve our ability to care both at personal and social level.

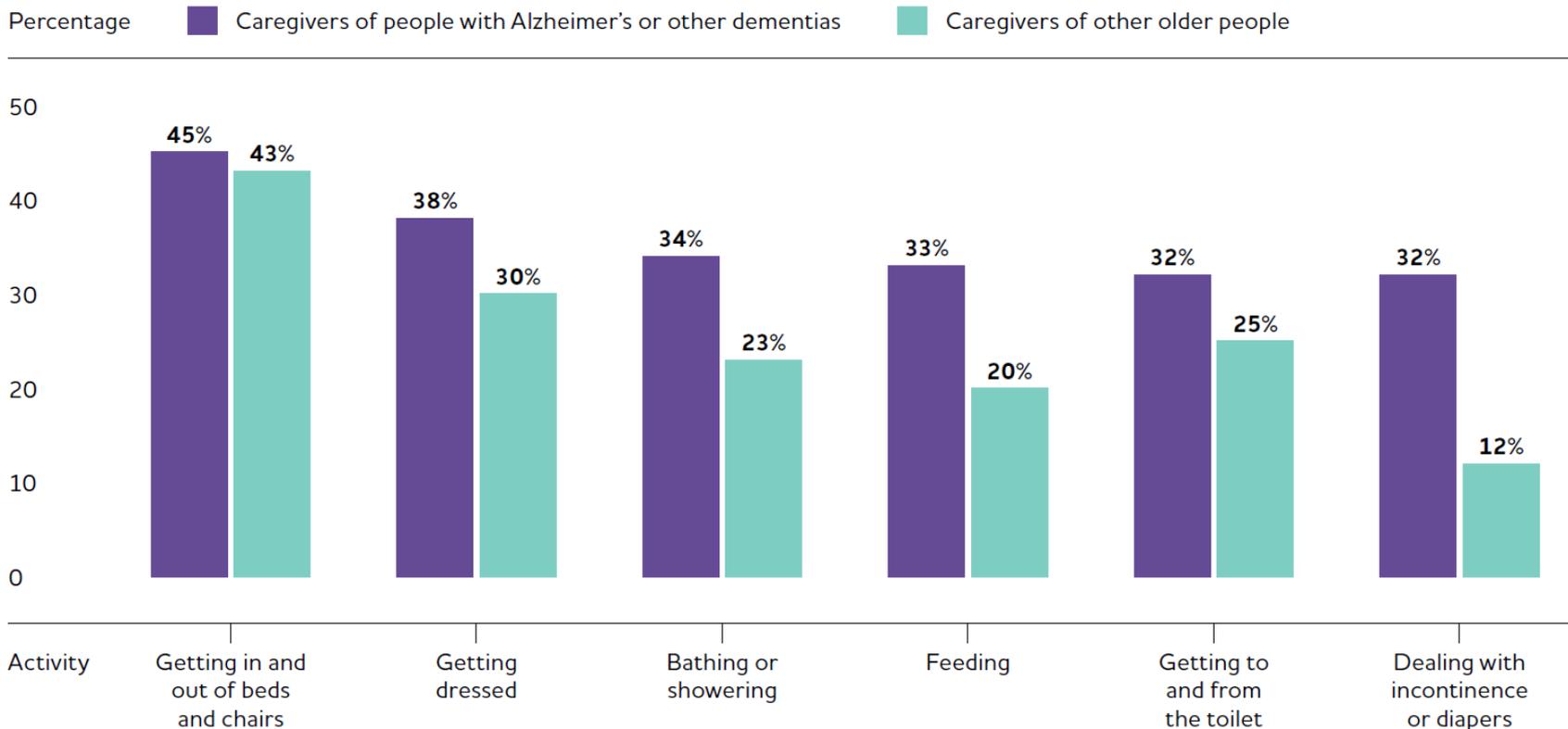
Estimated Lifetime Risk for Alzheimer's, by Age and Sex, from the Framingham Study



Created from data from Seshadri et al.¹⁵⁶

FIGURE 7

Proportion of Caregivers of People with Alzheimer's or Other Dementias Versus Caregivers of Other Older People Who Provide Help with Specific Activities of Daily Living, United States, 2015

