



Linea Guida “Diagnosi e trattamento di demenza e *Mild cognitive impairment*”

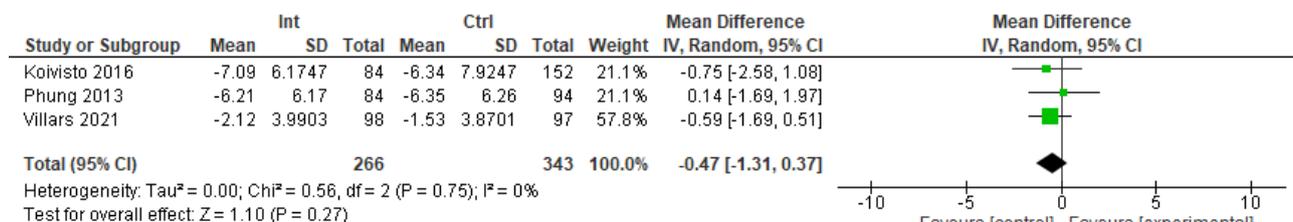
Materiale supplementare

Meta-analisi

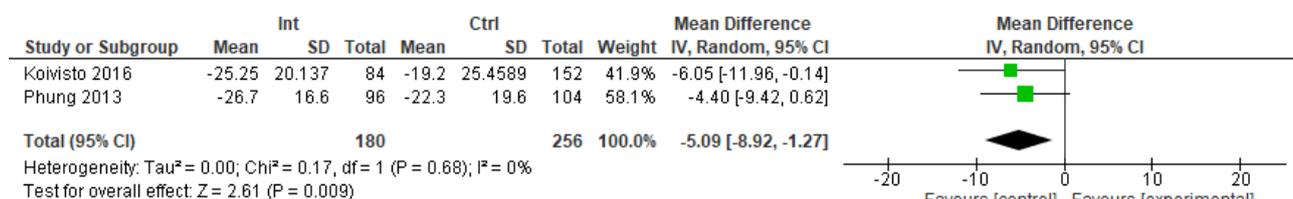
QUESITO 5. Qual è l'efficacia di *counseling* e supporto pre, peri e post diagnostico sugli esiti per le persone con demenza e i loro *caregiver*?

Esiti relativi alla persona con demenza

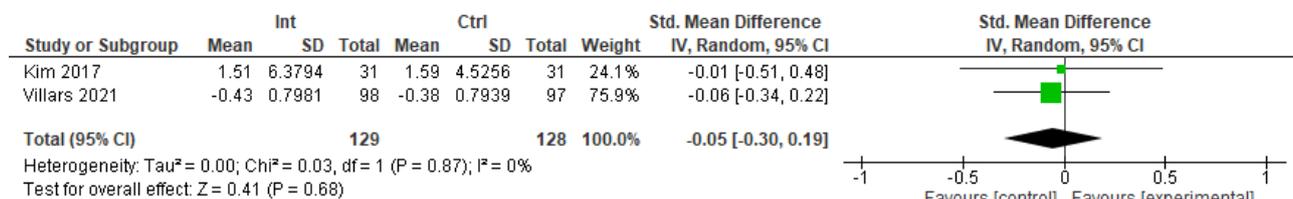
MMSE



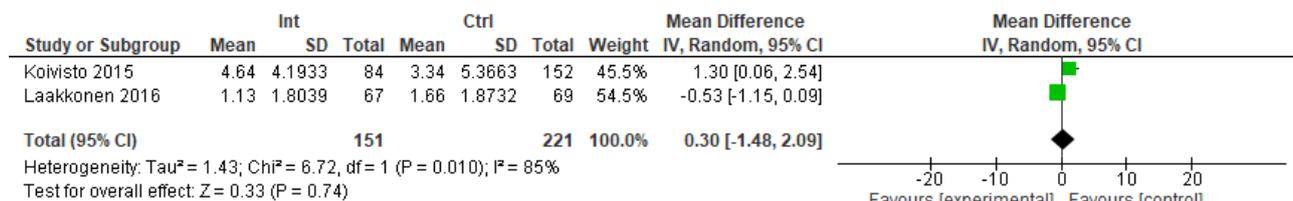
ADCS-ADL



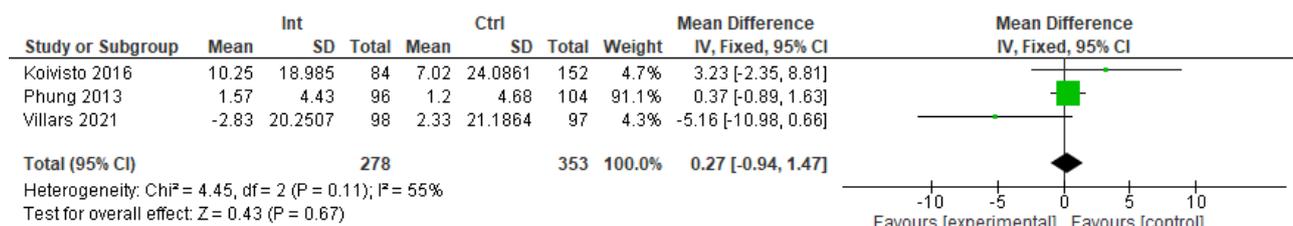
ADL



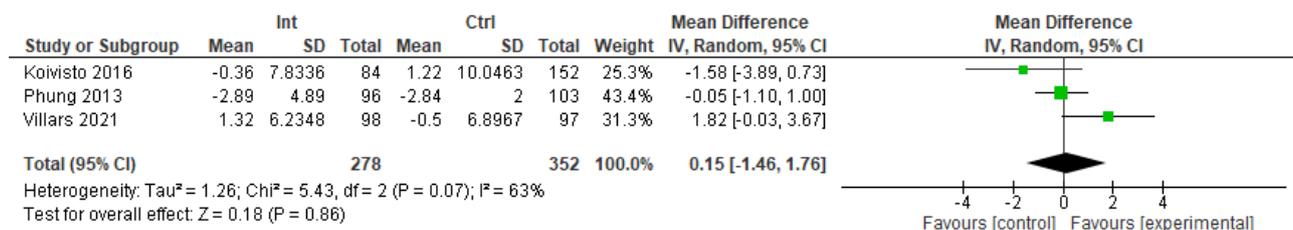
CDR-SB



NPI

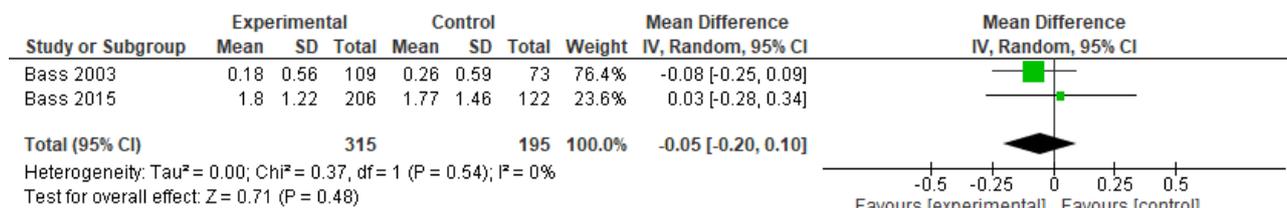


QoI-AD

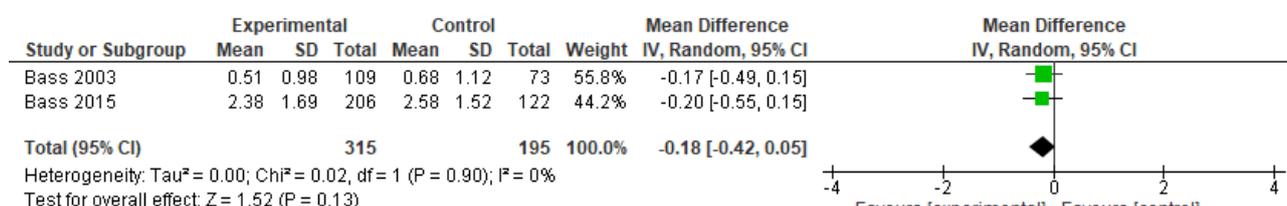


QUESITO 7a. Quali sono i metodi più efficaci di pianificazione dell’assistenza, con particolare attenzione al miglioramento degli esiti relativi alle persone con demenza e ai loro *caregiver*?

Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – ricoveri ospedalieri



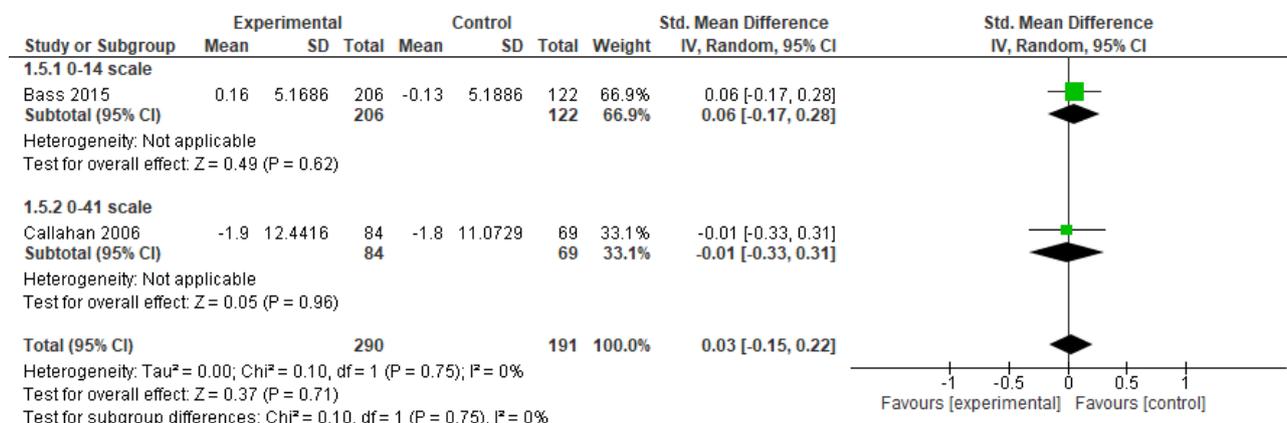
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – ricoveri in PS



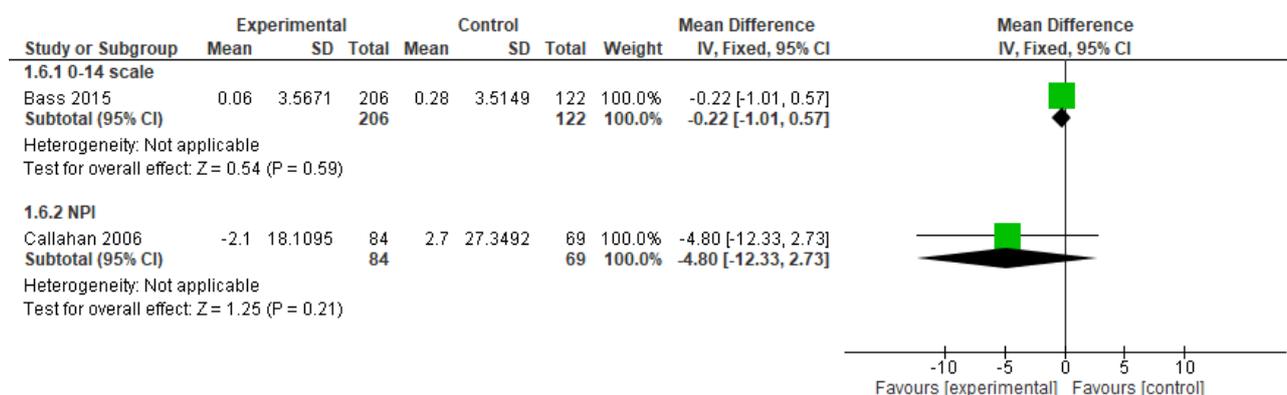
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – tasso di istituzionalizzazione



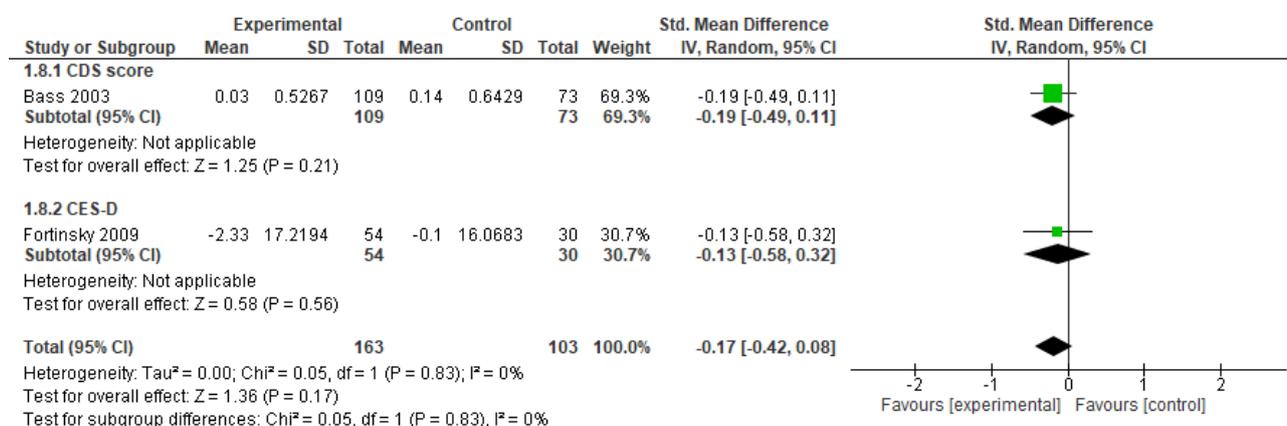
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – sintomi cognitivi



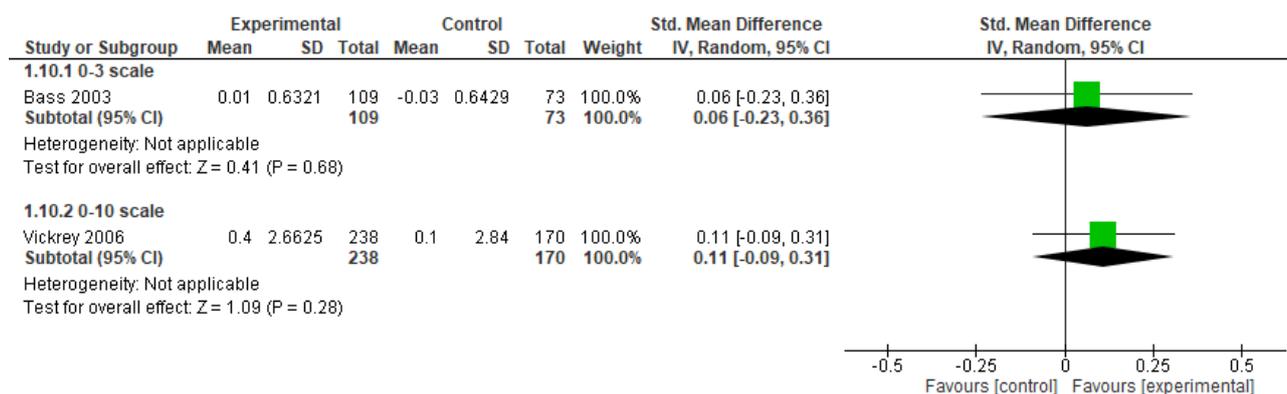
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – sintomi comportamentali



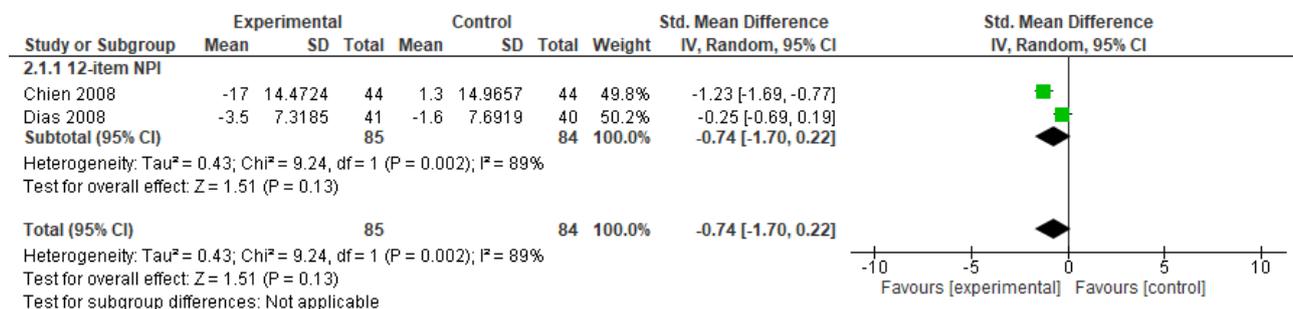
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – sintomi depressivi del caregiver



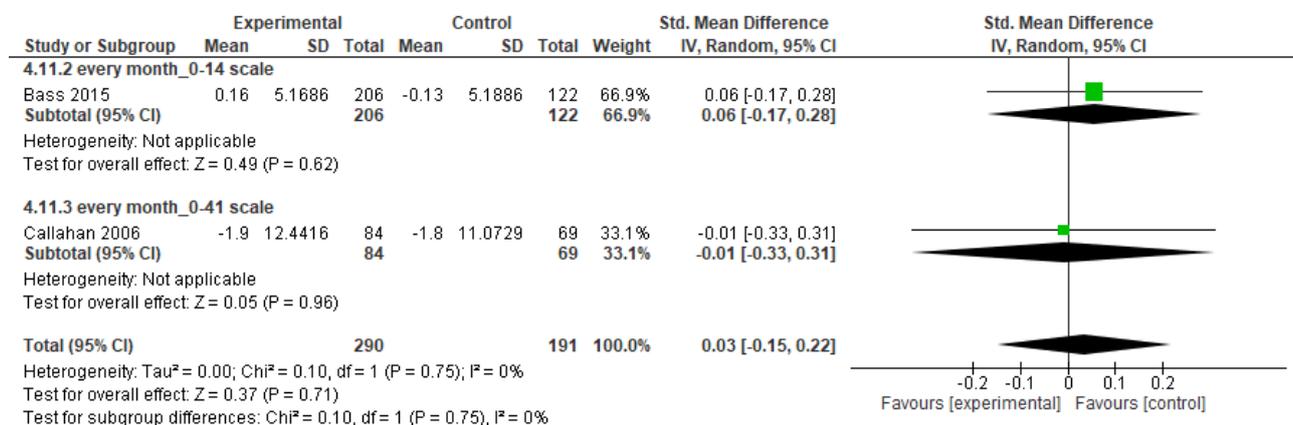
Protocolli/piani di azione (inclusa formazione dei caregiver) e incontri mensili – soddisfazione del caregiver rispetto alla qualità dei servizi



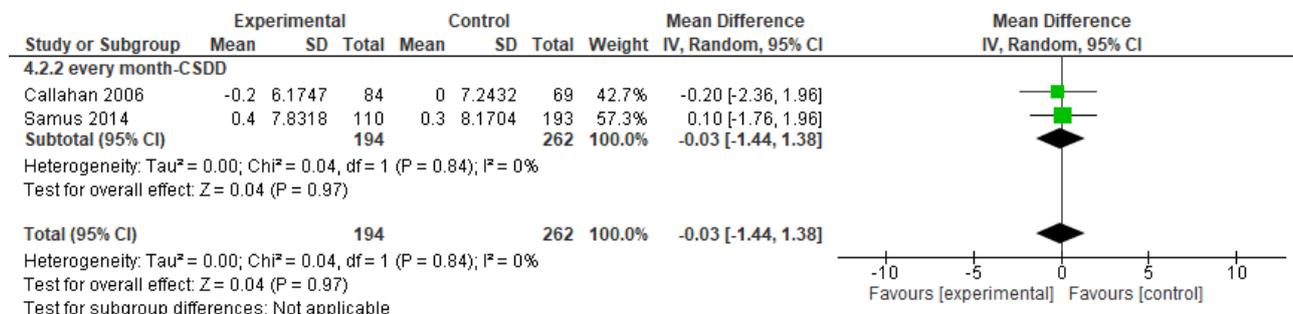
Case management, follow-up ogni 2 mesi – NPI



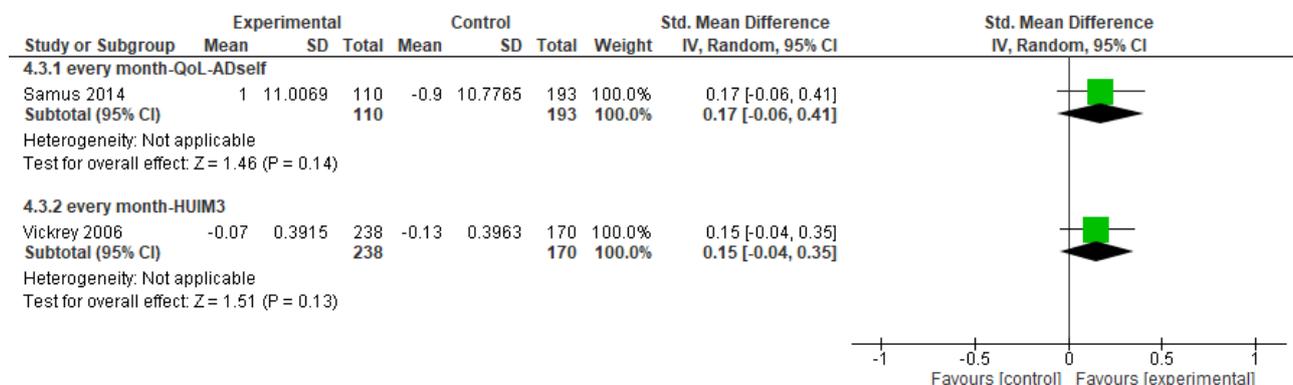
Case management: combinato, follow-up ogni mese - sintomi cognitivi



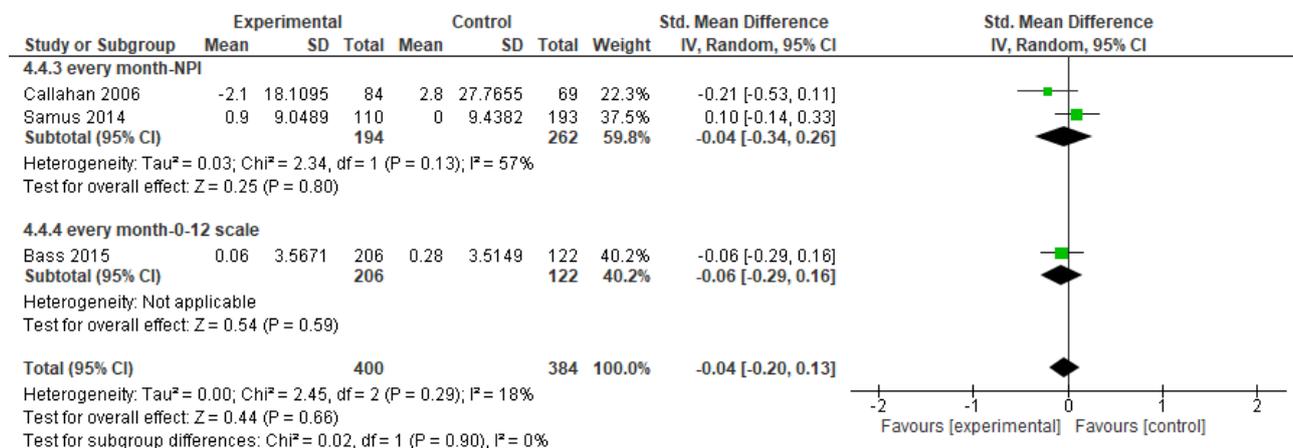
Case management: combinato, follow-up ogni mese – CSDD



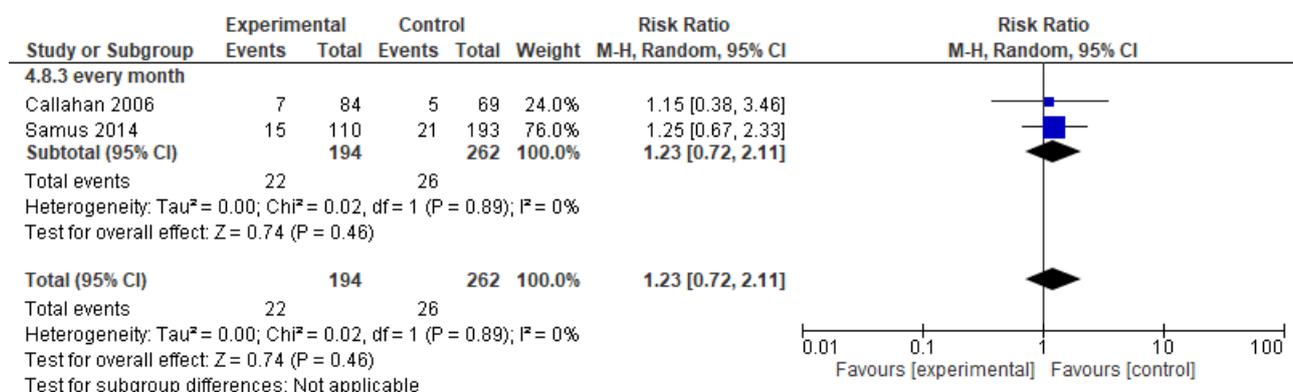
Case management: combinato, follow-up ogni mese – Qualità della vita della persona con demenza



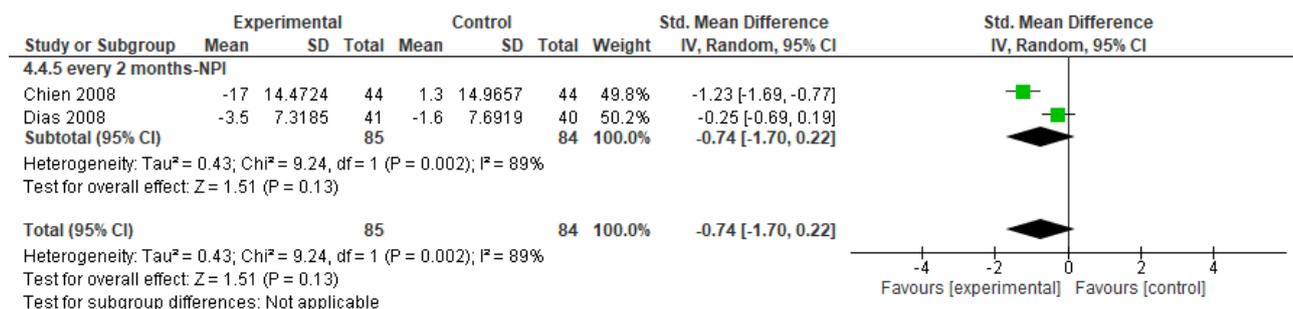
Case management: combinato, follow-up ogni mese – Sintomi comportamentali



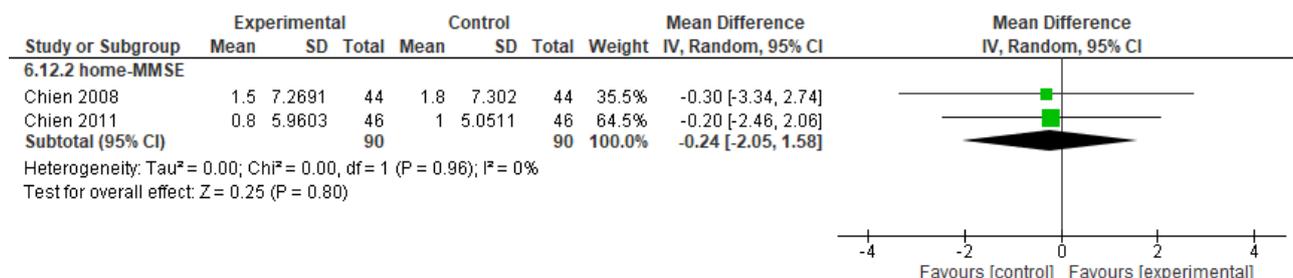
Case management: combinato, follow-up ogni mese – tasso di istituzionalizzazione



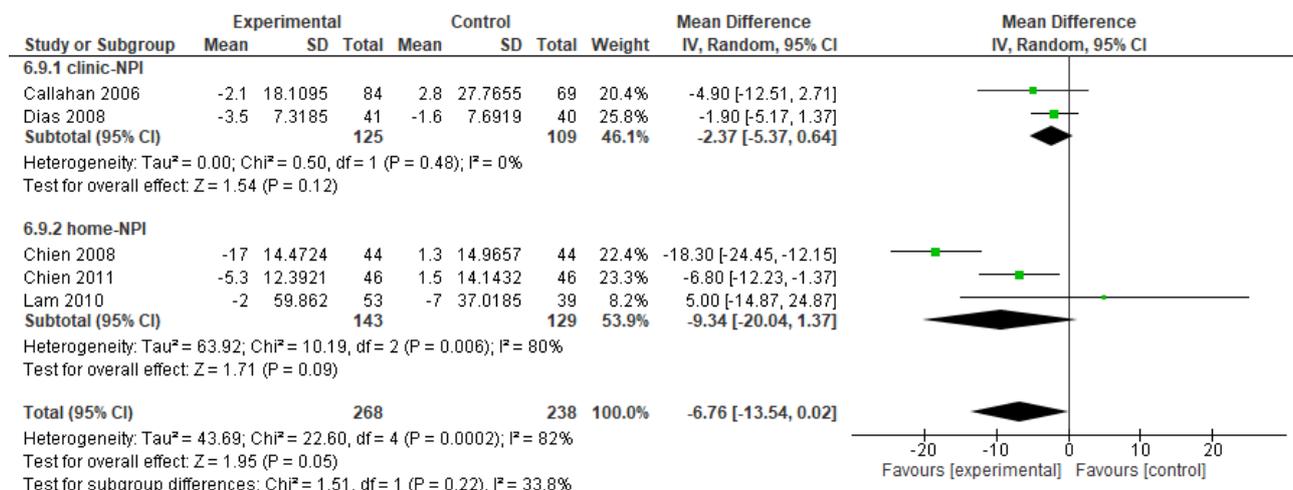
Case management: combinato, follow-up ogni 2 mesi – Sintomi comportamentali



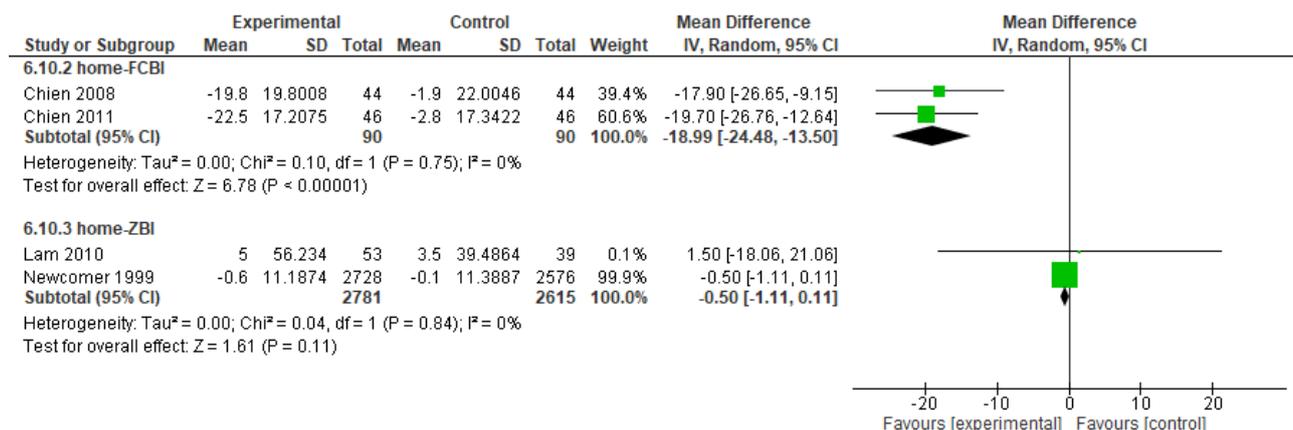
Case management: metodo di follow-up a domicilio – home-MMSE



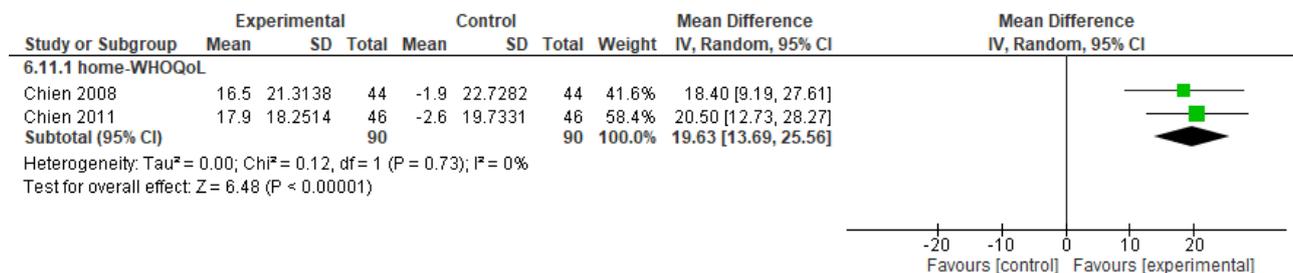
Case management: metodo di follow-up a domicilio e in clinica – sintomi comportamentali



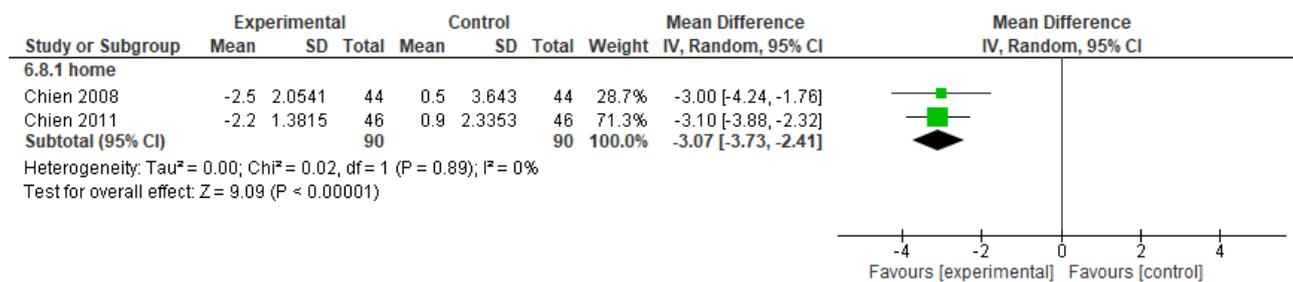
Case management: metodo di follow-up a domicilio – burden del caregiver



Case management: metodo di follow-up a domicilio – qualità della vita del caregiver

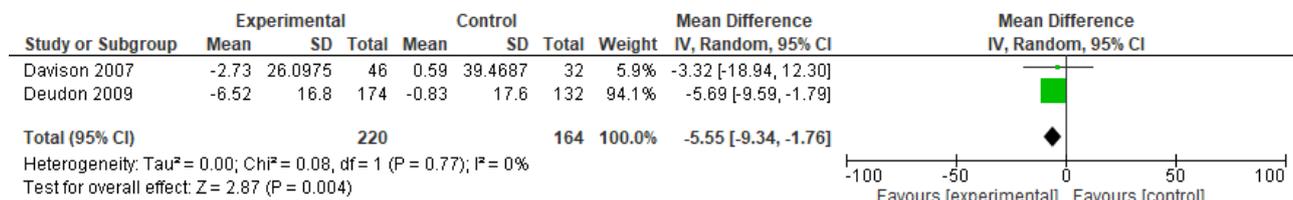


Case management: metodo di follow-up a domicilio – tasso di istituzionalizzazione

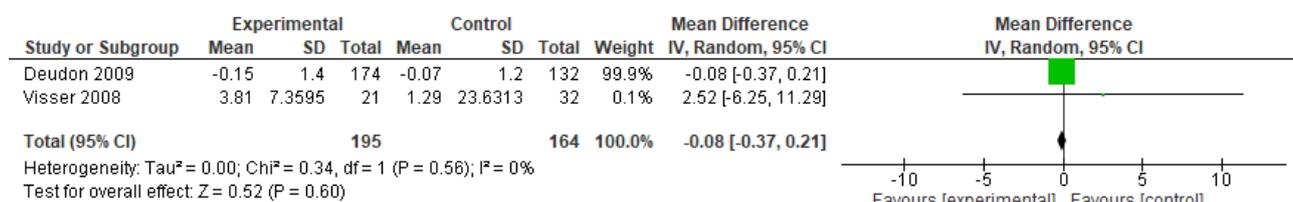


QUESITO 9. Quale è l’impatto della formazione del personale sanitario e sociosanitario che si occupa di demenza sull’esperienza delle persone con demenza e dei loro *caregiver*?

