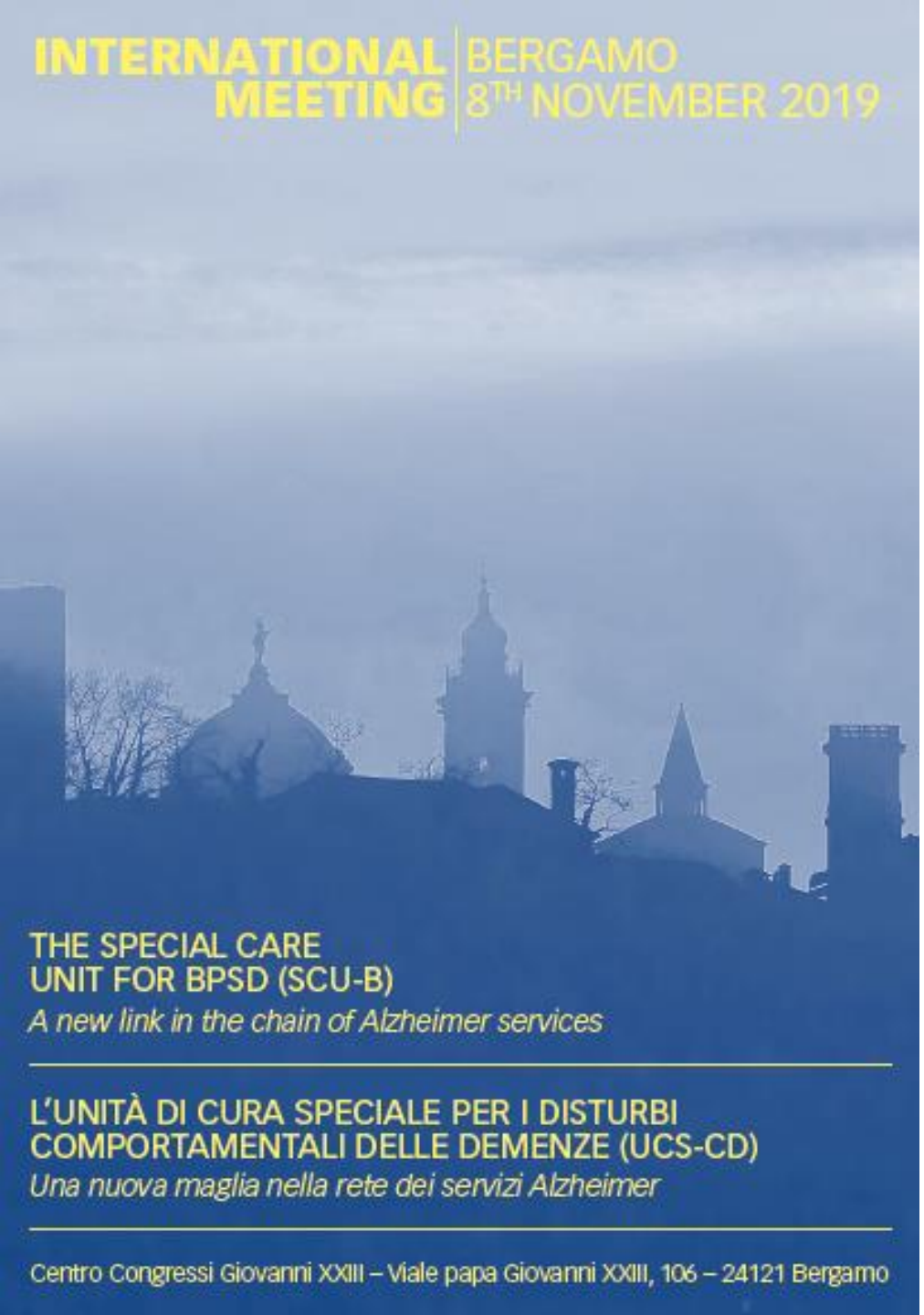


"La riabilitazione nelle demenze e la gestione delle fasi critiche: l'esperienza del Centro di eccellenza Alzheimer di Gazzaniga".

Dott.ssa Sara Fascendini
Centro di Eccellenza Alzheimer
Fondazione Europea di Ricerca Biomedica (FERB),
Ospedale "Briolini", Gazzaniga (BG)

Val Seriana

GAZZANIGA (BG)

Centro Eccellenza Alzheimer

c/o Ospedale Briolini

- CDCD (*> 3000 visite/anno*)
- Attività di ricerca

Sistema Socio Sanitario
Regione Lombardia
ASST Bergamo Est

FERB

Fondazione Europea Ricerca Biomedica

- reparto di degenza (*46 posti letto*)

