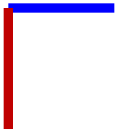




La Riabilitazione dei novantenni

Simona Gentile

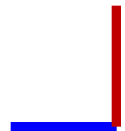
Brescia, venerdì 09 agosto 2013

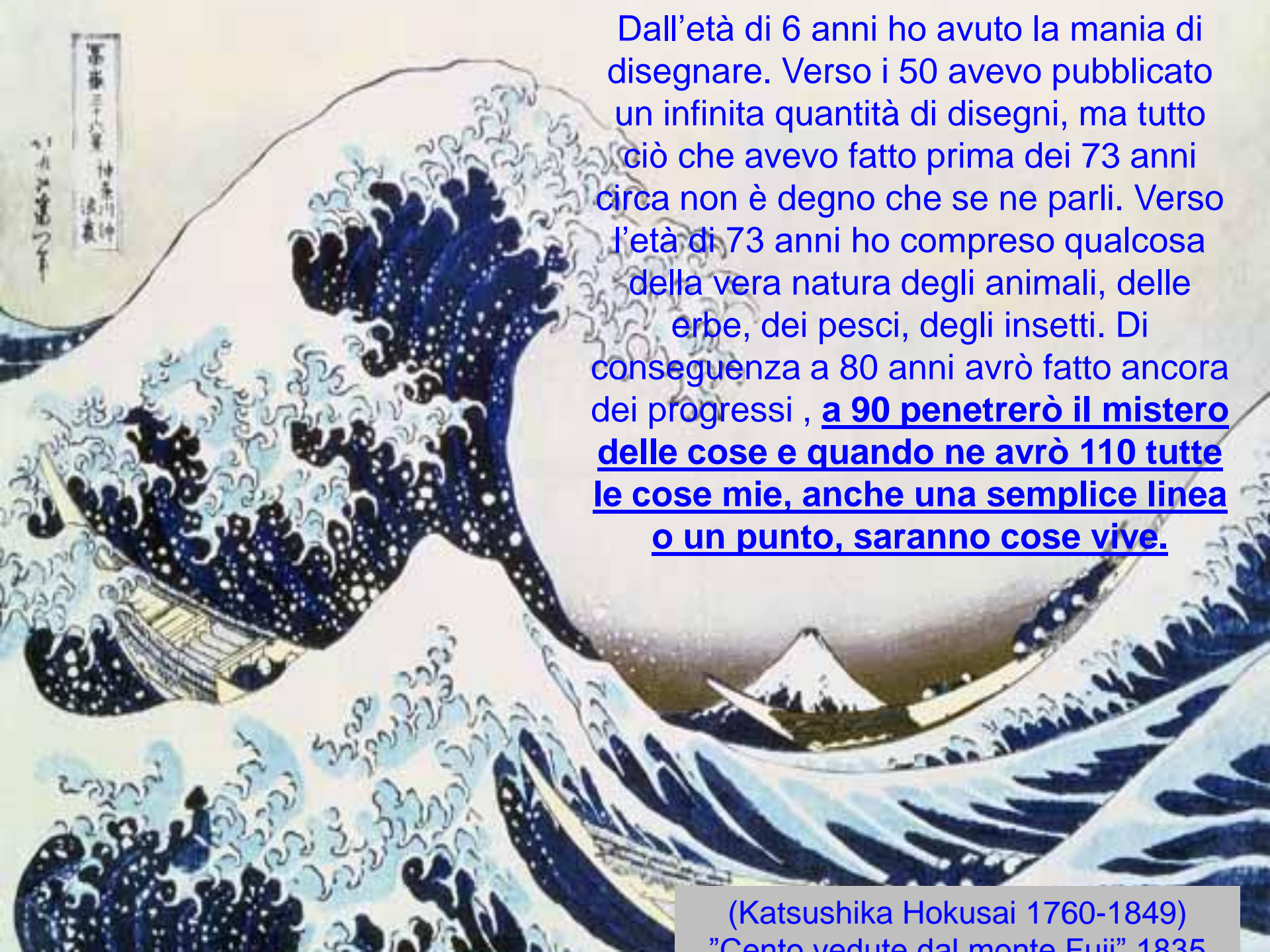


I Novantenni

La Ricerca

La Clinica





Dall'età di 6 anni ho avuto la mania di disegnare. Verso i 50 avevo pubblicato un infinita quantità di disegni, ma tutto ciò che avevo fatto prima dei 73 anni circa non è degno che se ne parli. Verso l'età di 73 anni ho compreso qualcosa della vera natura degli animali, delle erbe, dei pesci, degli insetti. Di conseguenza a 80 anni avrò fatto ancora dei progressi , a 90 penetrerò il mistero delle cose e quando ne avrò 110 tutte le cose mie, anche una semplice linea o un punto, saranno cose vive.

