



Messaggi finali STROLLO



Bari,
7-10 novembre 2013

sHT

- **nell'anziano non può essere considerato una condizione unica**
- **i soggetti con età >80 aa devono essere monitorizzati e spesso non richiedono terapia sostitutiva**
- **la decisione di trattare l' sHT in un anziano deve essere ponderata considerando le possibili cause di danno tiroideo, il rischio CV pre-esistente, la presenza di HF, le comorbidity e le possibili interferenze farmacologiche (è più pericoloso l'overtreatment)**



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DM e depressione

- **l' aumento glicemico nell' IGT e nel DM iniziale non si associa ad incremento dei sintomi depressivi → ipotesi del "peso psicologico" della coscienza di malattia**
- **grado di complicanze diabetiche ↔ severità dei sintomi depressivi**
- **l' associazione tra DMT2 e depressione è bidirezionale**
- **nell' anziano l' associazione fra DM e depressione:**
 - **aumenta la mortalità cardiaca e per tutte le cause**
 - **è caratterizzata da anomalie cerebrali focali sotto-corticali vascolari ed elettriche e**
 - **predispone a un conclamato declino cognitivo a prevalente genesi vascolare**



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Osteoporosi

- **le fratture su base osteoporotica sono più frequenti dell' insieme di IMA, ictus e tumore alla mammella**
- **e dopo i 65 anni comportano fino al 40% di mortalità**
- **attenta valutazione del rischio fratturativo**
- **tutti i farmaci sono sicuri nell' anziano e riducono >50% fratture (+ ++ vertebrali)**
- **valutare con attenzione fattori di rischio:**
 - **per i bisfosfonati: ONJ, FA, valutazione della funzione renale**
 - **per TPTD: ipercalcemia in corso di terapia**
 - **per ranelato: rischio trombotico e recente alert su rischio CV**



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Ipogonadismo dell'anziano

- **effetti benefici su massa magra e massa grassa della TRT**
- **nonostante benefici potenziali nel trattamento in persona con DM, mancano prove sufficienti per raccomandare la TRT, a meno di sintomi di carenza androgenica**
- **la TRT sembra "safe" per la prostata ma occorre rispettare le raccomandazioni delle società scientifiche che la sconsigliano in presenza di patologia prostatica**
- **necessario "individualizzare" la terapia e discuterne con il paziente il bilancio rischi/benefici**
- **nonostante sia dimostrato come basso T equivalga a ridotta aspettanza di vita, non vi sono dati che dimostrino che la TRT inverta la tendenza**
- **Considerate possibilità di breve trial di TRT in casi selezionati**

Linee Guida nella cura degli anziani?

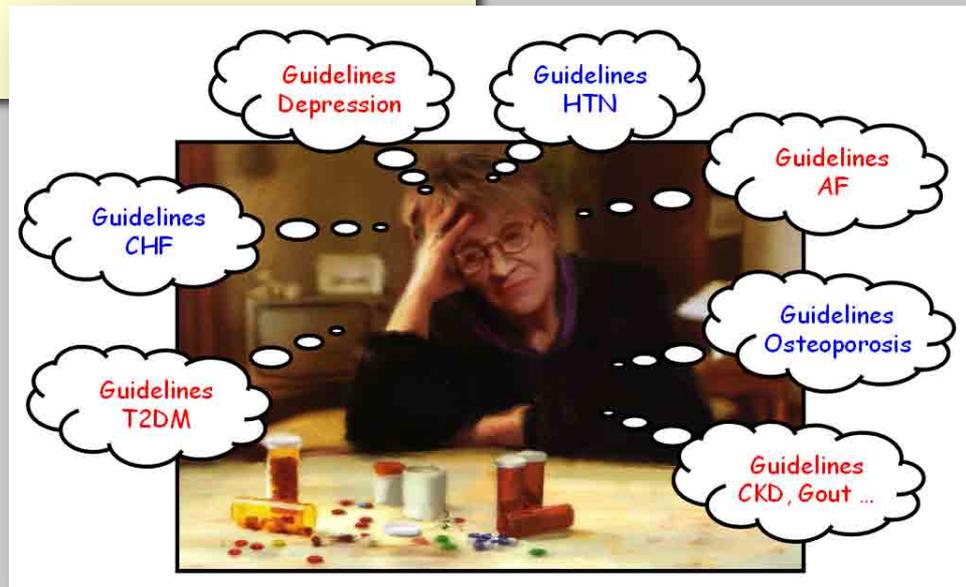
SPECIAL ARTICLES

Guiding Principles for the Care of Older Adults with Multimorbidity: An Approach for Clinicians