UNITÀ SPECIALE DI CURE

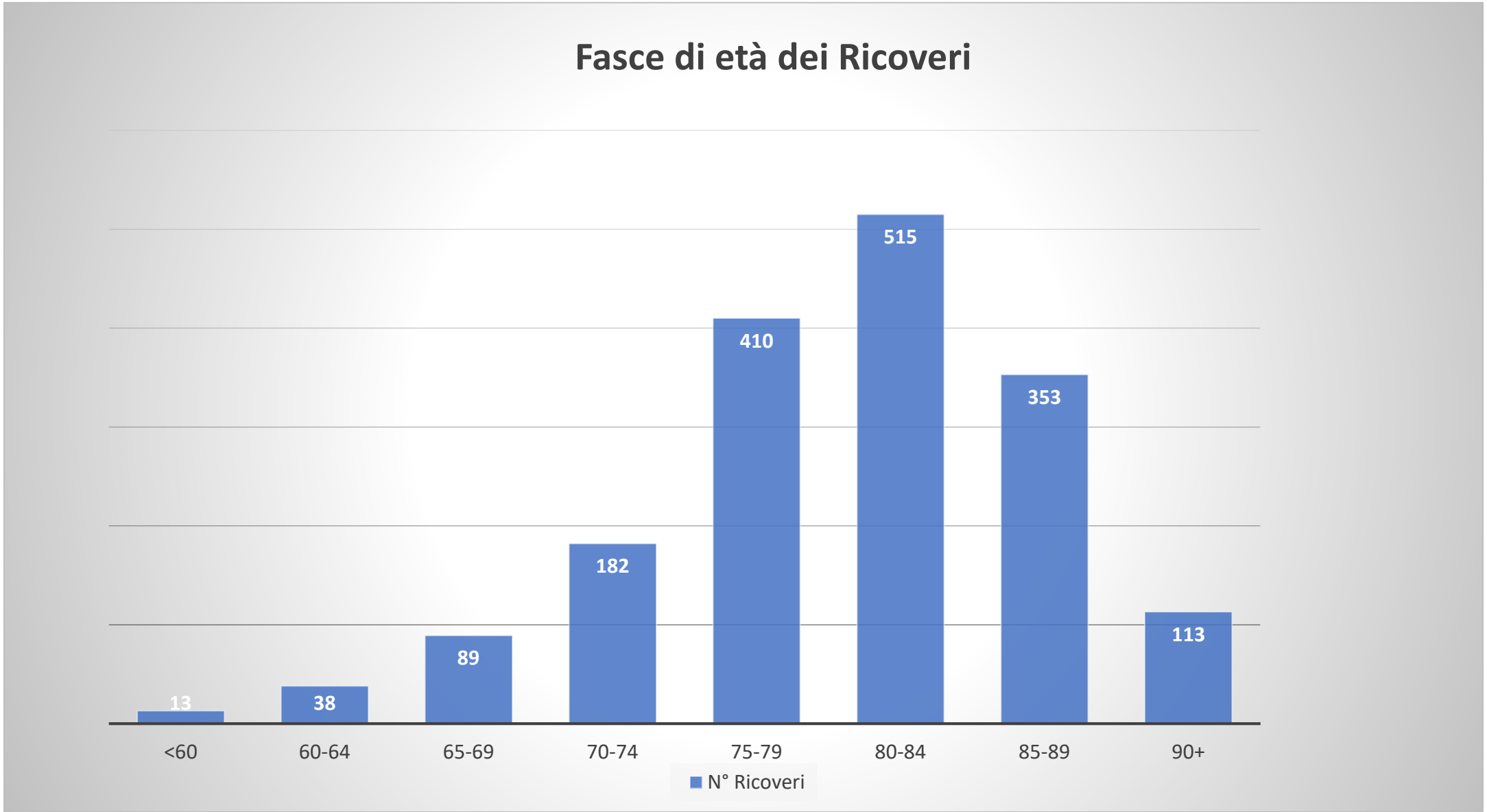
classificata come *struttura riabilitativa specialistica cod. 56*

nata da una collaborazione pubblico-privato

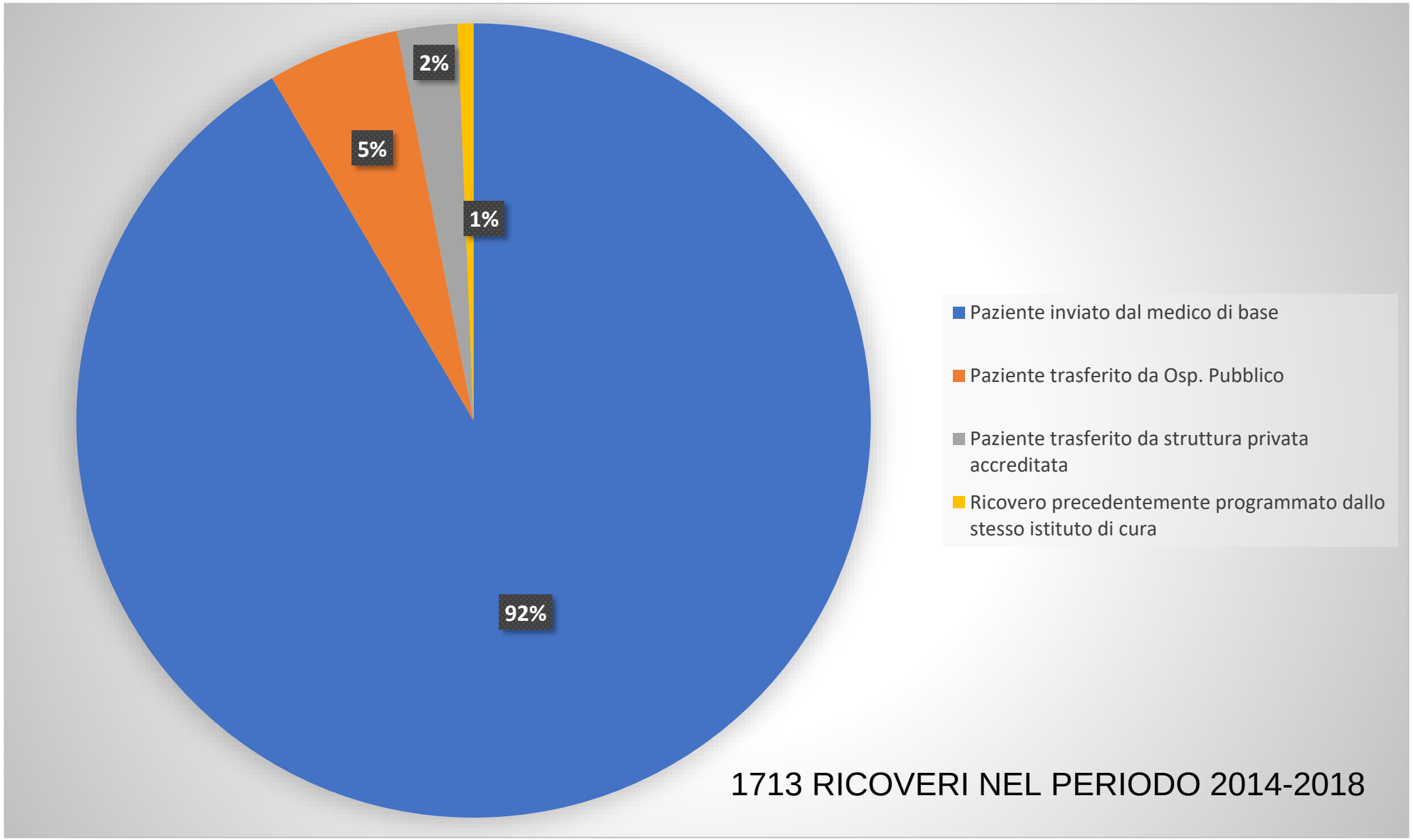
MISSION

OFFRIRE AI PAZIENTI E ALLE FAMIGLIE
LA POSSIBILITÀ DI UN RICOVERO
QUANDO I BPSD NON SONO GESTIBILI A DOMICILIO,
MIRANDO AD OTTENERNE IL CONTROLLO
ED A REINSERIRE I PAZIENTI AL DOMICILIO.