(Katsushika Hokusai 1760-1849)
"Cento vedute dal monte Fuji" 1835

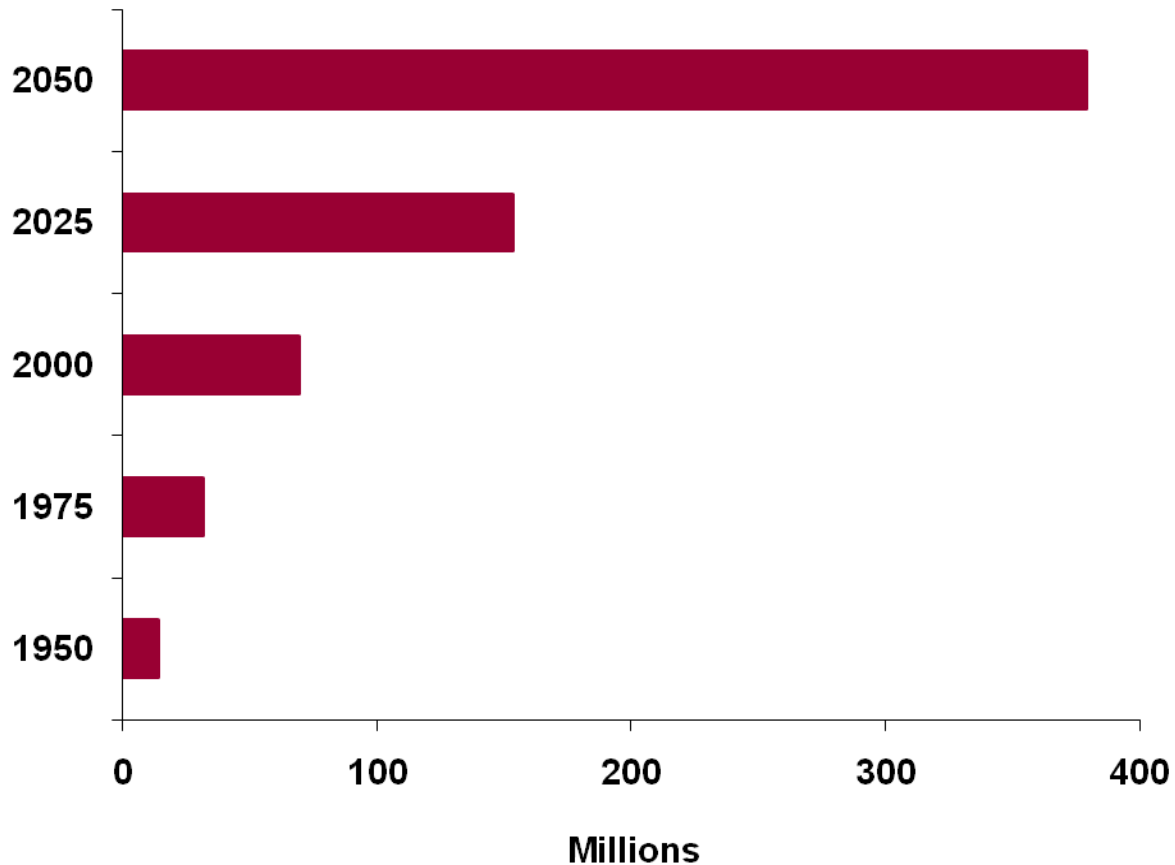


Rehabilitation of Older People

Rehabilitation is a core element in the practice of medicine for older people.