*"Evidence-based clinical practice guidelines (CPGs) exist for many conditions, but.....following single-disease CPGs in older adults with multimorbidity may cumulatively result in care that is **impractical, irrelevant, or even harmful**"*

Cure

- impraticabili
- irrilevanti
- pericolose





Less is more



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IEWS & REVIEWS

Review

Stop the medicalisation of old age

BMJ 2012; 344 doi: <http://dx.doi.org/10.1136/bmj.e803> (Published 1 February 2012)
Cite this as: BMJ 2012;344:e803

Many clinical outcomes will
be unaffected
(and sometimes improved)
by **doing much less.**



I politici e la retorica della prevenzione



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OVERDIAGNOSIS When good intentions meet vested interests

The pursuit of a longer healthy life has led to more people being labelled as diseased. **Iona Health** examines the factors behind this paradox and argues that we need to find the courage to resist overdiagnosis and instead accept the inevitabilities of ageing

...addressed by veto of financial and conflicted interests, and overdiagnosis have similarly pervaded within medicine and are now within healthcare systems they have permeated and medical technology focus and regulatory bodies, health systems, guidelines and healthcare systems (to establishing amount

liberant themselves. An ever greater proportion of healthcare resources is directed towards reducing these numbers to some fictitious state of normality. In the process, those who are perfectly well are not only assigned labels that in themselves can be shown to compromise health but are also exposed to treatments with significant adverse effects. **Yet, time and time again, politicians are unable to resist the siren siren of disease overdiagnosis.** Most recently, England's health secretary, Jeremy Hunt,

Ageing is inevitable

The prevailing overdiagnosis conference, held at the Dartmouth Institute for Health Policy and Clinical Practice in the US in September, marked the most recent attempt to draw a line in the sand and to promote more public awareness of and debate about what is becoming an unavoidable as

We have separated our notions of disease from the human experience of suffering and have created an epidemic of disease without symptoms

...ation, and about whom and will be done about it. Responses will necessarily be driven by others and politics because these are the only real defences that humanity has ever had to combat the strike of power and army

to the detriment of the weak and vulnerable. The whole discipline of medicine has occluded the wider societal project of seeking technical solutions to the existential problems posed by the finitude of life and the inevitability of ageing, loss, and death, and, as the Swedish writer Sven Lindqvist intones: "It is not knowledge that we lack. What is missing is the courage to understand what we know and draw conclusions."

The only solutions to these profound existential challenges are to be found in courage and endurance and acceptance of the limits of life. They are to be found in thinking differently and more deeply.

At every level this is a story of unassailable greed: the greed of those living in the first countries of the world for ever greater longevity and, most particularly, the greed that drives the commercial imperatives of the pharmaceutical and medical technology industries. The 2012 World Health Organization Global Health Expenditure Atlas reported that countries in the Organisation for Economic Co-operation and Development

I politici non resistono alla retorica della prevenzione;molto recentemente, il sottosegretario alla salute inglese, ha raccomandato ai Medical Practitioner di fare di piu per prevenire il deterioramento della salute dei pazienti anziani"

...restless technology and healthcare professionals of more intricately and expensive to an ever-increasing number. These numbers are only distributed along a spectrum representing a distribution of risk that can be ameliorated or prevented. So far, so good, but a combination of vested interests produces continual surge of abnormal, still further into the territory of normal. This is encouraged such old adages as "prevention" and "catch it three times early" are inhibited they seem to assure us of a path, and we have a temptation of investigation.

...ably self-evident truth: that an illness, separated from the human experience, has created an epidemic of systems, defined only by

...disease that they must do more to prevent the health of older patients deteriorating. If nothing else, this serves as a distinct warning from the government's failure to meet its own responsibilities for health protection through fiscal and legislative measures, such as promoting greater socioeconomic equity, limiting vulnerable families, and such policies as minimum pricing for alcohol, and plain packaging for cigarettes.

Extending the range of what is considered abnormal clearly expands markets for pharmaceutical and other interventions, and thereby the possibilities of maximising commercial profit. It also invokes the Will Rogers phenomenon first applied to medicine by Alan Folsom and colleagues in 1985. The phenomenon occurs when the range of a diagnostic category is extended. As more and more people previously considered normal are included within the definition of, for example, hypertension, diabetes, or breast cancer, outcomes improve: rates of hypertension or diabetes first attributed or breast cancer mortality seem to fall. In this way, extending the definitions of disease and lowering the thresholds for preventive interventions create the illusion of improved population outcomes, while these numbers rise at all in the outcomes



“L’anziano e il medico: un patto per la salute”



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Caro dottore, la
vecchiaia è una
brutta malattia!

Cerchiamo di
non renderla
peggiore!