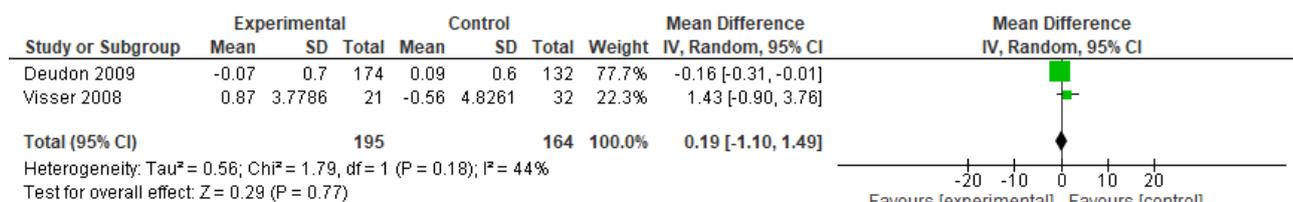
Training per i BPSD - CMAI



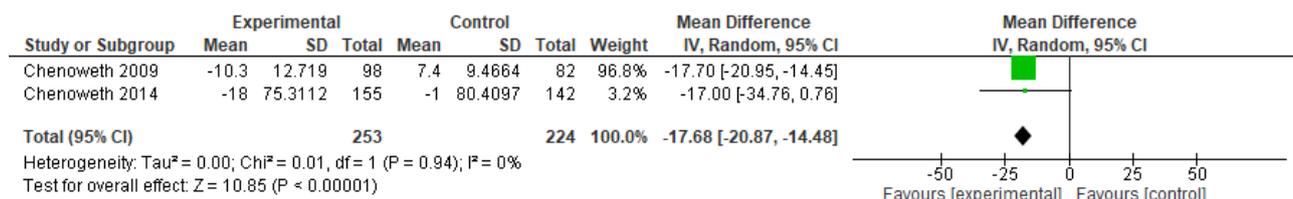
Training per i BPSD – CMAI-PA



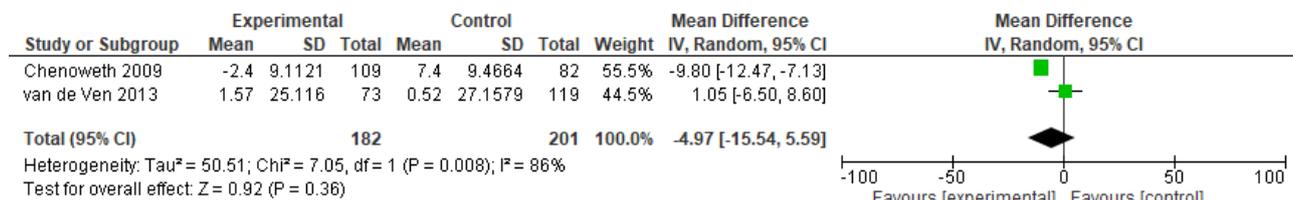
Training per i BPSD – CMAI-VA



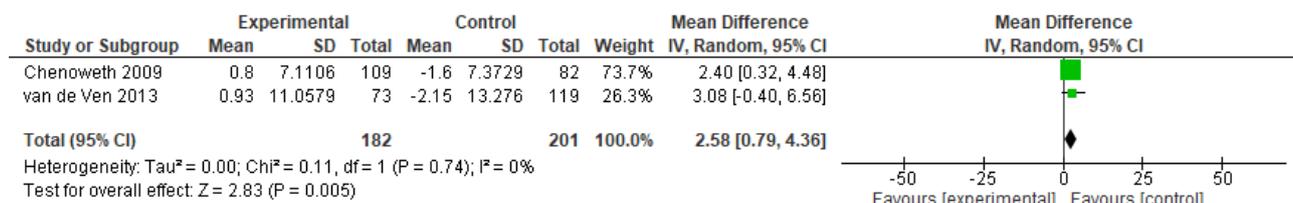
Person-Centered – CMAI



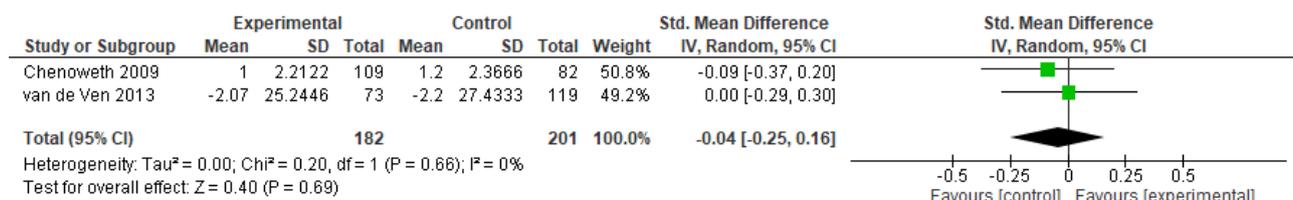
Care Mapping - CMAI



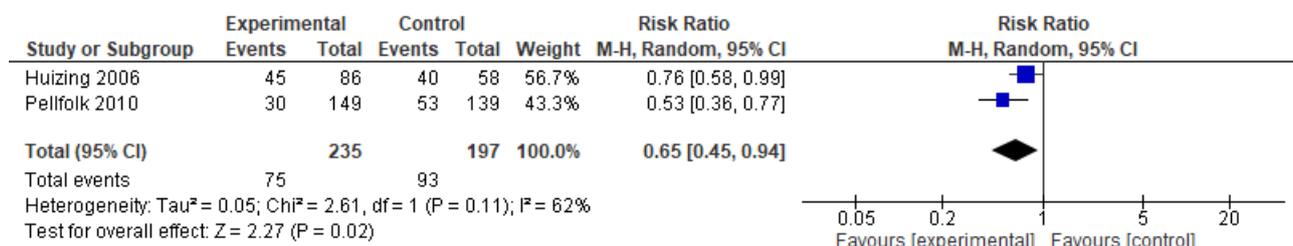
Care Mapping – NPI



Care Mapping – Qualità della vita della persona con demenza



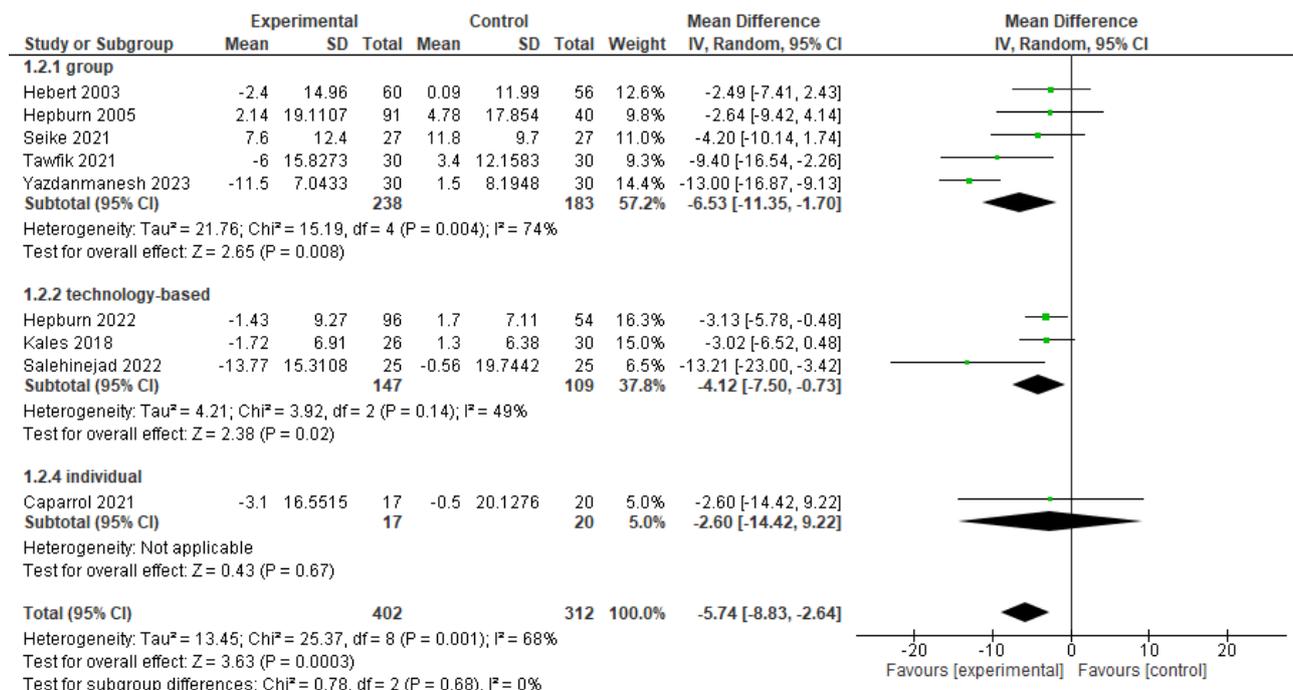
Riduzione della frequenza di utilizzo dei sistemi di contenzione fisica



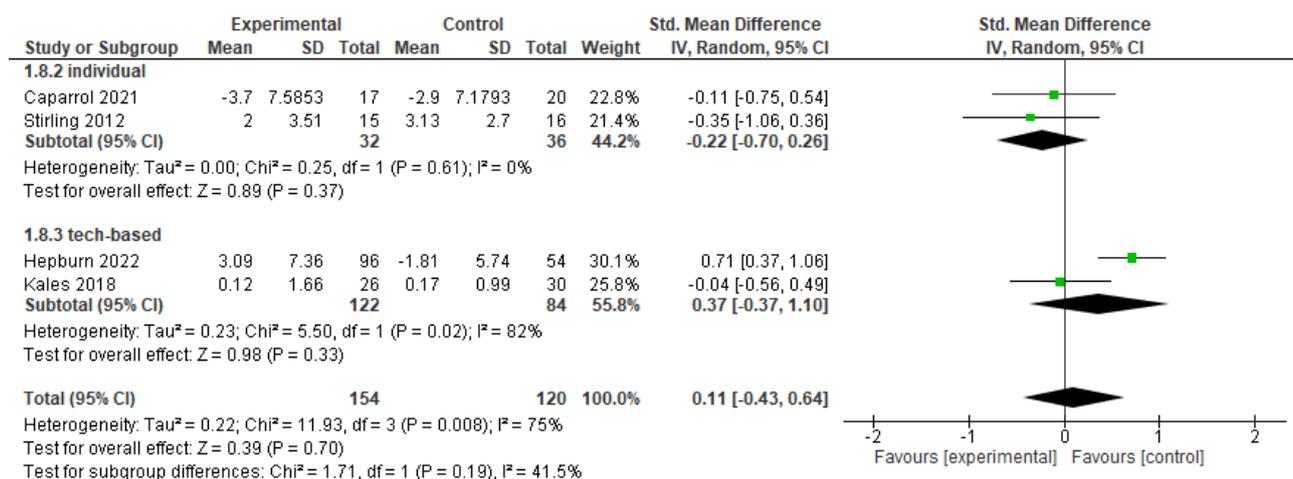
QUESITO 14b. Quali interventi/servizi sono più efficaci per supportare il benessere dei *caregiver* informali delle persone con demenza?

INTERVENTI PSICOEDUCATIVI

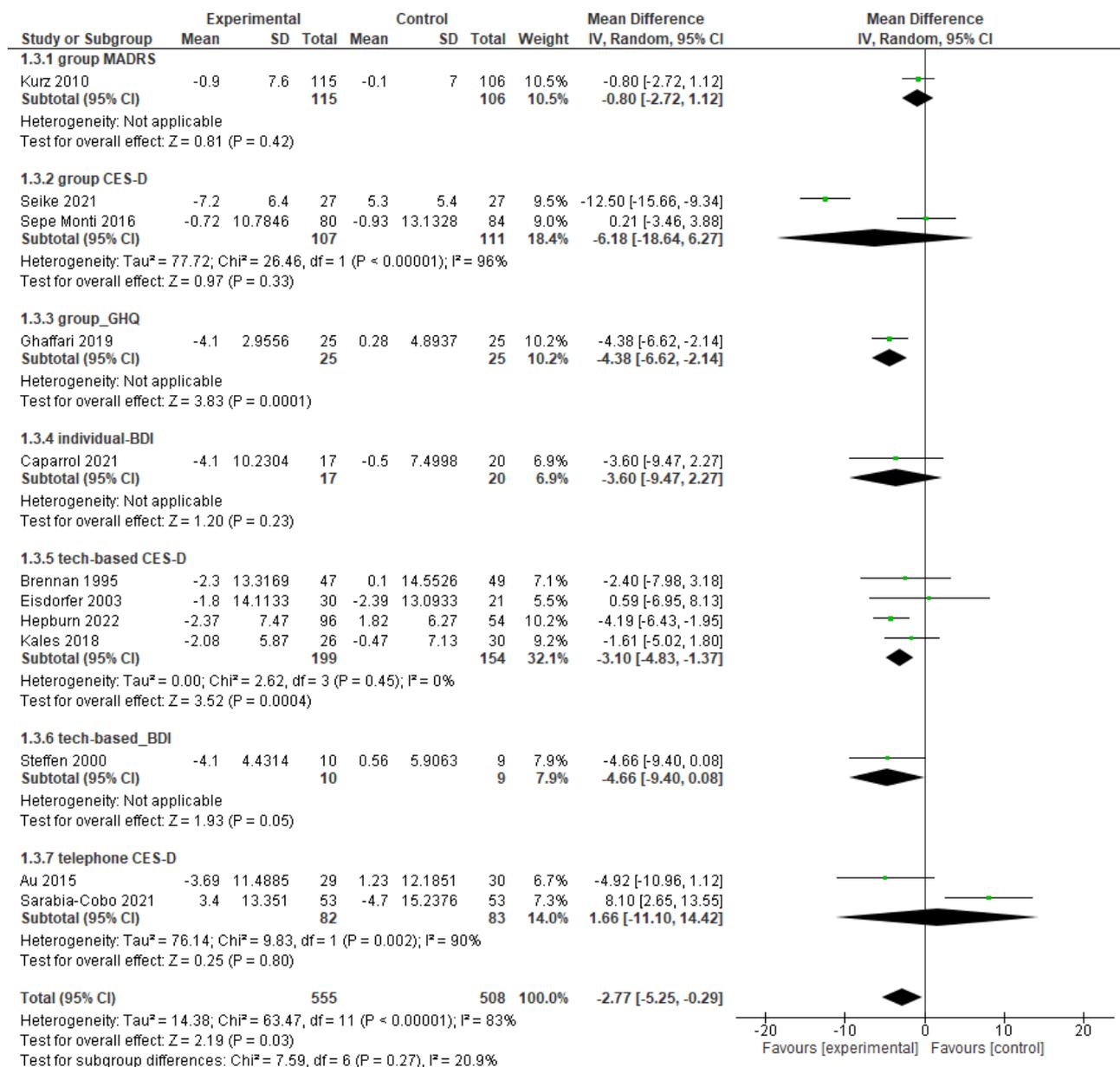
ZBI



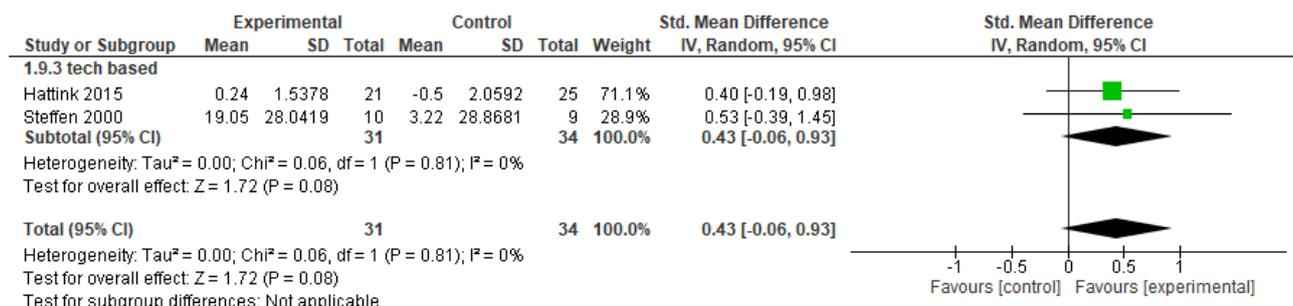
Stress



Depressione

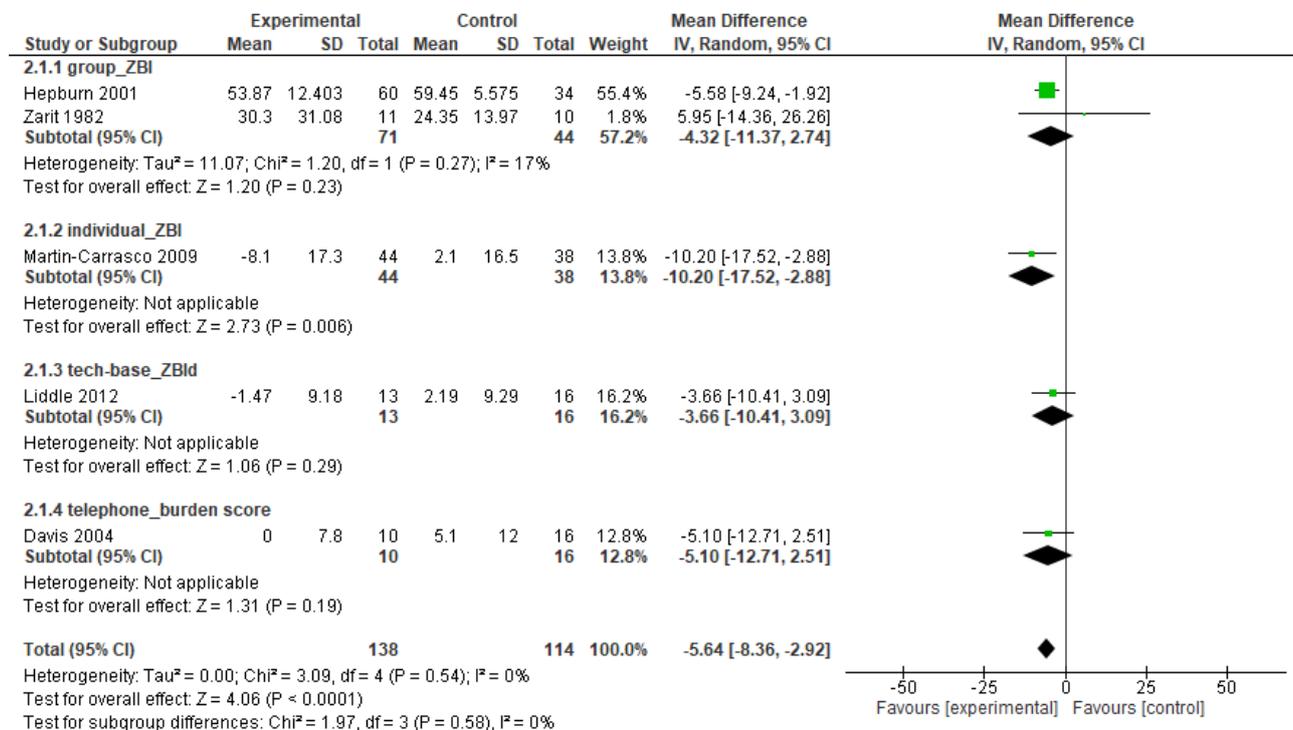


Self-efficacy

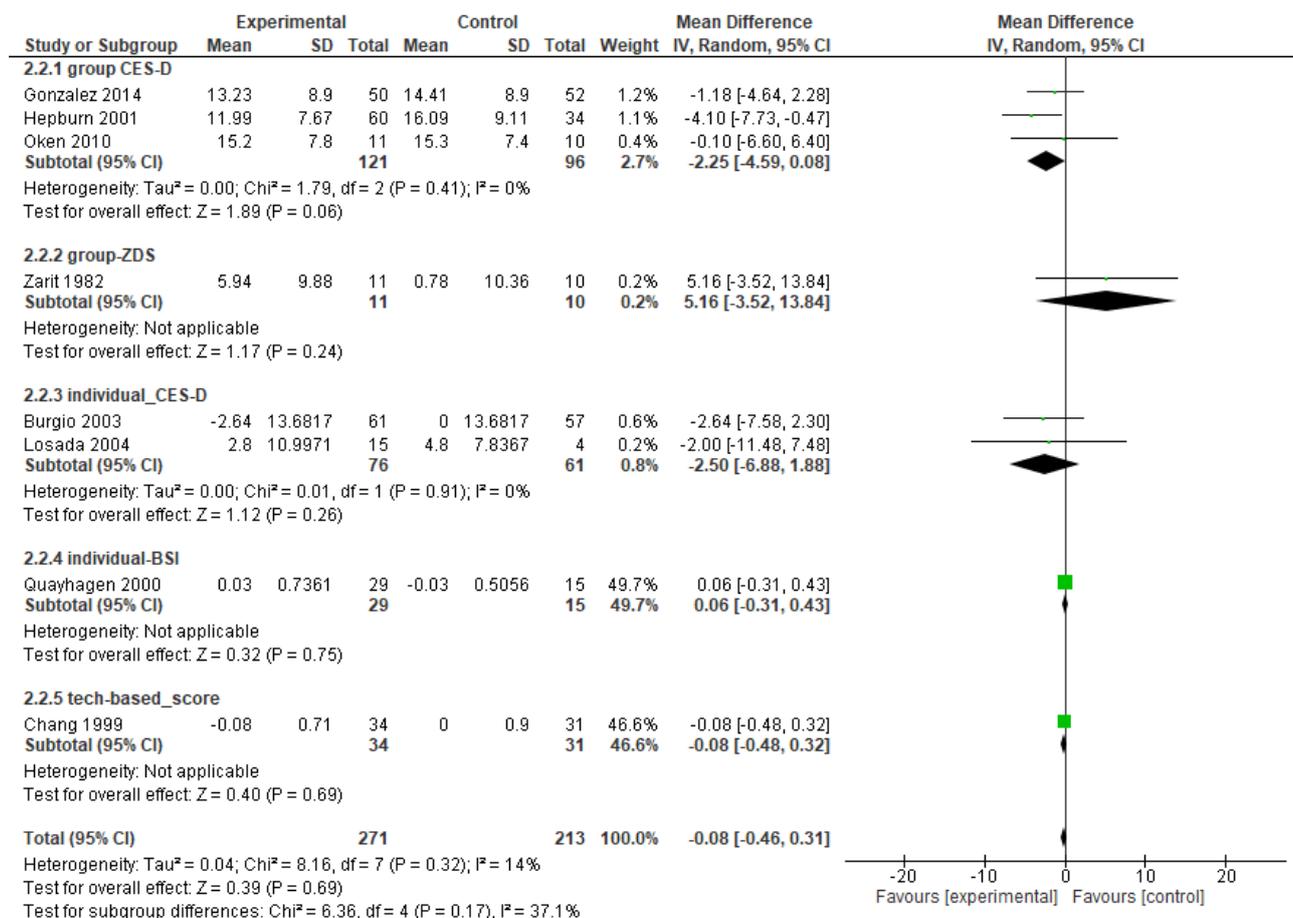


INTERVENTI DI SKILL TRAINING

Caregiver burden

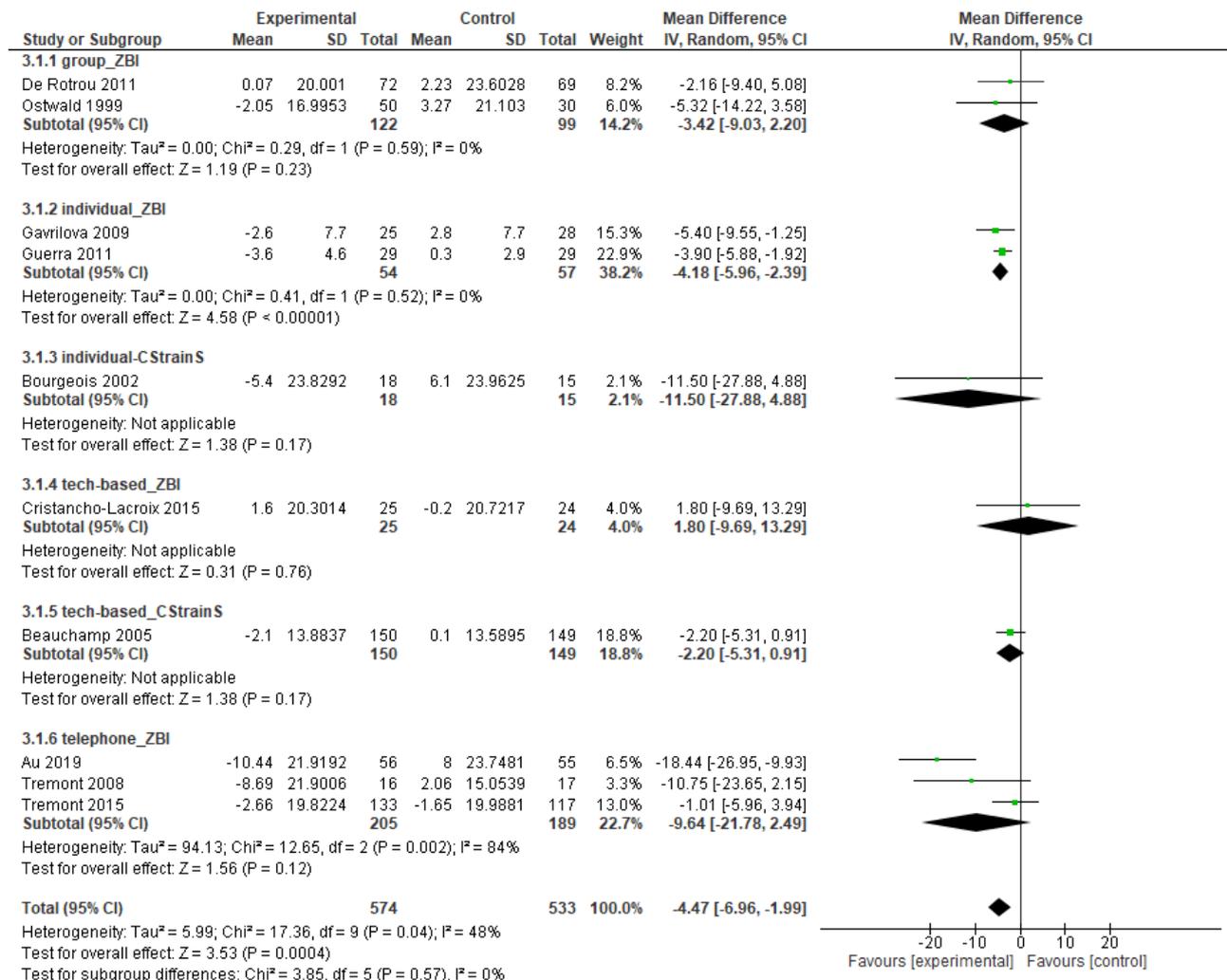


Depressione

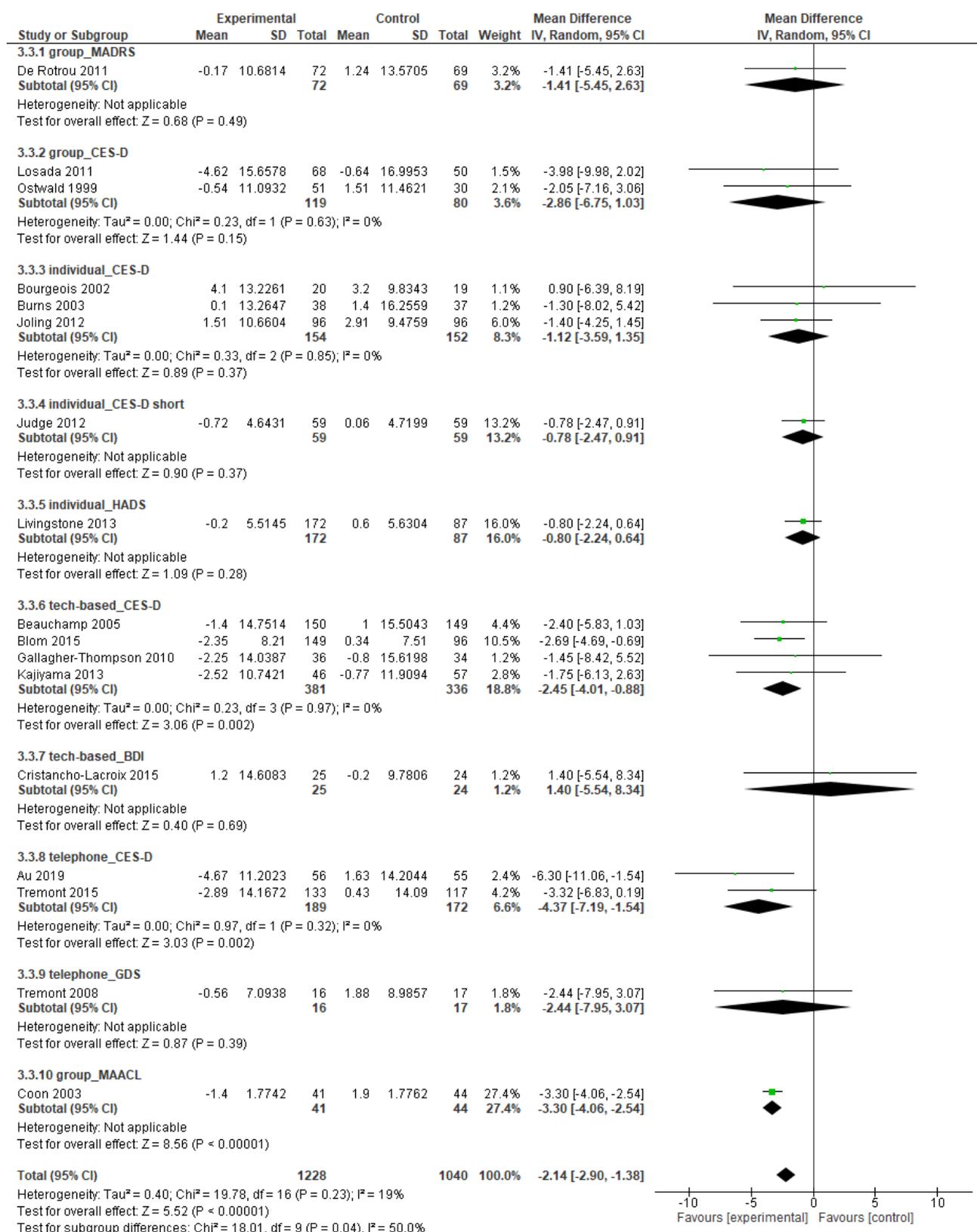


INTERVENTI PSICOEDUCATIVI E DI SKILL TRAINING

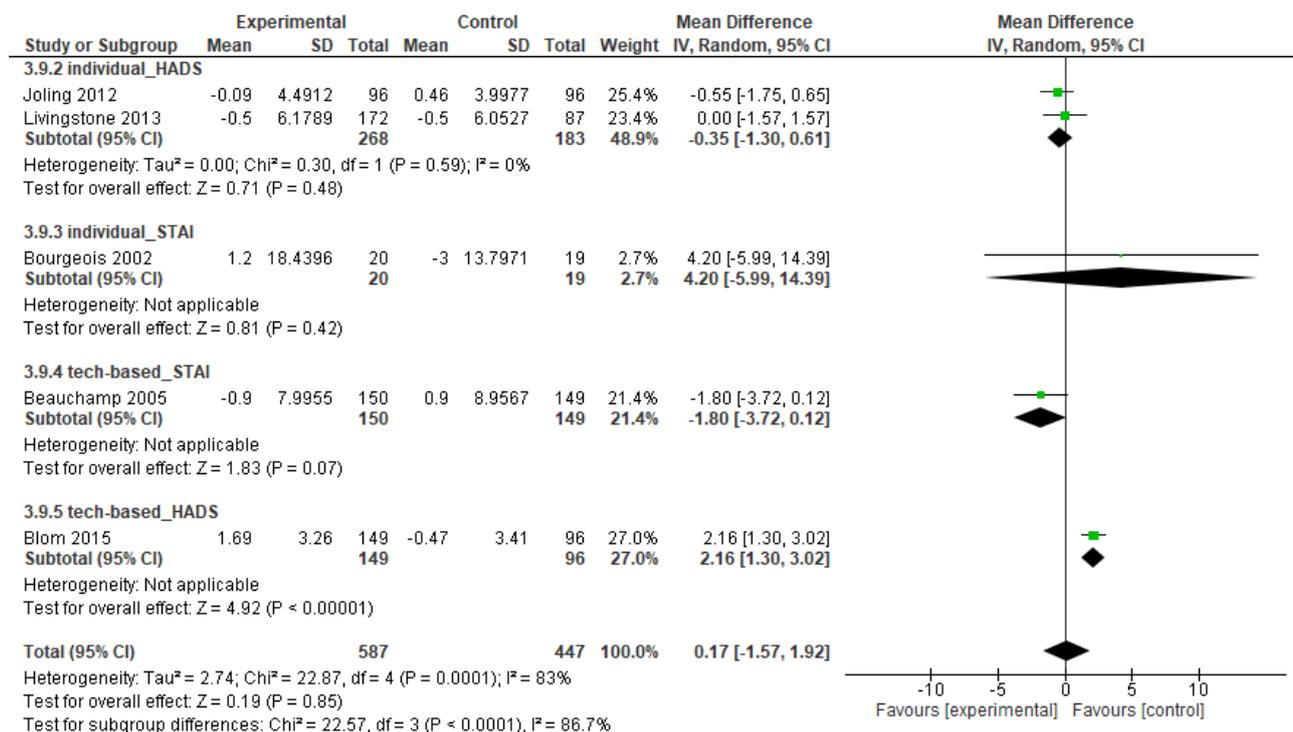
Caregiver burden



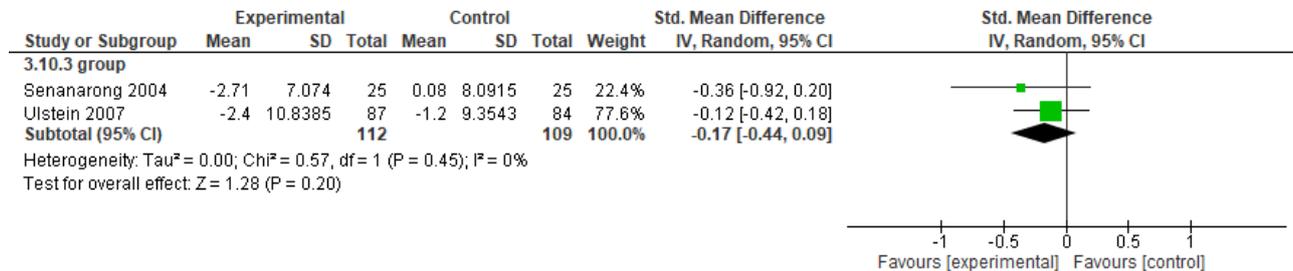
Depressione



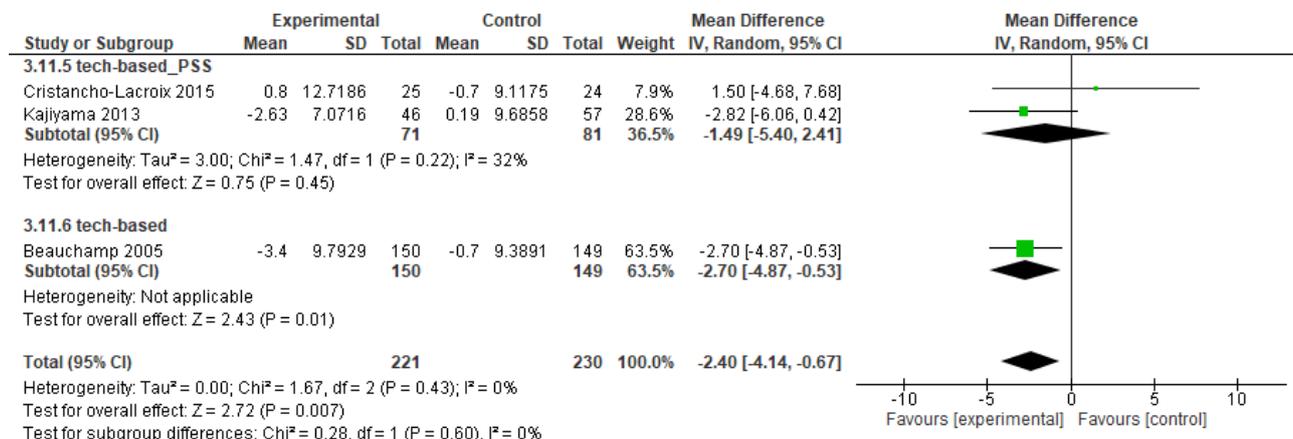
Ansia



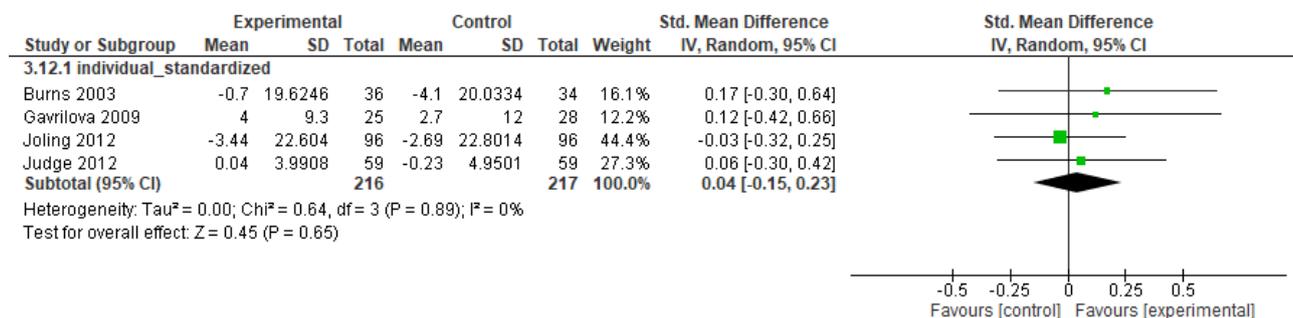
Caregiver stress - Interventi di gruppo



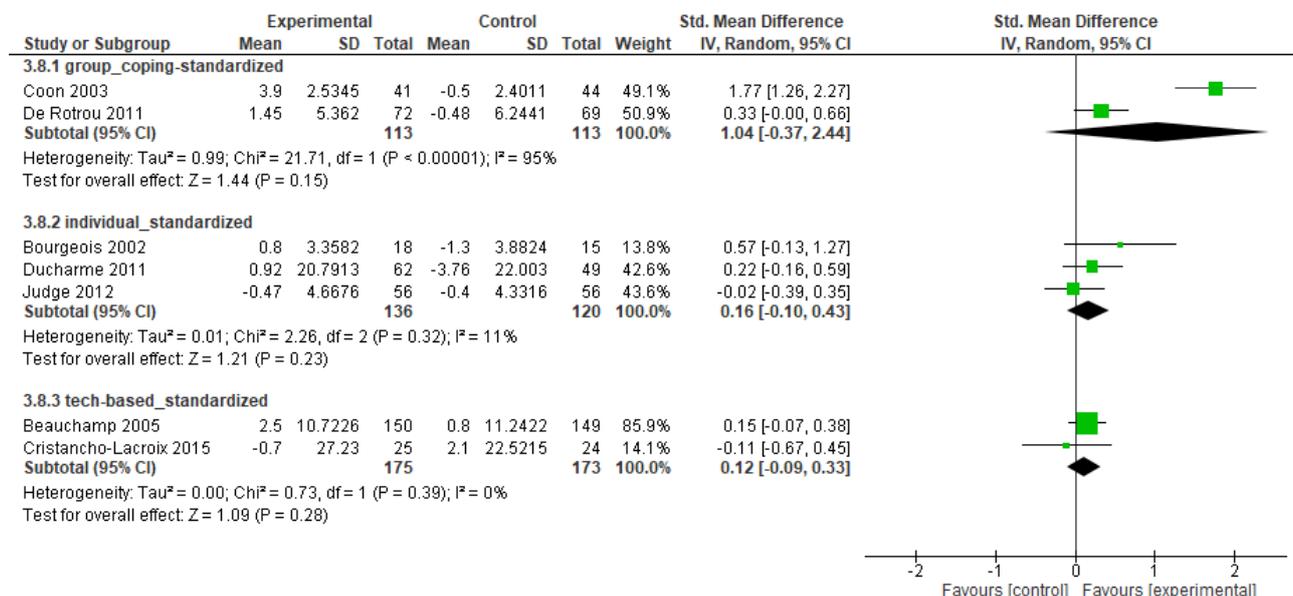
Caregiver stress - Interventi su supporti tecnologici



