

XVIII CONGRESSO NAZIONALE CARD

29-31 ottobre 2020



Confederazione
Associazioni
Regionali di Distretto
Società Scientifiche e Servizi
Associazioni Territoriali



IL DISTRETTO E LE COMUNITA'

Verso nuove alleanze a favore
delle fragilità e della continuità di cura

**TITOLO: La costituzione dei CDCD e la loro organizzazione
nella pratica quotidiana**

RELATORE: Izzicupo F., Lentini A.G., Gentili G.

Centro Disturbi Cognitivi e Demenze (CDCD),
Distretto Sanitario di Base di Senigallia,
ASUR Marche, AV2



Linee di indirizzo Nazionali sui Percorsi Diagnostico Terapeutici Assistenziali per le demenze

In Italia, il numero totale dei pazienti con demenza è stimato in oltre un milione (di cui circa 600.000 con demenza di Alzheimer) e circa 3 milioni sono le persone direttamente o indirettamente coinvolte nell'assistenza dei loro cari.

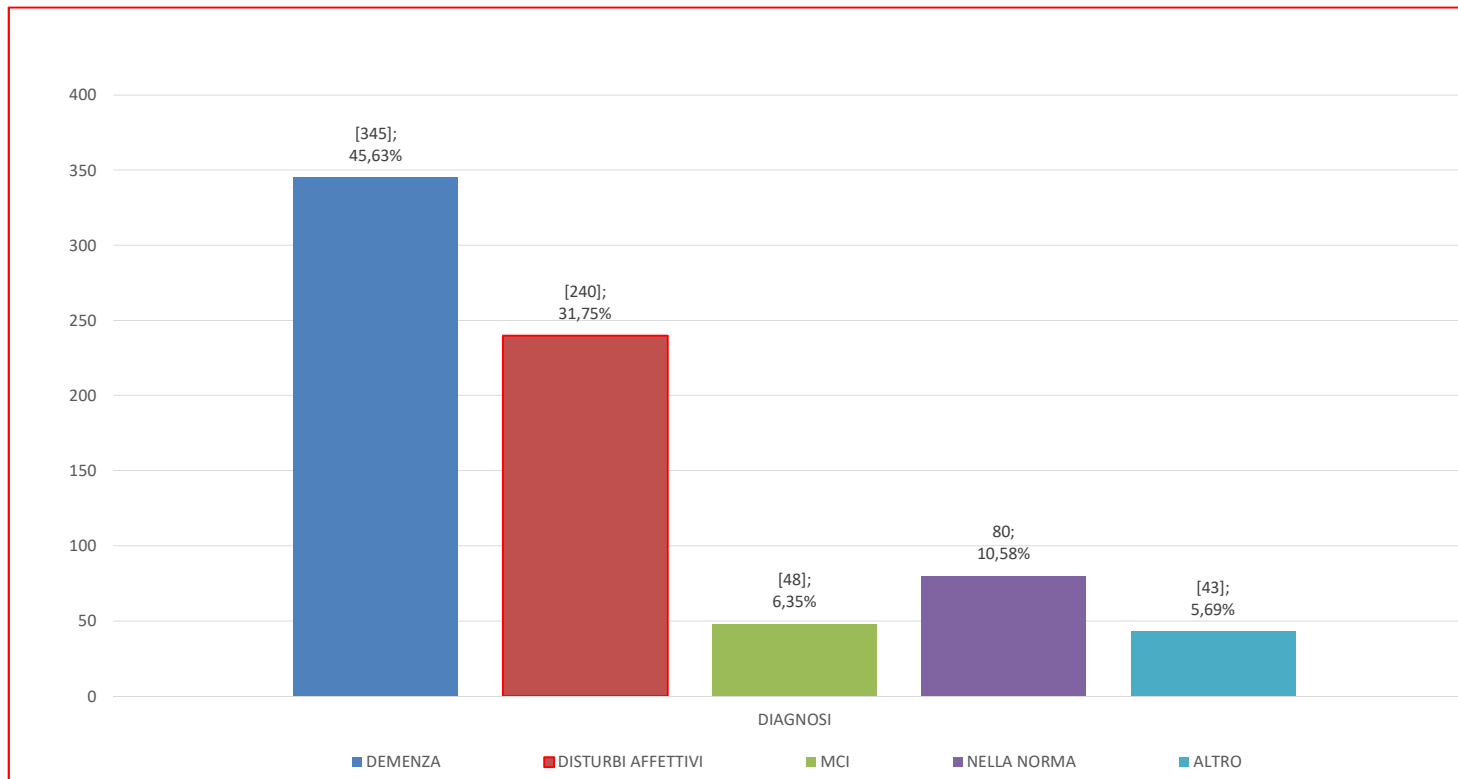
Tavolo per il monitoraggio del recepimento ed implementazione del Piano
Nazionale Demenze
5/07/2017