(revised 2004) BGS Compendium Document 1.4

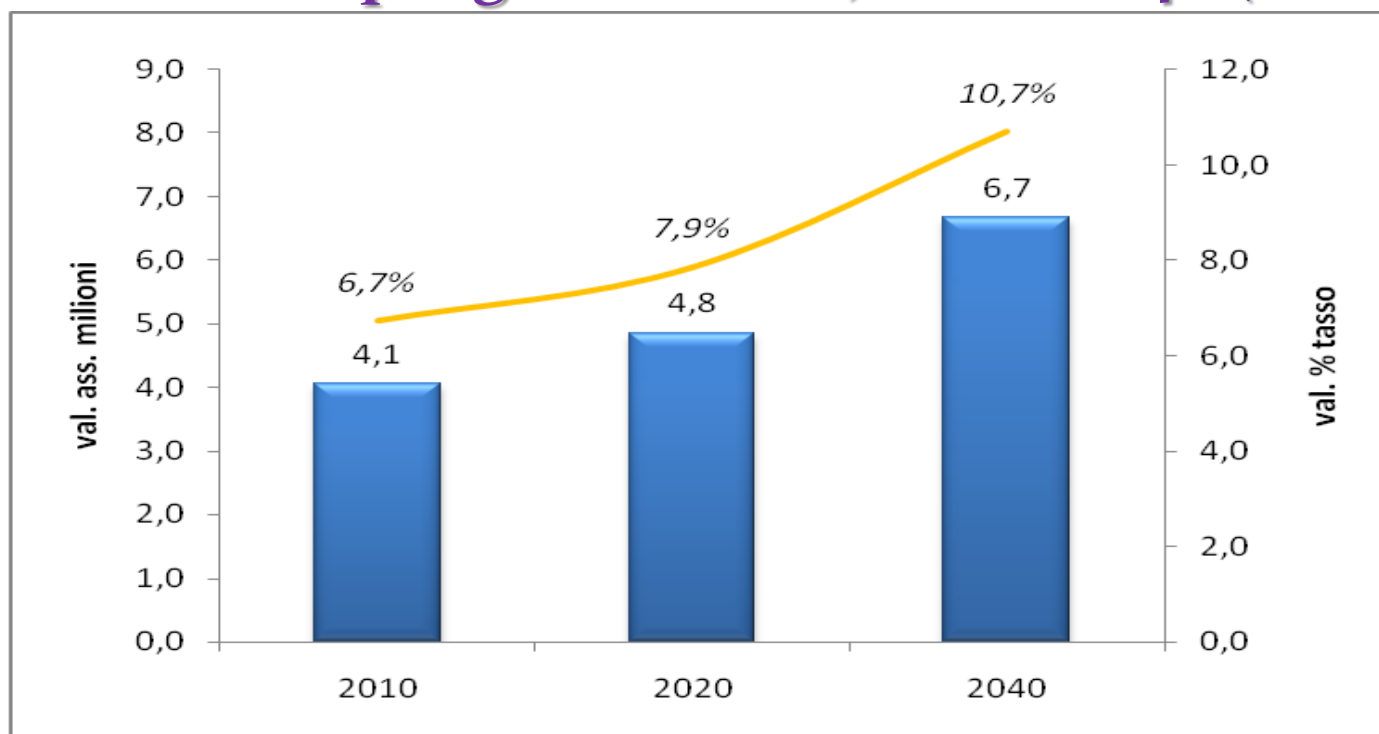
LA TRANSIZIONE DEMOGRAFICA



**Population aged 80 or over: world, 1950-2050.
(modified by United Nations, 2007).**

La progressione della disabilità

Stima Censis per gli anni 2010, 2020 e 2040 (val. %)



Indicatori demografici dati ISTAT estratti il 24 feb 2013

| anno | popolazione 65 anni e più (valori percentuali) | popolazione 85 anni e più (valori percentuali) | indice di dipendenza strutturale (valori percentuali) IDS=(P≥65+ P 0-14/P15-64) | indice di dipendenza degli anziani (valori percentuali) IDA=(P≥65P /P15-64) | indice di vecchiaia (valori percentuali) – al 1° gennaio IV=(P≥65/P≤ 14) |
|--------|--|--|--|--|---|
| 2011 | 20.3 | 2.8 | 52.3 | 30.9 | 144.5 |
| 2012 | 20.6 | 2.9 | 53 | 31.5 | 146.8 |
| 2013 → | 20.9 | 3 | 53.7 | 32.1 | 149. |
| 2014 | 21.2 | 3.1 | 54.4 | 32.8 | 151.7 |
| 2015 | 21.5 | 3.2 | 54.9 | 33.3 | 154. |
| 2020 | 22.5 | 3.7 | 56.4 | 35.2 | 165.9 |
| 2030 | 26.1 | 4.5 | 63.2 | 42.6 | 207.1 |

Physical and cognitive functioning of people older than 90 years: a comparison of two Danish cohorts born 10 years apart

Christensen K., Thinnsgaard M, Osuzyan A, Steenstrup T, Andersen-Ronberg K, Jeurse B, McGoe M, Vaupel JW

A rapidly increasing proportion of people in high-income countries are surviving into their tenth decade. Concern is widespread that the basis for this development is the survival of frail and disabled elderly people into very old age. To investigate this issue, we compared the cognitive and physical functioning of two cohorts of Danish nonagenarians, born 10 years apart.

Physical and cognitive functioning of people older than 90 years: a comparison of two Danish cohorts born 10 years apart

Kaare Christensen, Mikael Thinggaard, Anna Uksuzyan, Troels Steenstrup, Karen Andersen-Ramberg, Bernard Jeune, Matt McGue, James W Vaupel