Qualità della vita - Interventi individuali

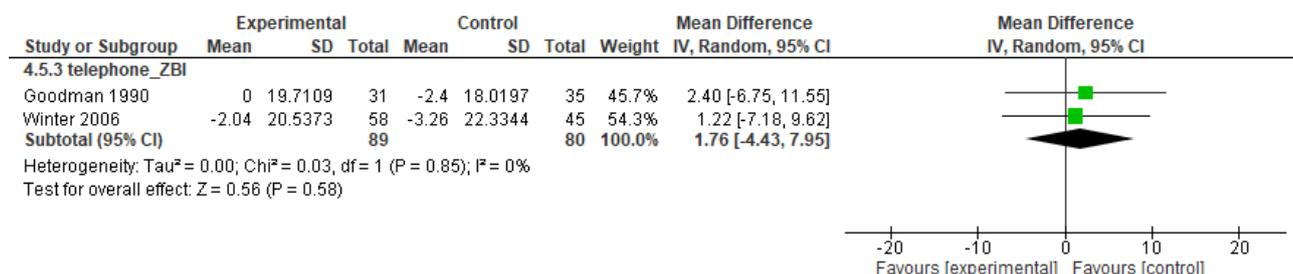


Self-efficacy

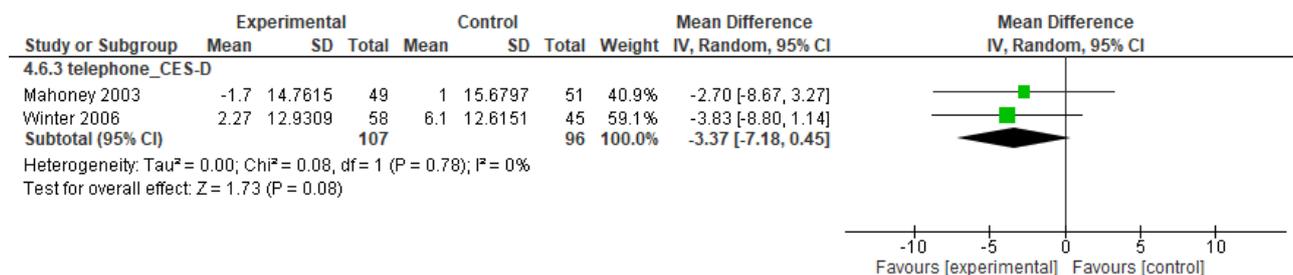


INTERVENTI DI SUPPORTO

Caregiver burden

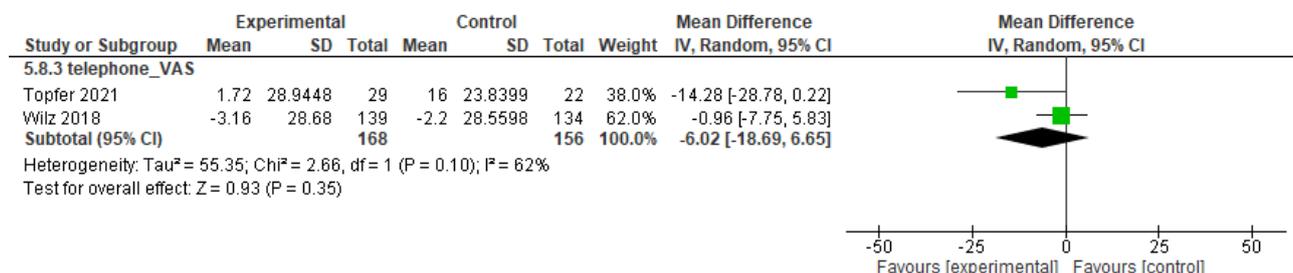


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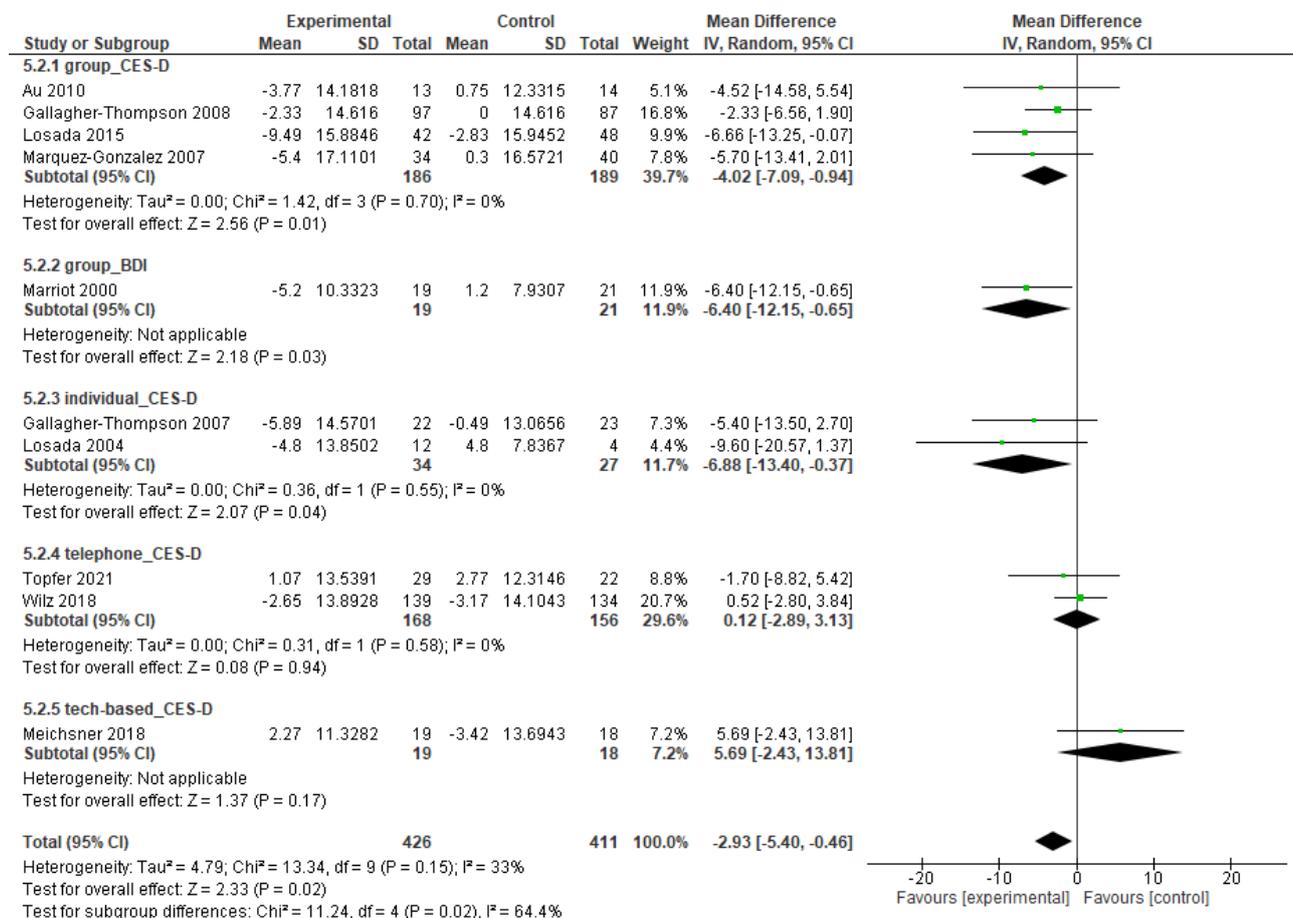


INTERVENTI COGNITIVO-COMPORTAMENTALE

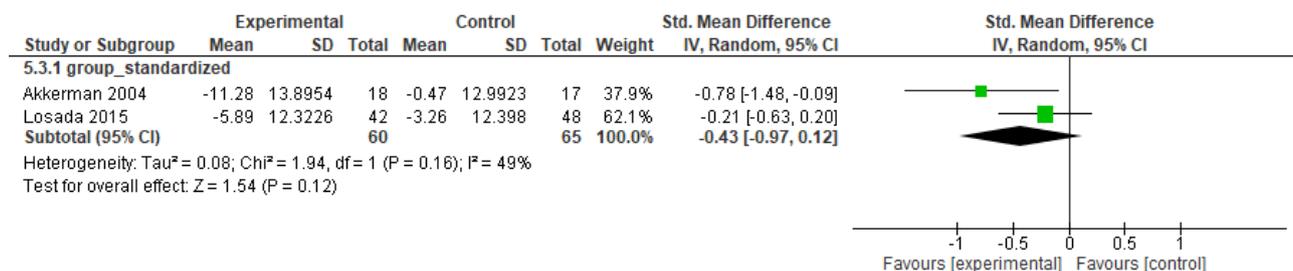
Caregiver burden



Depressione

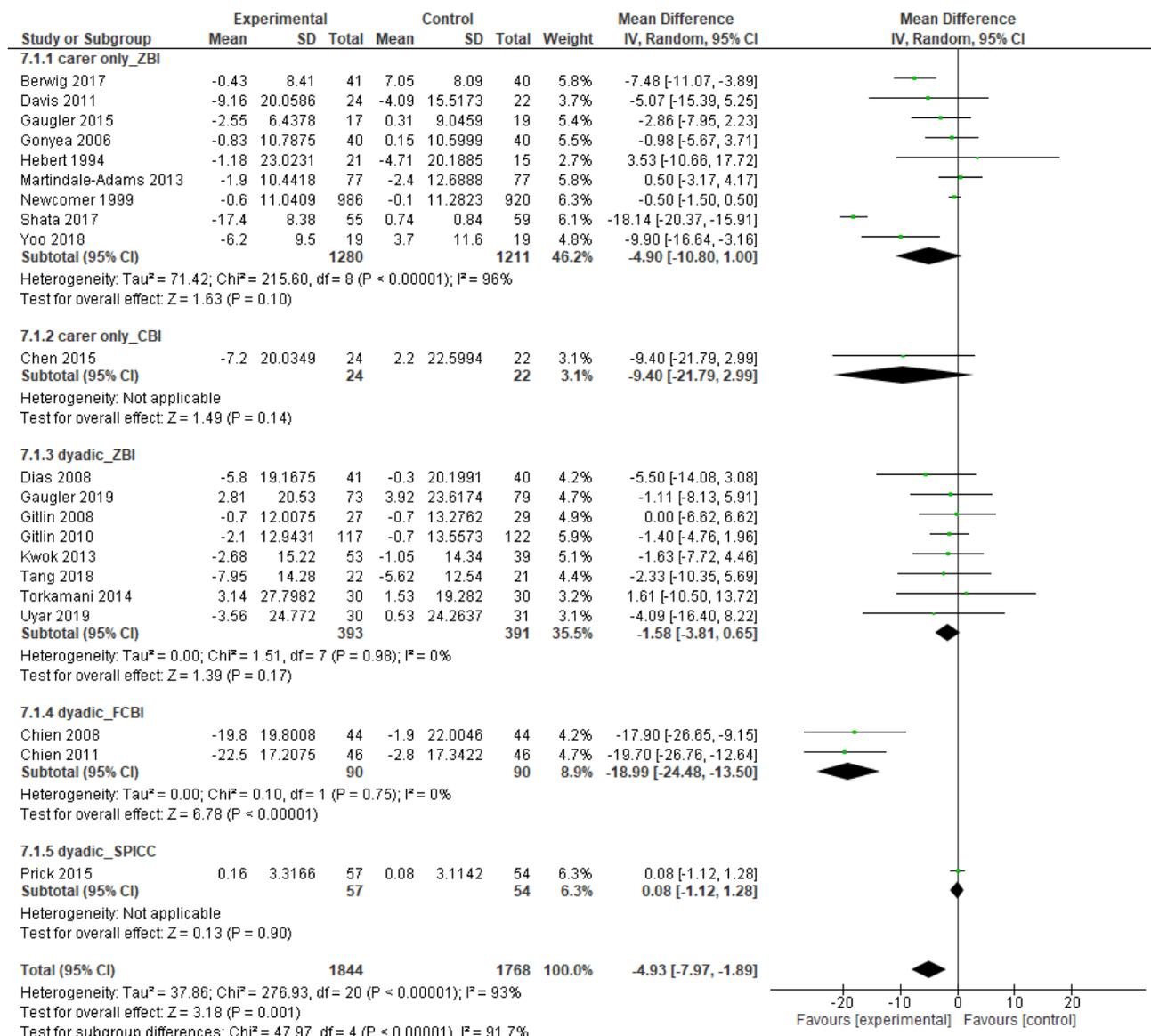


Ansia

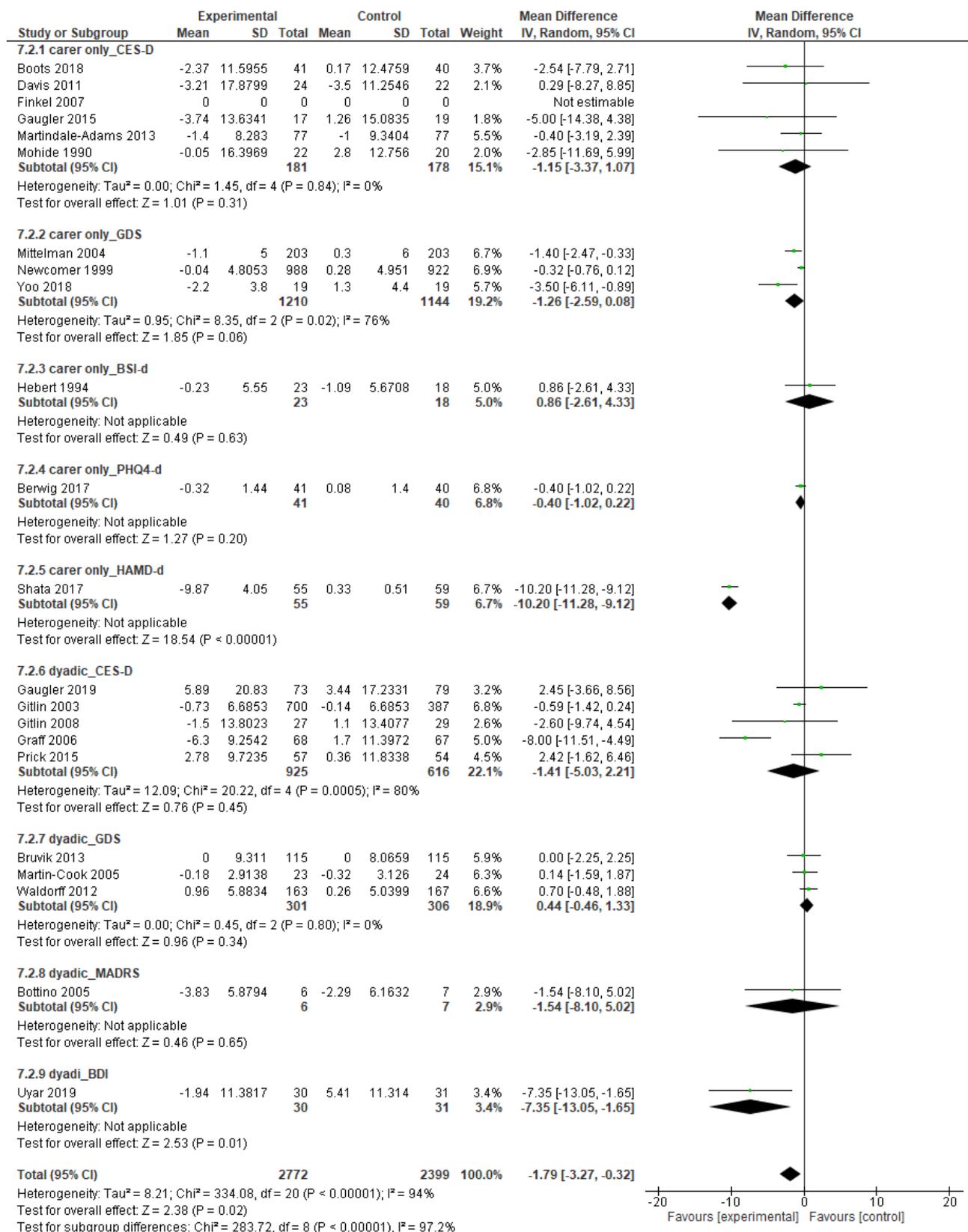


INTERVENTI MULTICOMPONENTE

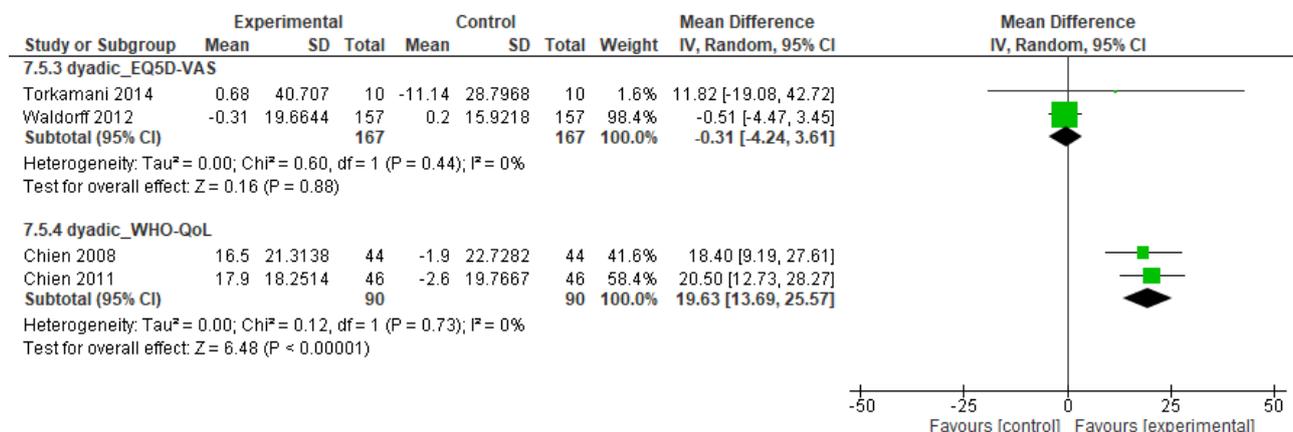
Caregiver burden



Depressione

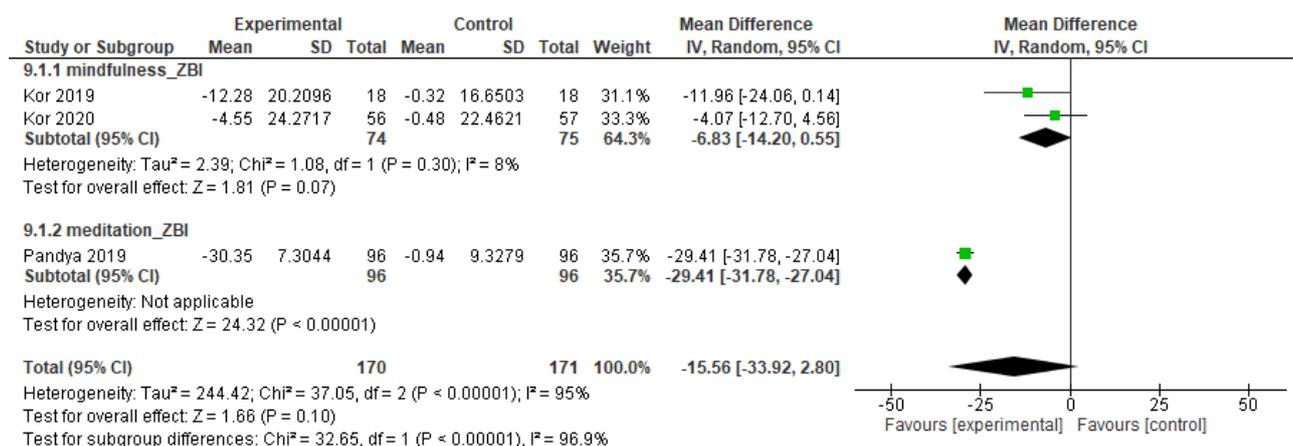


Qualità della vita

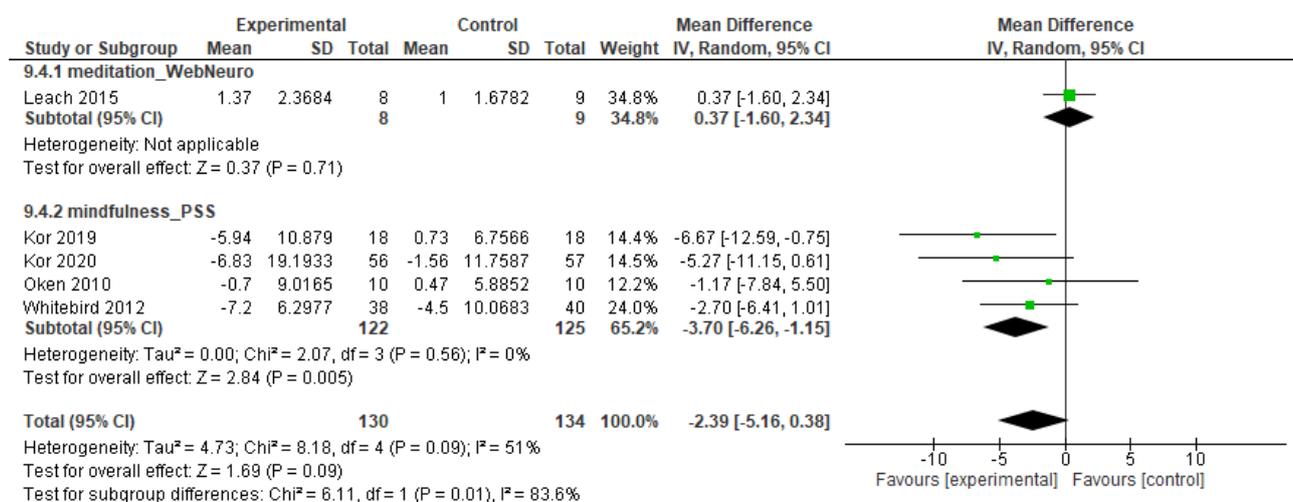


MEDITAZIONE/MINDFULNESS

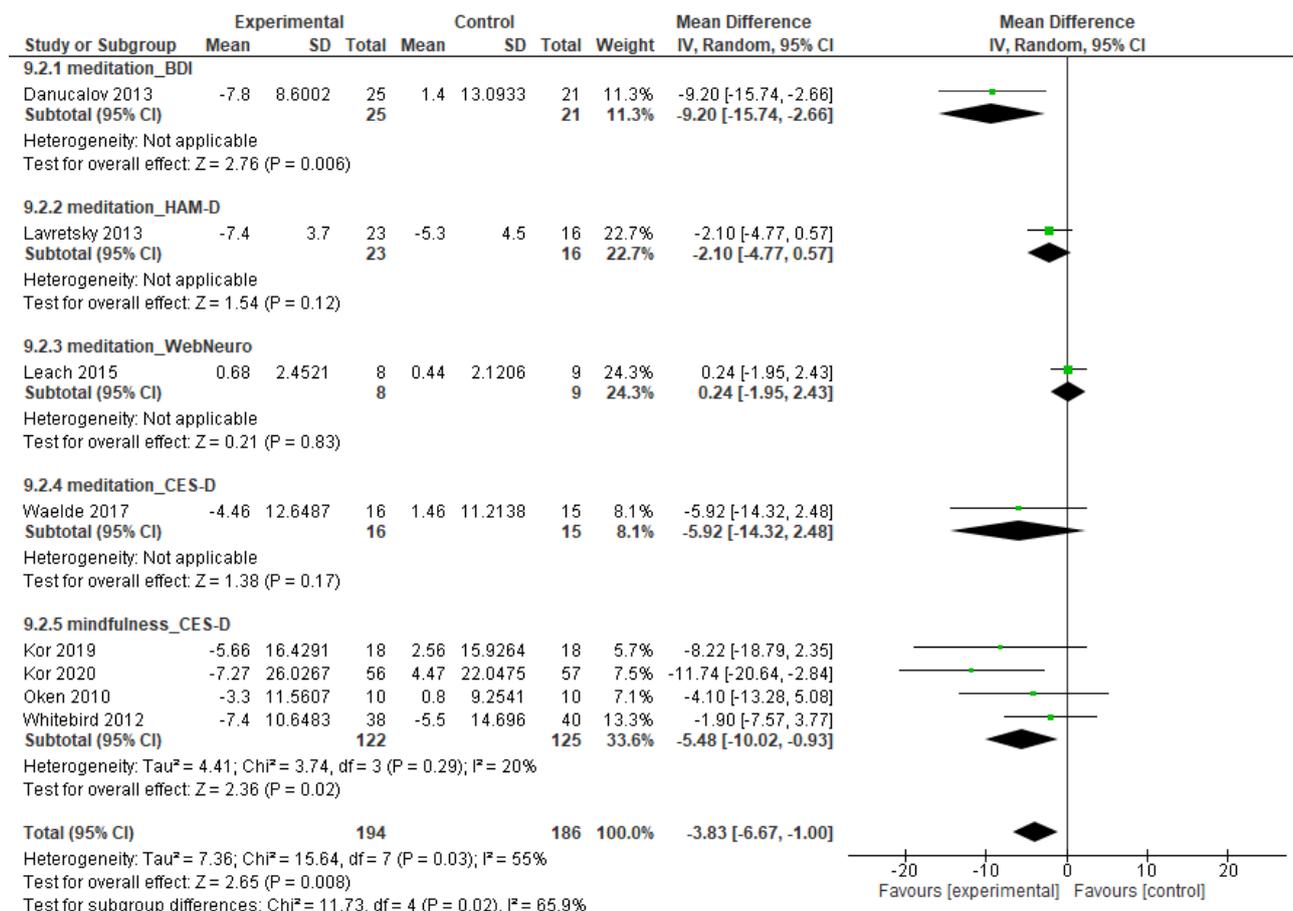
Caregiver burden



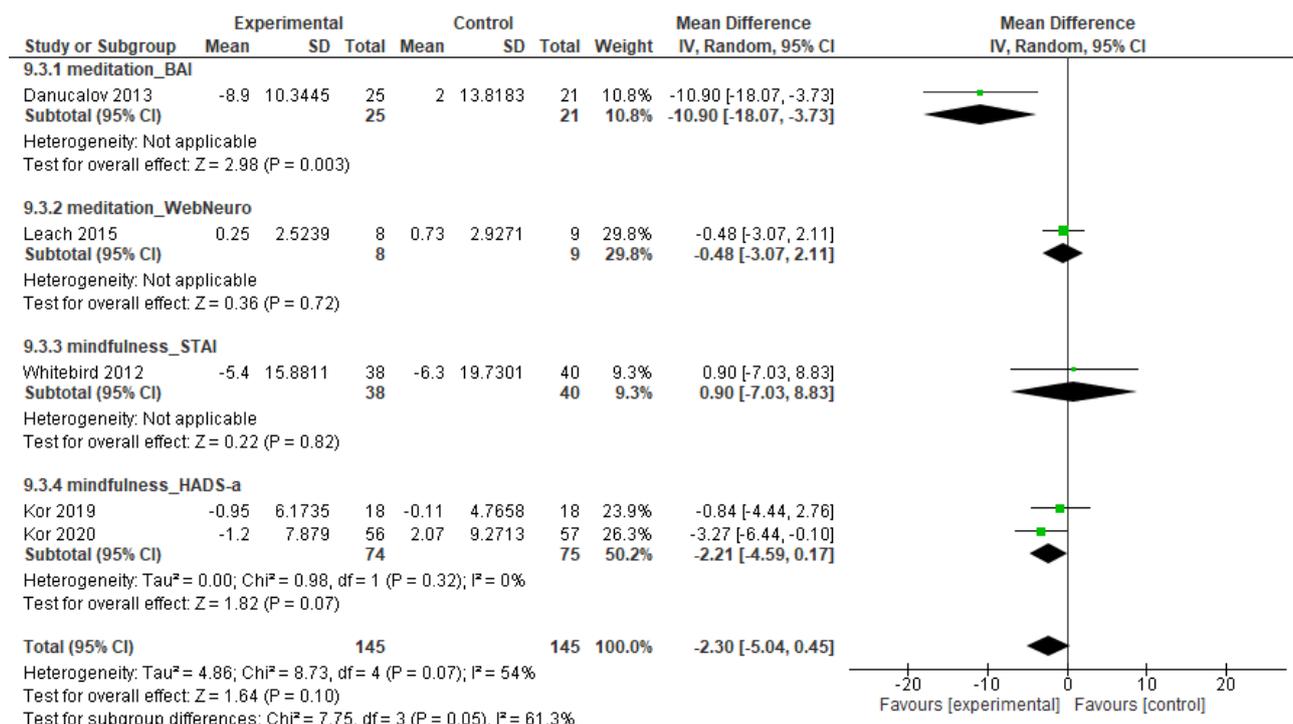
Caregiver stress



Depressione

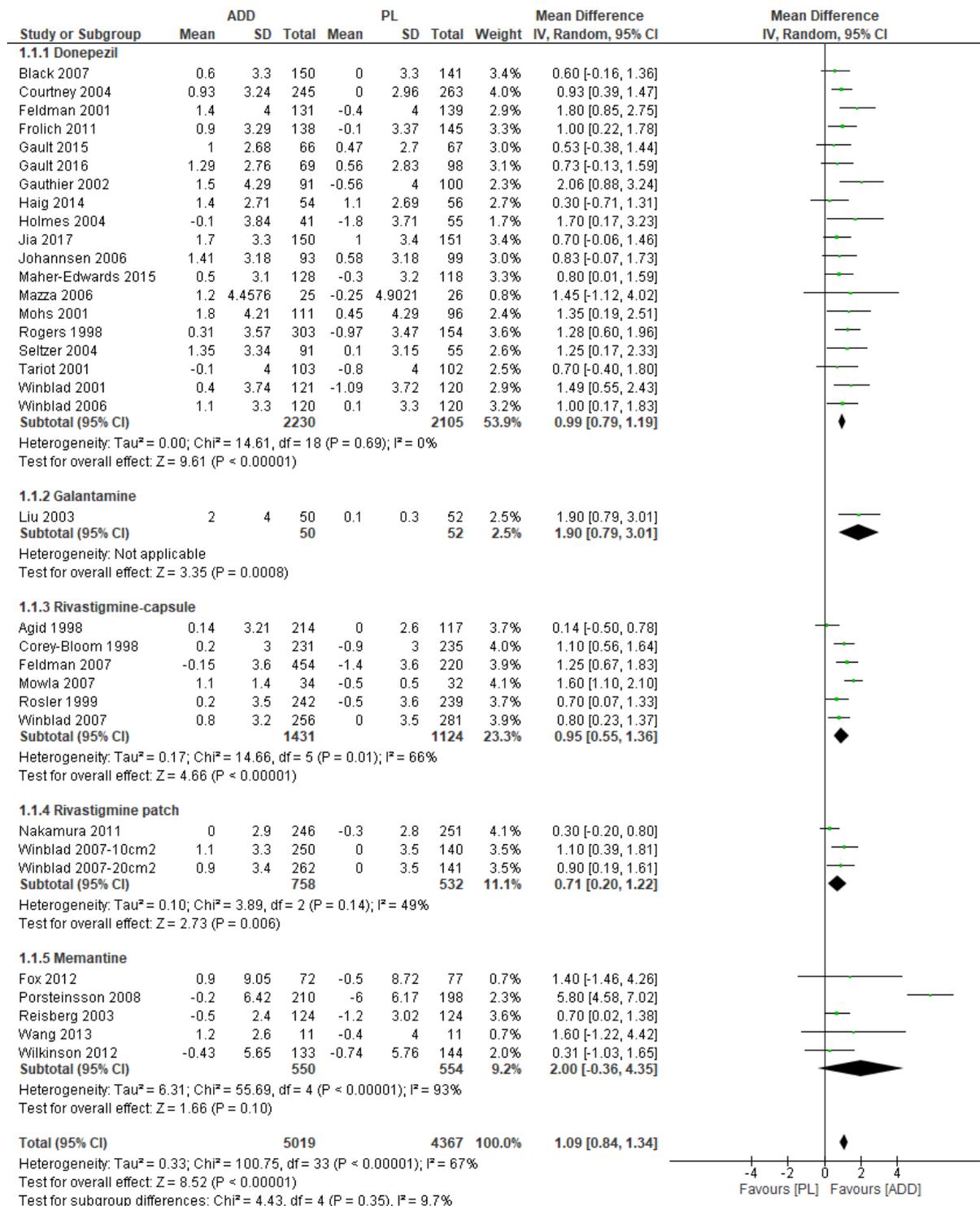


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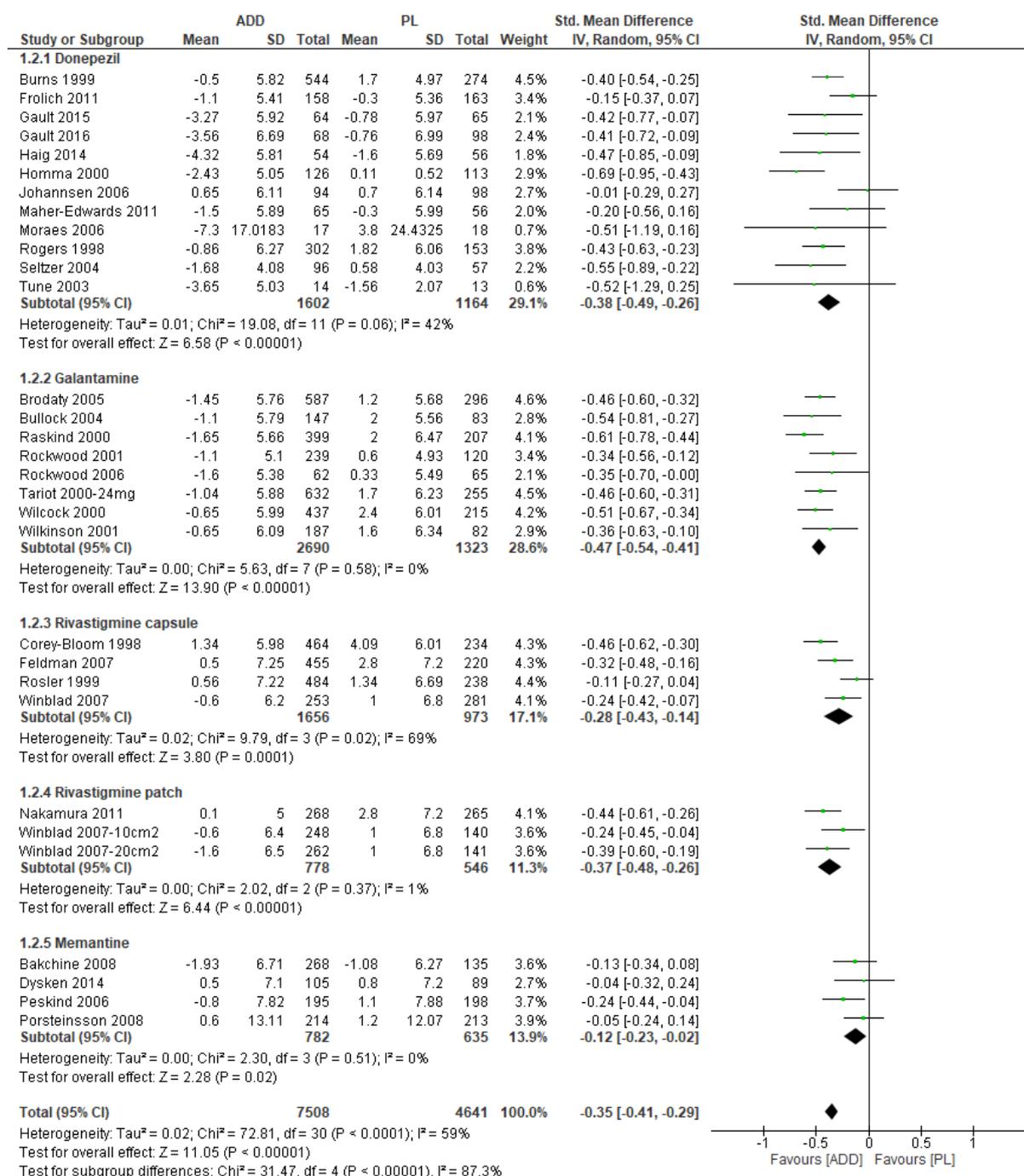


QUESITO 15a. Qual è l'utilità (in termini di efficacia e sicurezza) di inibitori delle acetilcolinesterasi e di memantina per il trattamento dei disturbi cognitivi in persone con demenza di Alzheimer e come dovrebbe essere condotto il monitoraggio?