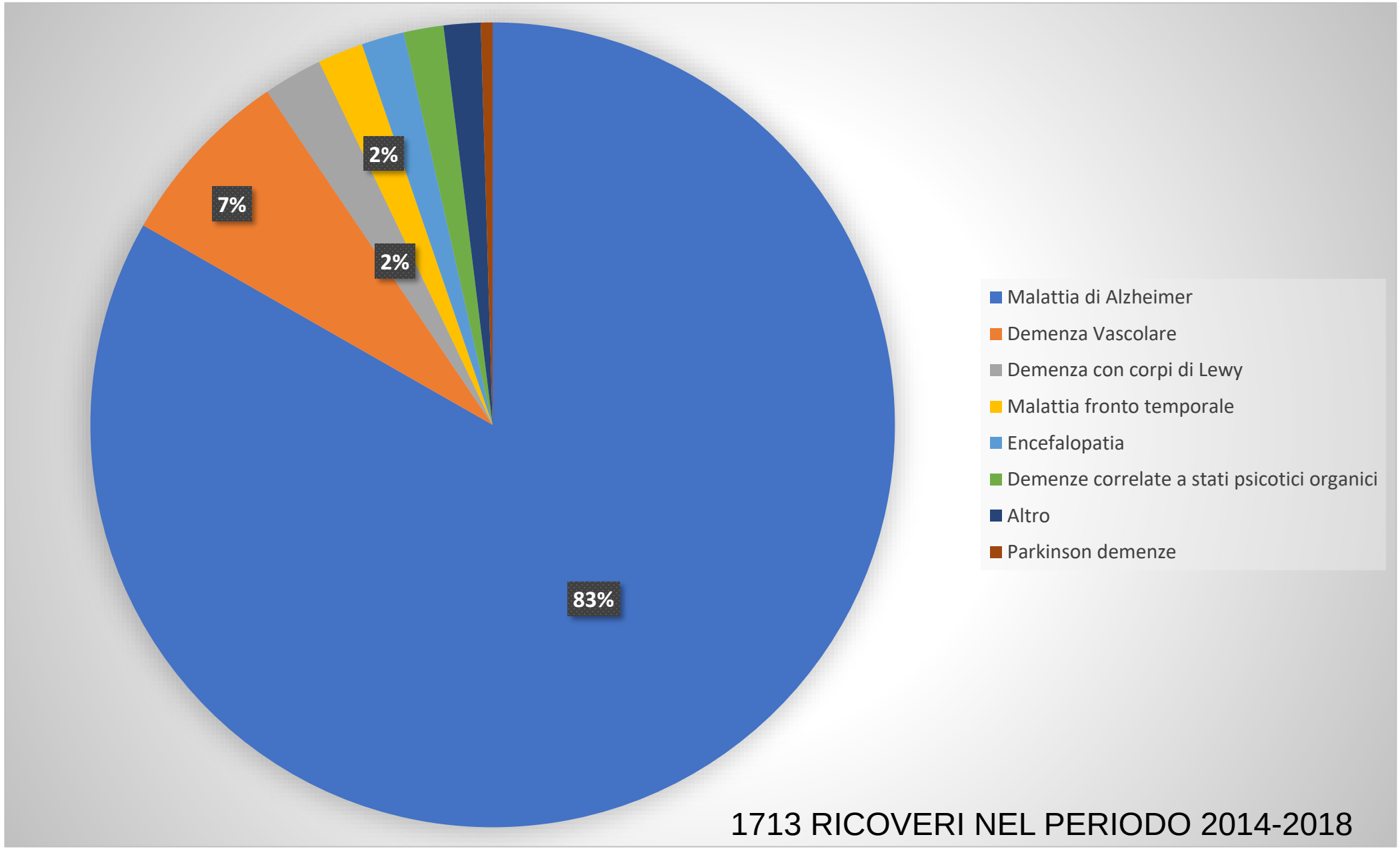
1713 RICOVERI NEL PERIODO 2014-2018



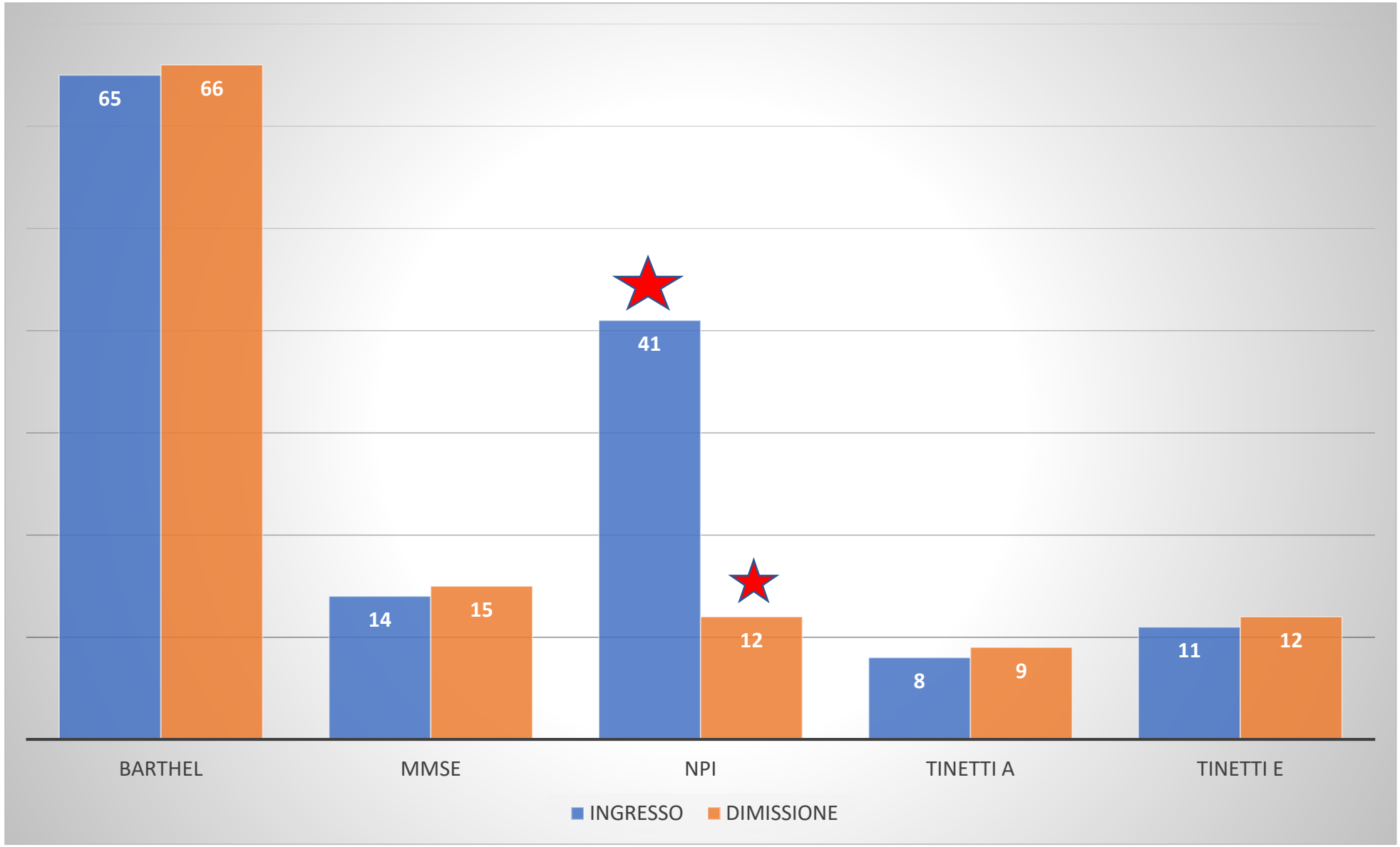