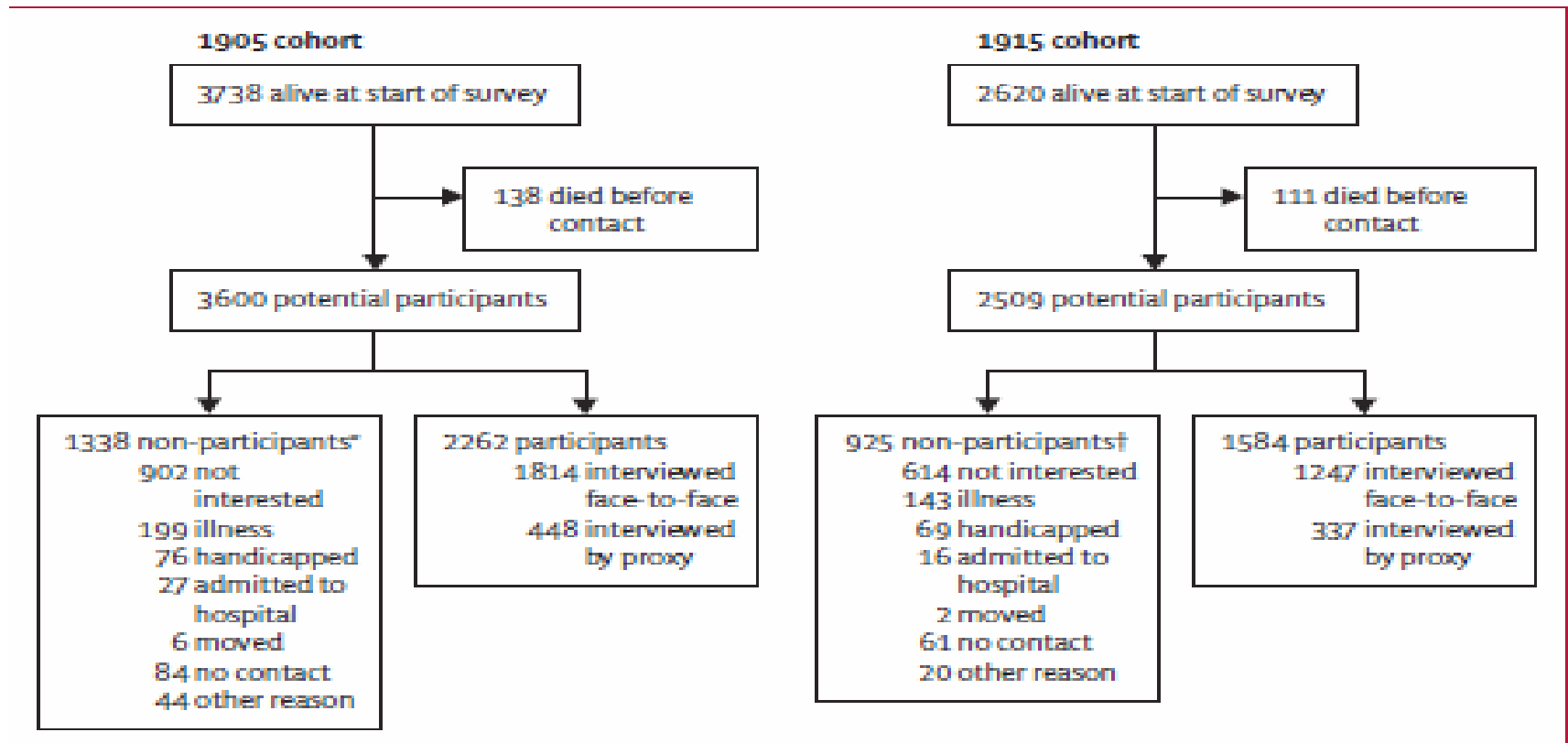


Figure: Study profile for 1905 and 1915 cohorts

*For the non-participants from the 1905 cohort, mean age was 93.2 years and 265 (20%) were men. †For the non-participants from the 1915 cohort, mean age was 95.3 years and 172 (19%) were men.

Findings The chance of surviving from birth to age 93 years was 28% higher in the 1915 cohort than in the 1905 cohort (6.50% vs 5.06%), and the chance of reaching 95 years was 32% higher in 1915 cohort (3.93% vs 2.98%). The 1915 cohort scored significantly better on the mini-mental state examination than did the 1905 cohort (22.8 [SD 5.6] vs 21.4 [6.0]; $p < 0.0001$), with a substantially higher proportion of participants obtaining maximum scores (28–30 points; 277 [23%] vs 235 [13%]; $p < 0.0001$). Similarly, the cognitive composite score was significantly better in the 1915 than in the 1905 cohort (0.49 [SD 3.6] vs 0.01 [SD 3.6]; $p = 0.0003$). The cohorts did not differ consistently in the physical performance tests, but the 1915 cohort had significantly better activities of daily living scores than did the 1905 cohort (2.0 [SD 0.8] vs 1.8 [0.7]; $p < 0.0001$).

Physical and cognitive functioning of people older than 90 years: a comparison of two danish cohorts born 10 years apart

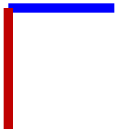
A later cohort might benefit from health progress resulting from more effective disease prevention (eg. Influenza vaccination and drugs to control high blood pressure and cholesterol), improved treatment (eg. of heart disease and cancer), and the health benefits of improved standards of living, increased educational achievement, and healthier lifestyle(eg. Improved diet and exercise).

Such progress helps the members of the later cohort to reach older ages in better health

Physical and cognitive functioning of people older than 90 years: a comparison of two danish cohortsborn 10 years apart

Our results show that the Danish cohort born in 1915 had better survival and scored significantly better on both the cognitive tests and the activities of daily living scale than the cohort born in 1905, despite being 2 years older at the time of assessment. This finding suggests that more people are living to older ages with better overall functioning. If this development continues, the future functional problems and care needs of very elderly people might be less than are anticipated on the basis of the present-day burden of disability.

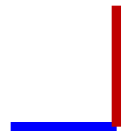
Physical and cognitive functioning of people older than 90 years: a comparison of two danish cohortsborn 10 years apart



I Novantenni

La Ricerca

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Rehabilitation After Proximal Femur Fracture Surgery in the Oldest Old

Objective: To assess the course and results of rehabilitation after proximal femur fracture (PFF) in patients 85 years of age or older, compared with younger elderly patients, with an emphasis on functional status.

Design: Prospective cohort study.

Setting: A rehabilitation geriatric ward in a tertiary university hospital in southern Israel.

Table 1: Comparison of the Groups Less Than 85 and ≥ 85 Years Old: Variables at Admission and Clinical Outcomes at Discharge and 6 Months