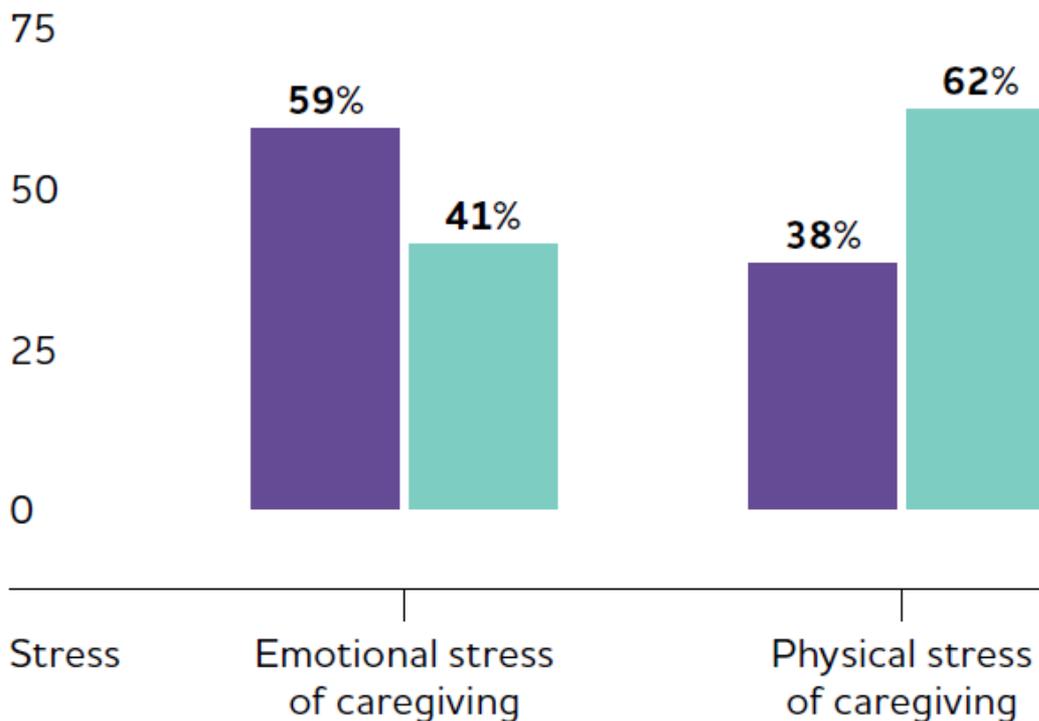


Created from data from the National Alliance for Caregiving and AARP.²⁶⁸

FIGURE 8

Proportion of Caregivers of People with Alzheimer's or Other Dementias Who Report High to Very High Emotional and Physical Stress Due to Caregiving

Percentage ■ High to very high ■ Not high to somewhat high



2018
ALZHEIMER'S
DISEASE
FACTS AND
FIGURES

alzheimer's association®

THE BRAINS BEHIND SAVING YOURS™



In the world there are four kinds of persons:

- **those who cared for someone**
- **those who are caring for someone**
- **those who will care for someone**
- **those who needed care or will need it**



**Un carico che si aggrava sia sul piano quantitativo
che qualitativo (sempre più vecchi e fragili).**

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





In a society poisoned by hate, reduced attention to the frail and intolerance, caring with love for subjects affected by dementia become witness of civilization.



**Le emozioni sono impresse nell'encefalo
e non dipendono completamente dalla
memoria.**

What Dementia Teaches Us about Love Nicci Gerrard





And there's the great mystery of life. A person might have nothing left, no memory, no language, no consciousness that they exist in the world. And yet, in this broken body of theirs, some indelible essence of themselves is lodged.

