

# **8° CORSO MULTIPROFESSIONALE DI NURSING**

Firenze, Palazzo degli Affari, 29 novembre – 1° dicembre 2007

## **ASSISTERE L'ANZIANO: VECCHIE E NUOVE SFIDE**

**Simposio**

**“LE NUOVE SFIDE DELL'ASSISTENZA”**

### **INTRODUZIONE**

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Componente Consiglio Direttivo SIGG



The NEW ENGLAND  
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# A Multidisciplinary Intervention to Prevent the Readmission of Elderly Patients with Congestive Heart Failure

*Michael W. Rich, M.D., Valerie Beckham, R.N., Carol Wittenberg, R.N., Charles L. Leven, Ph.D.,  
Kenneth E. Freedland, Ph.D., and Robert M. Carney, Ph.D.*

## Conclusions

A **nurse-directed**, multidisciplinary intervention can improve quality of life and reduce hospital use and medical costs for elderly patients with congestive heart failure

*Rich M.W., 1995*

# Effectiveness of collaborative care for older adults with Alzheimer disease in primary care: a randomized controlled trial

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**INTERVENTION:** Intervention patients received 1 year of care management by an **interdisciplinary team led by an advanced practice nurse** working with the patient's family caregiver and integrated within primary care.

**CONCLUSIONS:** Collaborative care for the treatment of Alzheimer disease **resulted in significant improvement in the quality of care and in behavioral and psychological symptoms of dementia among primary care patients and their caregivers.** These improvements were achieved without significantly increasing the use of antipsychotics or sedative-hypnotics

Callahan CM, JAMA 2006

# Case Management and Risk of Nursing Home Admission for Older Adults in Home Care: Results of the AgeD in Home Care Study

Graziano Onder, MD, PhD, Rosa Liperoti, MD, MPH, Manuel Soldato, MD, Iain Carpenter, MD,<sup>w</sup> Knight Steel, MD,<sup>z</sup> Roberto Bernabei, MD, and Francesco Landi, MD, PhD

**OBJECTIVES:** To explore the relationship between a case management approach and the risk of institutionalization in a large European population of frail, old people in home care.

**DESIGN:** Retrospective cohort study.

**SETTING:** Eleven European countries.

**PARTICIPANTS:** Three thousand two hundred ninety-two older adults receiving home care (mean age 82.3 ± 7.3).

**MEASUREMENTS:** Data on nursing home admission were collected every 6 months for 1 year.

**RESULTS:** One thousand one hundred eighty-four (36%) persons received a home care program based on case management, and 2,108 (64%) received a traditional care approach (no case manager). During the 1-year follow-up, 81 of 1,184 clients (6.8%) in the case management group and 274 of 2,108 (13%) in the traditional care group were admitted to a nursing home ( $P < .001$ ). After adjusting for potential confounders, the risk of nursing home admission was significantly lower for participants in the case management group than for those in a traditional care model (adjusted odds ratio 0.56, 95% confidence interval 0.43–0.63).

**CONCLUSION:** Home care services based on a case management approach reduce risk of institutionalization and likely lower costs. *J Am Geriatr Soc* 55:439–444, 2007.

**Key words:** home care; case manager; nursing home admission

G. Onder JAGS ,2007

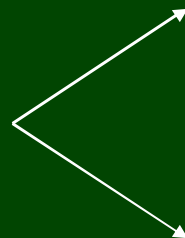
# Case Managers

I “Case Managers” erano infermieri addestrati con i corsi nazionali di Case Manager e Valutazione Multidimensionale Geriatrica (VMD)

Gli Infermieri effettuavano la valutazione iniziale dei pazienti usando il MDS ed erano a disposizione per gestire i problemi che presentavano, controllano la fornitura dei servizi e fornivano servizi supplementari in caso di richiesta da parte degli assistiti.

In più, insieme all'unità di valutazione geriatrica, progettavano ed attuavano un piano assistenziale individualizzato, determinavano quale servizio era indicato e quali soggetti fossero eleggibili per un servizio da parte di un team multiprofessionale con la presenza del case-manager quale facilitatore dell'integrazione socio-sanitaria