Modalità di invio

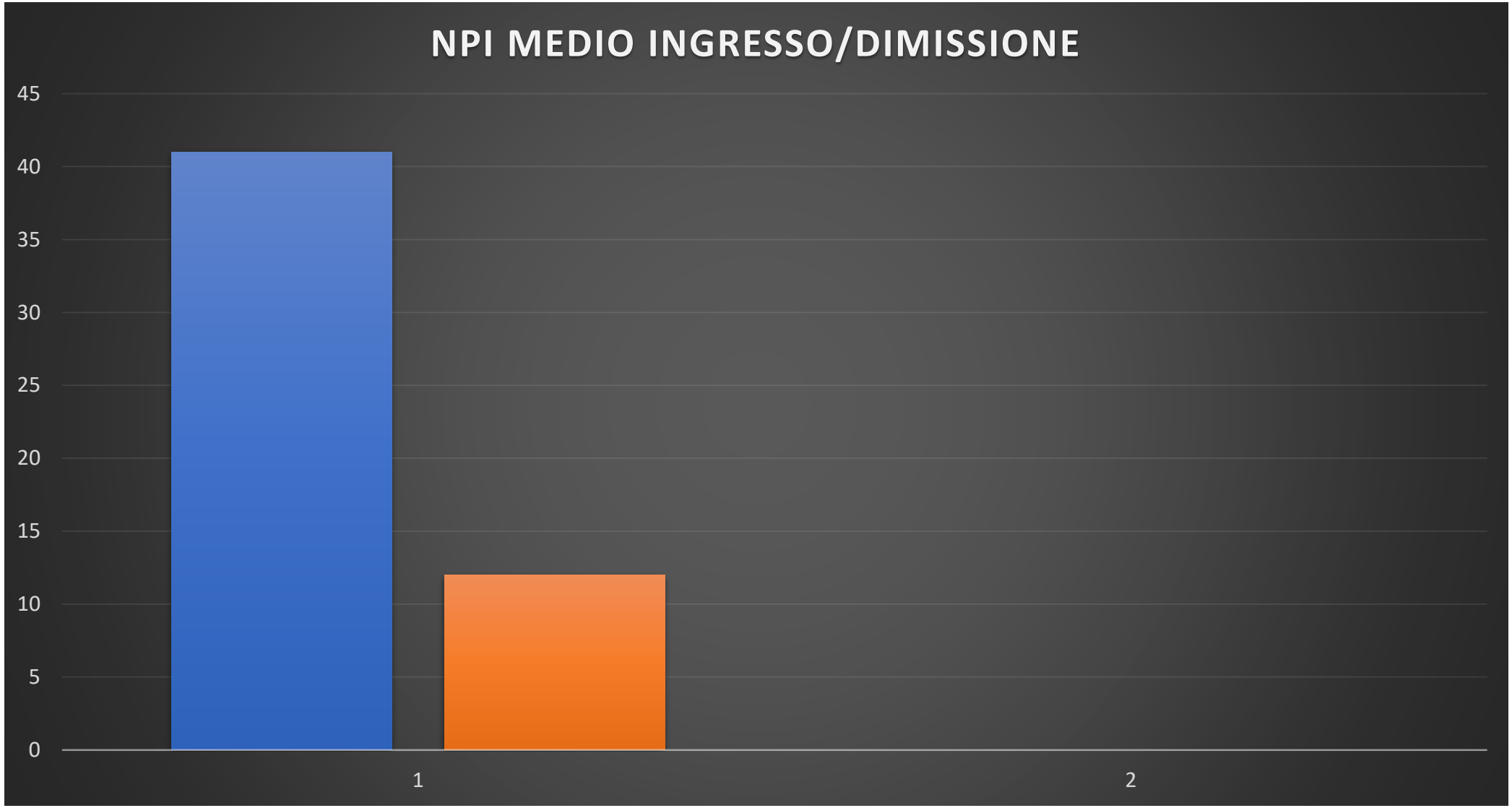


Diagnosi alla dimissione



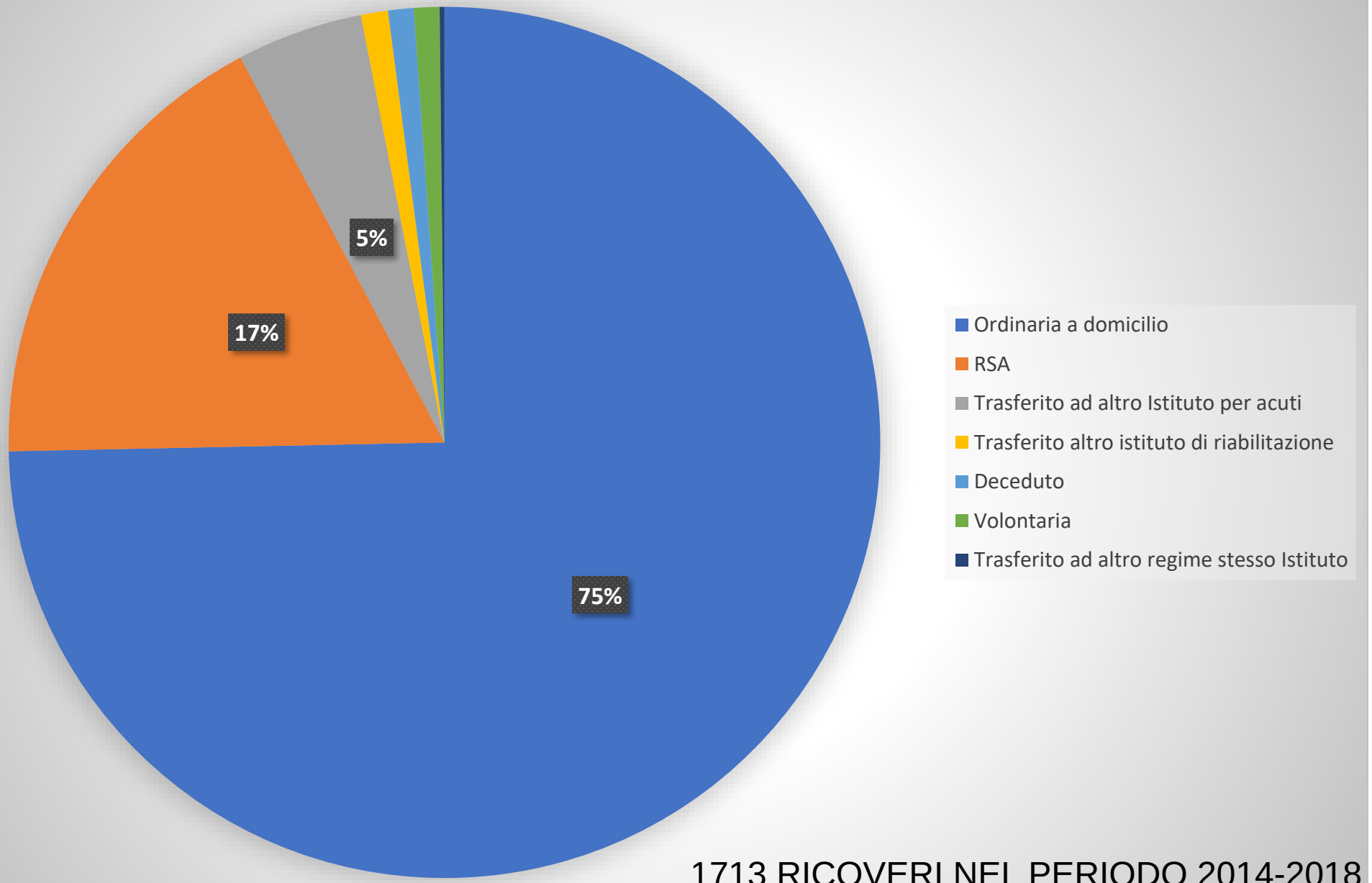
Efficacia del ricovero riabilitativo (analisi sui ricoveri 2019)
NPI: ingresso **41/144** - dimissione **12/144**