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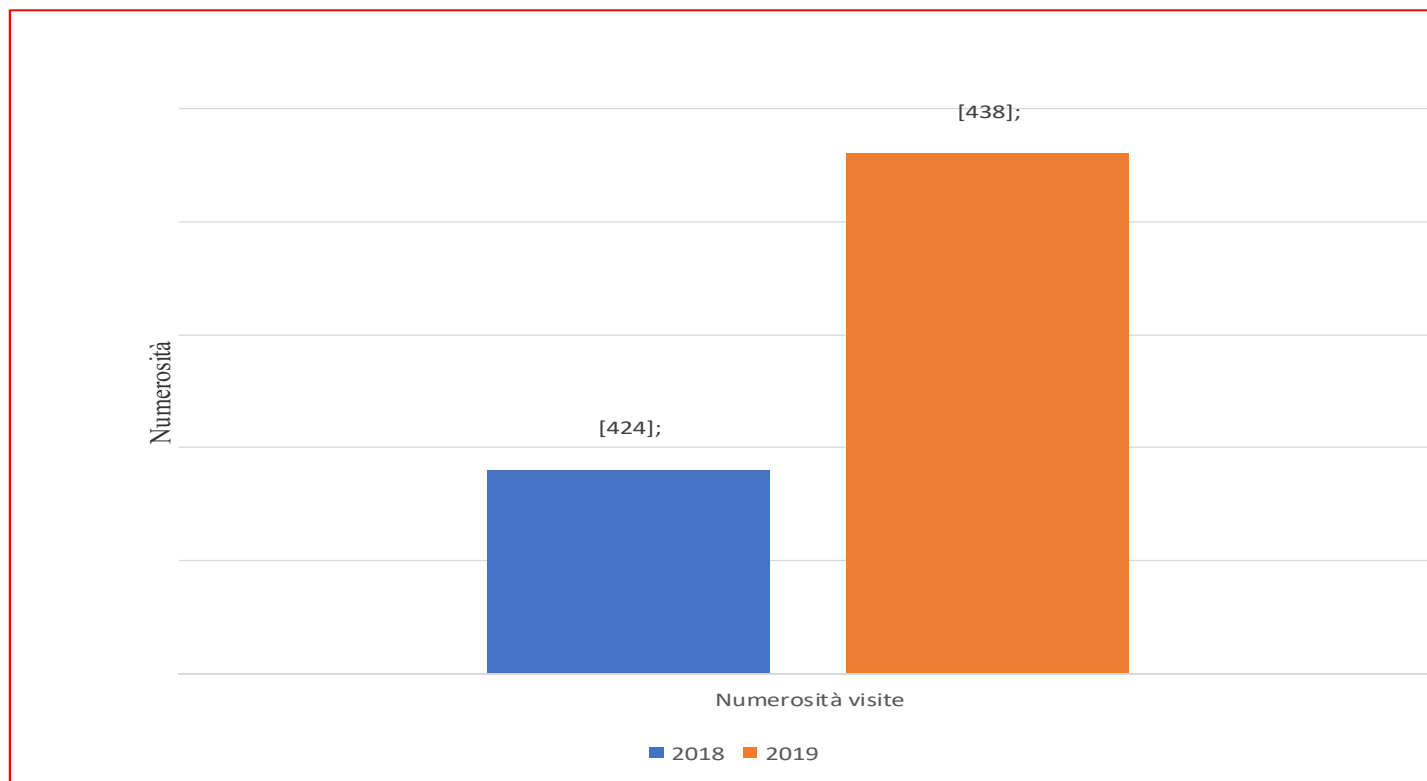
**Visite ambulatorio di Neuropsicologia, CDCD di Senigallia/Jesi
(dal 01/03/2018 al 31/10/2019)**