**N. 3,292  
older people**



**Assegnazione  
casuale**

**1,184 (36%)**  
received a home care based  
on case management

**2,108 (64%)**  
received a traditional care  
approach

**Follow-up  
a 12 mesi**

**81 (6,8%)**  
Admitted  
to a  
Nursing  
Home

**p <0.01**

**274(13%)**  
Admitted  
to a  
Nursing  
Home

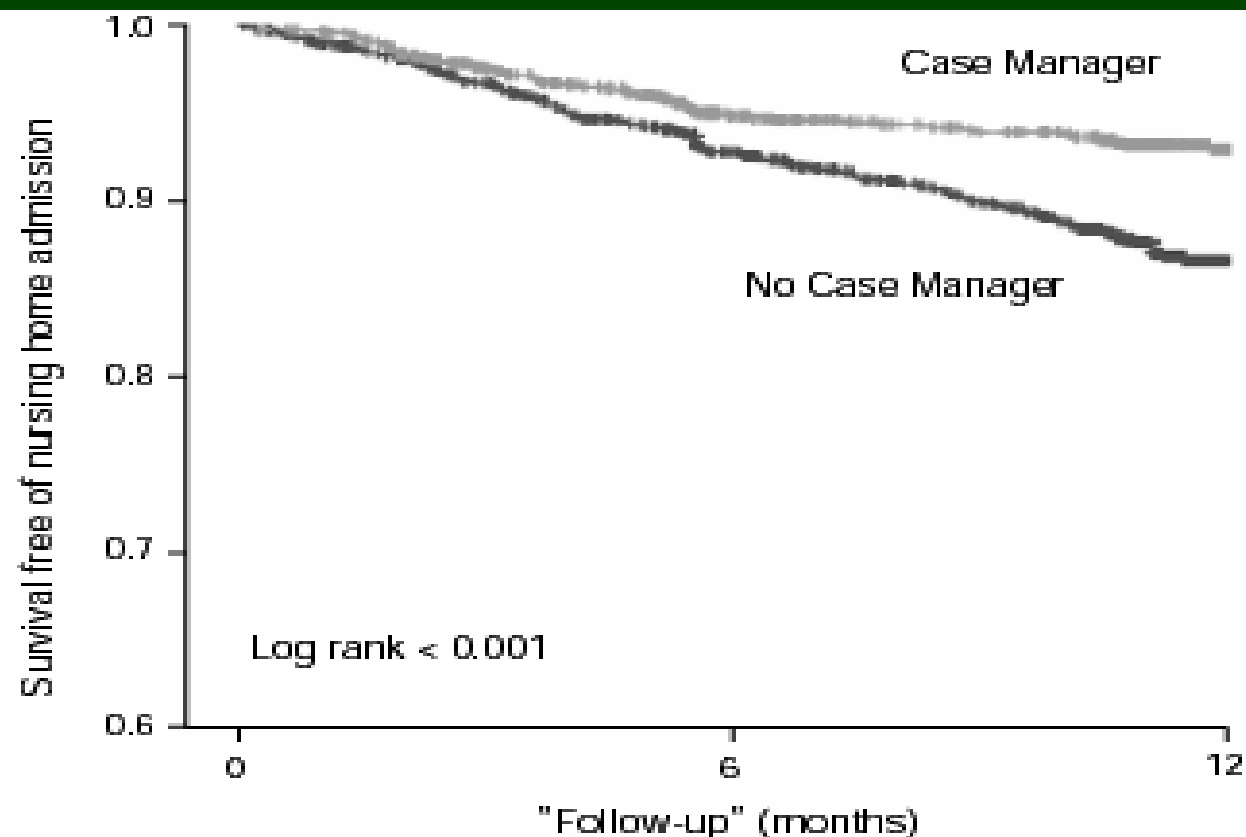


Figure 1. Event-free survival curves according to case-management status.

# Preventive home care of frail older people: a review of recent case management studies

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Nurses, preferably trained in gerontological practice, have a key role in case/care management for frail older people

Hallberg IR, J Clin Nurs. 2004





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REVIEW

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## Frailty: An Emerging Geriatric Syndrome

Nasiya Ahmed, MD,<sup>a,b</sup> Richard Mandel, MD,<sup>a</sup> Mindy J. Fain, MD<sup>a,b</sup>

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### ABSTRACT

Frailty is a new and emerging syndrome in the field of geriatrics. The study of frailty may provide an explanation for the downward spiral of many elderly patients after an acute illness and hospitalization. The fact that frailty is not present in all elderly persons suggests that it is associated with aging but not an inevitable process of aging and may be prevented or treated. The purpose of this article is to review what is known about frailty, including the definition, epidemiology, and pathophysiology, and to examine potential areas of future research. © 2007 Elsevier Inc. All rights reserved.

**KEYWORDS:** Aging; Frailty; Geriatrics

ORIGINAL ARTICLE

# Geriatric syndromes as predictors of adverse outcomes of hospitalization

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**Key words**

geriatric syndrome, outcome of hospitalization.

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**Abstract**

**Aims:** The aim of this study was to determine the association between the common geriatric syndromes and predefined adverse outcomes of hospitalization and to identify the most important independent predictors of adverse outcomes using information gained within 24 h of admission in older general medical patients.

**Methods:** A prospective longitudinal cohort study of patients aged ≥ 75 years admitted to the rapid assessment medical unit in a teaching hospital was carried out. The role of geriatric syndromes in predicting outcomes was examined in univariate and multivariate models. The outcome measures were (i) length of hospital stay (LOS) of 28 days or more, (ii) institutionalization or change in residential care status to a more dependent category at discharge or during 3 months post-discharge, (iii) unplanned readmissions during 3 months and (iv) mortality in hospital or 3 months post-discharge.

**Results:** The presence of geriatric syndromes was significantly associated with increased LOS and institutionalization or change in residential care status to a more dependent category. The factors most predictive of these outcomes were impaired pre-admission functional status in activities of daily living, recurrent falls, urinary incontinence and supported living arrangements. The geriatric syndromes appeared less important in predicting unplanned readmission and death.

**Conclusion:** The presence of geriatric syndromes in older general medical patients is an important determinant of adverse outcomes of hospitalization, particularly of LOS and admission to residential care. The predictors most useful for screening patients for these outcomes, within 24 h of admission, appear to be the presence of certain pre-existing geriatric syndromes before admission.

# **A necessity not a luxury: preparing nurses to care for older adults**

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Of today's 2.7 million registered nurses, less than 1% are certified in gerontological nursing and only 3% of advanced practice nurses (APNs) have specialized training in this area. These statistics indicate that there are not enough gerontological nurse practitioners

Thornlow DK, J Prof Nurs, 2006