| Variable | <85 (n=32) | ≥ 85 (n=32) | P |
|--|------------|------------------|-------|
| Age \pm SD (y) | 75.60 | 85.60 | <.001 |
| Female gender | 10 | 12 | <.05 |
| Location of fracture | | | <.05 |
| Subcapital | 10 | 12 | |
| Intertrochanteric | 10 | 12 | |
| Subtrochanteric | 10 | 12 | |
| Charlson Comorbidity Index | 7 | 7 | NS |
| SPMSQ cognitive score | 83 | 83 | <.001 |
| SPMSQ score ≥ 20 | 20 | 20 | <.01 |
| Previous Barthel Index | 5.08 | 5.08 | .06 |
| Admission Barthel Index | 5.67 | 5.67 | <.01 |
| Discharge Barthel Index | 7.50 | 7.50 | <.01 |
| Discharge Barthel Index ≥ 60 | 10 | 10 | <.01 |
| Change in Barthel Index (admission to discharge) | 1.83 | 1.83 | NS |
| Change in Barthel Index ≥ 20 | 10 | 10 | NS |
| Institutionalization | 0 | 0 | NS |
| Days hospitalization | 17.33 | 17.33 | <.05 |
| Days hospitalization + rehabilitation | 17.73 | 17.73 | <.05 |
| Outcomes at 6 months | | | |
| Mortality | 0 | 0 | NS |
| Institutionalization | 0 | 0 | NS |
| Barthel Index < 60 | 10 | 10 | <.01 |
| Barthel Index < 60 | 10 | 10 | <.01 |
| Poor outcomes | 57.6% | 56.3% | <.05 |

Conclusions: From the functional standpoint, rehabilitation after PFF surgery is much less successful in the 85 age group than in the 75-to-84 age group but did not differ in its duration, rates of most complications, or mortality. Nonetheless, a **significant percentage of patients in this age group have successful rehabilitation so they should not be deprived the chance.**

D. Lieberman, et al. Arch Phys Med Rehabil, 2003

NOTE. Values are mean \pm SD or as otherwise indicated. Abbreviations: standard deviation, SD; NS, not significant. *Poor outcomes: death or institutionalization or Barthel Index score < 60 at 6 months.

Survival and functional outcome in patients 90 years of age or older after hip fracture

The purpose of the present study was to evaluate functional recovery in nonagenarian patients with hip fractures. The study focused on (i) **functional outcome** and recovery of gait after intensive rehabilitation treatment; (ii) **rate of survival** and (iii) maintenance of walking and **functional ability** in patients **followed for almost 2 years**.

Table 1. Demographic characteristics and disease comorbidity of very elderly patients with hip fractures

| | |
|----------------------------|--------------------|
| Age | 92.6 ± 3.5 |
| Female | 38 (89.4) |
| Male | 4 (10.5) |
| Hip fracture | |
| Intertrochanteric | 30 |
| Femoral neck | 12 |
| Type of surgery | |
| Prosthesis | 24 |
| Internal fixation | 18 |
| <i>Disease comorbidity</i> | <i>2.62 ± 1.53</i> |
| Cardiovascular | 28 (66.6) |
| Hypertension | 22 (52.3) |
| Diabetes mellitus | 8 (19.4) |
| Pulmonary | 6 (14.2) |
| Chronic renal failure | 8 (19.4) |
| Cerebrovascular | 6 (15.7) |
| Haematological | 12 (28.5) |

Survival and functional outcome in patients 90 years of age or older after hip fracture

Gait ability:
grade 0, no
 gait or
 bedridden
grade 1,
 uses a
 wheelchair
grade 2,
 uses a
 double
 support or
 walker
grade 3,
 unaided
 walking or
 uses a cane

| | Admission | Discharge | Follow-up |
|--------------------|------------|--------------|--------------|
| Patients | 42 | 40 | 34 |
| MMSE | 23.4 ± 2.2 | 22.8 ± 3.6 | 22.3 ± 4.1 |
| Barthel | 51.6 ± 7.8 | 82.7 ± 18.2* | 81.4 ± 19.1* |
| Gait ability | | | |
| Grade 3 | 0 | 20 (50) | 14 (41.1) |
| Grade 2 | 20 | 16 (40) | 10 (29.4) |
| Grade 1 | 8 | 0 | 2 (5.8) |
| Grade 0 | 12 | 4 (10) | 10 (29.4) |
| Deceased | – | 2 (4.7) | 6 (19.04) |
| Living at home | 40 (95.2) | 34 (85) | 26 (76.4) |
| Nursing facilities | 2 (4.7) | 6 (15) | 8 (23.5) |

MMSE (Mini-Mental State Examination), * $P < 0.0001$, Barthel mean score at discharge and follow-up compared to admission. Percentage is reported in brackets.

Outcomes of Nonagenarian Patients after Rehabilitation Following Hip Fracture Surgery

Tiziana Torpilliesi, MD, Giuseppe Bellelli, MD, Sara Morghen, PsyD, Simona Gentile, MD, Eleonora Ricci, MD, Renato Turco, MD, and Marco Trabucchi, MD

Objective:

Hip fractures (HF) are a growing cause of death and disability among older people, especially in the very old. Although the incidence of these events increases with age and nonagenarians represent a population at high risk, few studies selectively focused on these patients and on their potential to recover gait ability after HF. The aim of this study was to describe the clinical, biological, cognitive, and functional characteristics of a population of HF patients aged 90 years or older, to examine their functional recovery in gait (with or without aids), in-hospital mortality and destination at discharge, and, finally, to assess their 1-year survival according to the functional status achieved at discharge.