Pazienti	Numero visite	ETA' (anni)	SCOLARITA' (anni)	MMSE
756	862	74,6	6,9	21,4

Tipo di diagnosi

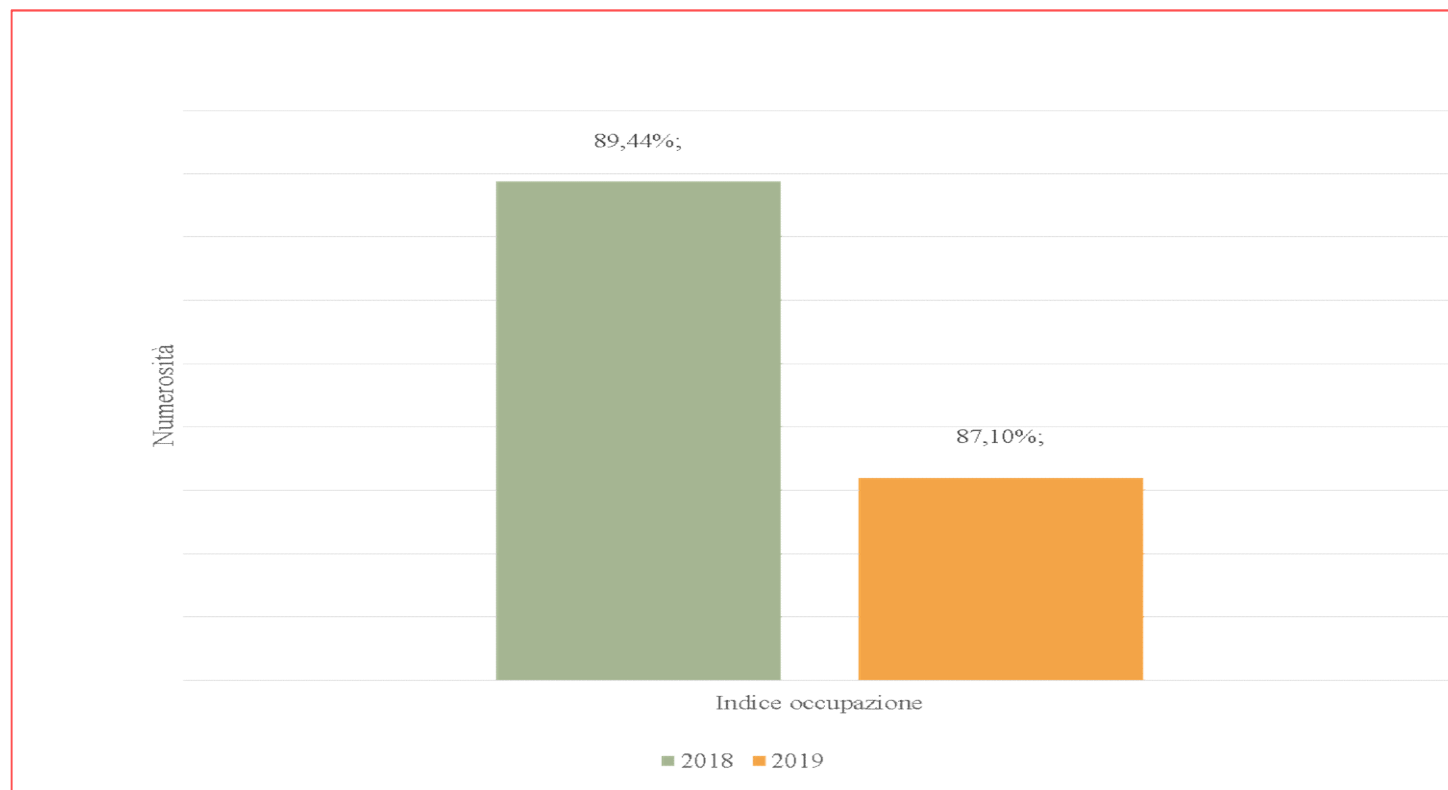


Raffronto numerosità visite 2018 vs 2019 (+3.3%)