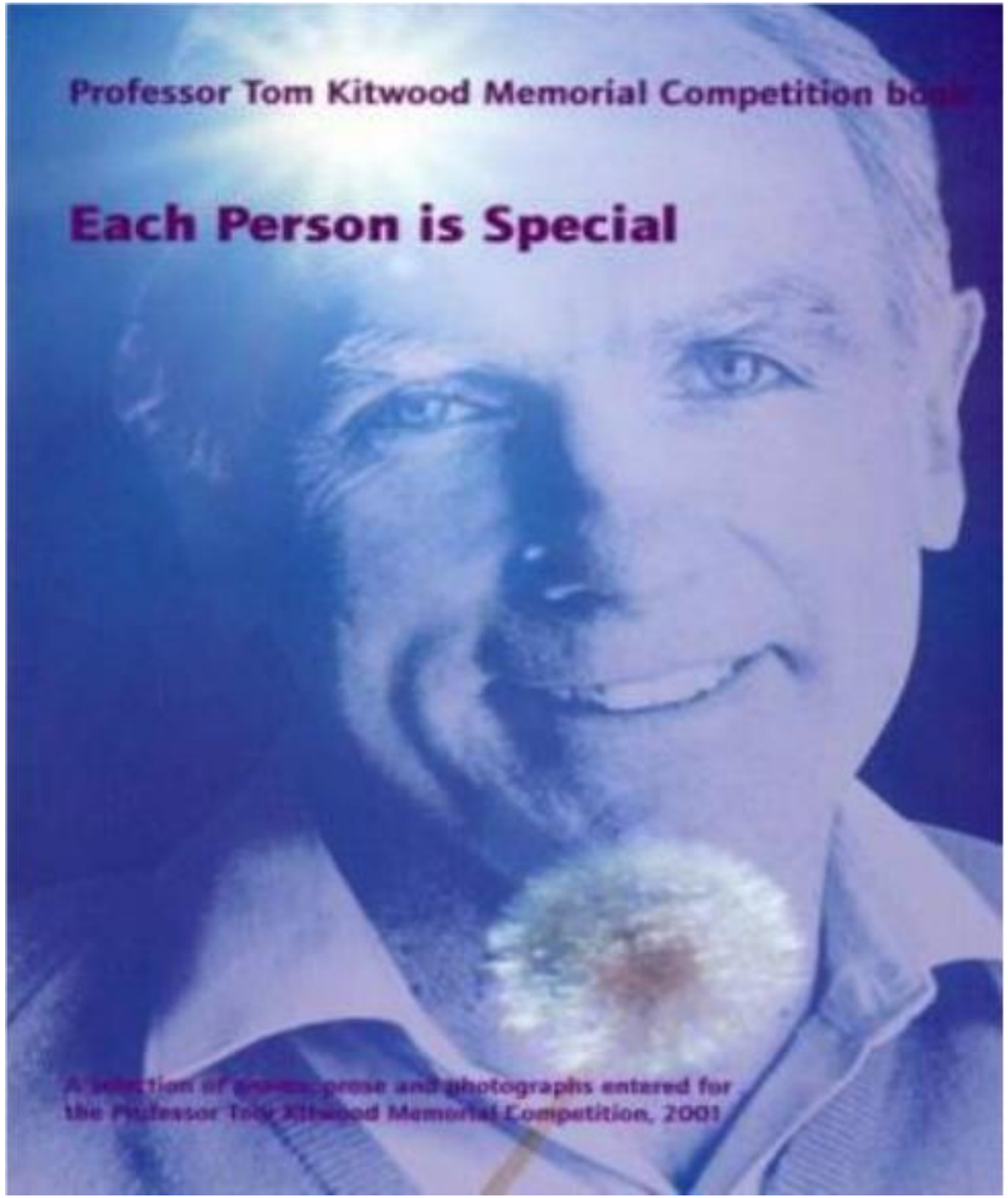


NPI medio ingresso: 41/144
NPI medio dimissione: 12/144
(periodo di osservazione: ricoveri 2019 n= 216)

Modalità di dimissione



1713 RICOVERI NEL PERIODO 2014-2018


Professor Tom Kitwood Memorial Competition book
Each Person is Special
A selection of poems, prose and photographs entered for the Professor Tom Kitwood Memorial Competition, 2001

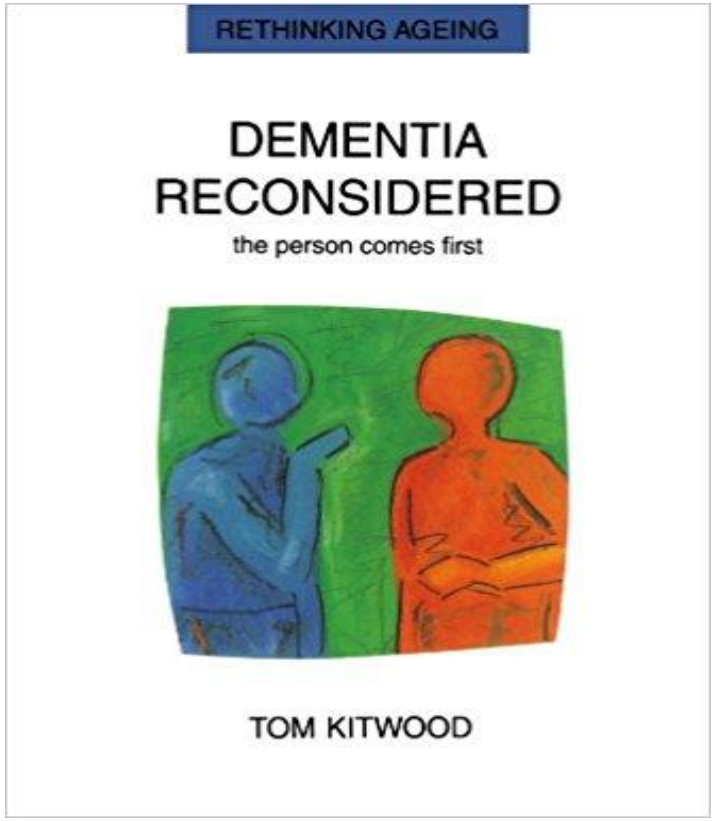
Tom Kitwood
RICONSIDERARE LA DEMENZA
Erickson