(J Am Med Dir Assoc 2011)

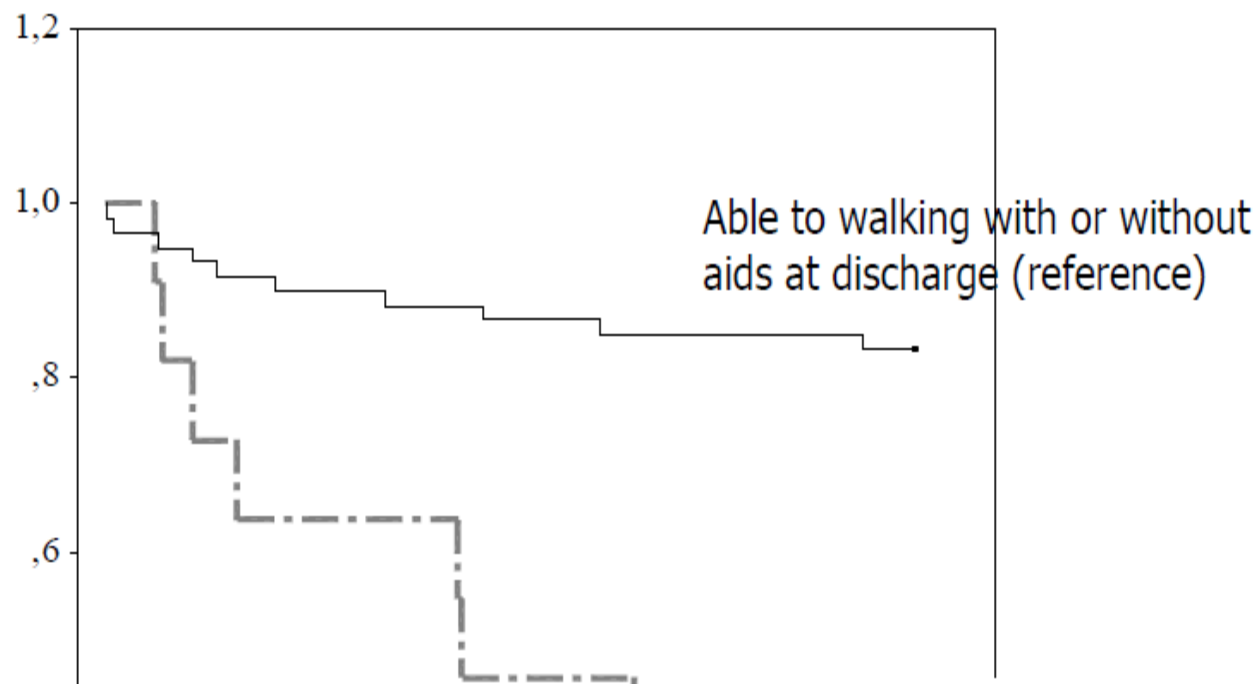
Table 2. Functional Status on Admission and at Discharge and Other Outcomes of 71 Nonagenarian Patients Discharged Alive After Rehabilitation Following Hip Fracture Surgery

| | Admission | Discharge | <i>p</i> |
|--|-------------|--------------|----------|
| Barthel Index total score on admission (0–100) | 24.8 ± 16.1 | 52.9 ± 25.8 | <.0005 |
| Transferring subitem | 2.6 ± 2.8 | 8.2 ± 4.6 | <.0005 |
| Walking subitem | 1.1 ± 2.3 | 8.1 ± 4.5 | <.0005 |
| Tinetti score (0–28) | 2.2 ± 2.6 | 12.4 ± 6.2 | <.0005 |
| Gait ability | | | |
| Grade 1, n (%) | — | 84.5% | <.0005 |
| Grade 2, n (%) | 1 (1.4) | 1 (1.4) | |
| Grade 3, n (%) | 7 (9.9) | 59 (83.1) | |
| Grade 4, n (%) | 63 (88.7) | 15 (15.5) | |
| Discharged at home, n (%) | — | 61 (85.9) | — |
| Transferred to nursing facilities | — | 10 (14.1) | — |

Data are intended as means ± SD unless otherwise specified.

P = significance at *t* test for pair comparison or chi-square test where appropriate.

Gait ability scoring system: grade 4, no gait or bedridden; grade 3, uses a walker or a double support; grade 2, uses a single support; grade 1, unaided walking.

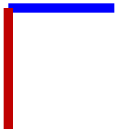


Il raggiungimento di un'autonomia motoria alla dimissione condiziona la sopravvivenza ad un anno nei pazienti novantenni

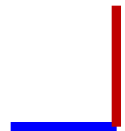
time to death (days)

1-year survival of 71 patients 90 years of age or older after rehabilitation following surgery for hip fracture

Kaplan-Meier plot (Log rank test, $P = .0005$). Figures denote hazard ratios (HR), 95% confidence intervals, and the associated P value computed in a Cox regression model adjusted for age, gender, Charlson Index score, and diagnosis of dementia before HF.



I Novantenni
La Ricerca
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**Riabilitare i novantenni:
la nostra realtà**

Caratteristiche dei pazienti di età ≥ 90 anni dimessi dalla nostra Riabilitazione da Giugno 2012 a Giugno 2013

(113 pazienti su 922: 12.26%)

| | Media (DS) | Range |
|----------------------------|---------------|--------|
| Age, years | 92.44 (2.99) | 90-101 |
| Female, n (%) | 81 (70.8) | - |
| Albumin on admission | 2.9 (0.47) | 2-5.7 |
| APS | 2.19 (2.48) | 0-11 |
| N° of drugs | 6.67 (2.69) | 1-13 |
| Mini Mental State Exam | 17.5 (8.56) | 0-30 |
| Geriatric Depression Scale | 6.67 (3.4) | 0-15 |
| Pittsburgh | 3.79 (0.89) | 0-6 |
| Total length of stay, days | 25.42 (12.84) | 1-58 |