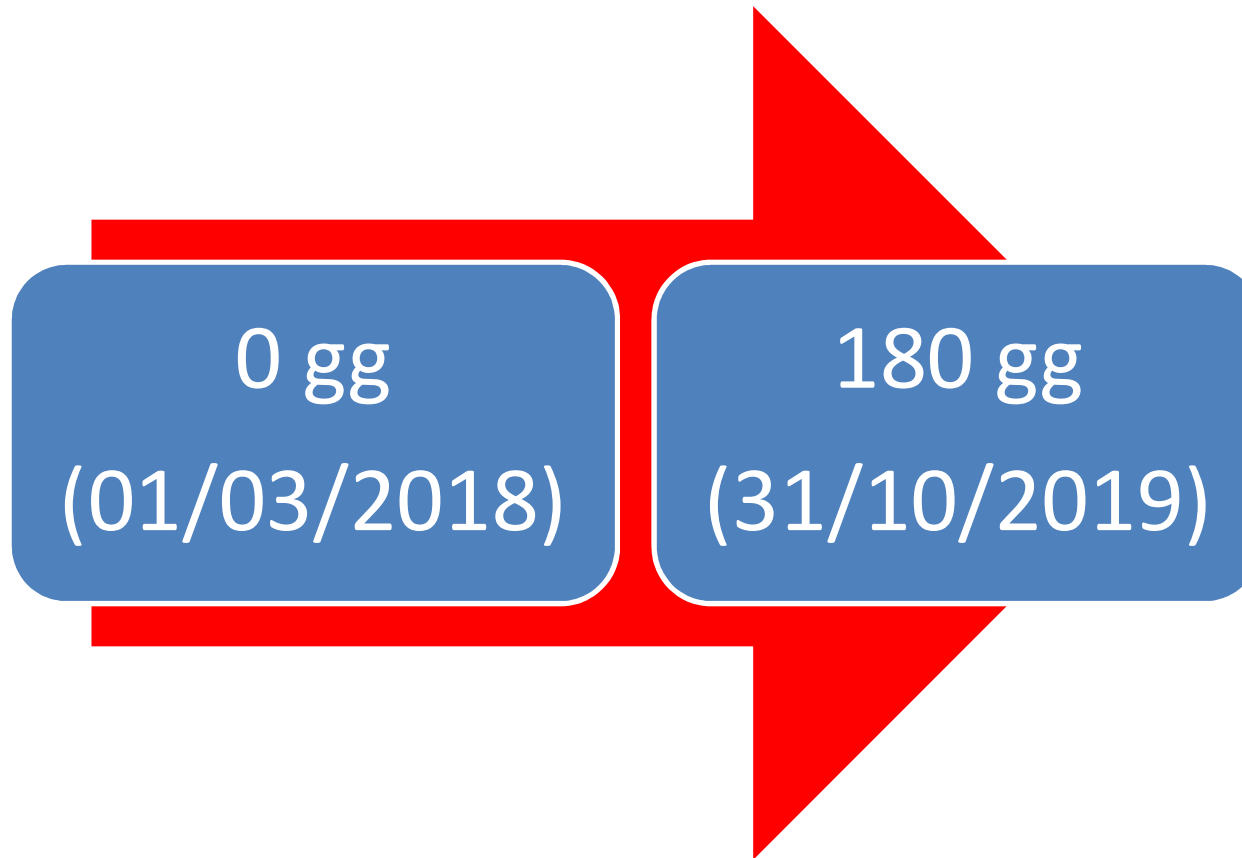
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Tasso di occupazione visite



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Lista d'attesa



COMMENTARY

The Italian Dementia National Plan

Teresa Di Fiandra¹, Marco Canevelli², Alessandra Di Pucchio³, Nicola Vanacore³ and the Italian Dementia National Plan Working Group*

- *Objective 2. Create/strengthen the integrated network of services for dementia based on an integrated approach*

Two priorities are specifically addressed:

- a) promoting prevention, timely diagnosis and taking charge of persons with dementia by encouraging inter-sectoral policies;

- *Objective 3. Implement strategies for promoting appropriateness and quality of care*

Three main points are indicated:

- a) identifying and implementing strategies pursuing the rationalization and appropriateness of available resources in order to improve the delivery and monitoring of the services provided;

BMJ Open Use of neuropsychological tests for the diagnosis of dementia: a survey of Italian memory clinics

Alessandra Di Pucchio,¹ Nicola Vanacore,¹ Fabrizio Marzolini,¹ Eleonora Lacorte,¹ Teresa Di Fiandra,² I-DemObs Group, Marina Gasparini³

Cognitive testing is consistently considered as extremely relevant in the diagnosis and follow-up of patients with dementia.