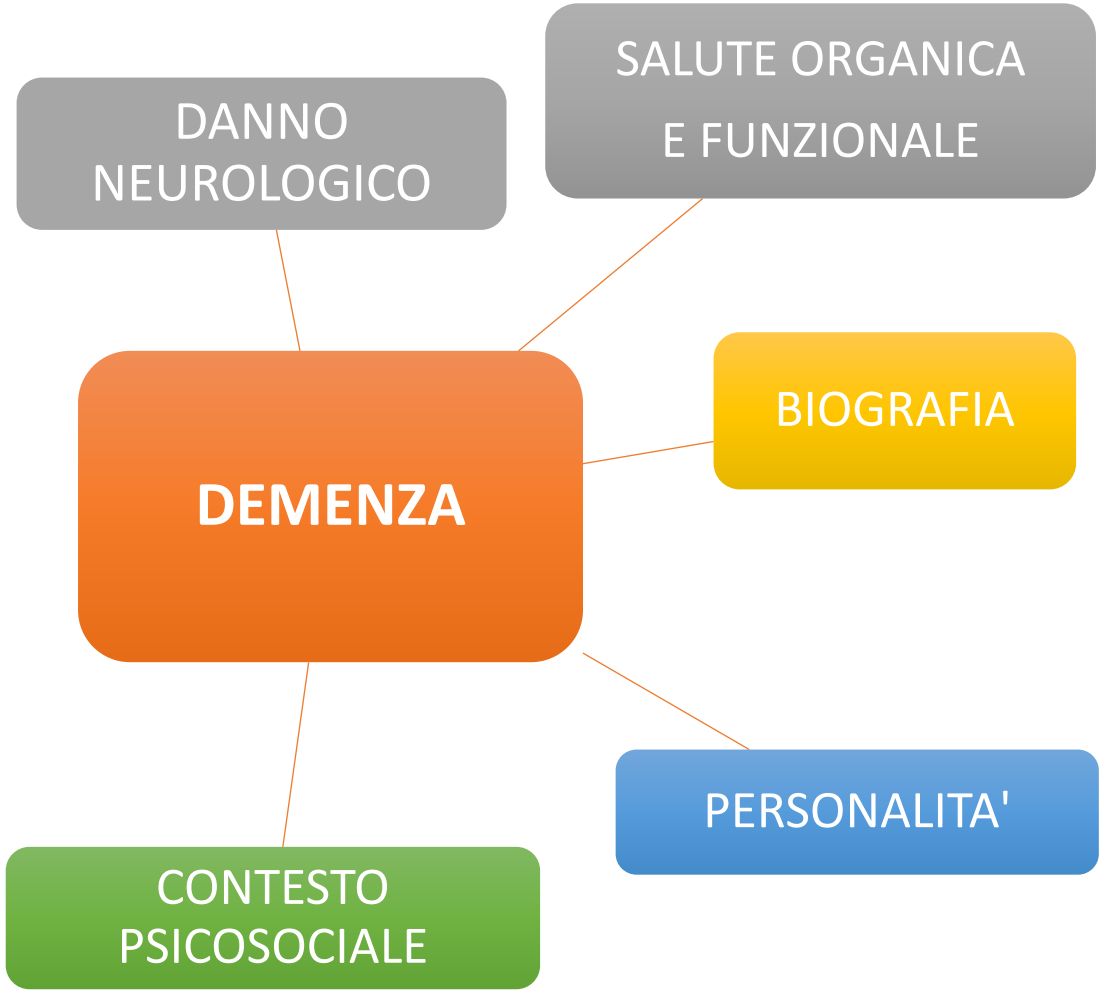
dementia care mapping DCM

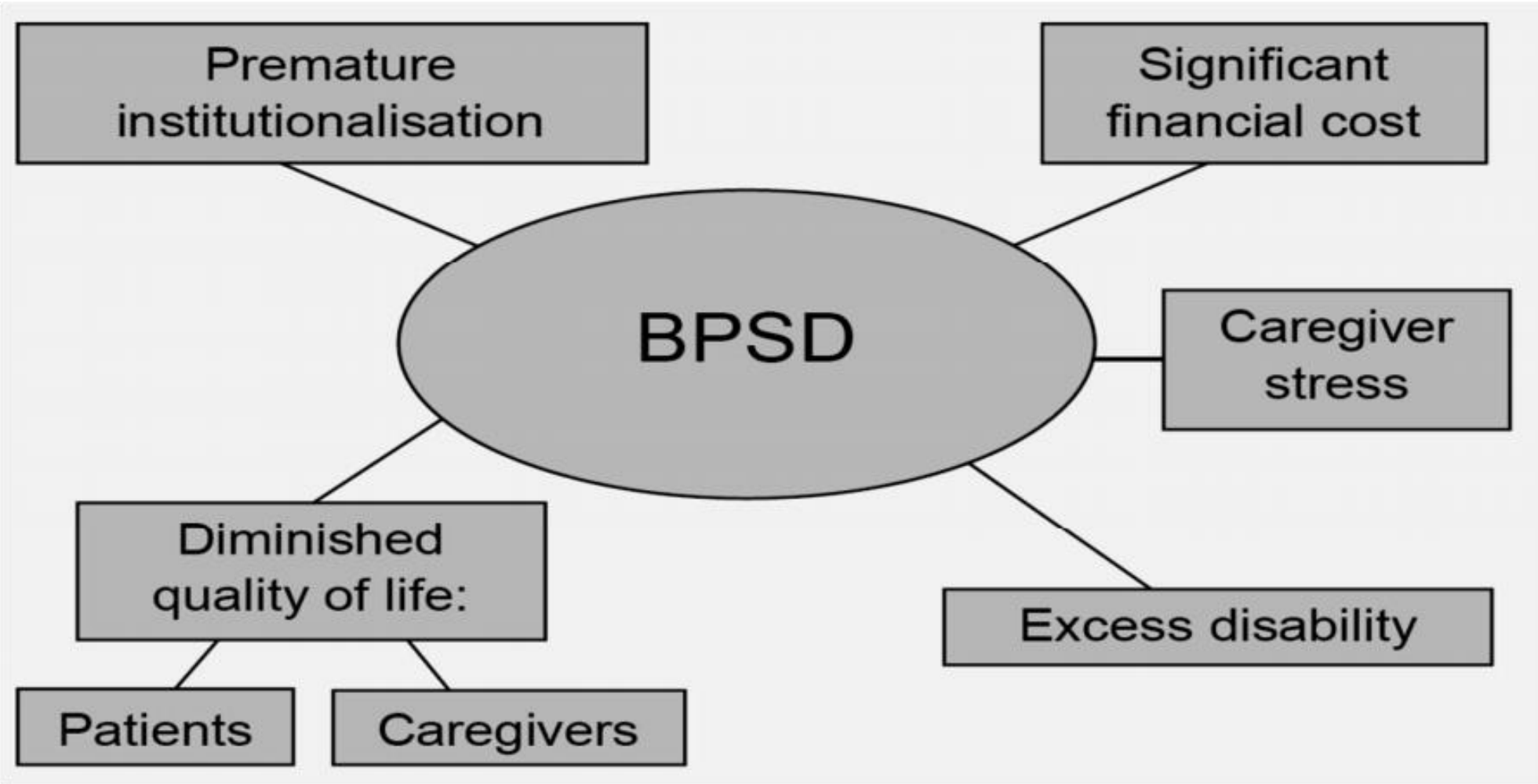
UNIVERSITY of BRADFORD

School of Dementia Studies

Think the ***Person***, not the dementia
Person comes first!