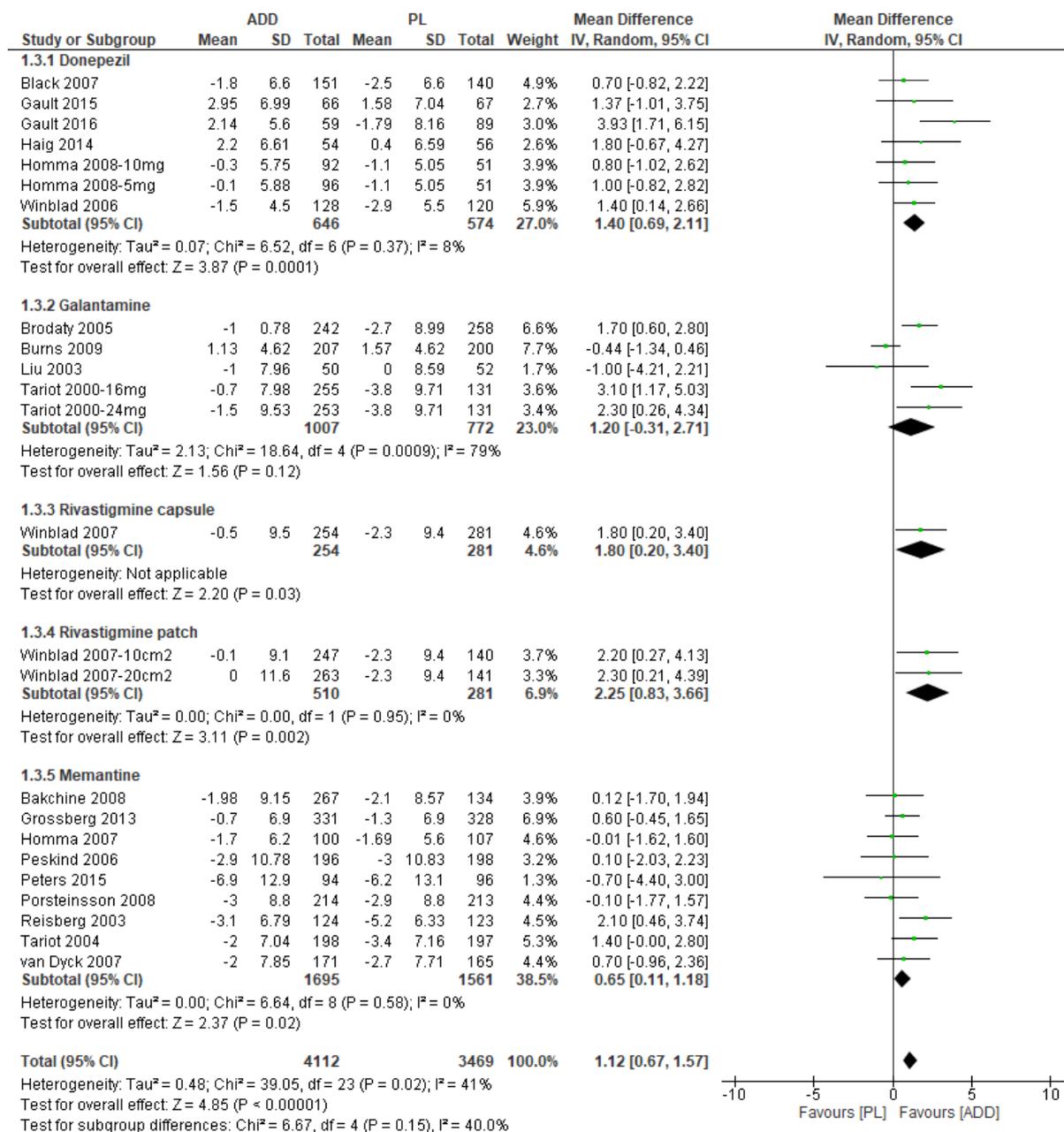
Inibitori delle acetilcolinesterasi vs placebo – MMSE (AD non stratificata per gravità)



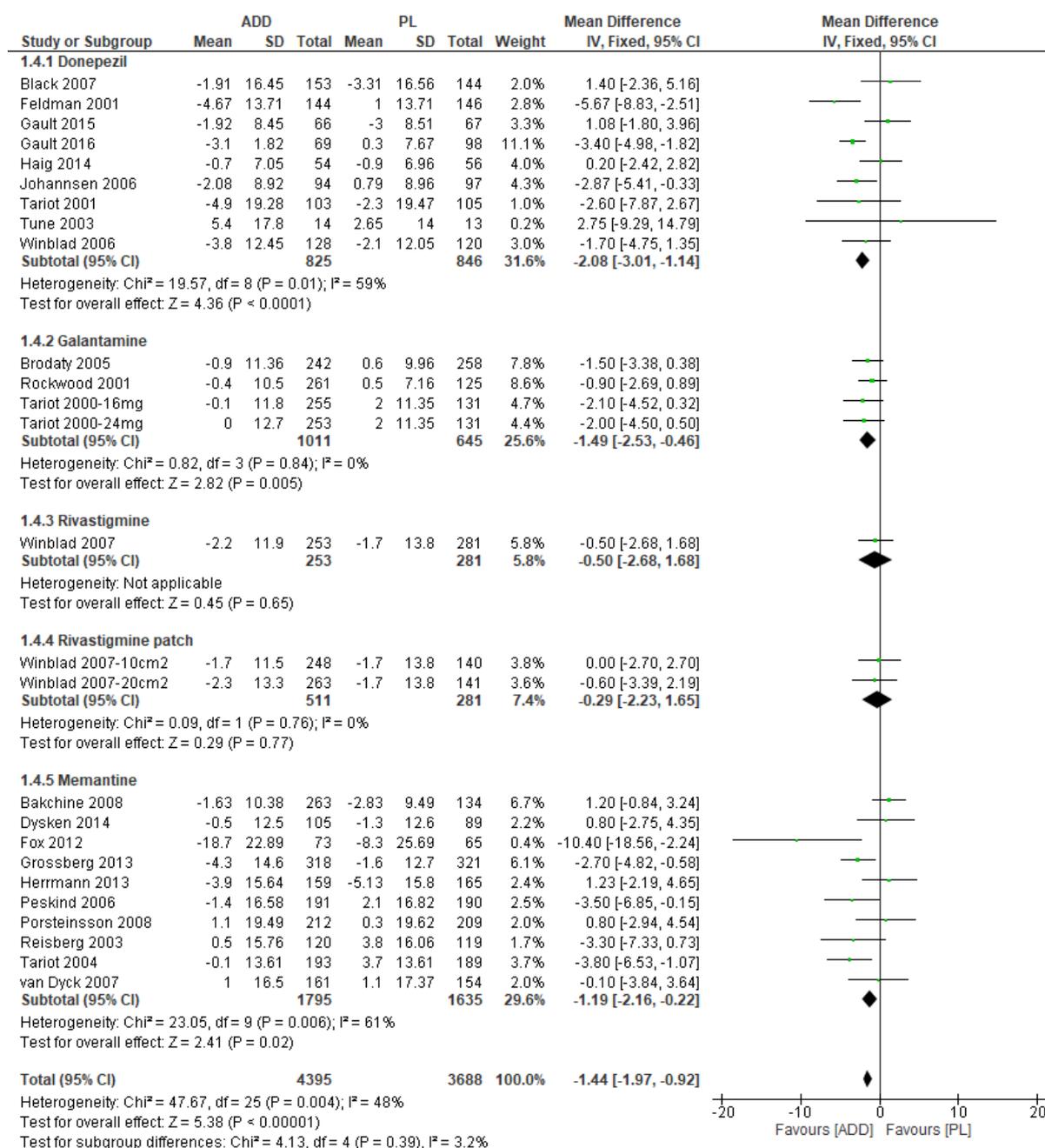
Inibitori delle acetilcolinesterasi vs placebo – ADAS-Cog (AD non stratificata per gravità)



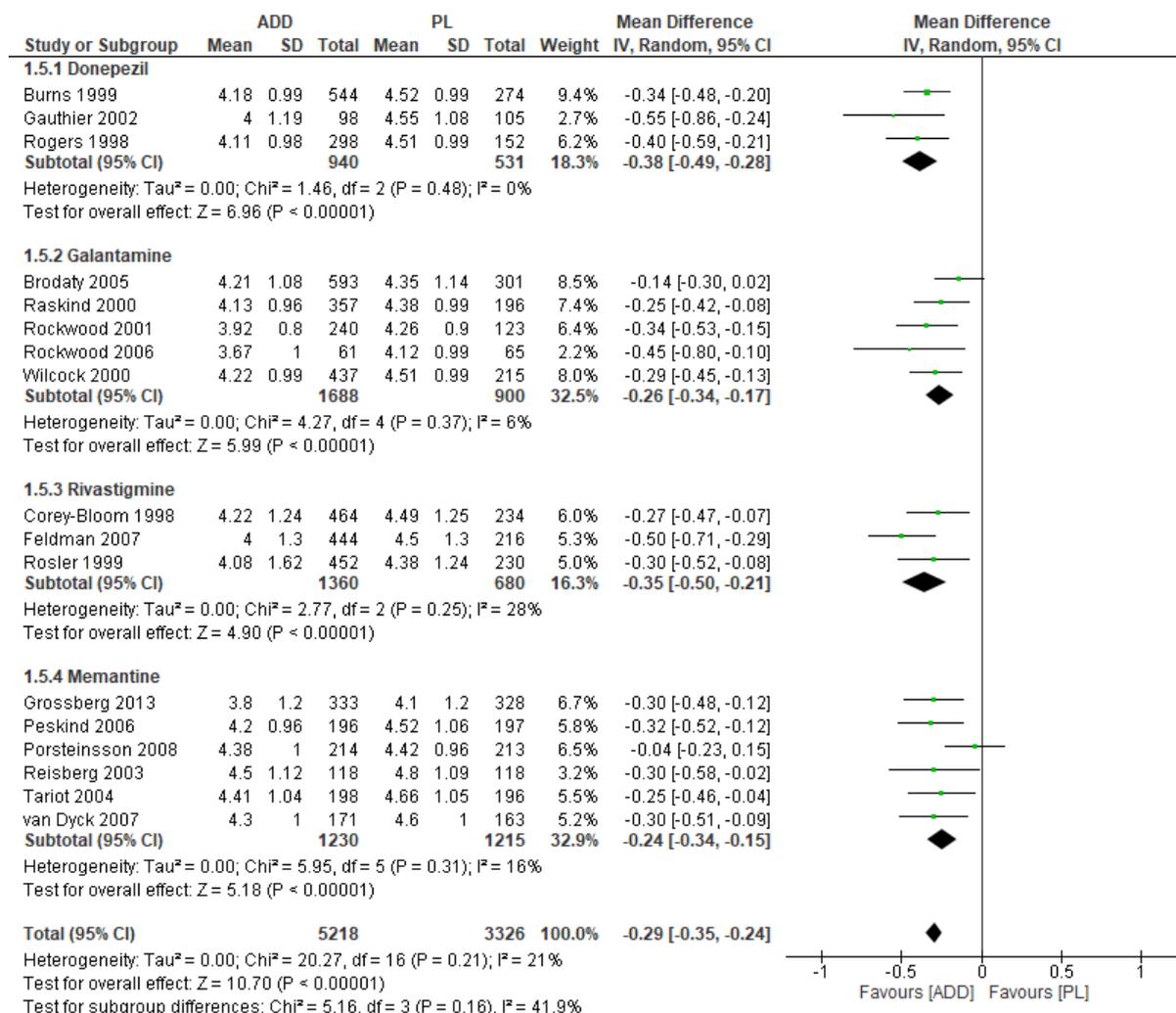
Inibitori delle acetilcolinesterasi vs placebo – ADCS-ADL (AD non stratificata per gravità)



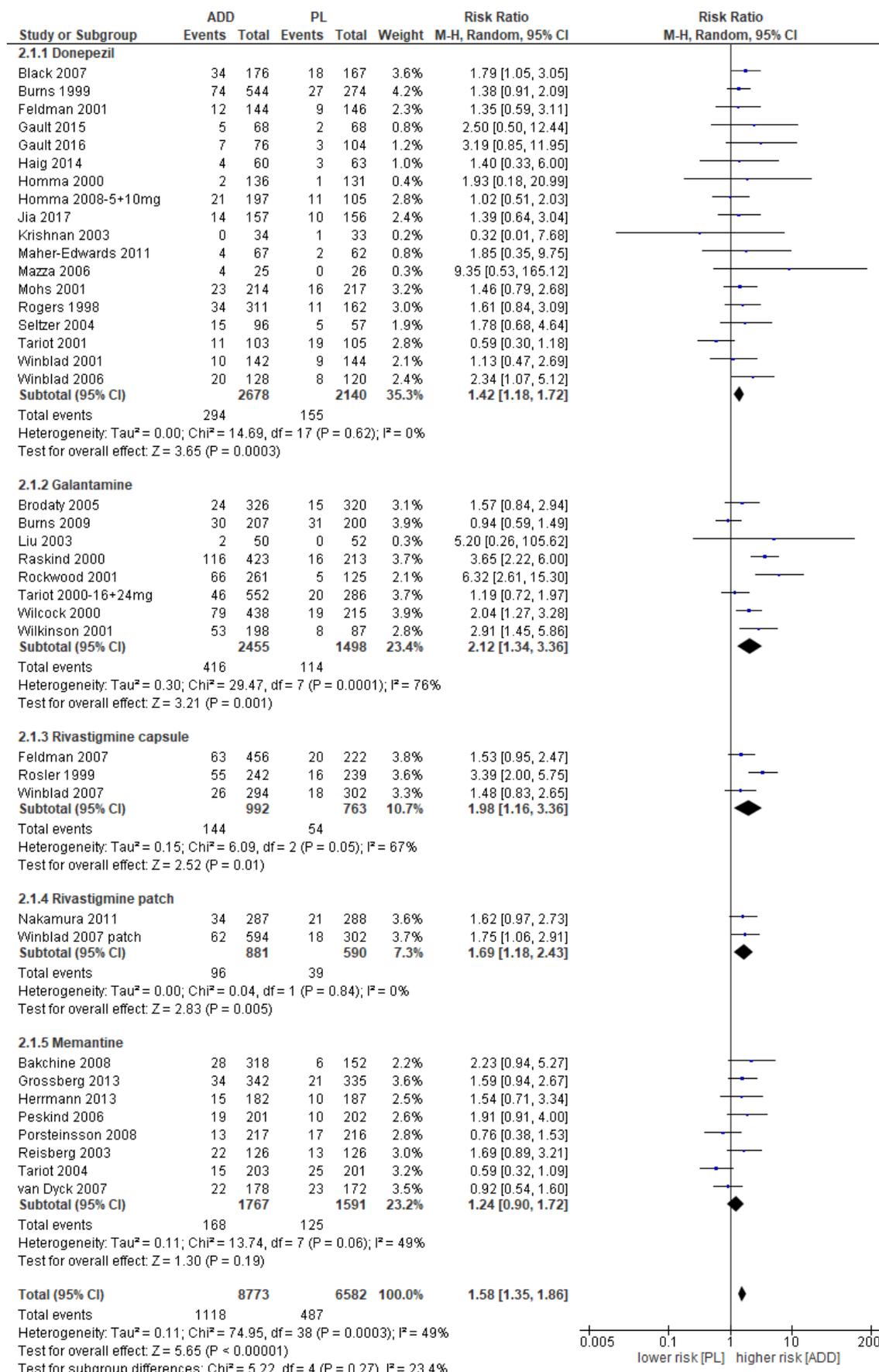
Inibitori delle acetilcolinesterasi vs placebo – NPI (AD non stratificata per gravità)



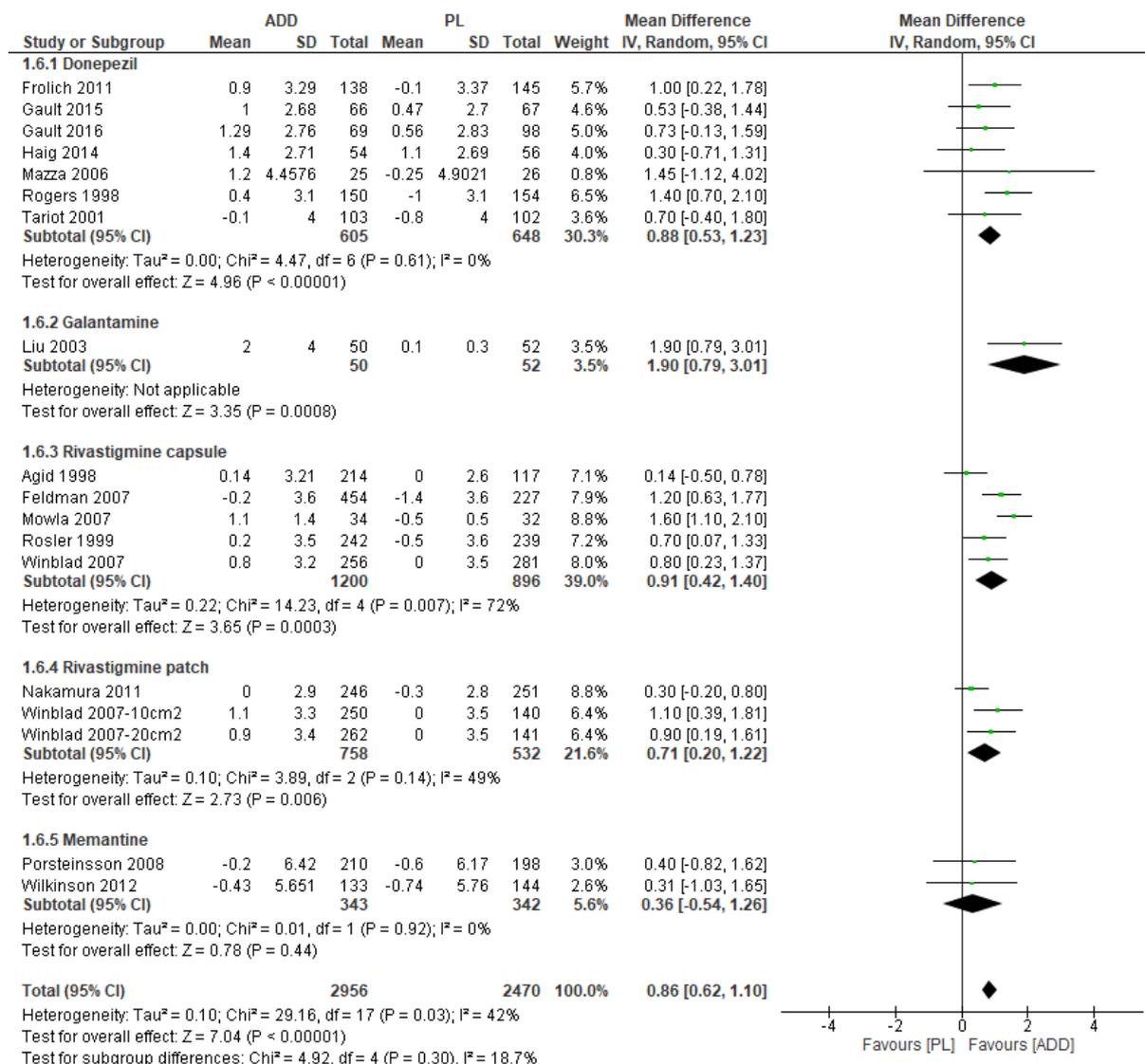
Inibitori delle acetilcolinesterasi vs placebo – CIBIC+ (AD non stratificata per gravità)



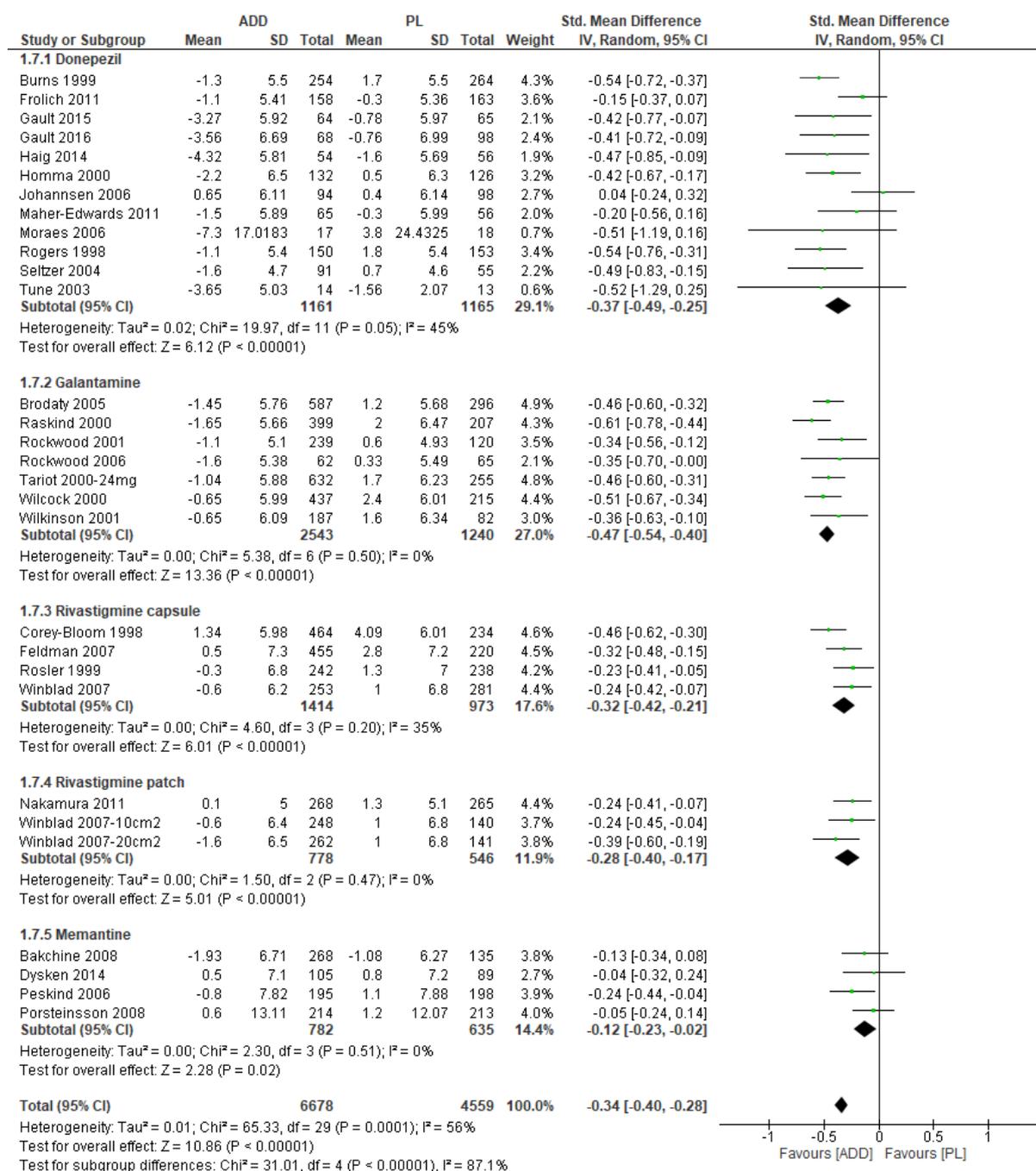
Inibitori delle acetilcolinesterasi vs placebo – eventi avversi (AD non stratificata per gravità)



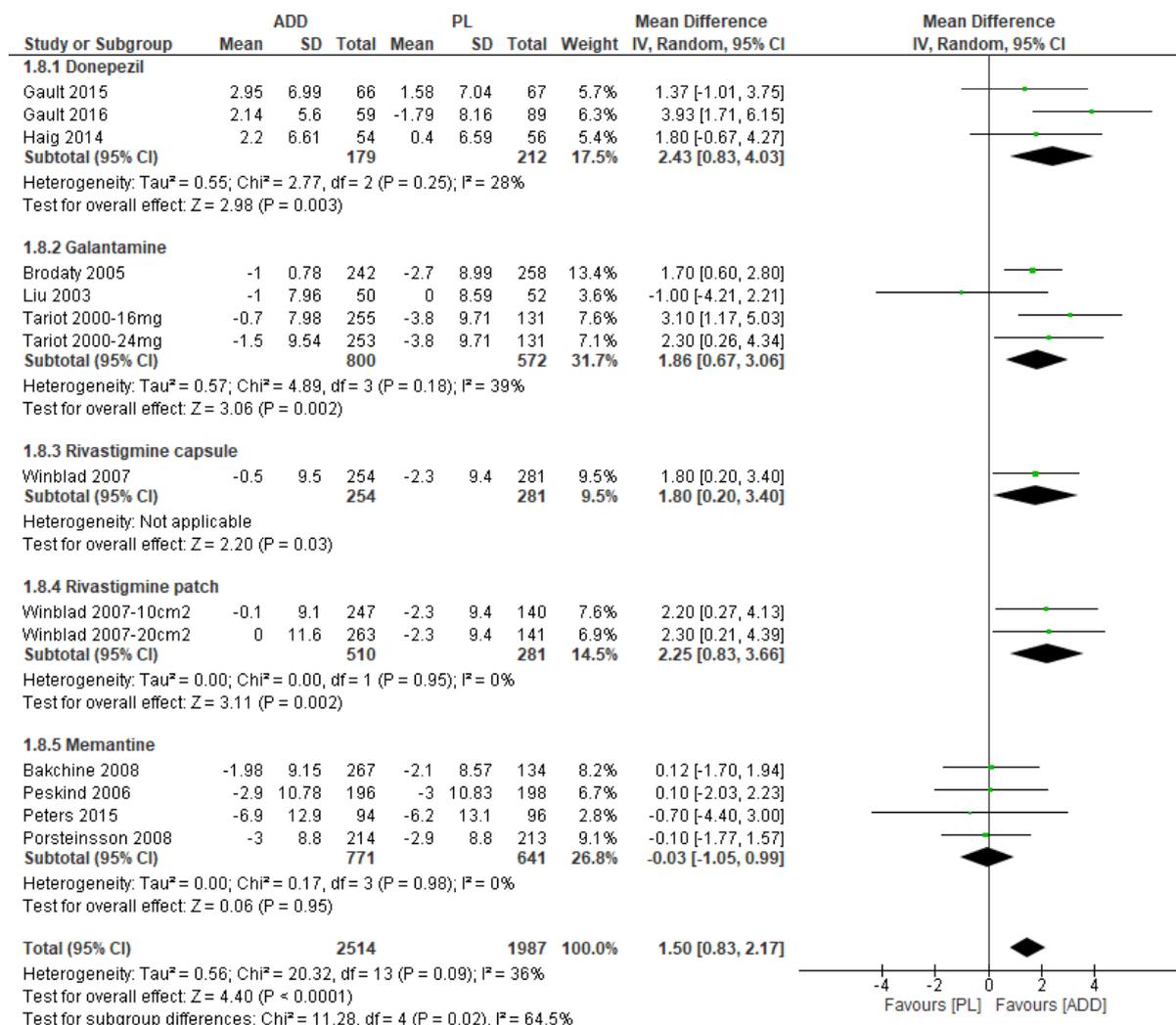
Inibitori delle acetilcolinesterasi vs placebo – MMSE (AD lieve-moderata)



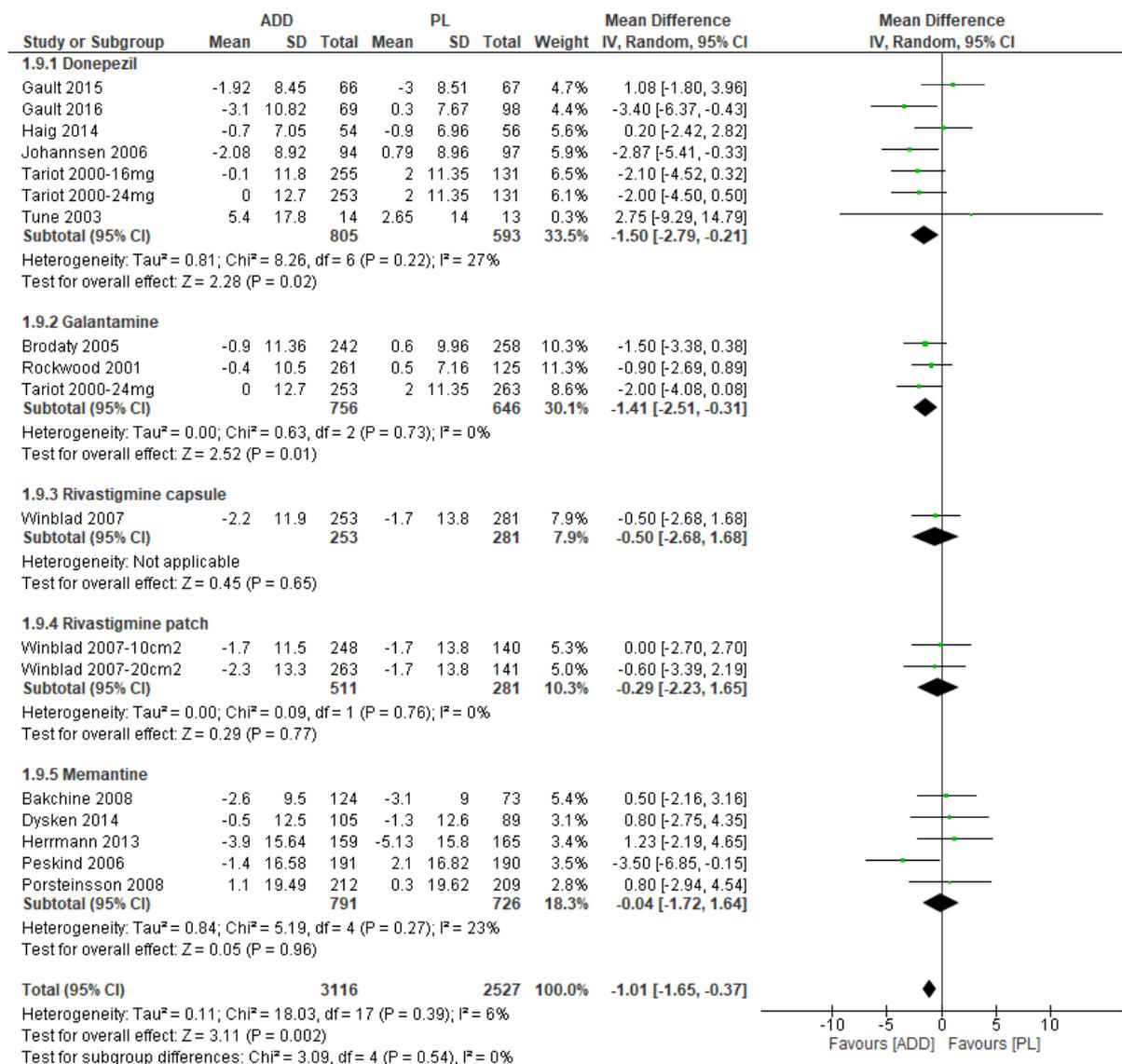
Inibitori delle acetilcolinesterasi vs placebo – ADAS-Cog (AD lieve-moderata)