International guidelines^{1 2} specifically address its use in addition to clinical investigation—the so-called incremental validity.³ A neuropsychological assessment (NPA) is aimed at defining the severity of dementia, but also at confirming a diagnostic hypothesis. Once dementia is diagnosed, a simple



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Alzheimers Dement. 2013 March ; 9(2): 151–159. doi:10.1016/j.jalz.2012.08.008.

Improving dementia care: The role of screening and detection of cognitive impairment

Soo Borson^a, Lori Frank^b, Peter J. Bayley^c, Malaz Boustani^d, Marge Dean^e, Pei-Jung Lin^f, J. Riley McCarten^g, John C. Morris^h, David P. Salmonⁱ, Frederick A. Schmitt^j, Richard G. Stefanacci^k, Marta S. Mendiondo^l, Susan Peschin^m, Eric J. Hallⁿ, Howard Fillit^o, and J. Wesson Ashford^{c,p,*}

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Define “ownership” of dementia in the layout of health care. From the standpoint of health care delivery, initial screening for cognitive impairment is most practical in the primary care setting, as reflected in the design of the Medicare AWW and its cognitive evaluation component.

Development of memory clinics in the Netherlands over the last 20 years

Angélique A.A. Gruters¹  | Inez H.G.B. Ramakers¹ | Roy P.C. Kessels^{2,3} | Femke H. Bouwman⁴ | Marcel G.M. Olde Rikkert⁵ | Marco M. Blom⁶ | Marjolein E. de Vugt¹ | Frans R.J. Verhey¹


NPA, lab tests, and brain imaging are the most frequently used diagnostic assessment tools in MCs. This is comparable with MCs in other countries.^{14,16} Since 2009, the use of an NPA has further increased, while EEG, ECG, CSF, and brain imaging tools are used by fewer MCs than in 2009 (a change of 8%-15%). This decrease might be related to the new Dutch multidisciplinary diagnostic guideline in which CSF, for example, is not recommended as a standard routine, and neuroimaging is recommended when the etiologic cause is uncertain.²⁰ Other speculative rea-

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Marjolein E. de Vugt¹ | Frans R.J. Verhey¹

A timely diagnosis of dementia is being promoted worldwide.⁴⁴⁻⁴⁶ The lack of a disease-modifying treatment calls for a careful consideration of the benefits and disadvantages of an early diagnosis. Previous authors have shown that the majority of patients prefer a timely diagnosis.^{47,48} Furthermore, MCs can still offer much to patients in the starting point for neuropsychological treatment (31%). The most often reported reason for not carrying out an NPA was if a patient had a clinically evident diagnosis of dementia, in which case a neuropsychological assessment would not have any additional diagnostic value (78%). Other