Introduction to BPSD. Sanford Finkel
Int. J. Geriat. Psychiatry 15, S2-S4 (2000)

JAMDA 19 (2018) 177–180

JAMDA

journal homepage: www.jamda.com

Controversies in Long Term Care

The Broken Lens of BPSD: Why We Need to Rethink the Way We Label the Behavior of People Who Live With Alzheimer Disease

Susan Macaulay BA *

Quebec, Canada

Keywords:
Alzheimer disease
BPSD
behavior
antipsychotics

A B S T R A C T

For the past 20 years, the behaviors of people who live with dementia (PLWD) that others find challenging or problematic have primarily been ascribed to Alzheimer disease and related dementias and have been assessed through the biomedical lens of Behavioral and Psychological Symptoms of Dementia (BPSD). This has led to the root causes of these behaviors being overlooked, which in turn leaves them unaddressed. Further, using the artificial construct of BPSD has led to many PLWD being inappropriately prescribed (off-label) medications that are largely ineffective in resolving the behaviors because they do nothing to remedy the underlying psychosocial and environmental causes. The fact that many of the behaviors we call BPSD are normal human responses to particular sets of circumstances can be relatively easily demonstrated by directly observing the individual behaviors of PWLD, and putting them in context, as well as by asking ourselves how we would respond under similar conditions. Re-evaluating the use of the construct of BPSD, and replacing it with a person-centered rather than disease-focused approach will result in better care as well as healthier and happier long-term care residents and staff.

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Progetti riabilitativi individualizzati

Il nostro è un approccio comprensivo: il team di cura comprende medici (geriatri e neurologi), psicologi, terapisti occupazionali, fisioterapisti, educatori, infermieri, operatori socio-sanitari.

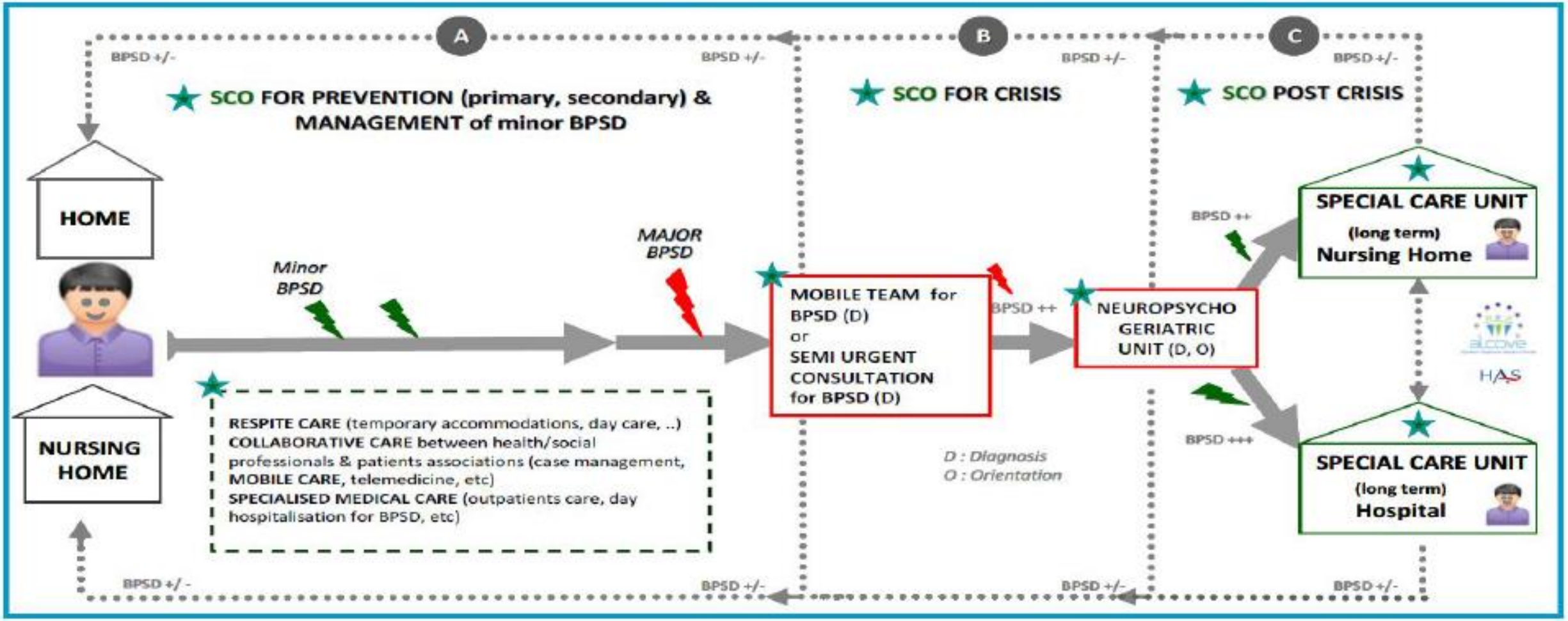
I cardini del trattamento sono:

- **Stabilizzazione dello stato di salute**
- **Rivalutazione/modifica delle terapia farmacologica**
- **Stimolazione cognitiva**
- **Riattivazione/mantenimento delle abilità funzionali**
- **Terapie non farmacologiche: terapia della bambola, stanza multisensoriale, treno terapeutico, musicoterapia ambientale/individuale, attività ricreative individuali e di gruppo, terapie mediate dall'animale**

Criteri di ammissione il più possibile standardizzati

Raccomandazioni europee per la gestione dei disturbi comportamentali nelle demenze:

The European Joint Action on Dementia
Public Health Programme 2008 - 2013
European Union



Step A: minor BPSD prevention & management - Step B: major BPSD crisis management - Step C: BPSD management & prevention