(Nicci Gerrard, What Dementia Teaches Us about Love, 2019)

Unconditional Love and Alzheimer's

📅 February 27, 2015 📁 Your Stories 👤 Alzheimers.net Staff 💬 2 Comments

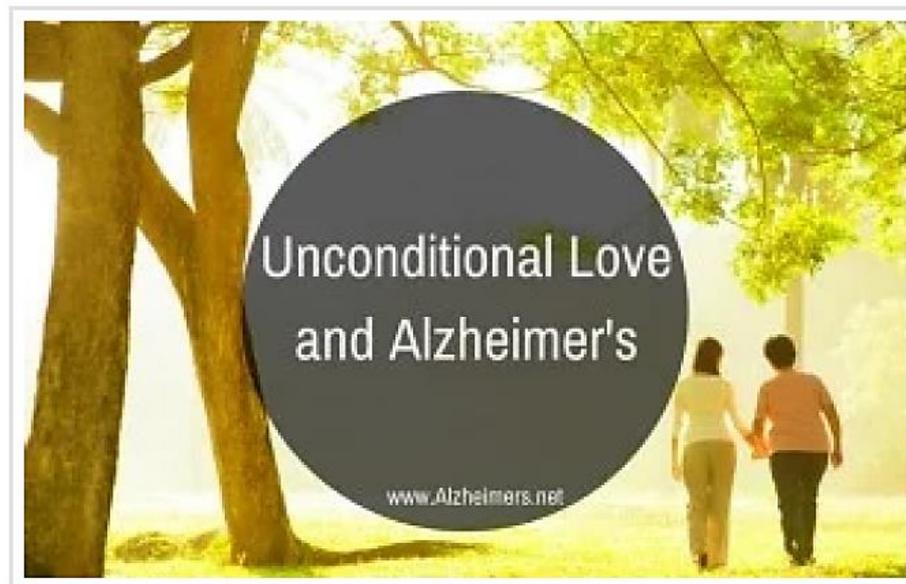
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Author Carmie Renda shares her and her family's experience with Alzheimer's disease, and what the experience taught her about unconditional love. Learn more.



GRISONI



ALZHEIMER D'AMORE

POESIE E MEDITAZIONI
SU UNA MALATTIA

inter
linea

2017

Alzheimer Fest!

PROGRAMMA

TREVISO
13-15 settembre 2019

il filo che ci lega e che ci scioglie
"Di amore non siamo vecchi"
(Gianni Zanotti, 76 anni)

The poster features a central photograph of an elderly couple kissing, framed by a large blue heart. The background is light blue and decorated with various colorful illustrations including birds, hearts, and abstract shapes. At the top center is a diamond-shaped logo with a smiling face and the word 'ALZHEIMER' below it. At the bottom, two stylized cartoon figures hold a banner with a quote.



**"I love you": the last words disappearing
when dementia symptoms are prevailing.**



**Feeling without memory in Alzheimer Disease:
the biological basis of the capacity to interpret
the received love as a positive factor.**

Feelings Without Memory in Alzheimer Disease

Edmarie Guzmán-Vélez, MA,† Justin S. Feinstein, PhD,†‡§ and Daniel Tranel, PhD*†*

Background: Patients with Alzheimer disease (AD) typically have impaired declarative memory as a result of hippocampal damage early in the disease. Far less is understood about AD's effect on emotion.

Objective: We investigated whether feelings of emotion can persist in patients with AD, even after their declarative memory for what caused the feelings has faded.

Methods: A sample of 17 patients with probable AD and 17 healthy comparison participants (case-matched for age, sex, and education) underwent 2 separate emotion induction procedures in which they watched film clips intended to induce feelings of sadness or happiness. We collected real-time emotion ratings at baseline and at 3 post-induction time points, and we administered a test of declarative memory shortly after each induction.

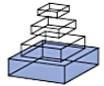
Results: As expected, the patients with AD had severely impaired declarative memory for both the sad and happy films. Despite their memory impairment, the patients continued to report elevated levels of sadness and happiness that persisted well beyond their memory for the films. This outcome was especially prominent after the sadness induction, with sustained elevations in sadness lasting for more than 30 minutes, even in patients with no conscious recollection for the films.

Conclusions: These findings indicate that patients with AD can experience prolonged states of emotion that persist well beyond the patients' memory for the events that originally caused the emotion. The preserved emotional life evident in patients with AD has important implications for their management and care, and highlights the need for caretakers to foster positive emotional experiences.

Key Words: amnesia, emotion, aging, declarative memory, emotional memory

(Cogn Behav Neurol 2014;27:117–129)

AD = Alzheimer disease. **DES** = Differential Emotions Scale. **POMP** = percent of maximum possible. **VAS** = visual analog scale.