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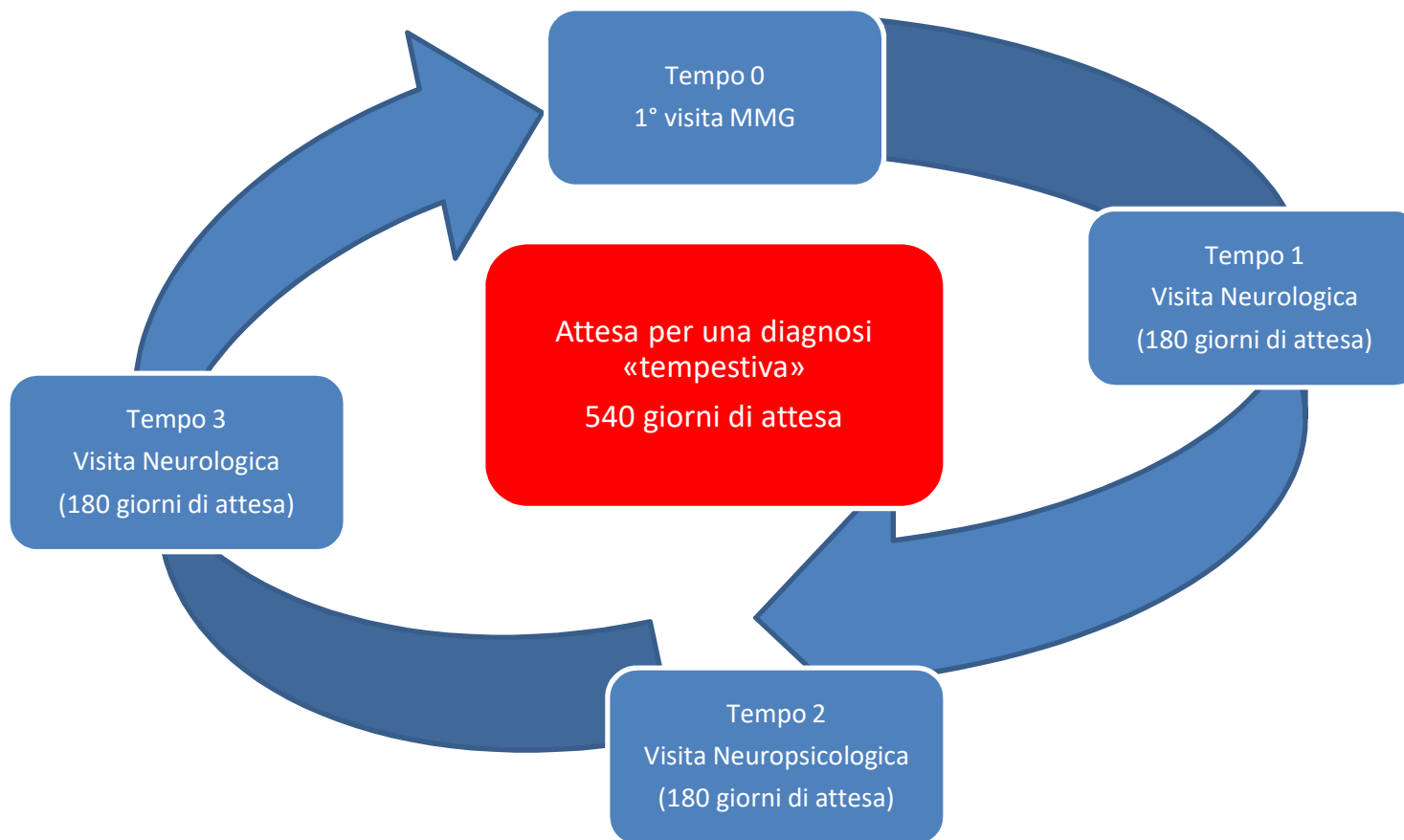
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The proportion of incident cases of dementia diagnosed at an MC has increased 10-fold since 1998 from 6% to 58% (approximately 13,000 patients). Furthermore, the proportion of patients with cognitive impairment without dementia increased from 10% to 25% (approximately 6,000 patients). This is in line with the global dementia action plan, which stated that by 2025, 50% of the countries should have diagnosed at least 50% of the incident cases of dementia.⁴³ The timely diagnosis of dementia is not limited to MCs but is also practiced by general practitioners (GPs) or in community mental health institutions. In the previous survey in 2009, mental