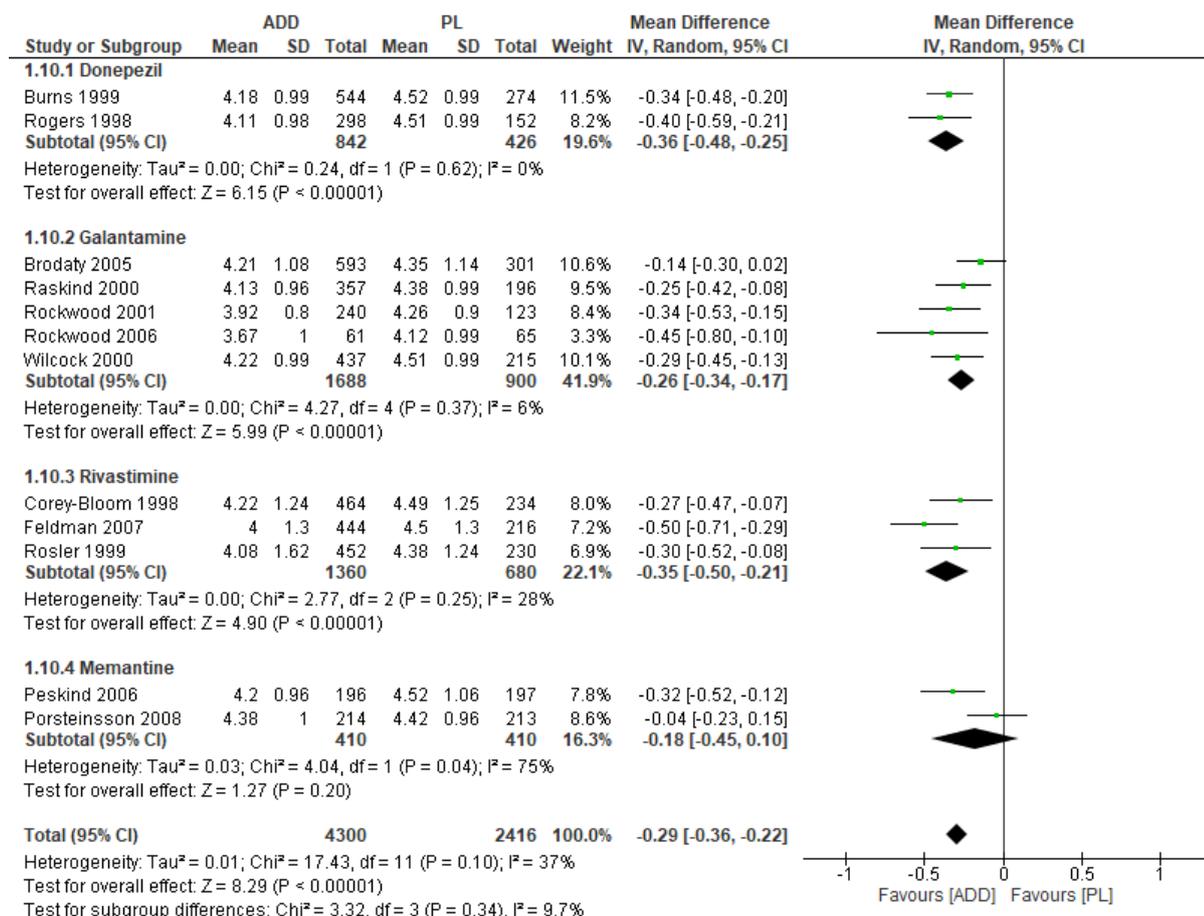
Inibitori delle acetilcolinesterasi vs placebo – ADCS-ADL (AD lieve-moderata)



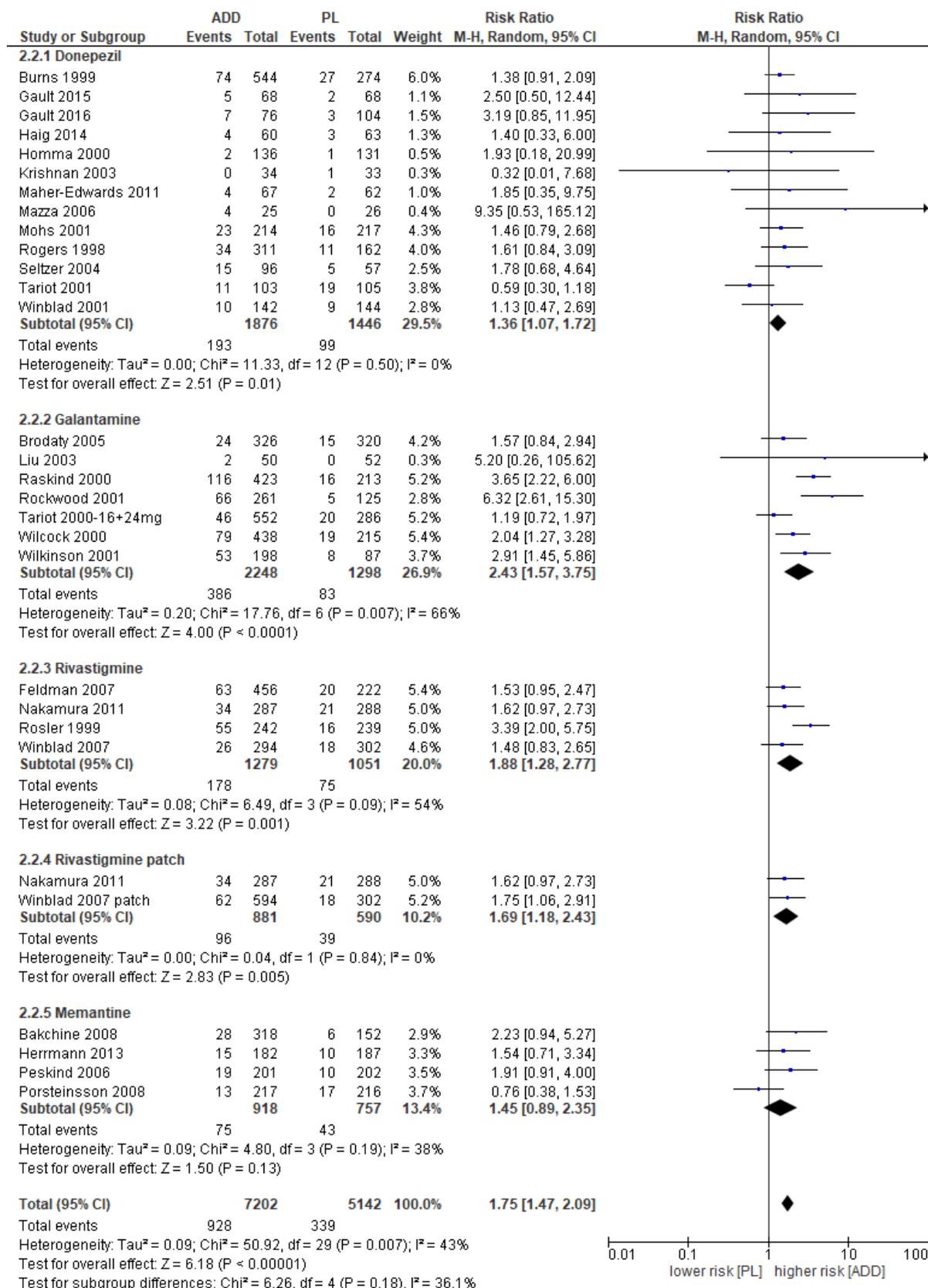
Inibitori delle acetilcolinesterasi vs placebo – NPI (AD lieve-moderata)



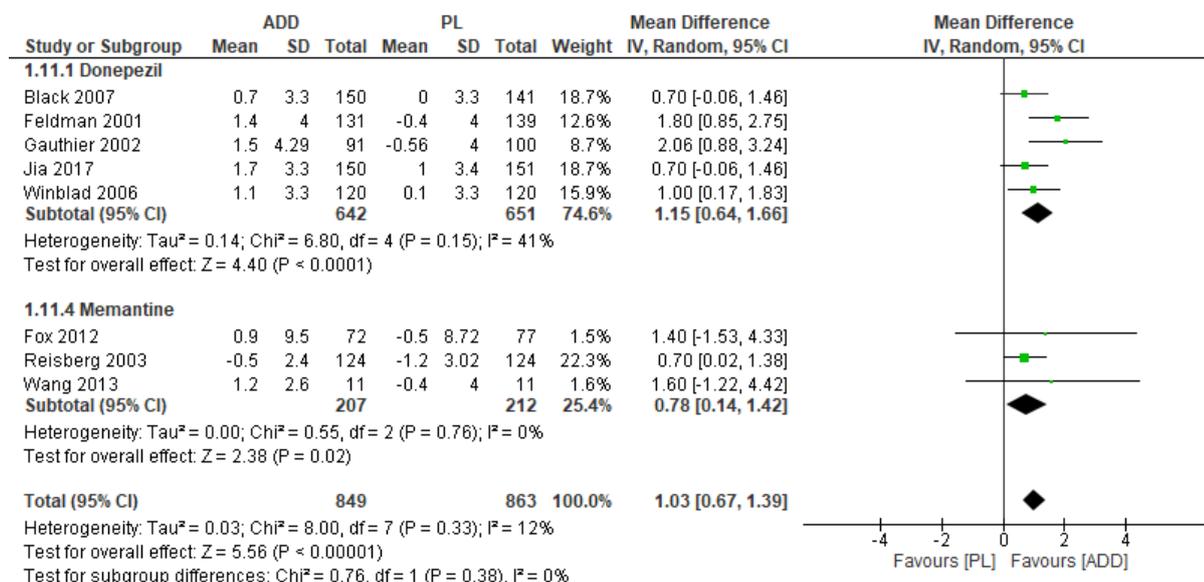
Inibitori delle acetilcolinesterasi vs placebo – CIBIC+ (AD lieve-moderata)



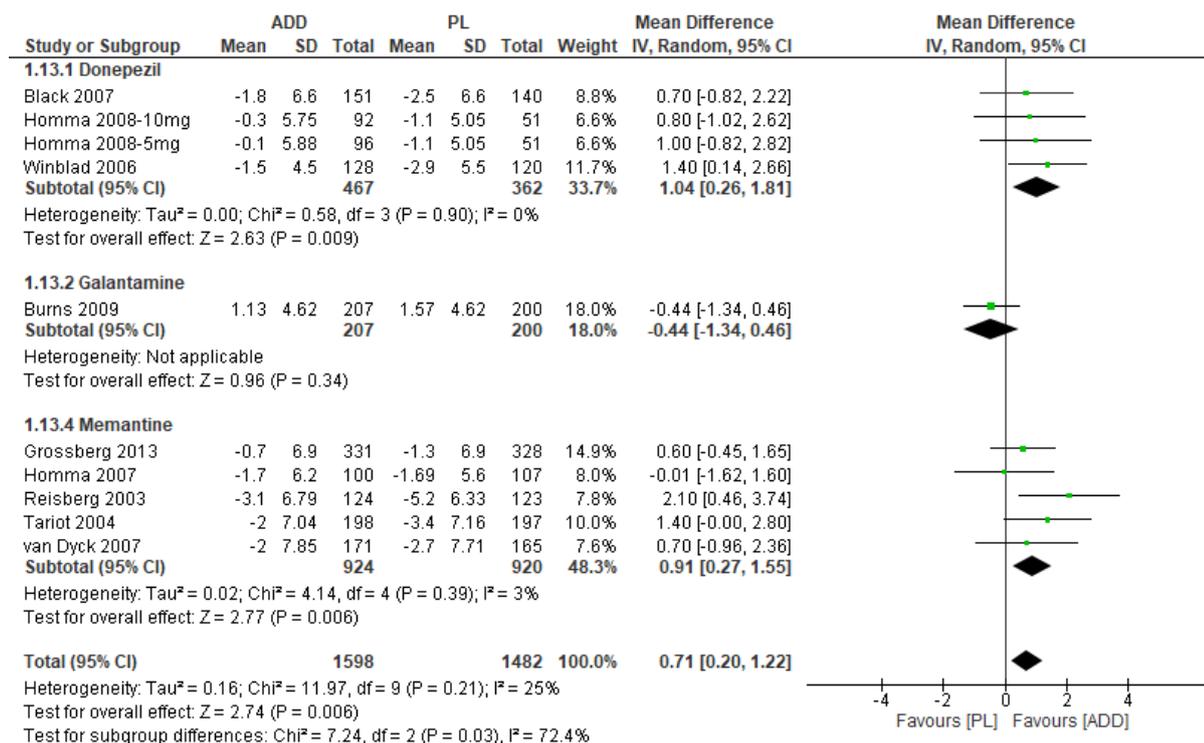
Inibitori delle acetilcolinesterasi vs placebo – Interruzioni a causa di eventi avversi (AD lieve-moderata)



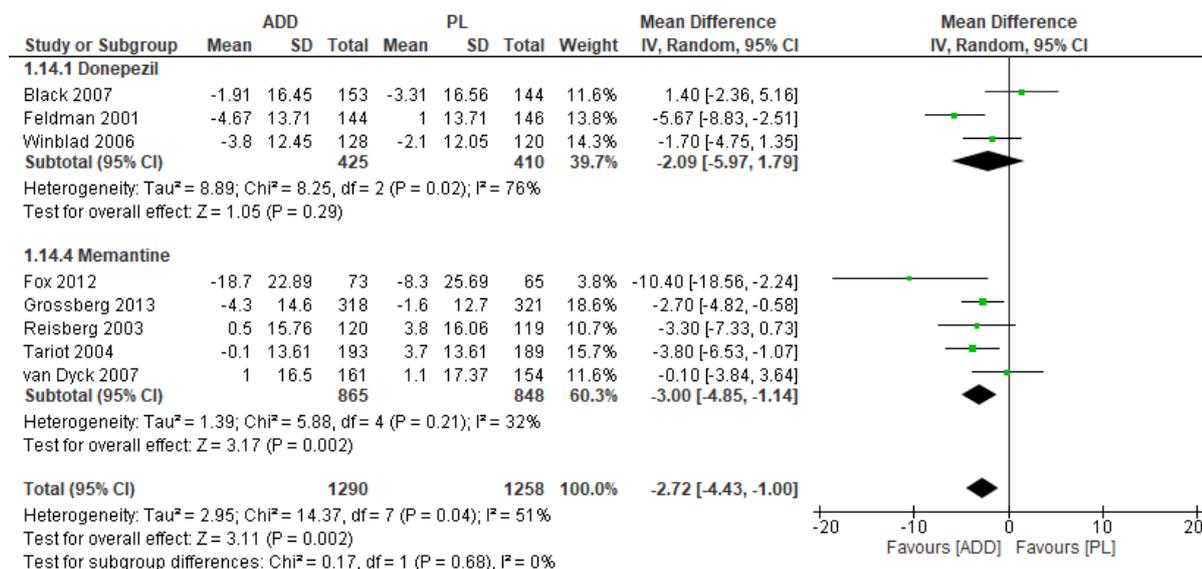
Inibitori delle acetilcolinesterasi vs placebo – MMSE (AD moderata-grave)



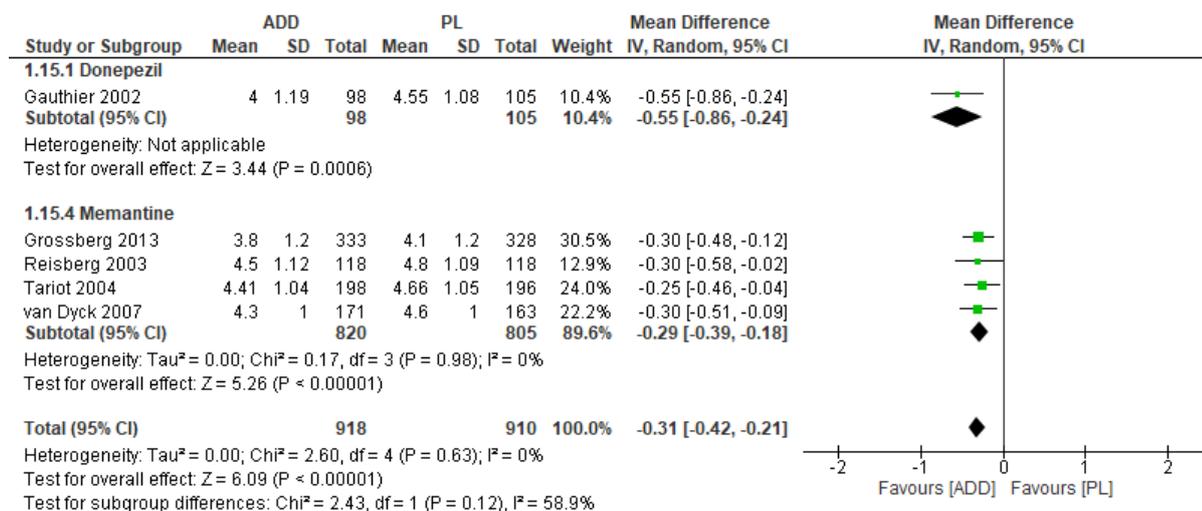
Inibitori delle acetilcolinesterasi vs placebo – ADCS-ADL (AD moderata-grave)



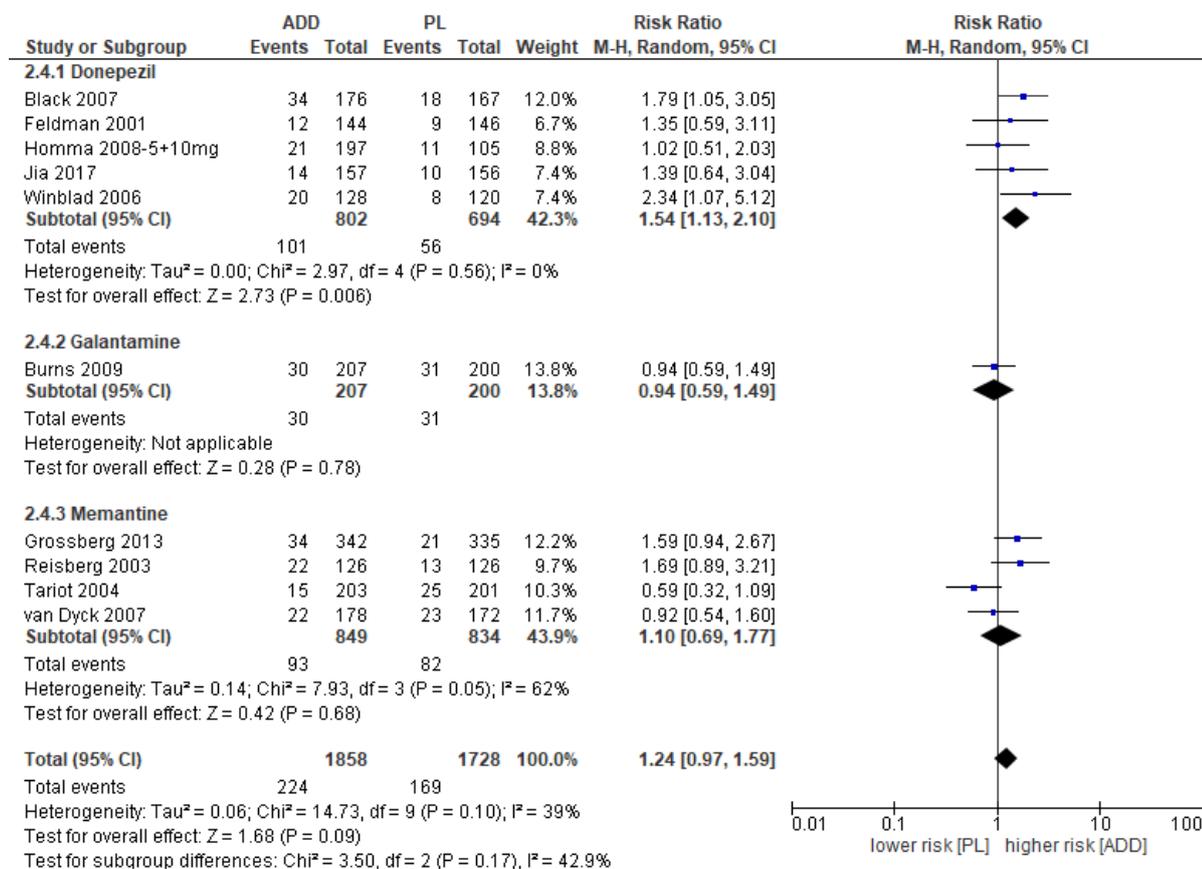
Inibitori delle acetilcolinesterasi vs placebo – NPI (AD moderata-grave)



Inibitori delle acetilcolinesterasi vs placebo – CIBIC+ (AD moderata-grave)

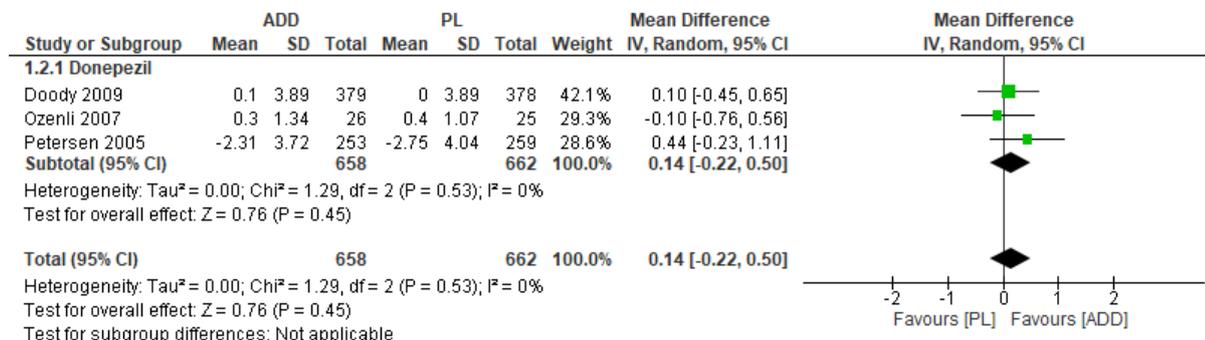


Inibitori delle acetilcolinesterasi vs placebo – Interruzioni a causa di eventi avversi (AD moderata-grave)

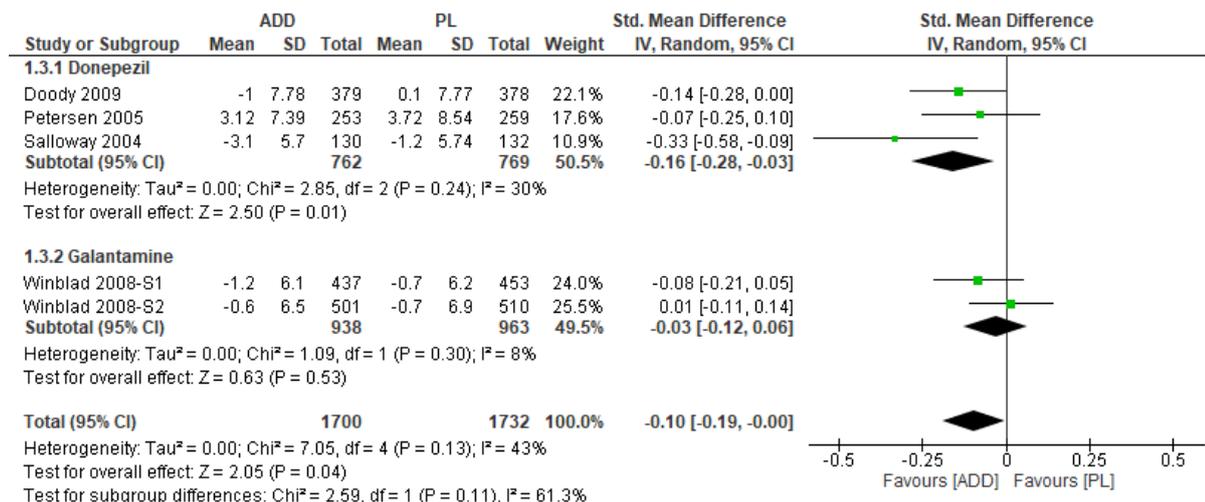


QUESITO 15b. Qual è l'utilità (in termini di efficacia e sicurezza) di inibitori delle acetilcolinesterasi e di memantina per il trattamento dei disturbi cognitivi in persone con *Mild Cognitive Impairment* (MCI) e come dovrebbe essere condotto il monitoraggio?

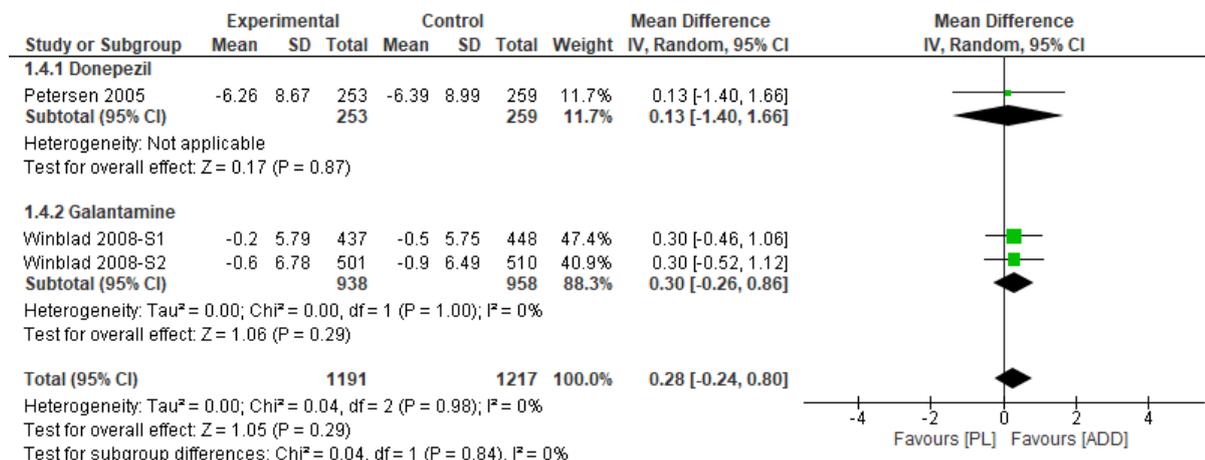
Donepezil per il Mild cognitive impairment – MMSE



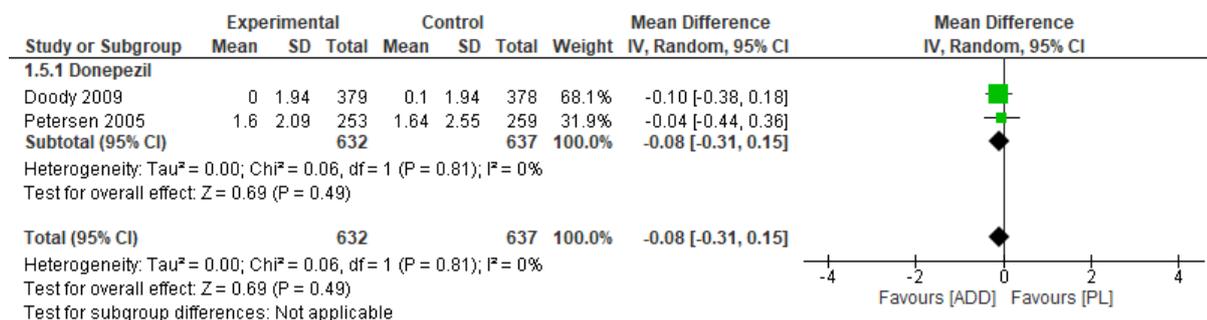
Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – ADAS-Cog



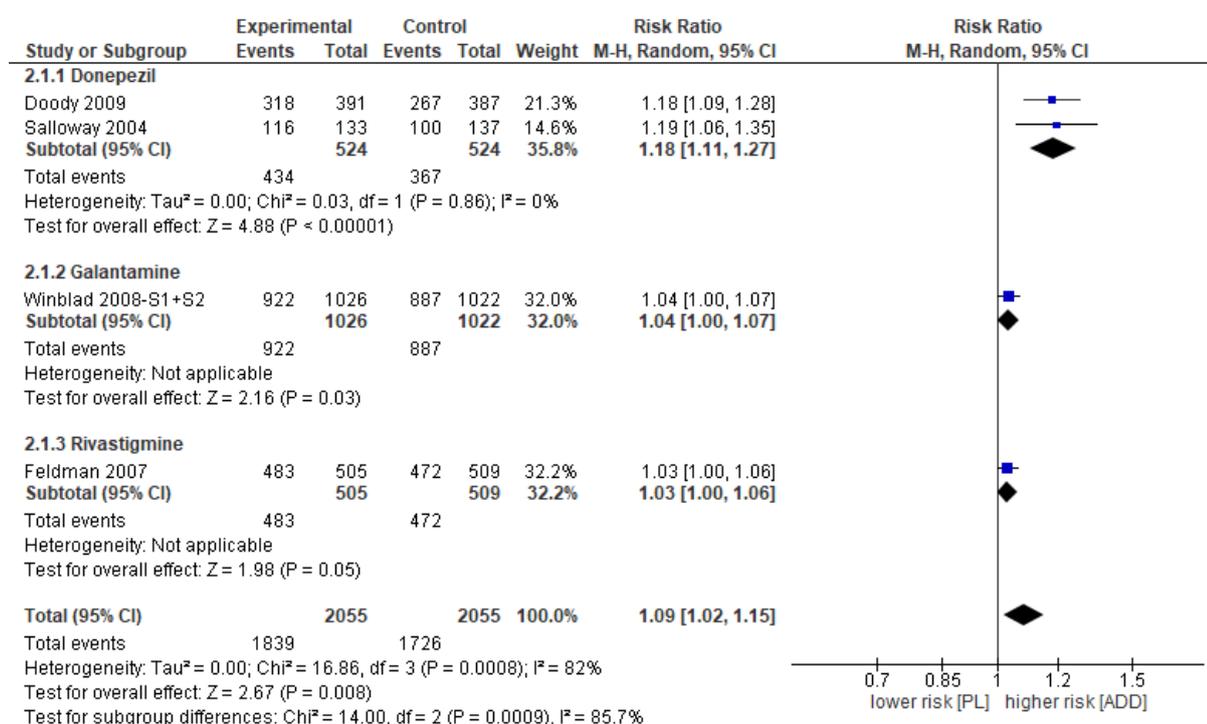
Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – ADCS-ADL-MCI



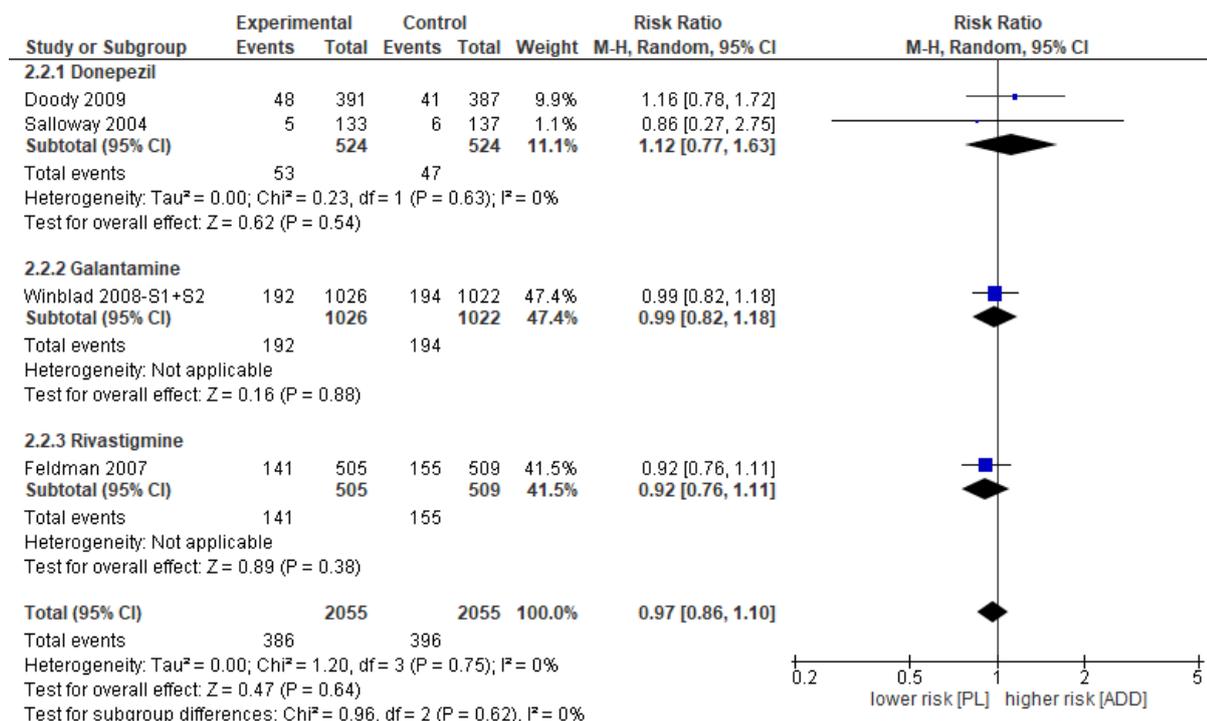
Donepezil per il Mild cognitive impairment – CDR-SB



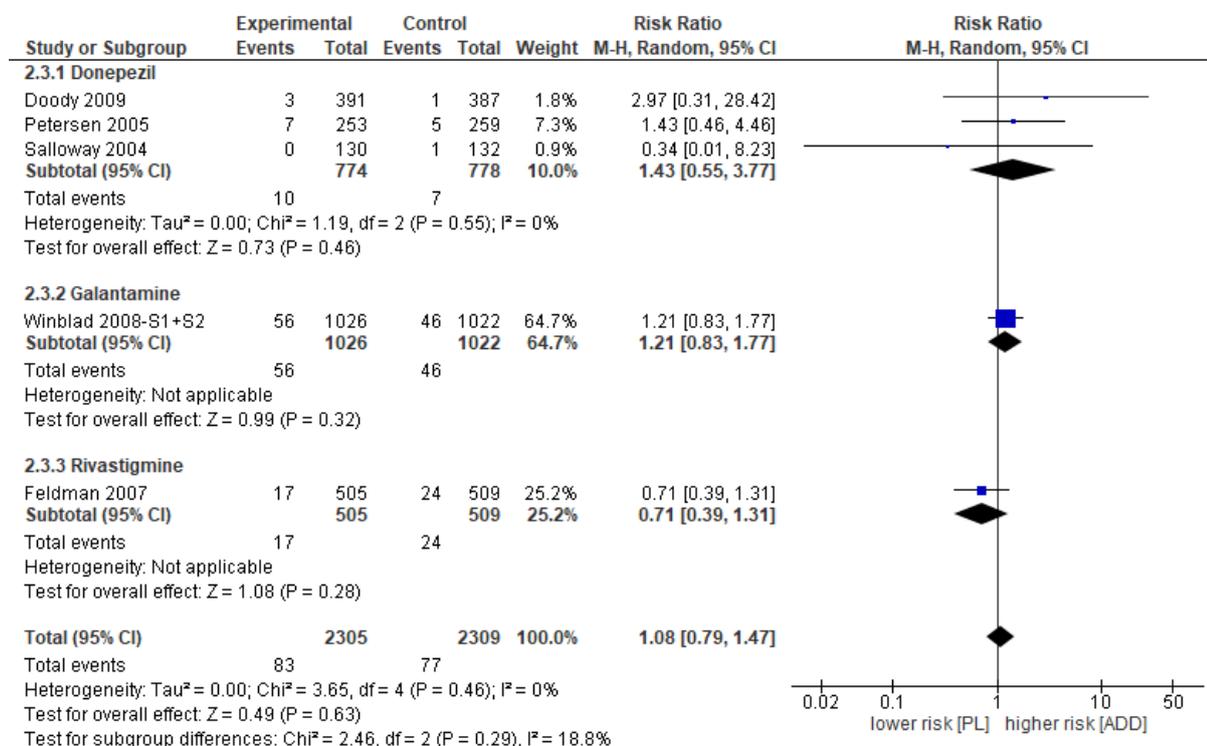
Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – eventi avversi



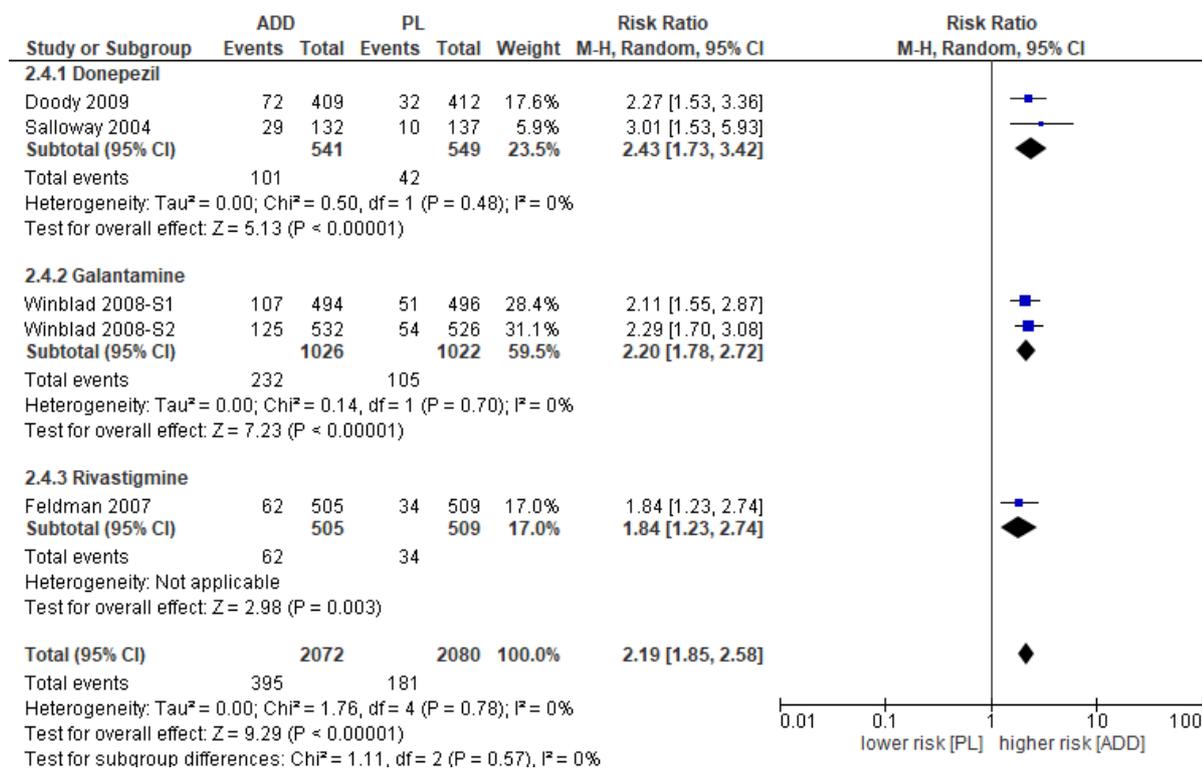
Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – eventi avversi gravi



Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – mortalità

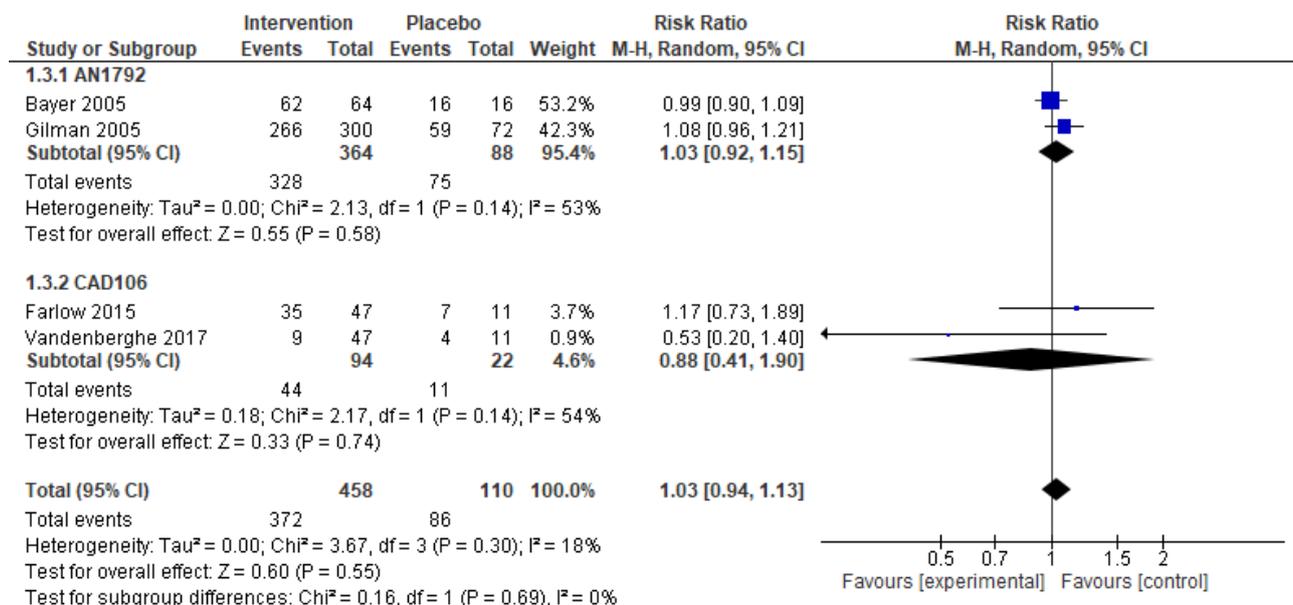


Inibitori delle acetilcolinesterasi per il Mild cognitive impairment – interruzione a causa di eventi avversi

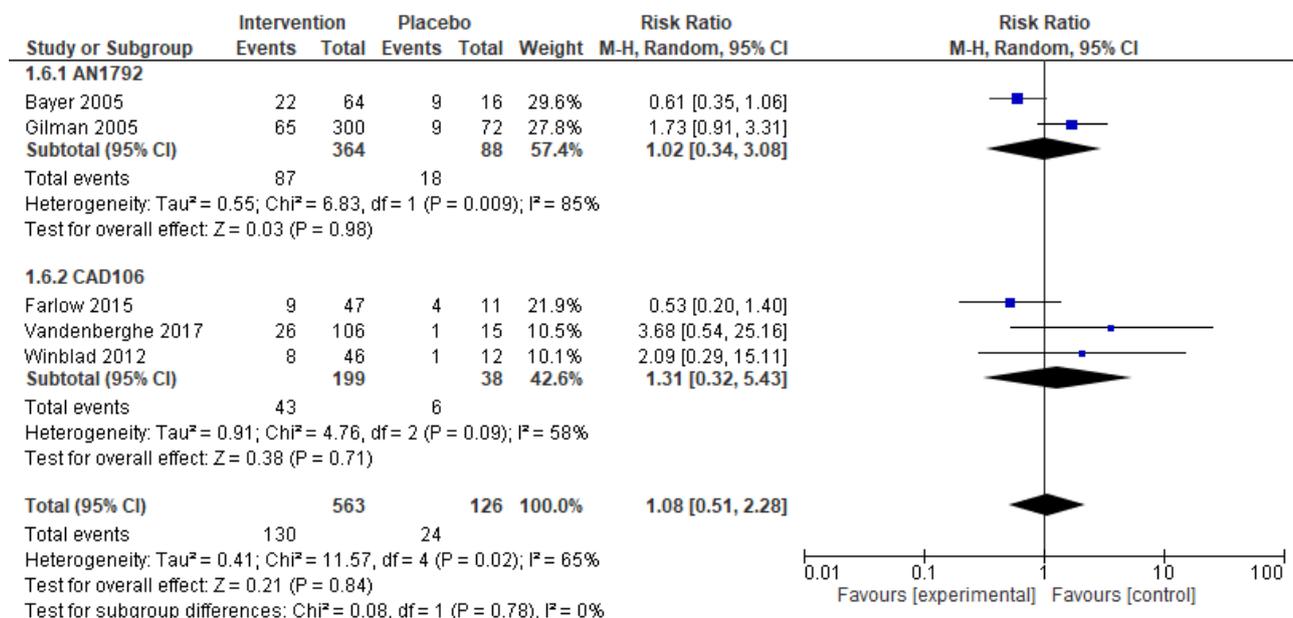


QUESITO 15c. Qual è l'utilità (in termini di efficacia e sicurezza) di un intervento con farmaci biologici (immunizzazione attiva e passiva) in persone con demenza di Alzheimer o *Mild Cognitive Impairment* (MCI) e come dovrebbe essere condotto il monitoraggio?

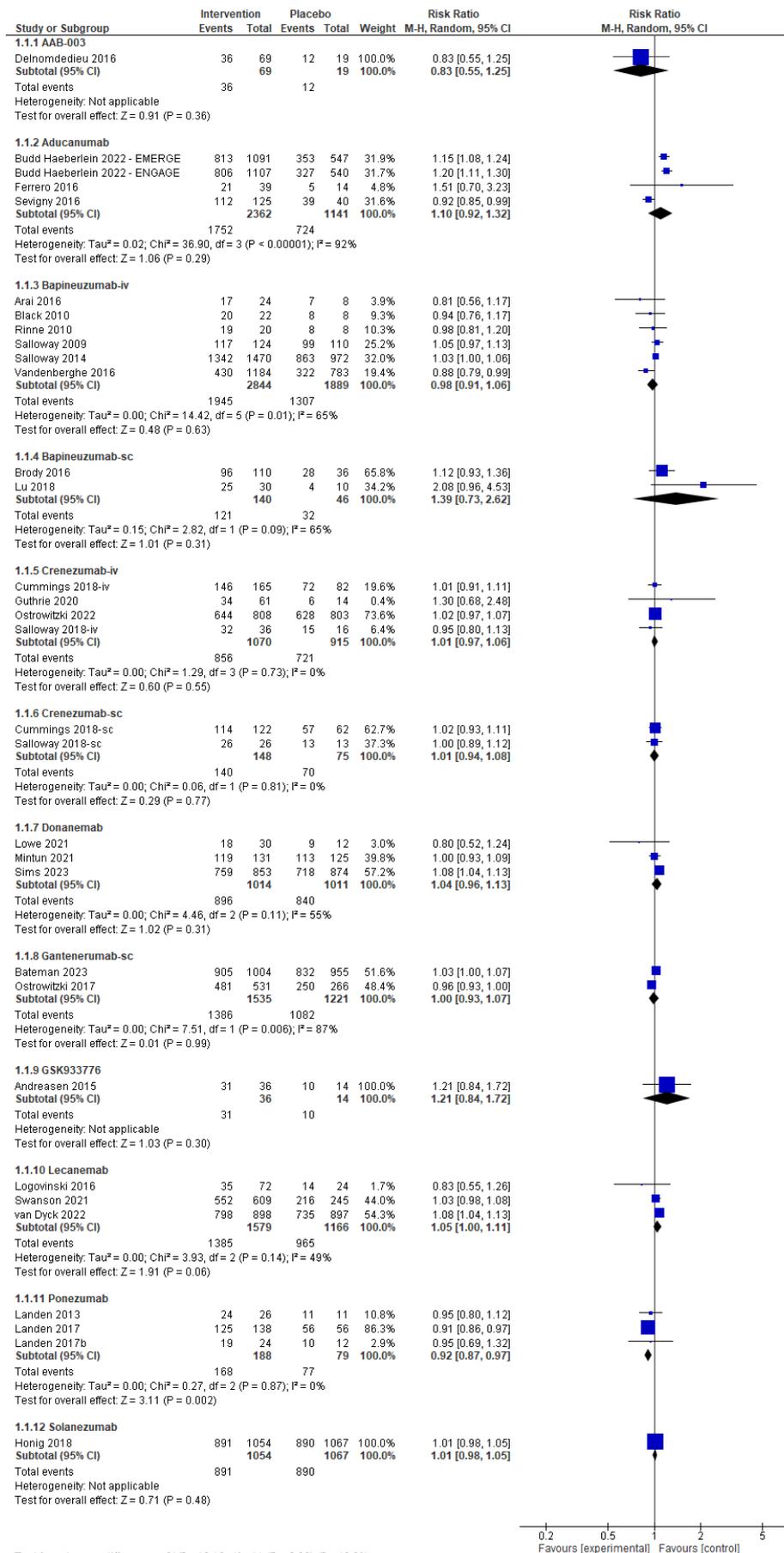
Farmaci ad azione immunoterapica attiva contro le diverse forme di beta amiloide – eventi avversi



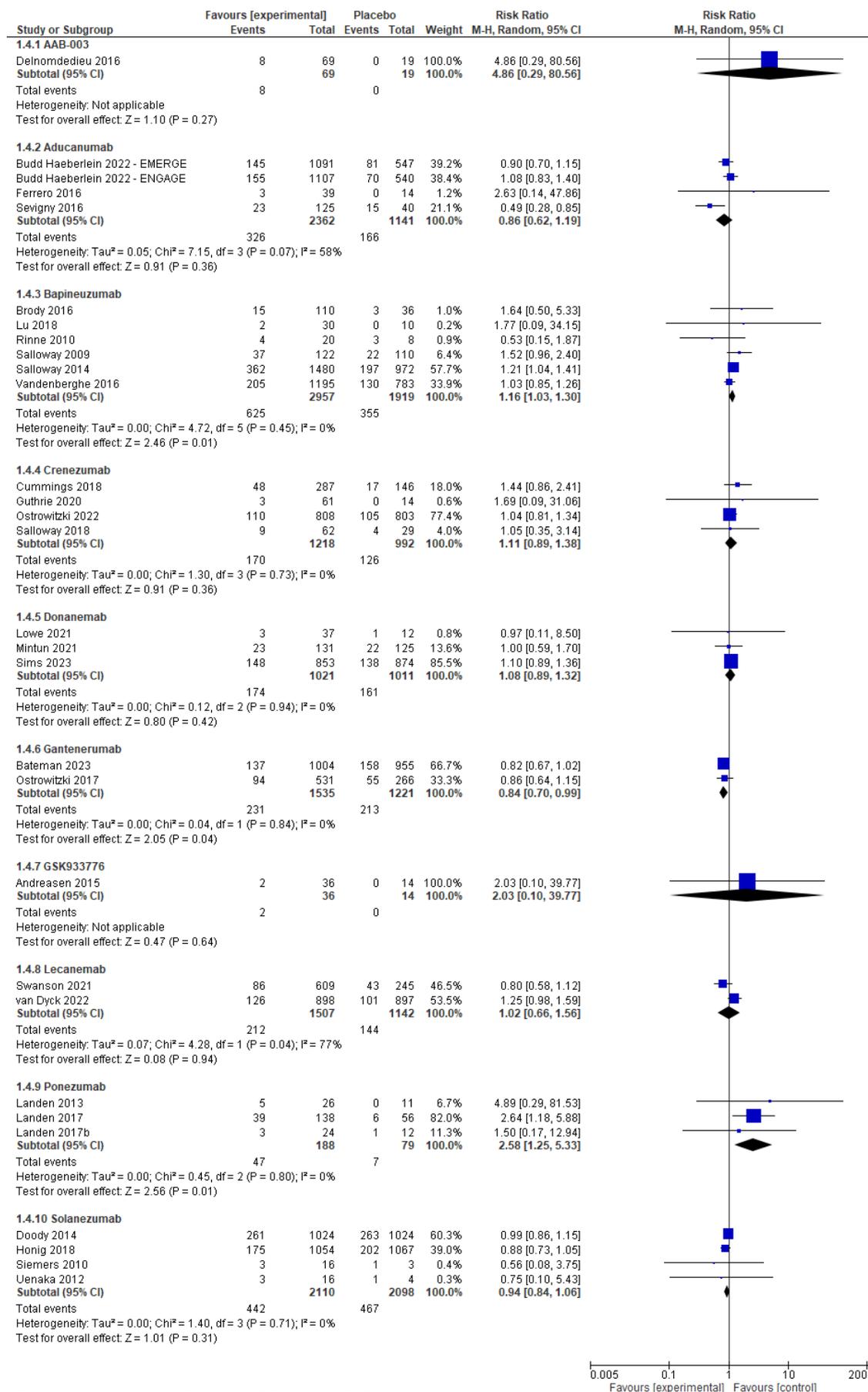
Farmaci ad azione immunoterapica attiva contro le diverse forme di beta amiloide – eventi avversi gravi



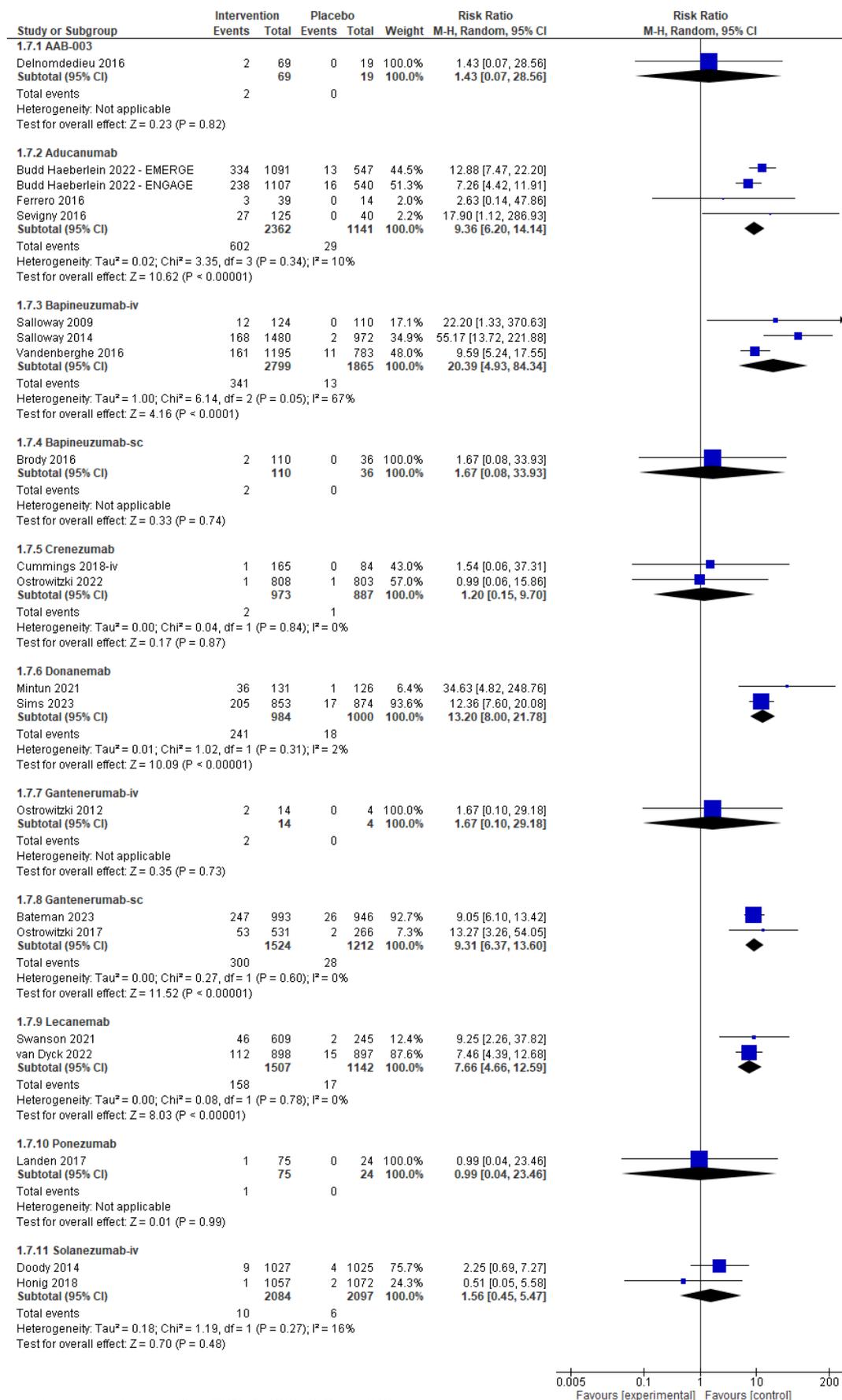
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – eventi avversi



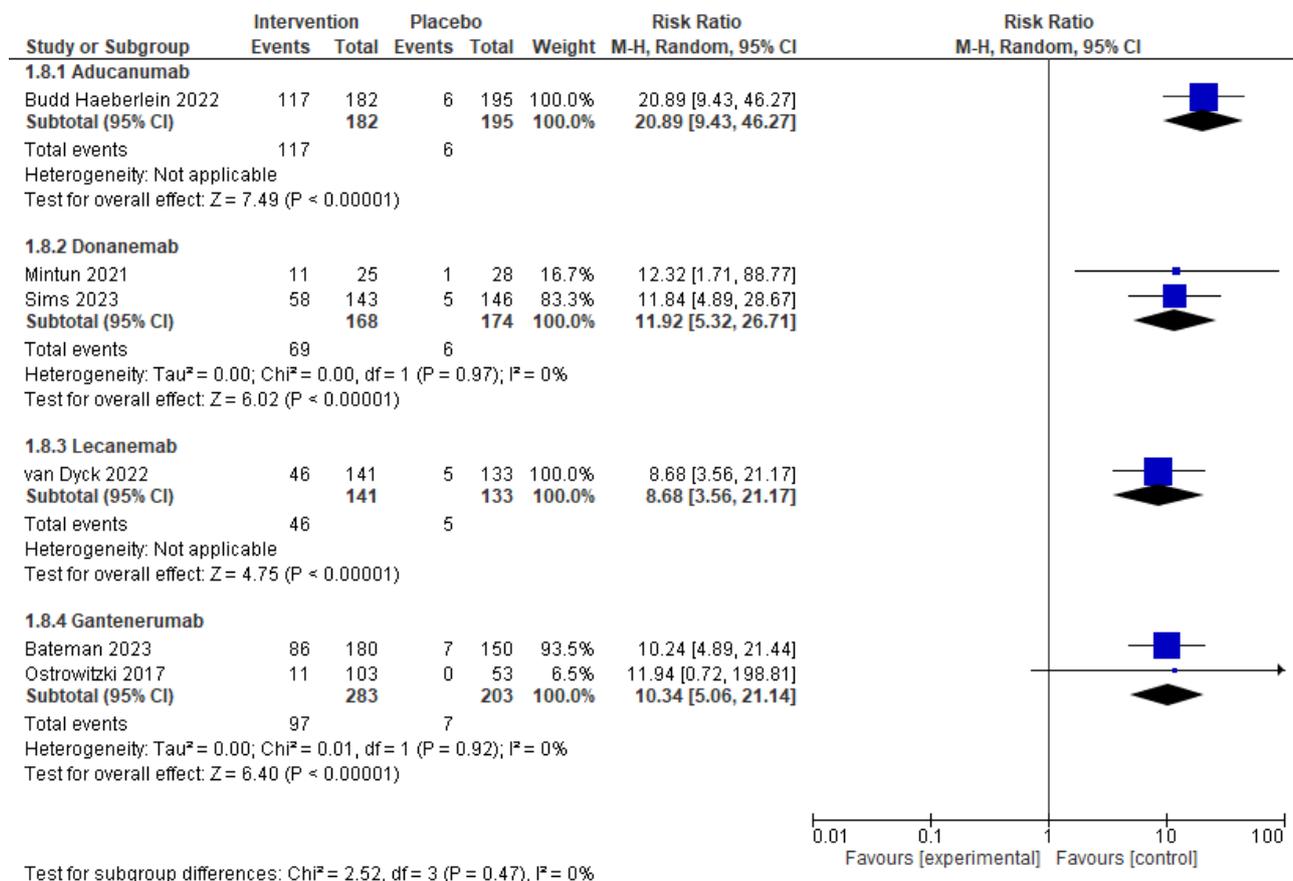
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – eventi avversi gravi



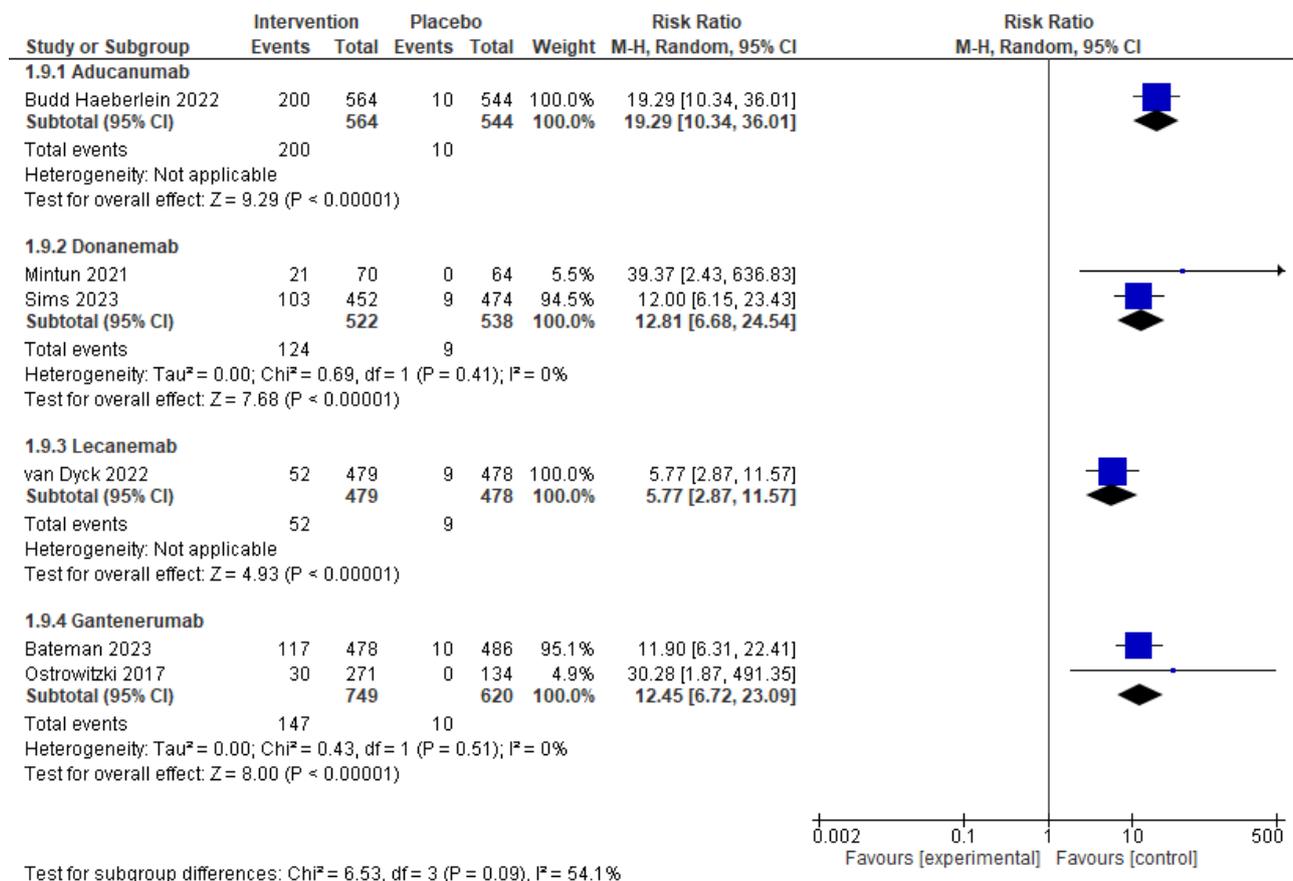
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-E



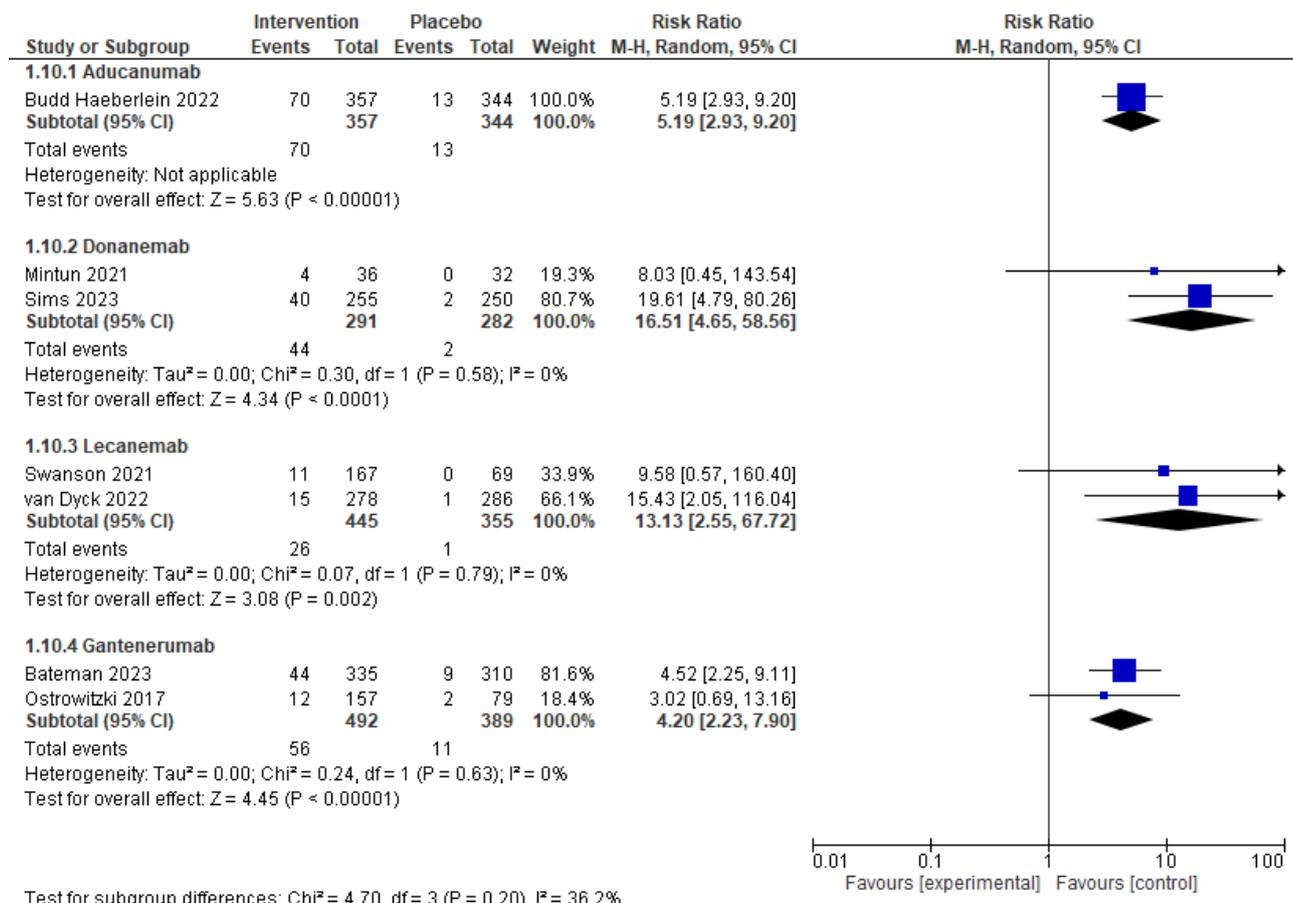
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-E in soggetti omozigoti per ApoE ε4



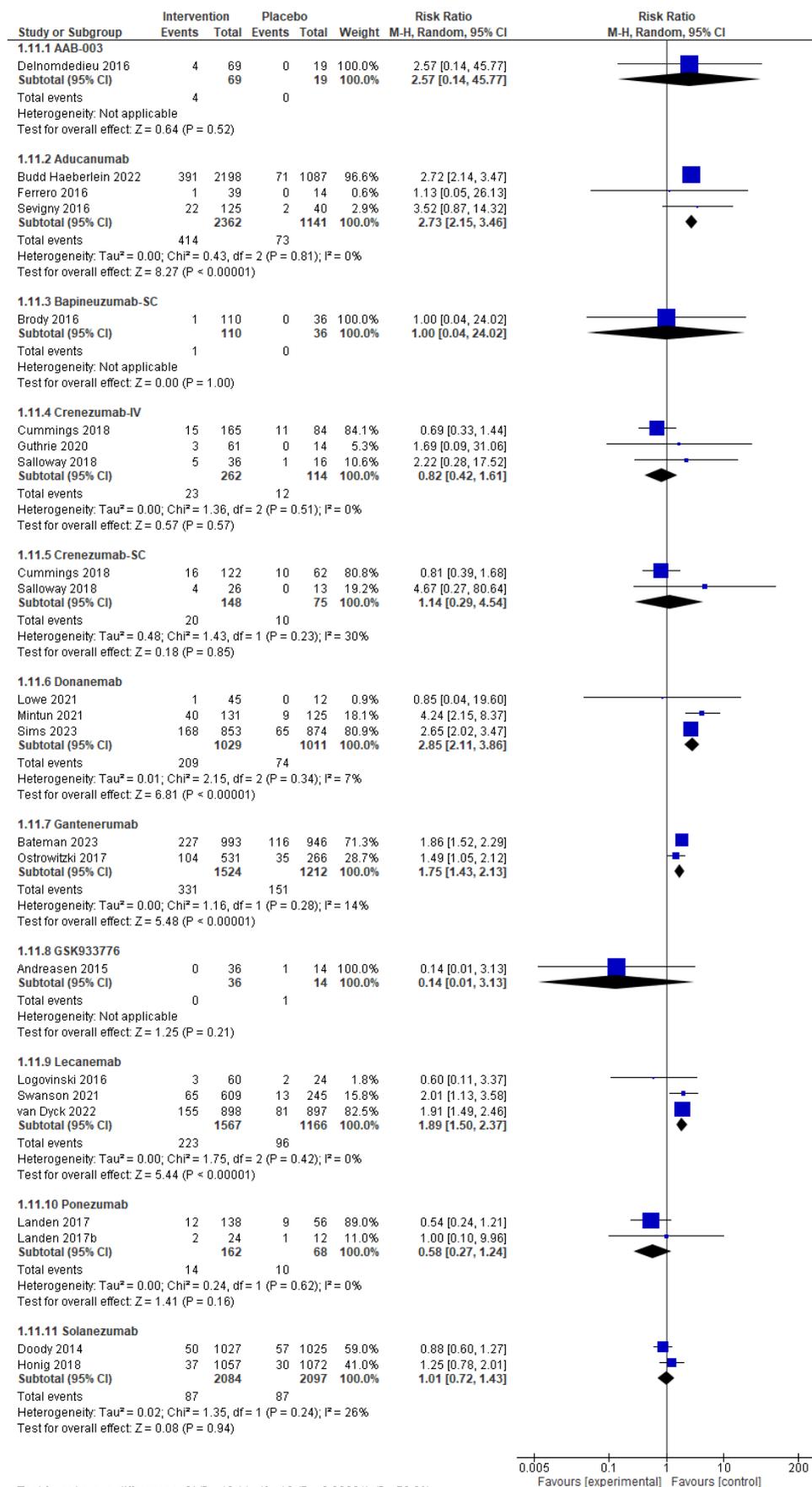
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-E in soggetti eterozigoti per ApoE ε4



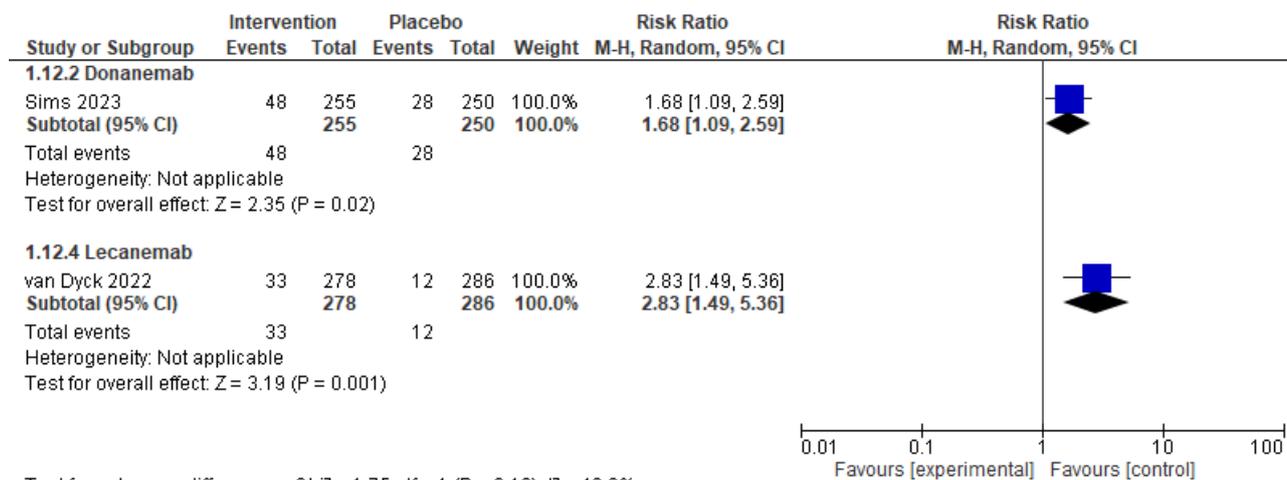
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-E in soggetti non portatori del genotipo ApoE ε4



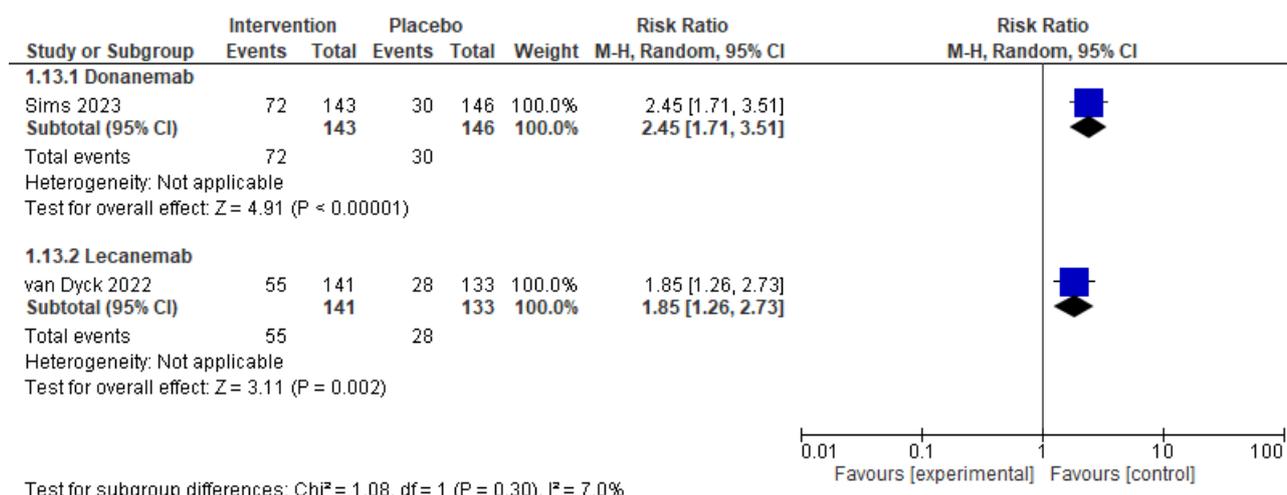
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-H