Preserved and impaired emotional memory in Alzheimer's disease

Yanica Klein-Koerkamp^{1,3}, Monica Baciu^{1,2} and Pascal Hot^{1,3}*

¹ Laboratoire de Psychologie et Neurocognition, CNRS UMR-5105, Grenoble, France

² Université Pierre Mendès France, Grenoble Cedex, France

³ Université de Savoie, Chambéry Cedex, France

Edited by:

Lihong Wang, Duke University, USA

Reviewed by:

Yang Jiang, University of Kentucky, USA

Andreas Blessing, Psychiatric Clinic of Münsterlingen, Switzerland

***Correspondence:**

Pascal Hot, Laboratoire de Psychologie et Neurocognition (LPNC, UMR CNRS 5105), UFR LLSH, Université de Savoie, Domaine Universitaire de Jacob-Bellecombette, BP 1104 73011 Chambéry Cedex, France.
e-mail: pascal.hot@univ-savoie.fr

Patients with early atrophy of both limbic structures involved in memory and emotion processing in Alzheimer's disease (AD) provide a unique clinical population for investigating how emotion is able to modulate retention processes. This review focuses on the emotional enhancement effect (EEE), defined as the improvement of memory for emotional events compared with neutral ones. The assessment of the EEE for different memory systems in AD suggests that the EEE could be preserved under specific retrieval instructions. The first part of this review examines these data in light of compelling evidence that the amygdala can modulate processes of hippocampus-dependent memory. We argue that the EEE could be a useful paradigm to reduce impairment in episodic memory tasks. In the second part, we discuss theoretical consequences of the findings in favor of an EEE, according to which a compensatory mechanism in patients with AD solicits greater amygdala functioning or additional networks, even when amygdala atrophy is present. These considerations emphasize the relevance of investigating patients with AD to understand the relationship between emotion and memory processes.

Keywords: emotion, memory, Alzheimer's disease, amygdala



Personal identity is made not only by individual memory, but also by the complex ties built in the long history of a single life.



Love is a matter of feelings, but needs also a careful detection of the specific biological and medical conditions.

The role of Multidimensional Geriatric Assessment.



La soggettività del caregiver e le ricadute sulla sua salute.



Having a purpose in life is an important support for the wellbeing.

Loving a relative with dementia may be a relevant motivation.

Original Investigation | Public Health

Association Between Life Purpose and Mortality Among US Adults Older Than 50 Years

Aliya Alimujiang, MPH; Ashley Wiensch, MPH; Jonathan Boss, MS; Nancy L. Fleischer, PhD, MPH; Alison M. Mondul, PhD, MPH; Karen McLean, MD, PhD; Bhramar Mukherjee, PhD; Celeste Leigh Pearce, PhD, MPH

Abstract

IMPORTANCE A growing body of literature suggests that having a strong sense of purpose in life leads to improvements in both physical and mental health and enhances overall quality of life. There are interventions available to influence life purpose; thus, understanding the association of life purpose with mortality is critical.

OBJECTIVE To evaluate whether an association exists between life purpose and all-cause or cause-specific mortality among older adults in the United States.

DESIGN, SETTING, AND PARTICIPANTS The Health and Retirement Study (HRS) is a national cohort study of US adults older than 50 years. Adults between the ages of 51 to 61 were enrolled in the HRS, and their spouses or partners were enrolled regardless of age. Initially, individuals born between 1931 and 1941 were enrolled starting in 1992, but subsequent cohort enrichment was carried out. The present prospective cohort study sample was drawn from 8419 HRS participants who were older than 50 years and who had filled out a psychological questionnaire during the HRS 2006 interview period. Of these, 1142 nonresponders with incomplete life purpose data, 163 respondents with missing sample weights, 81 participants lost to follow-up, 1 participant with an incorrect survival time, and 47 participants with missing information on covariates were excluded. The final sample for analysis was 6985 individuals. Data analyses were conducted between June 5, 2018, and April 22, 2019.

Key Points

Question Does an association exist between life purpose and all-cause or cause-specific mortality among people older than 50 years participating in the US Health and Retirement Study?