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#patientchat Highlights



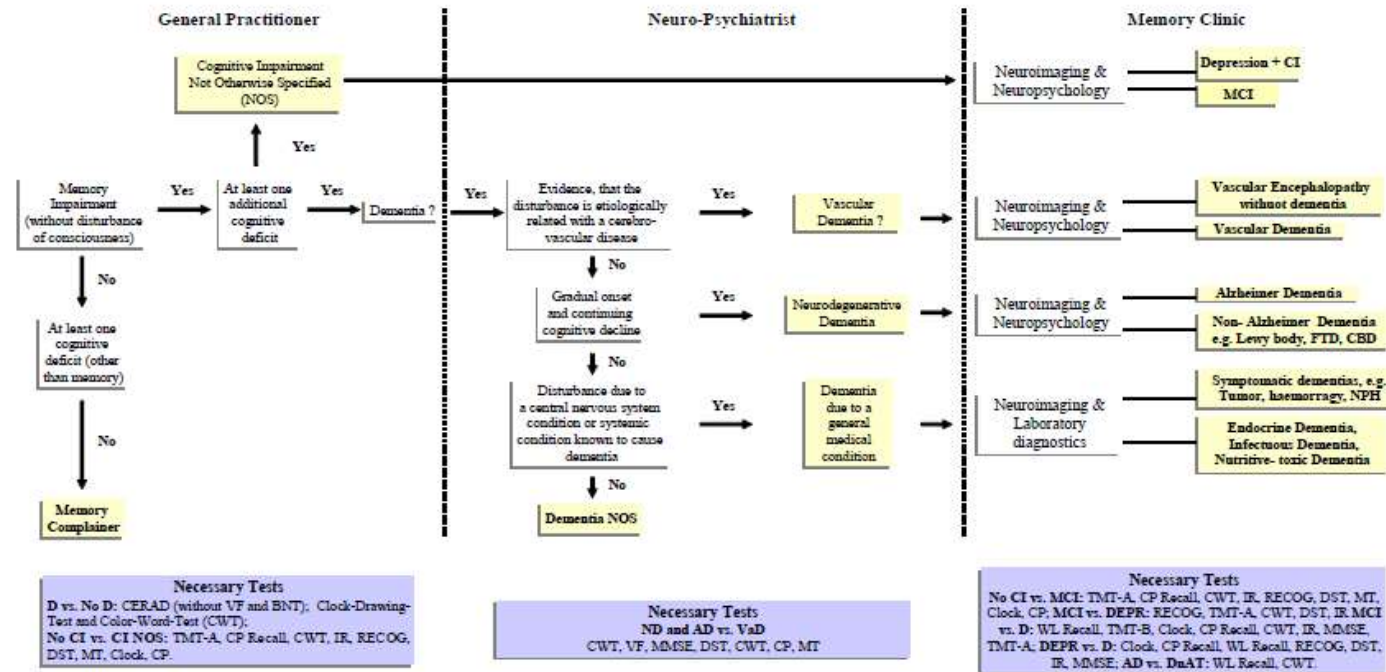
Optimized neuropsychological procedures at different stages of dementia diagnostics ☆

Marinella Damian^{a,*}, Markus Kreis^a, Bertram Krumm^b, Frank Hentschel^a

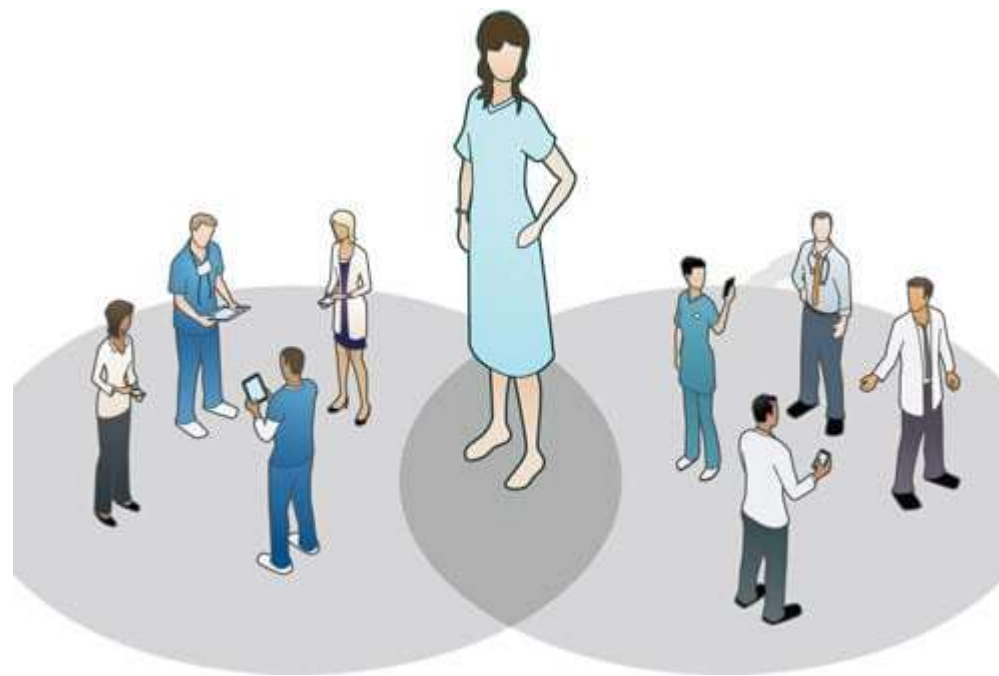
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^bDepartment of Biostatistics, Central Institute of Mental Health (CIMH), Faculty of Clinical Medicine Mannheim, University of Heidelberg, 68159 Mannheim, Germany