Caratteristiche dei pazienti età ≥ 90 anni dimessi dalla Riabilitazione AdC da Giugno 2012 a Giugno 2013

(113 pazienti su 922: 12.26%)

| | Media (DS) |
|-----------------------------|---------------|
| Barthel Index Pream.(0-100) | 72.35 (23.5) |
| Barthel Index Am (0-91) | 45.92 (26.86) |
| Barthel Index Dim (0-100) | 63.14 (26.82) |
| Barthel Deamb Pream (0-15) | 10.65 (4.16) |
| Barthel Deamb Am (0-15) | 5.89 (4.71) |
| Barthel Deamb Dim (0-15) | 9.92 (4.32) |
| Barthel Trasf Am (0-15) | 7.29 (4.52) |
| Barthel Trasf Dim (0-15) | 10.45 (4.09) |

Caratteristiche dei pazienti età ≥ 90 anni dimessi dalla Riabilitazione AdC da Giugno 2012 a Giugno 2013

| Comorbilità prevalente (insuf organo/sistema severa) | |
|---|------|
| Patologia Cardiaca (% pz) | 12.4 |
| Patologia Respiratoria (% pz) | 10.6 |
| Patologia Epatica (% pz) | 0.9 |
| Patologia Renale (% pz) | 1.8 |
| Demenza(% pz) | 17.7 |

| Indicatori complessità all'AMMISSIONE | |
|--|------|
| Delirium (% pz) | 15.7 |
| Instabilità clinica (% pz) | 18.2 |
| Malnutrizione (% pz) | 38.1 |
| Incontinenza (% pz) | 58.8 |

Eventi intercorrenti

| | |
|-------------------------------|------|
| Infezione urinaria (% pz) | 24.8 |
| Infezione non urinaria (% pz) | 12.1 |
| ACE non inf (% pz) | 29.8 |
| Caduta (% pz) | 5.2 |

Dimissioni Esito del ricovero

| | |
|----------------------------|-----------|
| Casa, n (%) | 72 (63.7) |
| Trasf altro reparto, n (%) | 19 (16.8) |
| RSA, n (% pz) | 15 (13.3) |
| Trasf U.O.Acuti, n (%) | 2 (1,8) |
| Mortalità, n (%) | 5 (4.4) |

| Rehabilitation Impairment Categories | Pz (n=113) (n,%) |
|--------------------------------------|---------------------|
| Ictus | 4 (3.5) |
| Paraplegia traumatica | 1 (0.9) |
| Parinson | 4 (3.5) |
| Neurol atro | 7 (6.2) |
| Frat femore | 2 (6.2) |
| Esiti artroprotesi in elezione | 2 (1.8) |
| Artrosi | 12 (10.6) |
| Altre ortopediche | 4 (3.5) |
| Cardiaco | → 13 (11.5) |
| Polmonare | → 19 (16.8) |
| Miscellanea | 45 (39.8) |

La riabilitazione delle patologie cardiache (Scompenso cardiaco) e respiratorie (BPCO) presenta:

comuni Obiettivi

- il miglioramento dell'autonomia e della qualità di vita riducendo la sintomatologia legata alla patologia
- la riduzione della gravità, frequenza e incidenza riacutizzazioni

comuni Protocolli

- riallenamento allo sforzo
- recupero dello stato funzionale
- programma educativo

Caratteristiche di 753 pazienti (BPCO, SC) ammessi presso la Riabilitazione AdC

tra giugno 2009 e giugno 2013 divisi per età

| | 70-79 ANNI (n=214) Media (DS) | 80-89 ANNI (n=430) Media (DS) | ≥ 90 ANNI (n=109) Media (DS) | p |
|---|--|--|---|----------|
| | 75.62 (2.79) | 84.75(2.74) | 93.05 (3.09) | .000 |
| Femmine, n (%) | 100 (46.7) | 278(64.7) | 81 (74.3) | - |
| Albumina | 3.21 (0.8) | 2.99 (0.4) | 2.97 (0.4) | .000 |
| APS | 2.78 (2.4) | 2.91 (2.8) | 3.48 (3.2) | .127 |
| N° di farmaci | 8.29 (3.16) | 7.61 (3.01) | 7.01 (2,49) | .001 |
| Mini Mental State Examination (0-30) | 21.8 (6.5) | 18.5 (7.6) | 15.7 (8.6) | .000 |
| Geriatric Depression Scale (0-15) | 4.89 (3.3) | 5.69 (3.4) | 6.02 (3.5) | .021 |
| Pittsburgh | 4.41 (1.04) | 3.93 (1.09) | 3.59 (1.12) | .000 |
| LOS, giorni | 27.78 (12.38) | 27.81 (11.56) | 26.33 (11.81) | .490 |