Findings This cohort study of 6985 adults showed that life purpose was significantly associated with all-cause mortality.

Meaning Life purpose is a modifiable risk factor and as such the role of interventions to improve life purpose should be evaluated for health outcomes, including mortality.

+ Supplemental content

Author affiliations and article information are listed at the end of this article.

(continued)

EXPOSURES Purpose in life was assessed for the 2006 interview period with a 7-item questionnaire from the modified Ryff and Keyes Scales of Psychological Well-being evaluation using a Likert scale ranging from 1 to 6, with higher scores indicating greater purpose in life; for all-cause and cause-specific mortality analyses, 5 categories of life purpose scores were used (1.00-2.99, 3.00-3.99, 4.00-4.99, 5.00-5.99, and 6.00).

MAIN OUTCOMES AND MEASURES All-cause and cause-specific mortality were assessed between 2006 and 2010. Weighted Cox proportional hazards models were used to evaluate life purpose and mortality.

RESULTS Of 6985 individuals included in the analysis, 4016 (57.5%) were women, the mean (SD) age of all participants was 68.6 (9.8) years, and the mean (SD) survival time for decedents was 31.21 (15.42) months (range, 1.00-71.00 months). Life purpose was significantly associated with all-cause mortality in the HRS (hazard ratio, 2.43; 95% CI, 1.57-3.75, comparing those in the lowest life purpose category with those in the highest life purpose category). Some significant cause-specific mortality associations with life purpose were also observed (heart, circulatory, and blood conditions: hazard ratio, 2.66; 95% CI, 1.62-4.38).

CONCLUSIONS AND RELEVANCE This study's results indicated that stronger purpose in life was associated with decreased mortality. Purposeful living may have health benefits. Future research should focus on evaluating the association of life purpose interventions with health outcomes, including mortality. In addition, understanding potential biological mechanisms through which life purpose may influence health outcomes would be valuable.



"Good genes are nice, but joy is better"
(Harvard Study of Adult Development)



Modalità per un caregiving utile



“Our findings should empower caregivers by showing them that their actions toward patients really do matter. Frequent visits and social interactions, exercise, music, dance, jokes, and serving patients their favorite foods are all simple things that can have a lasting emotional impact on a patient’s quality of life and subjective well-being.”

(Feelings Without Memory in Alzheimer Disease.

Guzmán-Vélez E. et al, Cogn Behav Neurol 27(3): 117–129, 2014)

20 Things To Remember If You Love Someone With Dementia

1. Be educated about the disease.
2. Be realistic in your expectations for yourself and your loved one.
3. Develop predictable routines and schedules.
4. Do not argue with your loved one.
5. Don't underestimate the power of good nutrition.
6. Give them independence when possible.
7. Have fun!
8. Maintain a current list of medications.
9. Meet your loved one in the now.
10. Plan daily time for physical exercise.
11. Rely on family members and other loved ones when needed.
12. Remember that an Alzheimer's diagnosis is not a death sentence.
13. Remember that your loved one can remember emotions.
14. Remember the person is more than the disease.
15. Take a deep breath!
16. Take care of yourself.
17. Take immediate action.
18. The disease is responsible for their mood and personality changes.
19. Understand your own emotional and physical limitations.
20. Use every method of communication to reach your loved one through the disease.





A carer who has spent the last ten years looking after their partner, washing them, feeding them, cleaning up their accidents, weeping over them, recoiling from them, loving them, hating them, bored by the thankless task, trapped by it, exhausted by it, despairing about the lack of reciprocity and their own loss of self, would have to be a saint not to sometimes want them to go, and the long, hard slog to be over. To get a life back.

(Nicci Gerrard, What Dementia Teaches Us about Love, 2019)



The love as a "structural" behavior allows to overcome also apparent betrayals when Alzheimer patients build new bonds in a nursing home.



We need to clarify what makes certain couples more resilient to the effect of the disease, while others are battered by it. A significant factor is the depth of their loving relationship before the disease appears. There is no doubt that other factors play a significant role in maintaining, enhancing or increasing marital love under the pressures imposed by AD. Another relevant area for future research would be to compare the loving relationships of couples living with AD with other elderly people, including both those who are reasonably healthy and those who are suffering from different impairments to their physical and mental capacities.