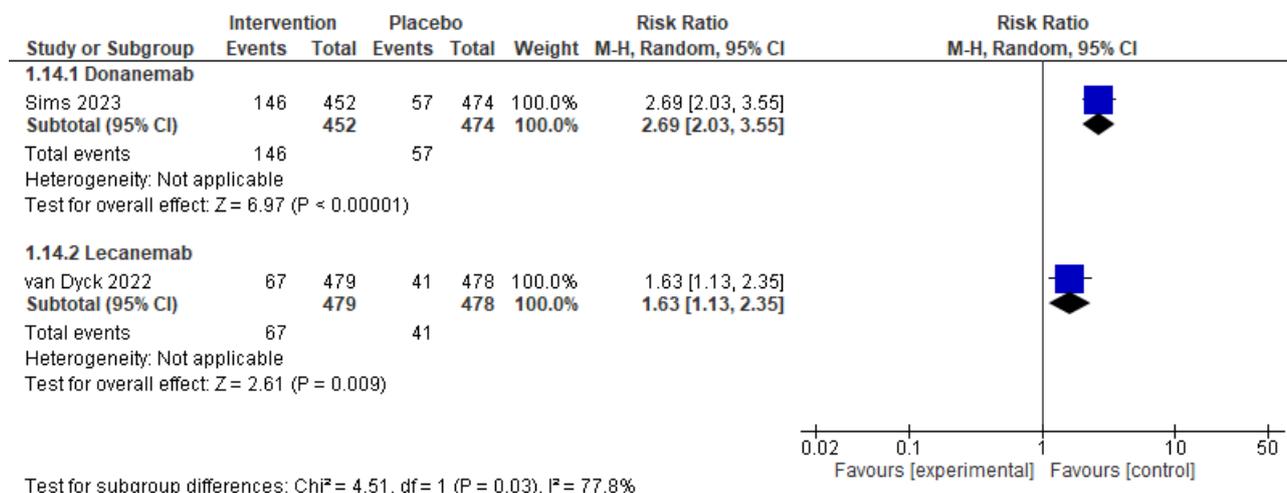
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-H in soggetti non portatori del genotipo ApoE ε4



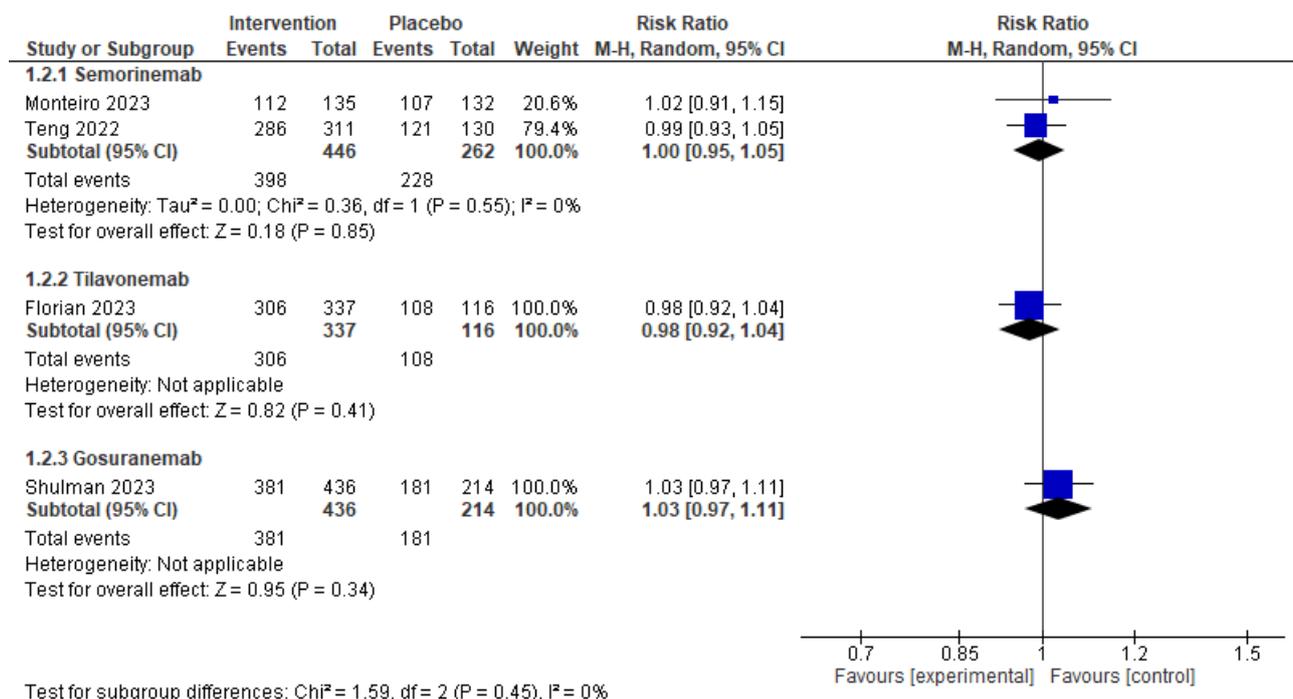
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-H in soggetti omozigoti del genotipo ApoE ε4



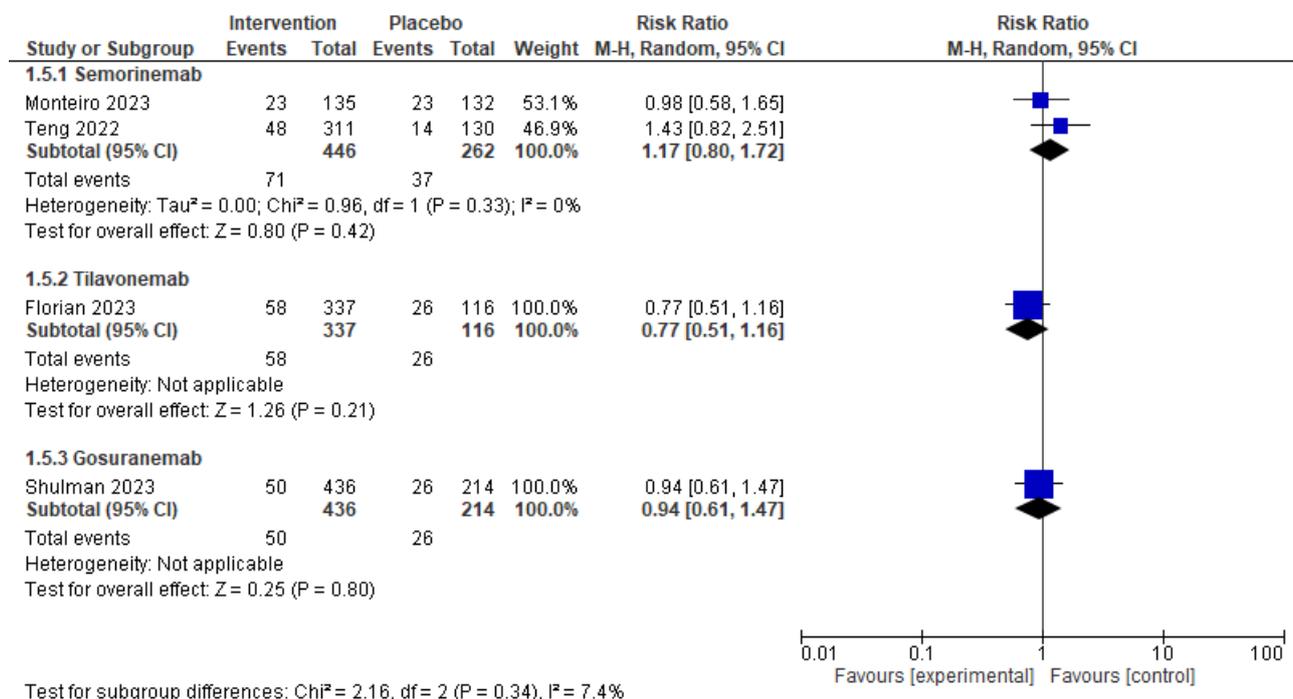
Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – ARIA-H in soggetti eterozigoti del genotipo ApoE ε4



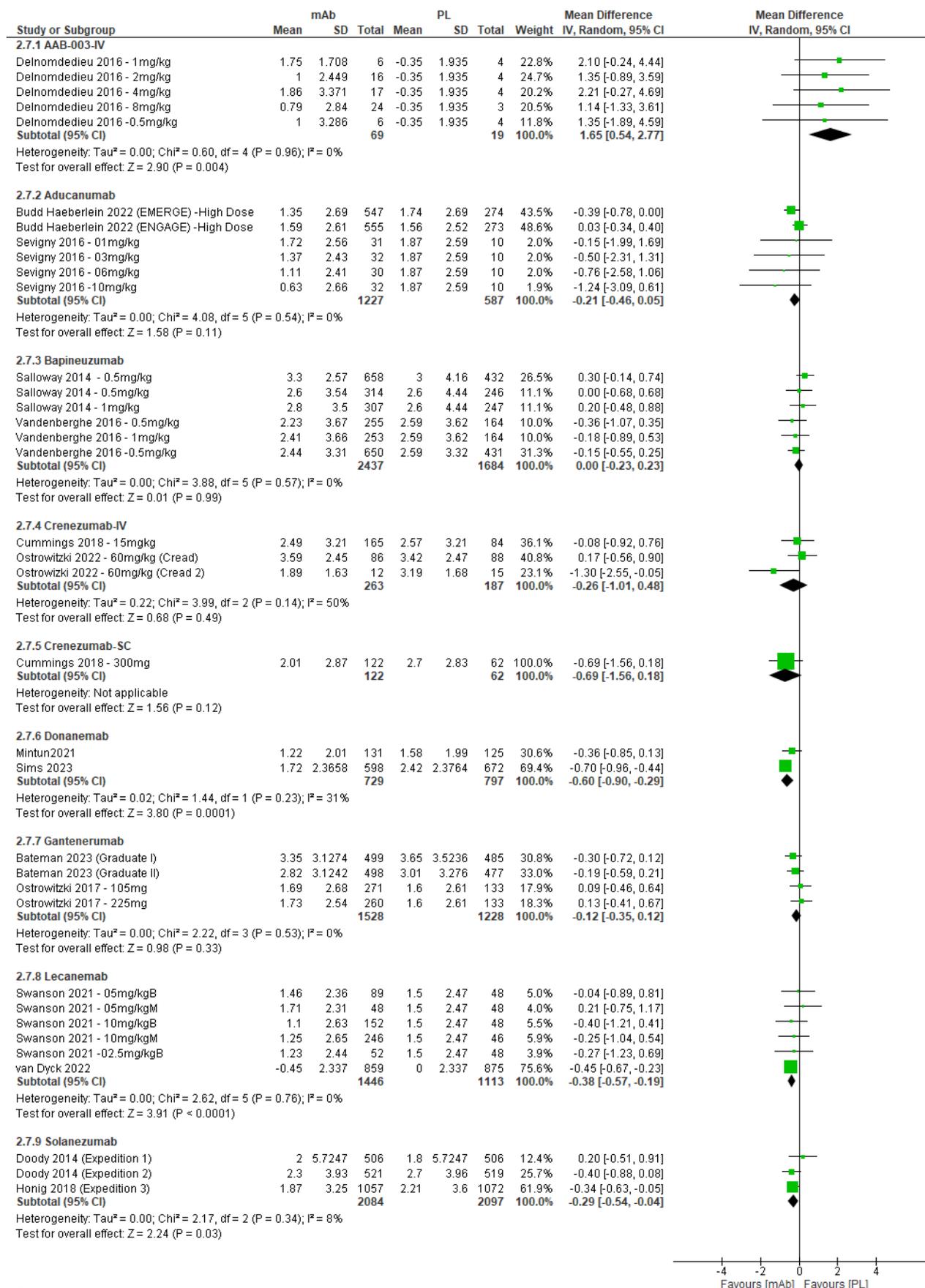
Farmaci ad azione immunoterapica passiva contro la proteina Tau– eventi avversi



Farmaci ad azione immunoterapica passiva contro la proteina Tau– eventi avversi gravi

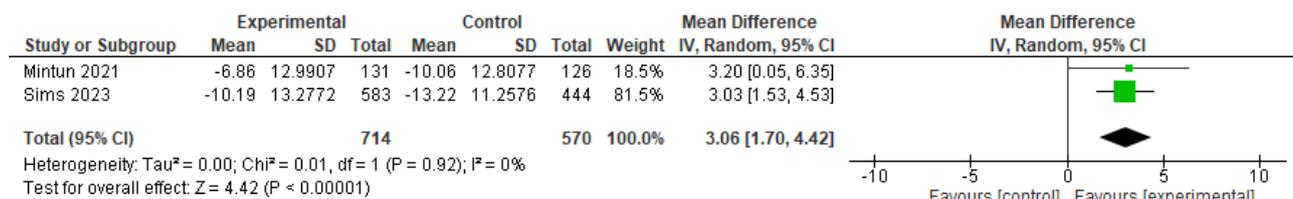


Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – CDR-SB

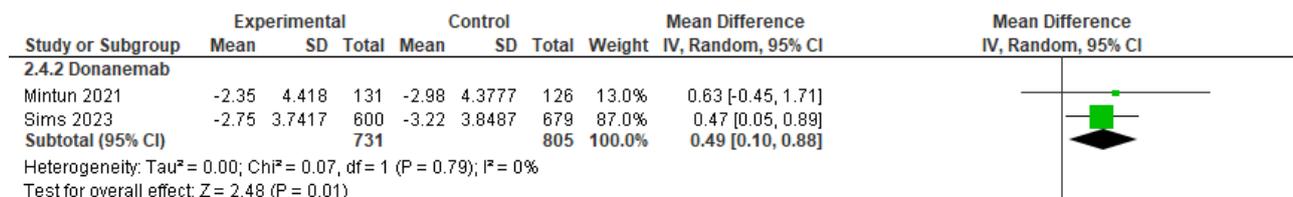


Test for subgroup differences: Chi² = 25.01, df = 8 (P = 0.002), I² = 68.0%

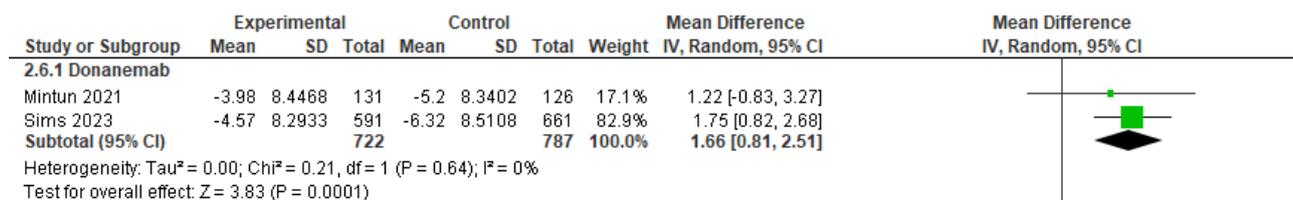
Donanemab – iADRS



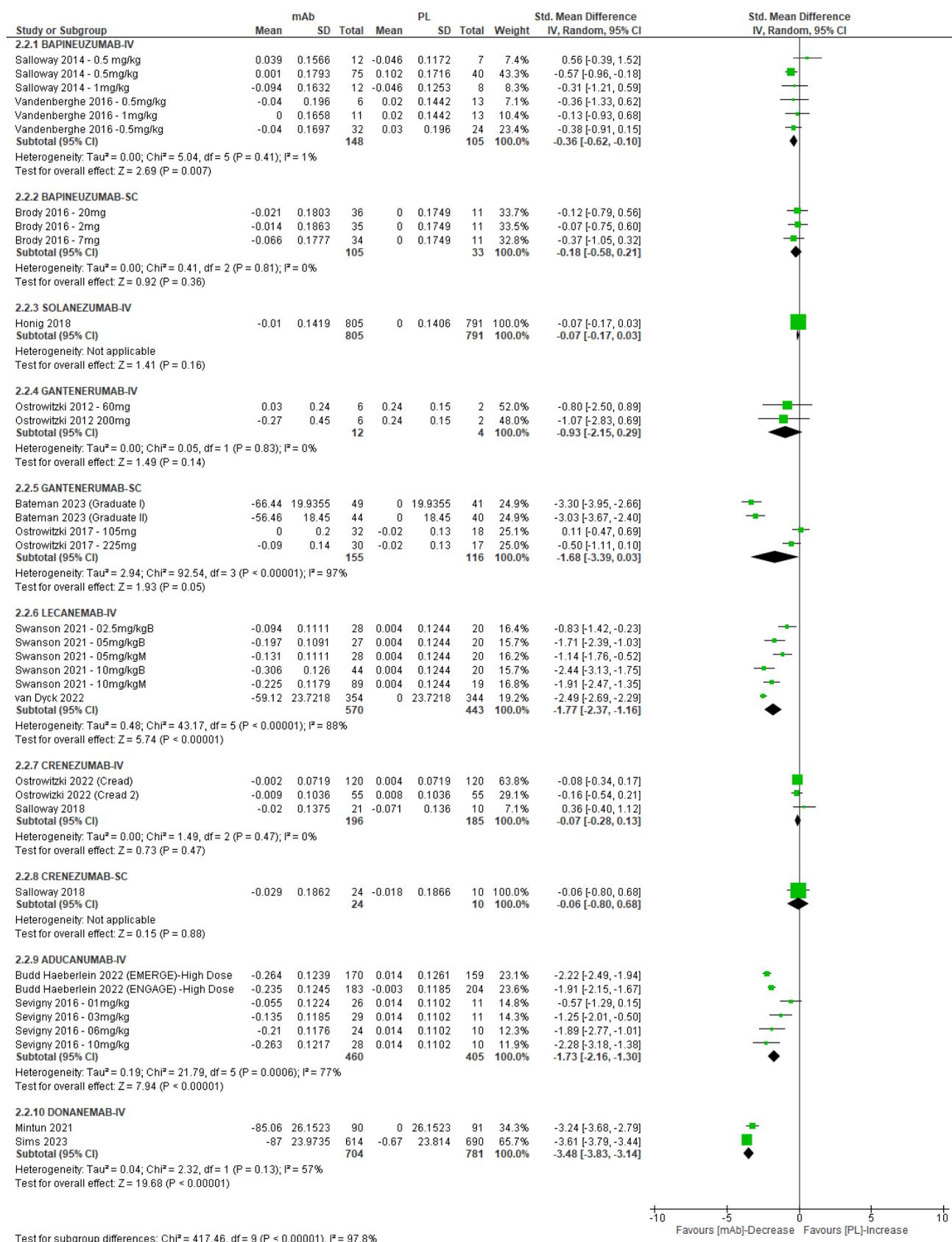
Donanemab – MMSE



Donanemab – ADCS-ADL

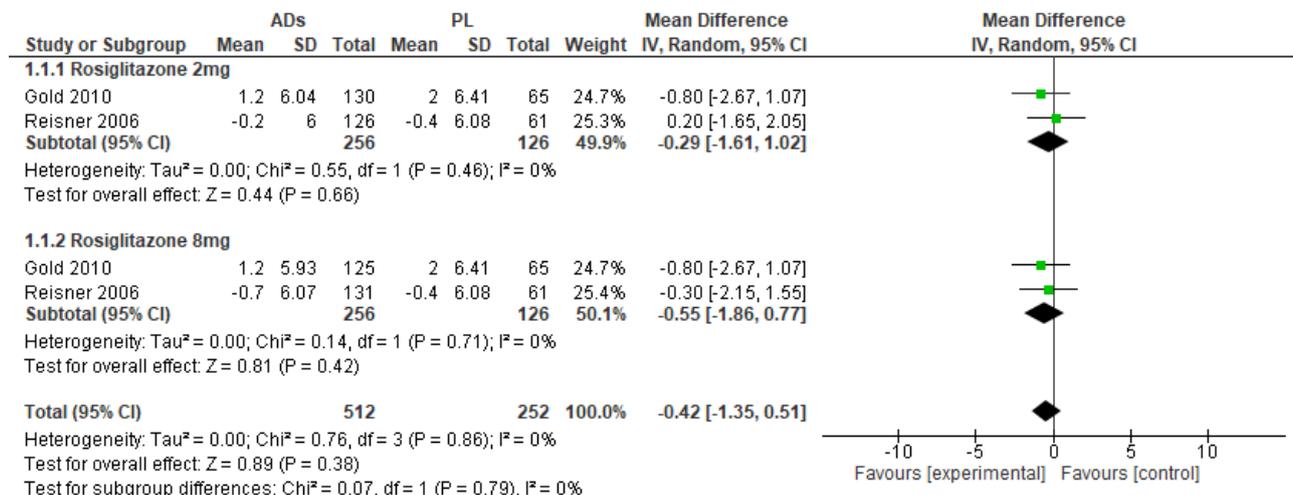


Farmaci ad azione immunoterapica passiva contro le diverse forme di beta amiloide – PET amiloide

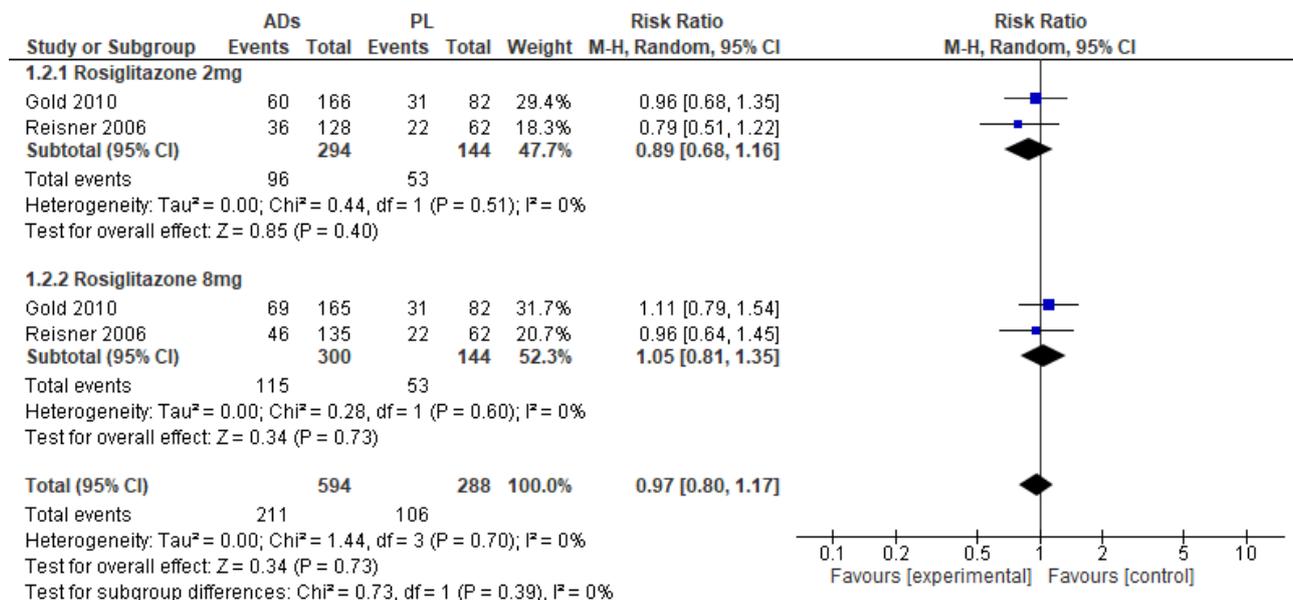


QUESITO 16a. Qual è l'utilità di un intervento (riposizionamento) con farmaci che agiscono su possibili concause eziologiche di demenza nel rallentare la progressione dei disturbi cognitivi?

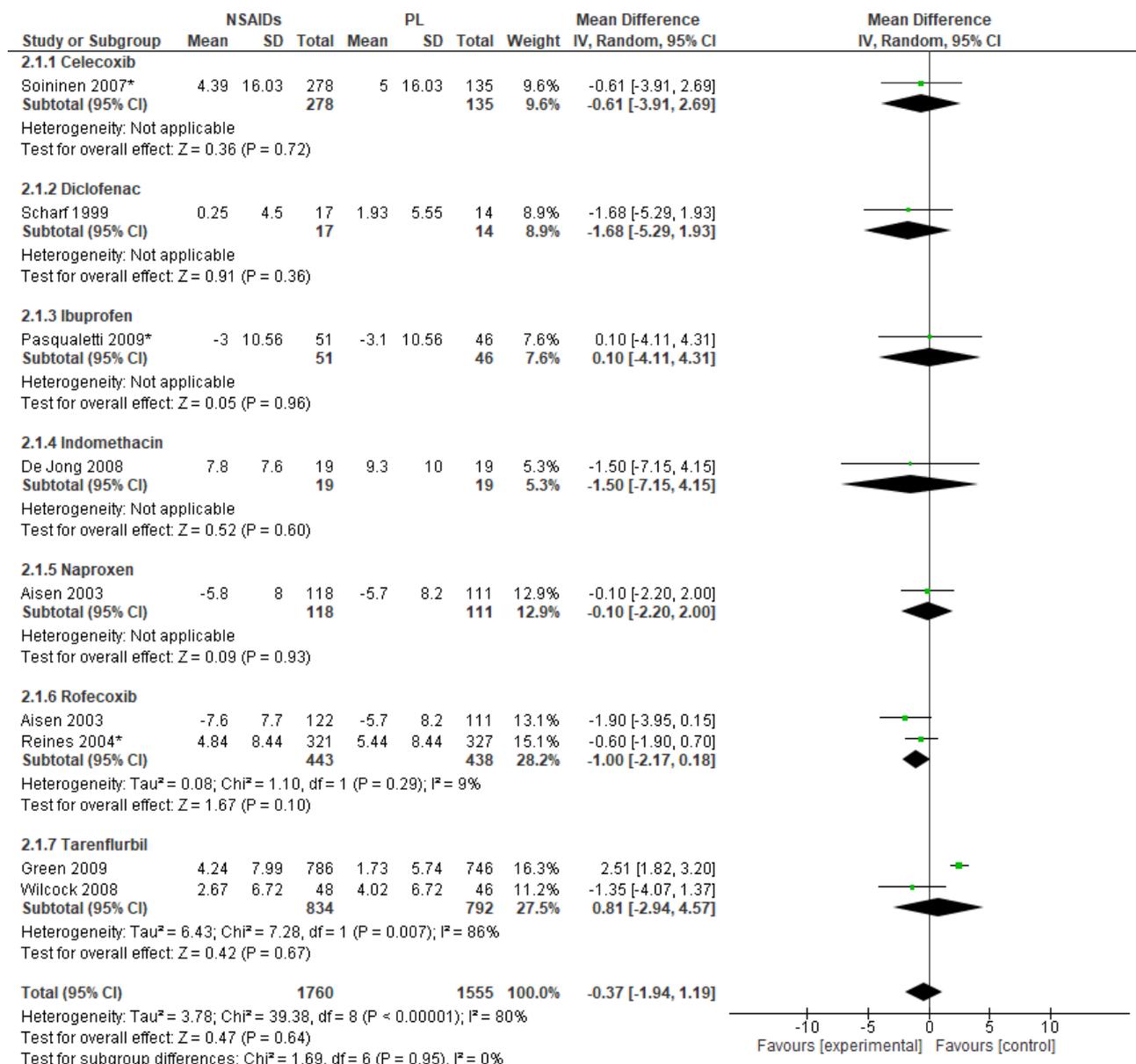
Farmaci antidiabetici – ADAS-Cog



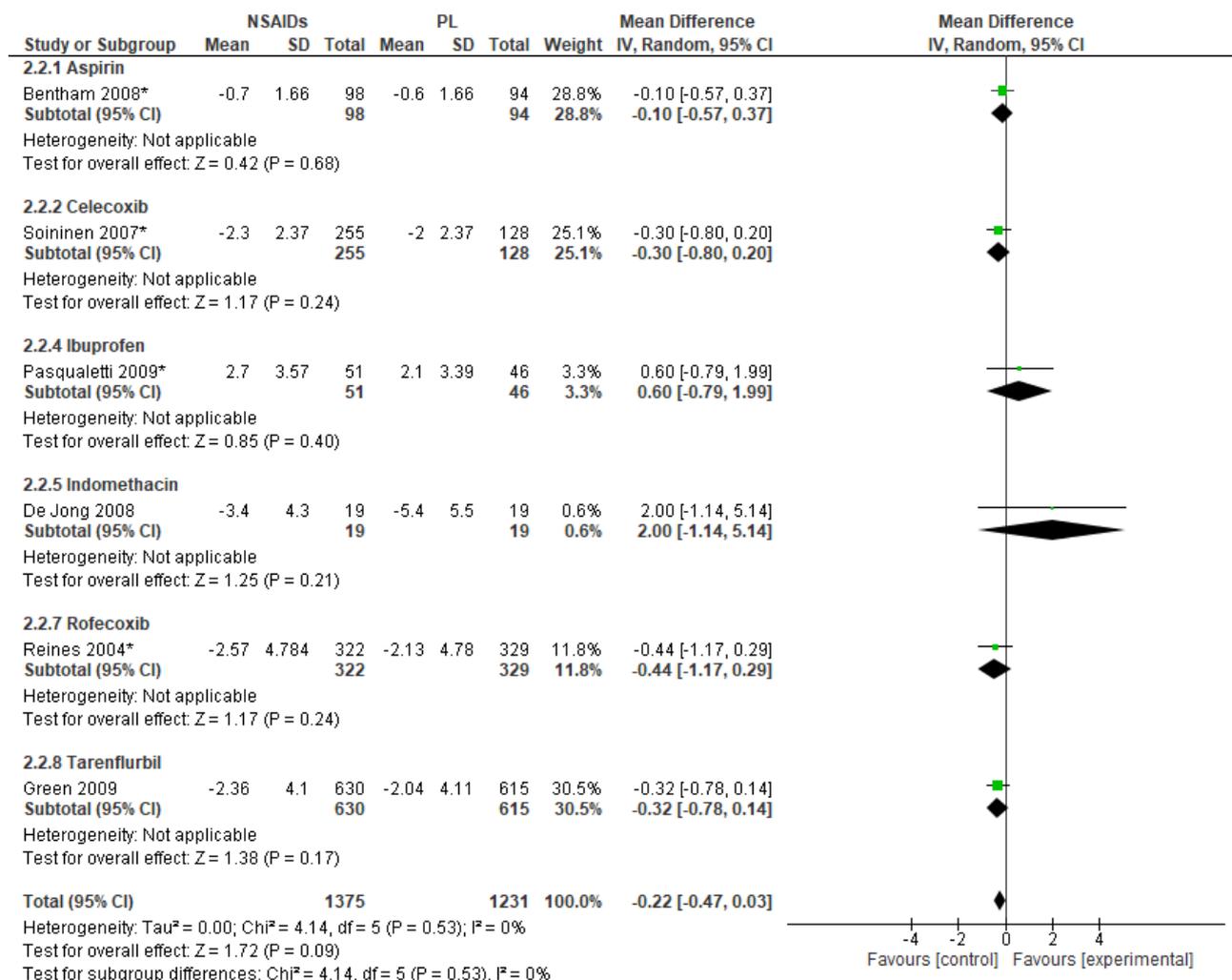
Farmaci antidiabetici – eventi avversi



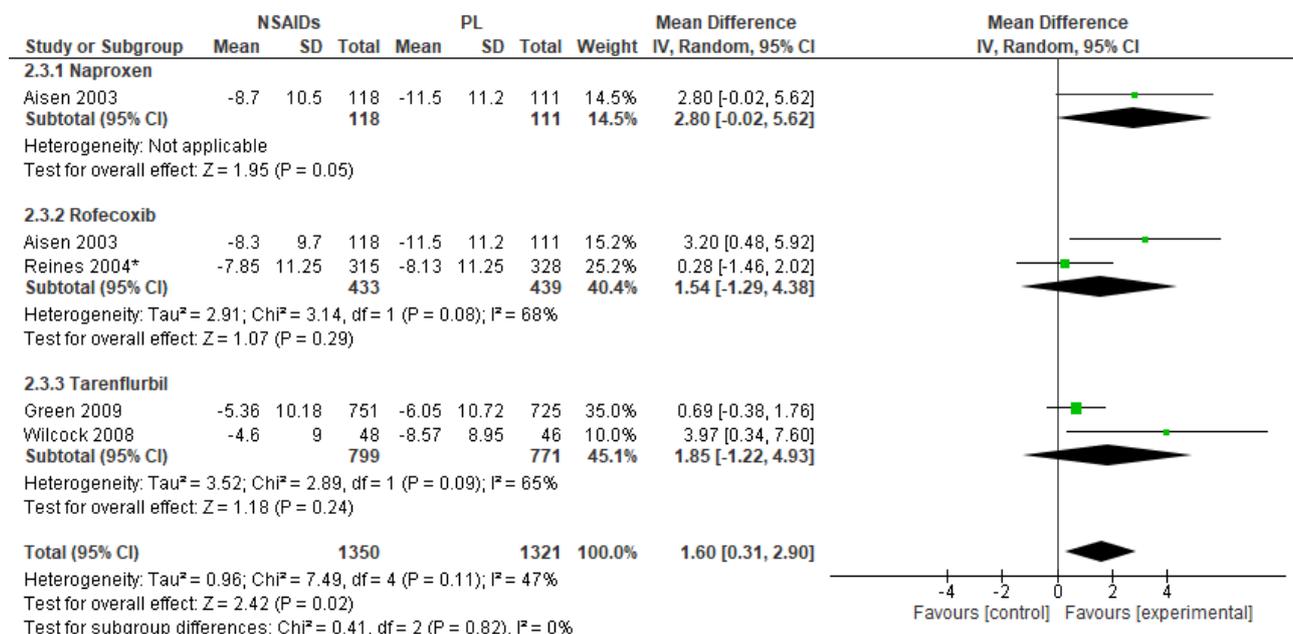
Farmaci antinfiammatori non steroidei – ADAS-Cog



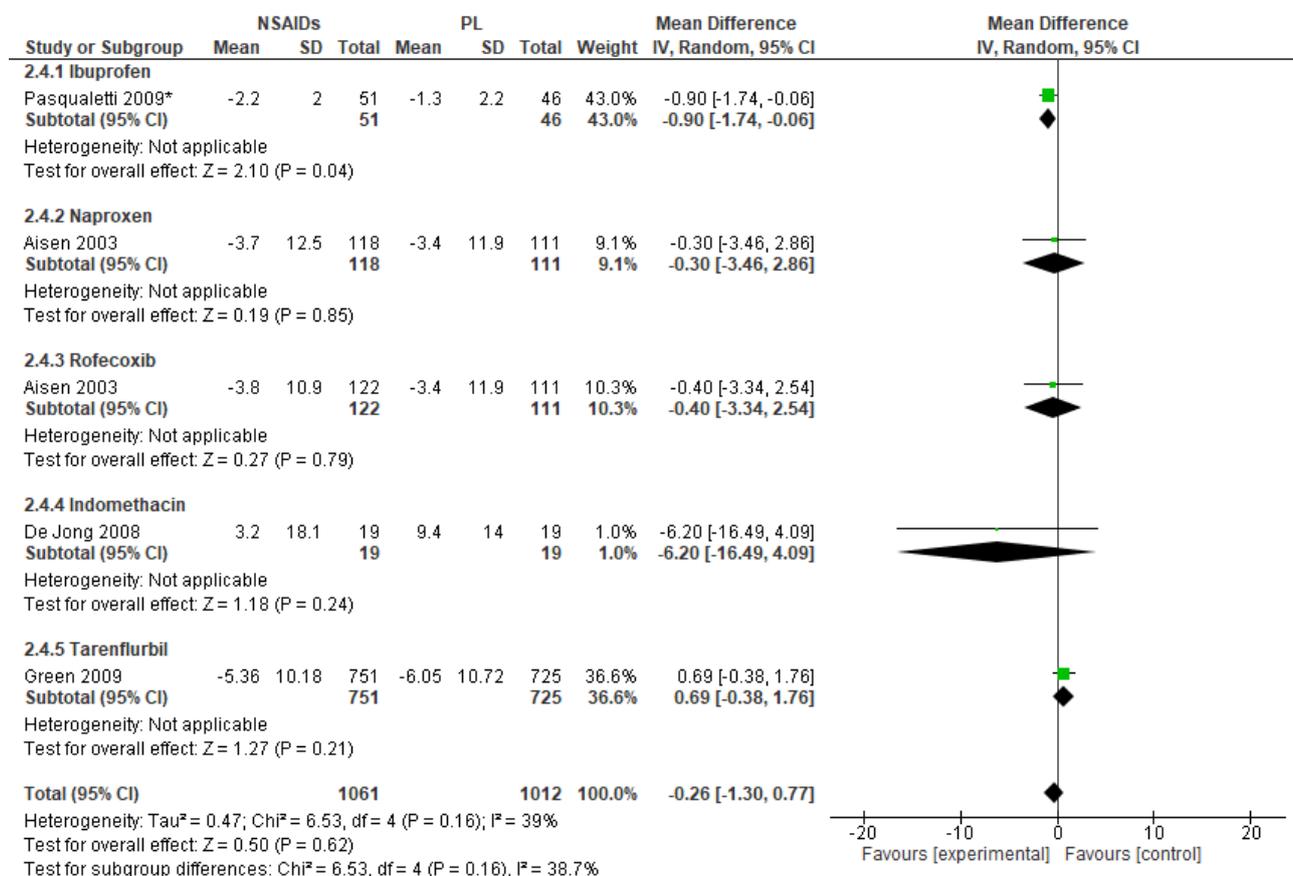
Farmaci antinfiammatori non steroidei – MMSE