Available online 29 December 2004



Legend: D: Dementia; CI: Cognitive Impairment; CI NOS: Cognitive Impairment Not Otherwise Specified; ND: Neurodegenerative Dementia; AD: Alzheimer's Disease; VaD: Vascular Dementia; MCI: Mild Cognitive Impairment; DEPR: Cognitive Impairment in the context of depression; DuAT: Neurodegenerative Dementia of the non-Alzheimer's Type. CERAD: Consortium to Establish a Registry for Alzheimer's Disease. VF: Verbal Fluency, BNT: Boston Naming Test, MMSE: Mini Mental Status Examination, IR: Immediate Recall, WL Recall: Word List Delayed Recall, RECOG: Word List Recognition, CP: Constructional Praxis, CP Recall: CP Recall, Clock: Clock-Drawing-Test, TMT: Trail Making Test, DST: Digit-Symbol-Test, MT: Maze-Test, CWT: Color-Word-Test.



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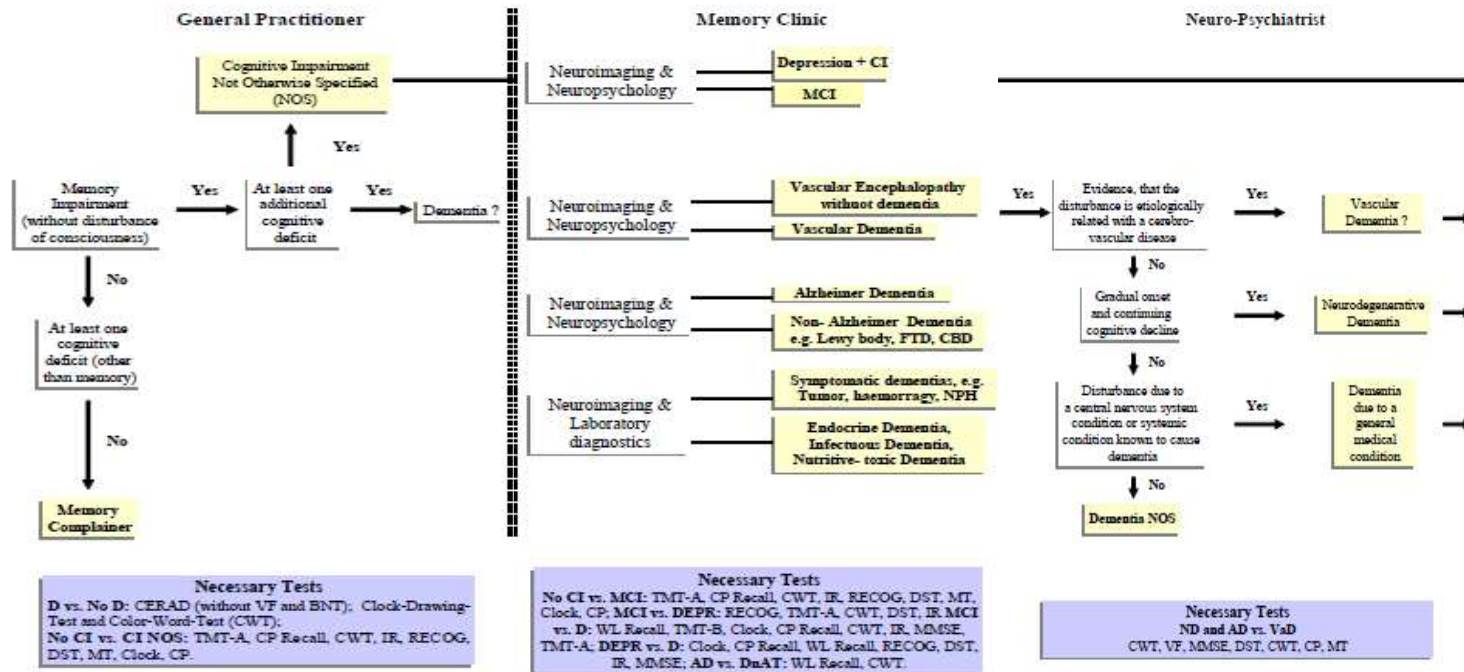
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