(Shavit O et al, Ageing & Society 2019;39:488-517)



**Il caso delle mogli divorziate che ritornano
a curarsi dei mariti ammalati di demenza.
Alla ricerca di una dinamica...**



The "slow and sweet" approach demonstrates that happiness, humour, and tenderness can bring some light to "a world of encroaching shadows".



**Depression of caregivers and the crisis
of a loving attitude.
The guilty feeling and love.**



Loneliness and love

DIEGO DE LEO · MARCO TRABUCCHI

MALEDETTA SOLITUDINE

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Keeping Love Alive as Memory Fades.

- 1. Words of Affirmation:** Unsolicited compliments, whether verbal or written, or words of appreciation. Examples: "I love you." "You did an amazing job!" "You look great in that dress".
- 2. Quality Time:** Giving someone your full undivided attention.
- 3. Gifts (or "receiving gifts"):** Any purchased, handmade, or found tangible gift to let someone know you care. A gift is a visible symbol of love.
- 4. Acts of Service:** Doing helpful things for another person, such as setting the table, walking the dog, washing dishes, vacuuming, or grocery shopping. The purpose of acts of service is to lighten the load of the other person.
- 5. Physical Touch:** Deliberate touch that requires your full attention to deliver, such as a back rub, a foot massage, a hug, a high five, or a kiss.

(Edward G. Shaw and Deborah Barr. The 5 Love Languages and the Alzheimer's Journey. *Today's Geriatric Medicine* Vol. 9 No. 6 P. 30, 2016)



I am so stunned by her words, by words at all, that I tell her I will stay awhile longer and I do, sitting silently beside her. I hold her hand. She grips mine hard. I sit for another half-hour and then I lean in and kiss her forehead and I tell her, as I have countless dozen times before, “I love you, Mom.” And this time, this time, the woman who hasn’t spoken a sentence that makes any sense in almost two years, looks me straight in the eye and says: “I love you, too.”

(Solod L. When Alzheimer’s Makes Room for Love.
The New York Times, March 2, 2018)



Toward the future



The traditional structure of the family is in crisis.
Loving must assume a new organization, with continuous changes of roles and a high level of uncertainty.



In Italy the Christian background of the majority of families is decreasing, thus requiring a new fundament of the actions of love.

In this perspective become important the medical (biological) demonstration that love has a curative role.



How do doctors may help the development of a health system recognizing the importance of ties and love?

The role of professional training.

High-performance medicine: the convergence of human and artificial intelligence

Eric J. Topol 

The use of artificial intelligence, and the deep-learning subtype in particular, has been enabled by the use of labeled big data, along with markedly enhanced computing power and cloud storage, across all sectors. In medicine, this is beginning to have an impact at three levels: for clinicians, predominantly via rapid, accurate image interpretation; for health systems, by improving workflow and the potential for reducing medical errors; and for patients, by enabling them to process their own data to promote health. The current limitations, including bias, privacy and security, and lack of transparency, along with the future directions of these applications will be discussed in this article. Over time, marked improvements in accuracy, productivity, and workflow will likely be actualized, but whether that will be used to improve the patient-doctor relationship or facilitate its erosion remains to be seen.



Comment

Is health-care data the new blood?



**Eric Perakslis, Andrea Coravos*

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



Artificial Intelligence will offer the basis for an appropriate treatment of persons suffering from dementia, but needs love in order to transform information in effective acts of care.

Dove andiamo?

Superare la logica dell'osservazione e della denuncia per pensare a qualche soluzione, per quanto difficile.

- 1. La certa riduzione della forza lavoro indotta dall'automazione porterà teoricamente a una maggiore disponibilità di caregiver. Ma chi finanzierà il loro lavoro?**
- 2. In questa situazione si dovrà limitare l'immigrazione?**
- 3. Le modificazioni dello stile di vita in senso egolatrico ridurranno la disponibilità verso il lavoro gratuito e volontario?**
- 4. Il richiamo alla generosità nei riguardi dei vecchi di cui Papa Francesco è il principale portavoce modificherà l'evoluzione dei fenomeni?**