Caratteristiche di 753 pazienti (BPCO, SC) ammessi presso la Riabilitazione AdC

tra giugno 2009 e giugno 2013 divisi per età

| | 0-79 ANNI (n=214) Media (DS) | 80-89 ANNI (n=430) Media (DS) | ≥ 90 ANNI (n=109) Media (DS) | p |
|-----------------------------|---|--|---|------|
| Barthel Index Pream (0-100) | 85.87 (17.4) | 77.4 (25.6) | 63.51 (24.0) | .000 |
| Barthel Index Am (0-100) | 59.77 (25.6) | 46.22 (24.6) | 33.88 (24.9) | .000 |
| Barthel Index Dim (0-100) | 78.56 (25.7) | 68.95 (25.7) | 57.42 (29.4) | .000 |
| D Barthel Pream (0-15) | 12.88 (2.9) | 11.78 (3.3) | 10.45 (6.6) | .000 |
| D Barthel Am (0-15) | 8.01 (4.7) | 5.8 (4.5) | 4.37 (5.6) | .000 |
| D Barthel Dim (0-15) | 12.38 (3.8) | 10.92 (4.4) | 8.83 (4.9) | .000 |
| T Barthel Am (0-15) | 9.97 (4.5) | 7.67 (4.5) | 5.88 (4.4) | .000 |
| T Barthel Dim (0-15) | 13.21 (2.9) | 11.76 (4.0) | 9.61 (4.4) | .000 |

**Caratteristiche di 753 pazienti (BPCO, SC) ammessi presso la Riabilitazione AdC
tra giugno 2009 e giugno 2013 divisi per età**

| | 0-79 ANNI (n=214) n (%) | 80-89 ANNI (n=430) n (%) | ≥ 90 ANNI (n=109) n (%) | p |
|----------------|--|---|--|------|
| Delirium | 25 (12.3) | 73 (17.7) | 26 (24.3) | .025 |
| Instabilità Am | 73 (35.6) | 134 (32.4) | 37 (35.6) | .662 |
| Malnutrizione | 58 (27.9) | 153 (36.8) | 46 (43.4) | .015 |
| Incontinenza | 40 (21.4) | 151 (40.6) | 54 (60.7) | .000 |

**Esito dimissione 753 pazienti (BPCO, SC) ammessi presso la Riabilitazione AdC
tra giugno 2009 e giugno 2013 divisi per età**

| | 0-79 ANNI (n=214) n (%) | 80-89 ANNI (n=430) n (%) | ≥ 90 ANNI (n=109) n (%) | p |
|---------------------|--|---|--|------|
| Casa | 172 (80.4) | 303 (70.5) | 62 (56.9) | .000 |
| Trasf altro reparto | 11 (5.1) | 35 (8.1) | 14 (12.8) | .000 |
| RSA | 7(3.3) | 40 (9.3) | 19 (17.4) | .000 |
| UO acuti | 11 (5.1) | 26 (6.0) | 2 (1.8) | .000 |
| Decesso/Hospice | 13 (6.1) | 26 (6.0) | 12 (11.0) | .000 |

Riassumendo

Le caratteristiche che differenziano sin dall'ingresso la popolazione dei novantenni sono:

- un maggior deficit cognitivo
- una maggior tendenza alla malnutrizione
- un alta percentuale di incontinenza
- l'assunzione di meno farmaci
- una ridotta funzionalità sulle BADL
- una minore “partecipazione”
- un aumento della mortalità con riduzione del ricovero in reparti per acuti

Ma...anche con patologie croniche e debilitanti come la BPCO e lo scompenso cardiaco:

I novantenni hanno un miglioramento > 20 punti al Barthel (8,19 dei quali negli item dedicati alla deambulazione e al trasferimento)

Pulmonary rehabilitation improves functional capacity in patients 80 years of age or older

Global functional score before and after pulmonary rehabilitation

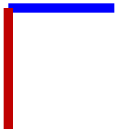
| | Age | | P |
|--------------------------------------|---------------|---------------|----------|
| | <80 years | 80+ years | YP vs OP |
| Global functional score (max 100) | | | |
| Admission | 89 (87 to 90) | 85 (81 to 89) | 0.040 |
| Discharge | 94 (93 to 95) | 91 (88 to 93) | 0.002 |
| P (admission versus discharge) | <0.0001 | <0.0001 | |

Means with 95% CIs in parentheses. P values are for comparisons between age groups with a Student's t test, and within age groups with a paired Student's t test. OP Older patients; YP Younger patients

Ma...anche con patologie croniche e invalidanti come la BPCO e lo scompenso cardiaco:

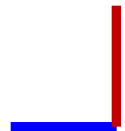
I novantenni hanno un miglioramento > 20 punti al Barthel (8,19 dei quali negli item dedicati alla deambulazione e al trasferimento)

Più della metà di loro rientra al proprio domicilio
(56.9% dei pazienti con BPCO e SC ricoverati dal giugno 2009 al giugno 2013
63.7% di tutti i novantenni ricoverati da giugno 2012 a giugno 2013)



I Novantenni
La Ricerca
La Clinica

Conclusioni




Nonagenarians challenge predictions of cognitive decline

**Marcel G M Olde Rikkert, René Melis*

In 1980, Fries was one of the first to challenge this pessimistic view of elderly people. He postulated a so-called compression of morbidity, meaning that the burden of lifetime illness is compressed into a shorter period just before death, as part of the demographic transition.⁴ This notion was contested by the so-called

The most important good news from the study is that age-related cognitive decline in very elderly people is malleable, as shown by the significant differences in cognitive composite score between the cohorts.

or the failure-of-success hypothesis is important to help to safeguard sustainable health care in this era of economic crisis.



Sarebbe un'offesa alla storia se, per ignoranza o passività, non fossimo in grado di affrontare con risposte adeguate il più grande cambiamento che la vita umana mai ha compiuto, e in così breve tempo, cioè un aumento della sua durata di quasi un terzo.



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