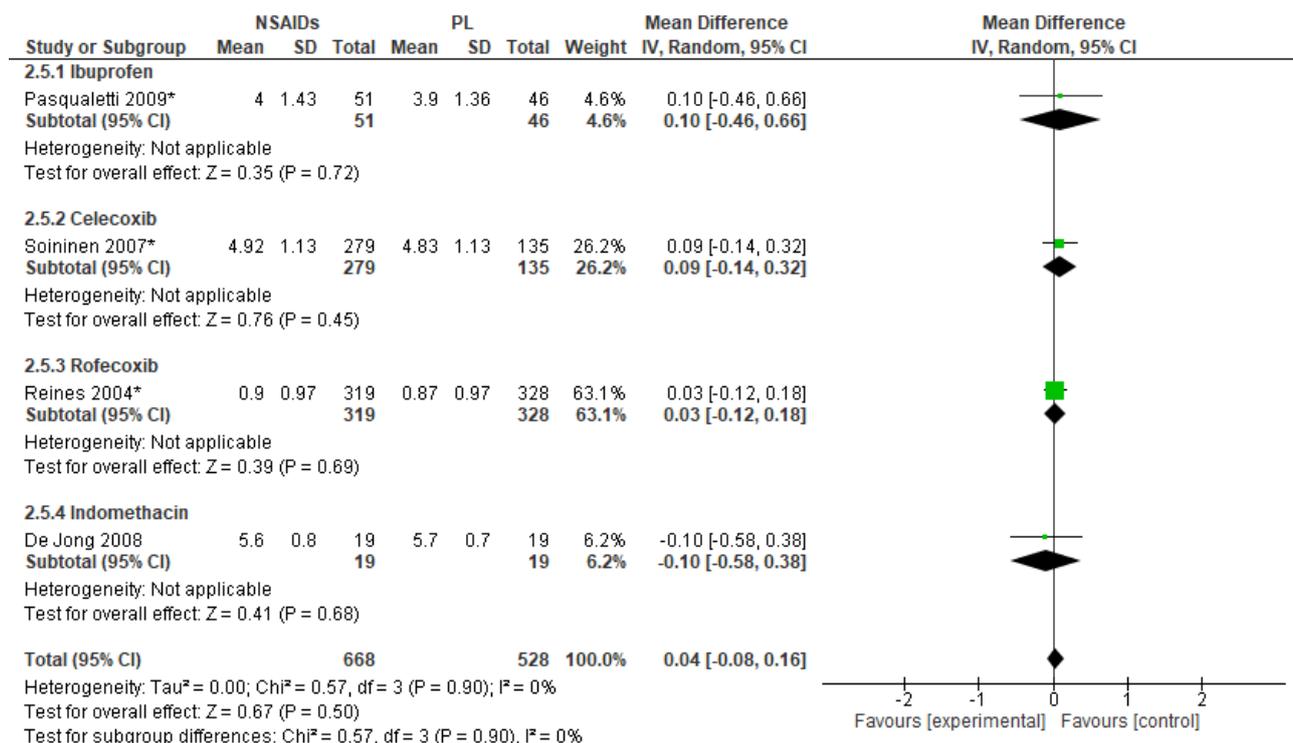
Farmaci antinfiammatori non steroidei – ADCS-ADL



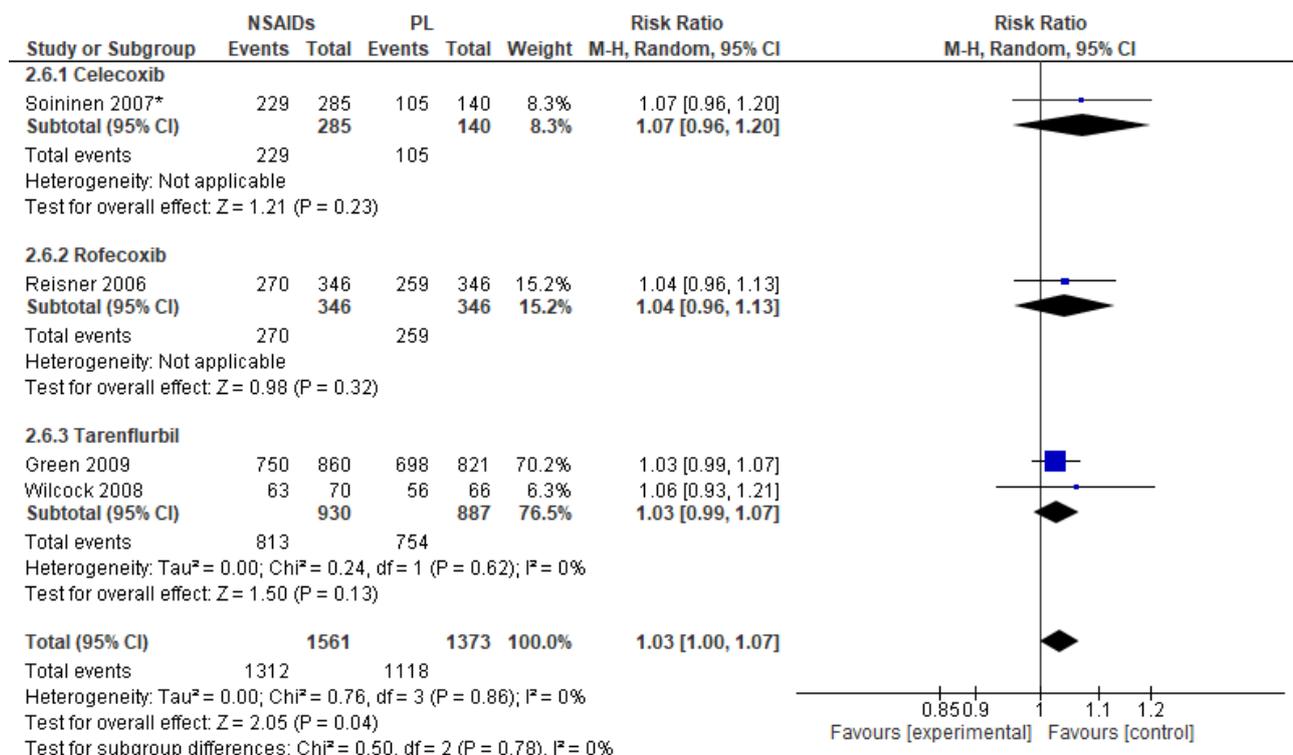
Farmaci antinfiammatori non steroidei – NPI



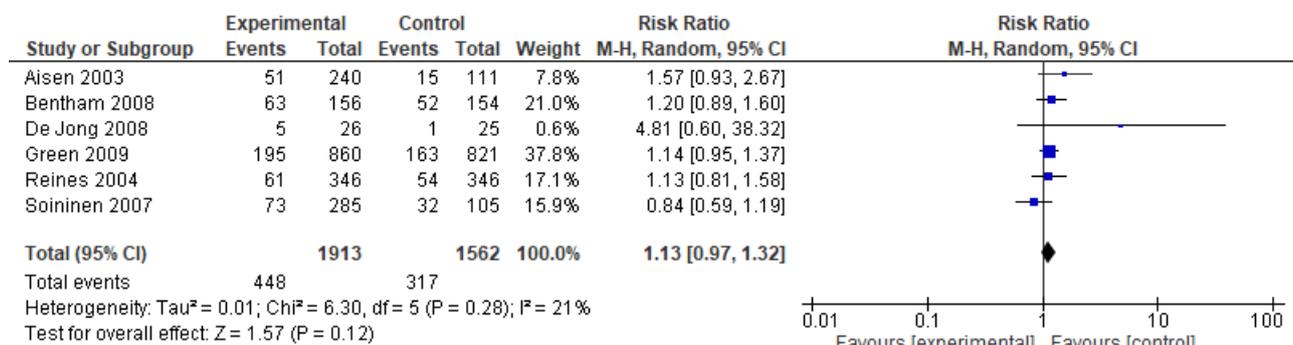
Farmaci antinfiammatori non steroidei – CIBIC+



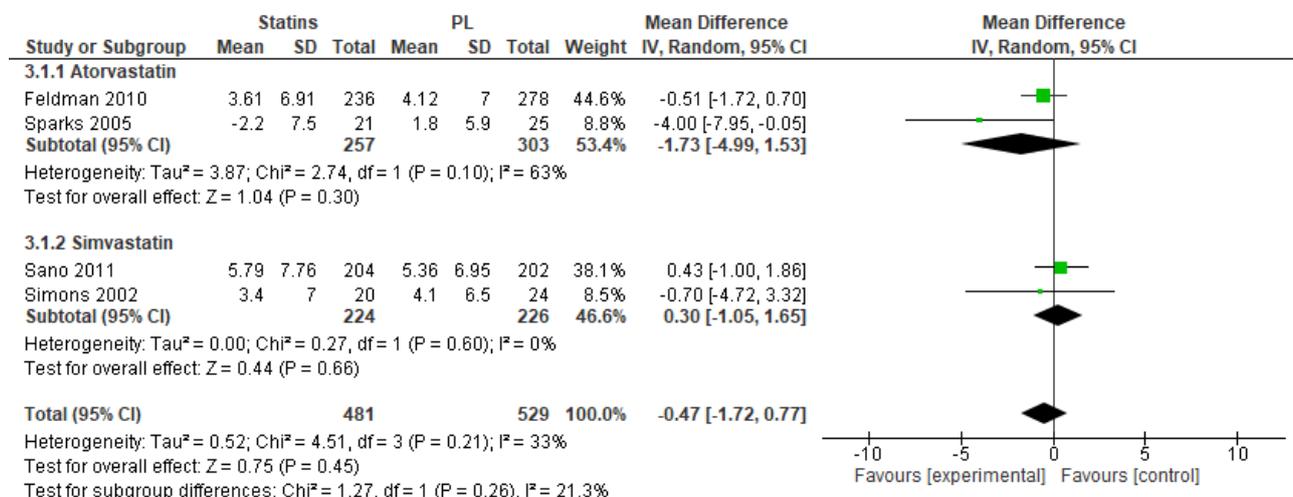
Farmaci antinfiammatori non steroidei – eventi avversi



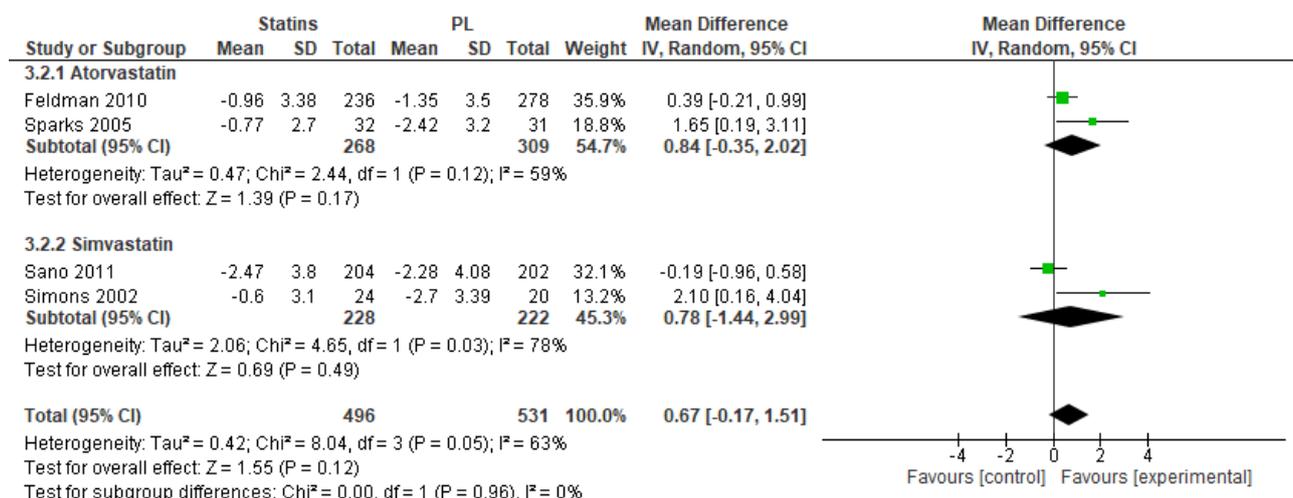
Farmaci antinfiammatori non steroidei – eventi avversi gravi



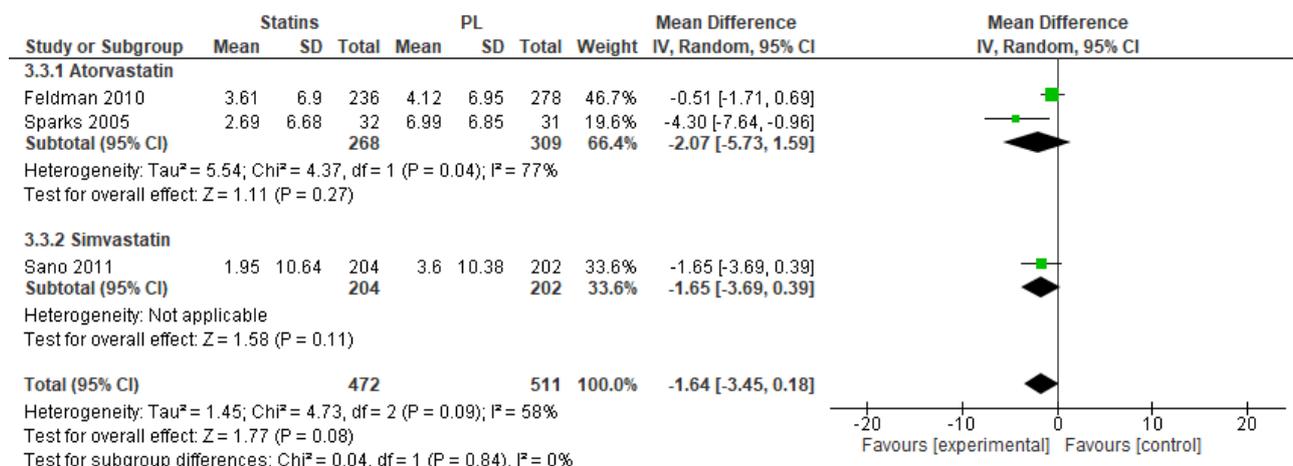
Statine – ADAS-Cog



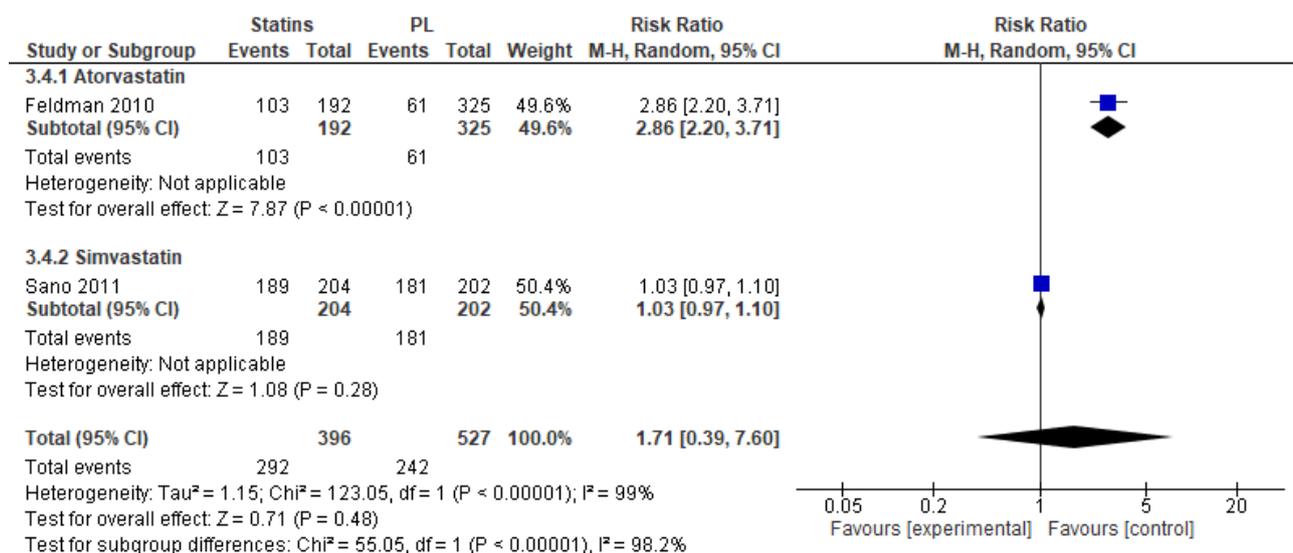
Statine – MMSE



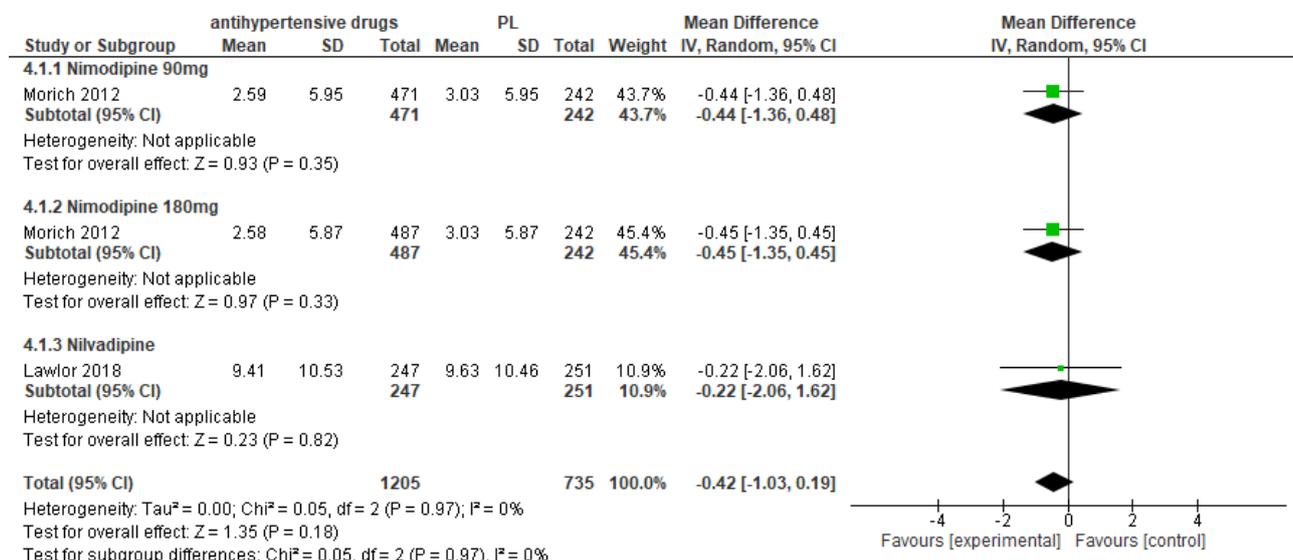
Statine – NPI



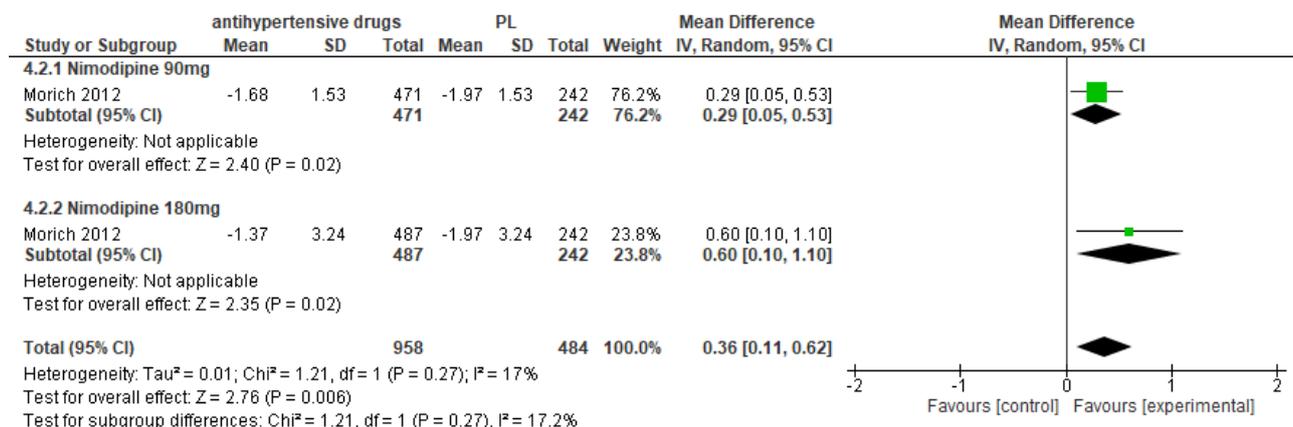
Statine – eventi avversi



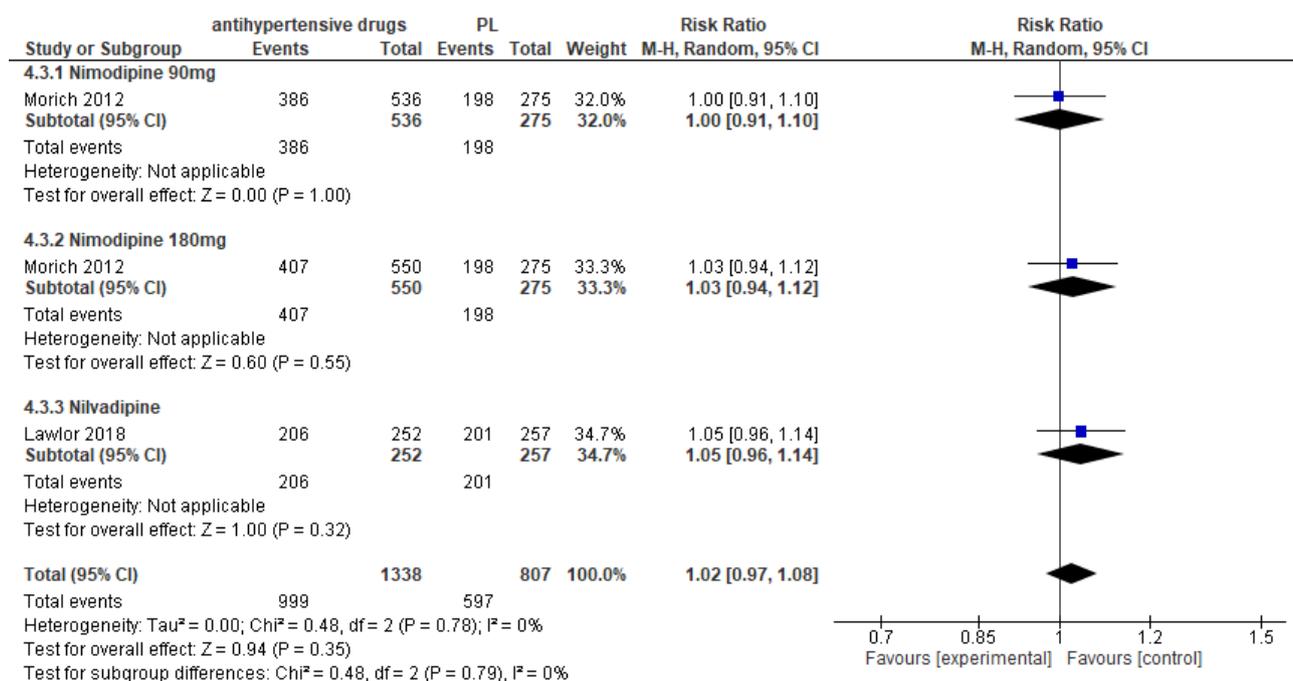
Farmaci antipertensivi – ADAS-Cog



Farmaci antipertensivi – MMSE

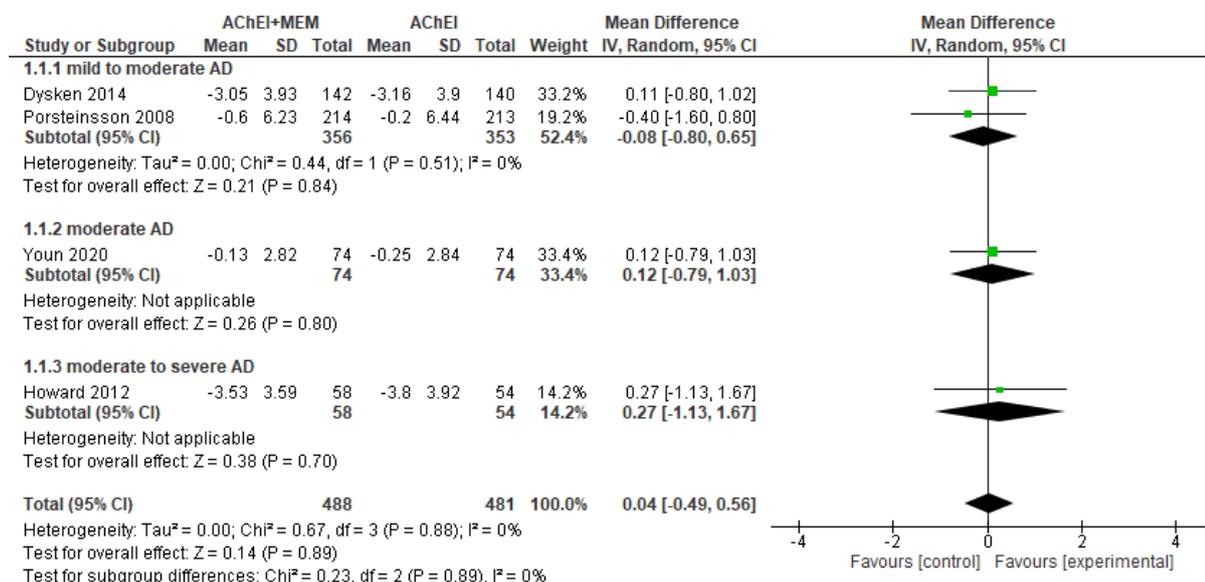


Farmaci antipertensivi – eventi avversi

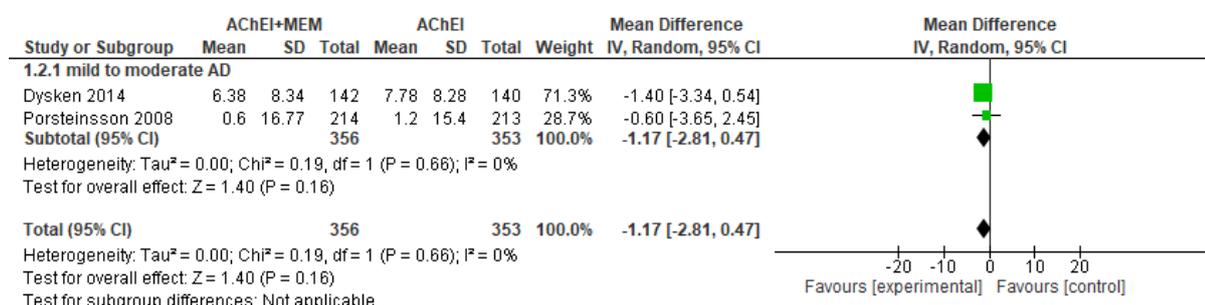


QUESITO 17a. Quanto è efficace la co-prescrizione di inibitori delle acetilcolinesterasi e memantina per il trattamento della demenza di Alzheimer?

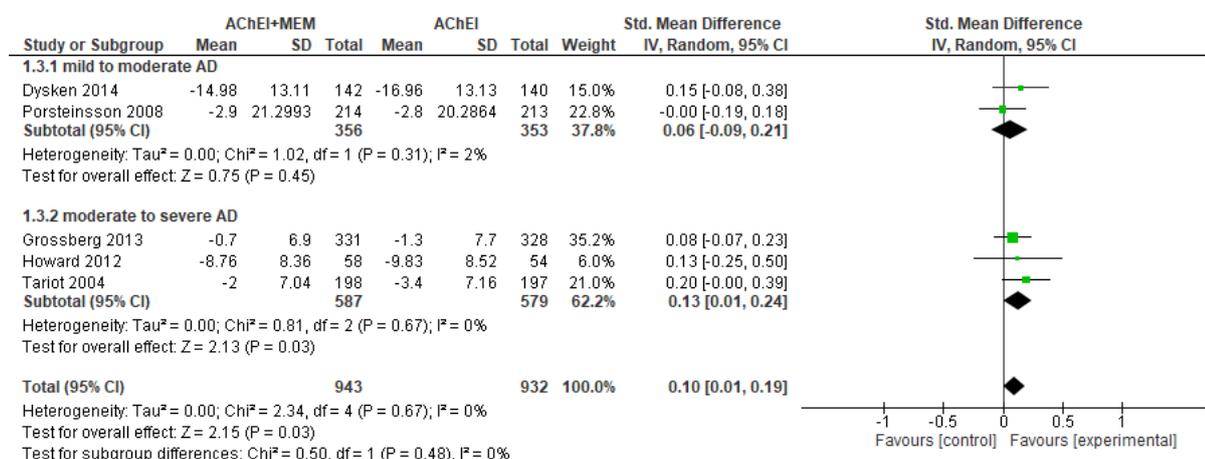
AChEI + memantina vs AChEI + placebo – MMSE



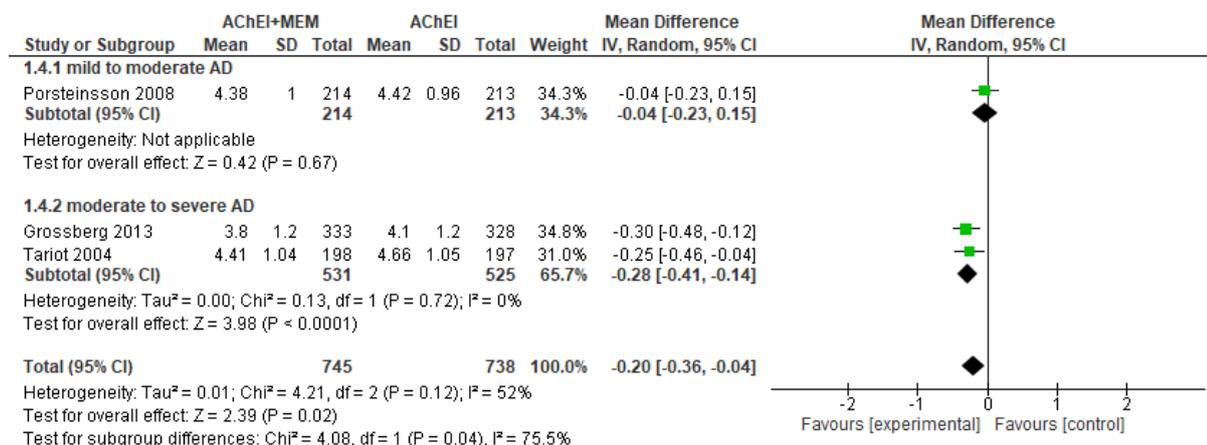
AChEI + memantina vs AChEI + placebo – ADAS-Cog



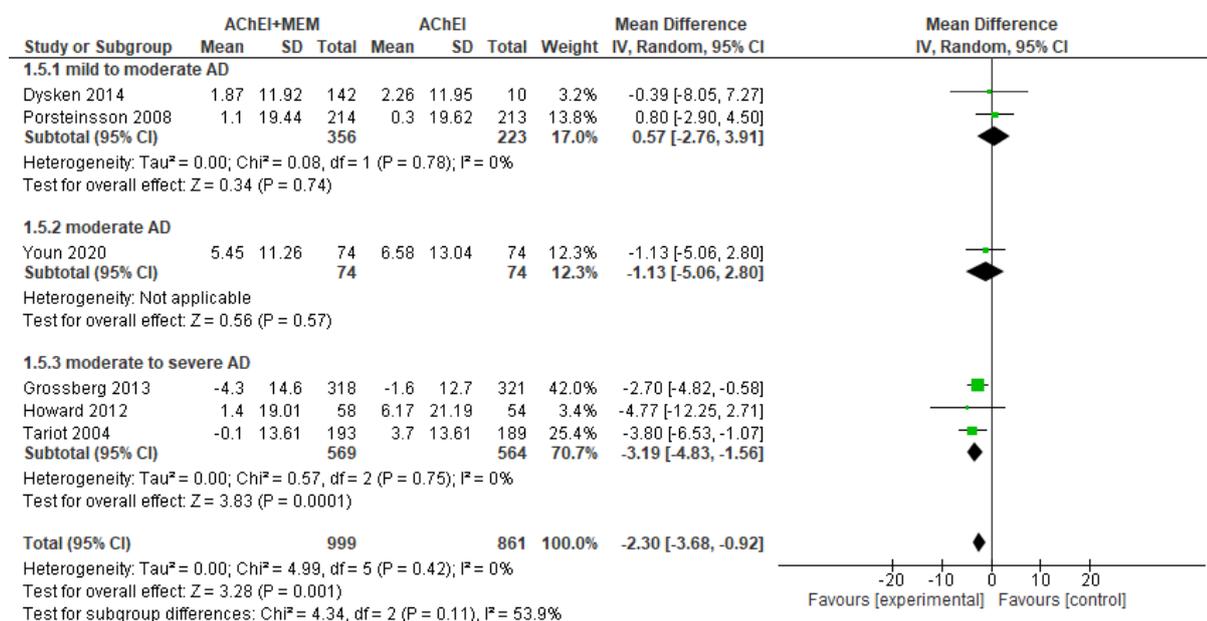
AChEI + memantina vs AChEI + placebo – ADL



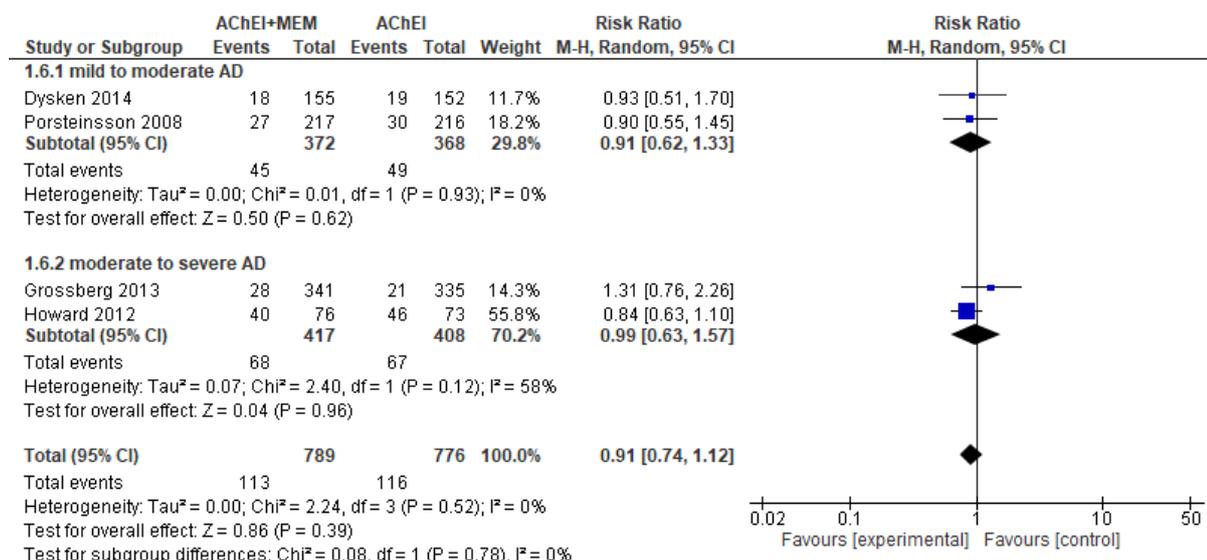
AChEI + memantina vs AChEI + placebo – CIBIC+



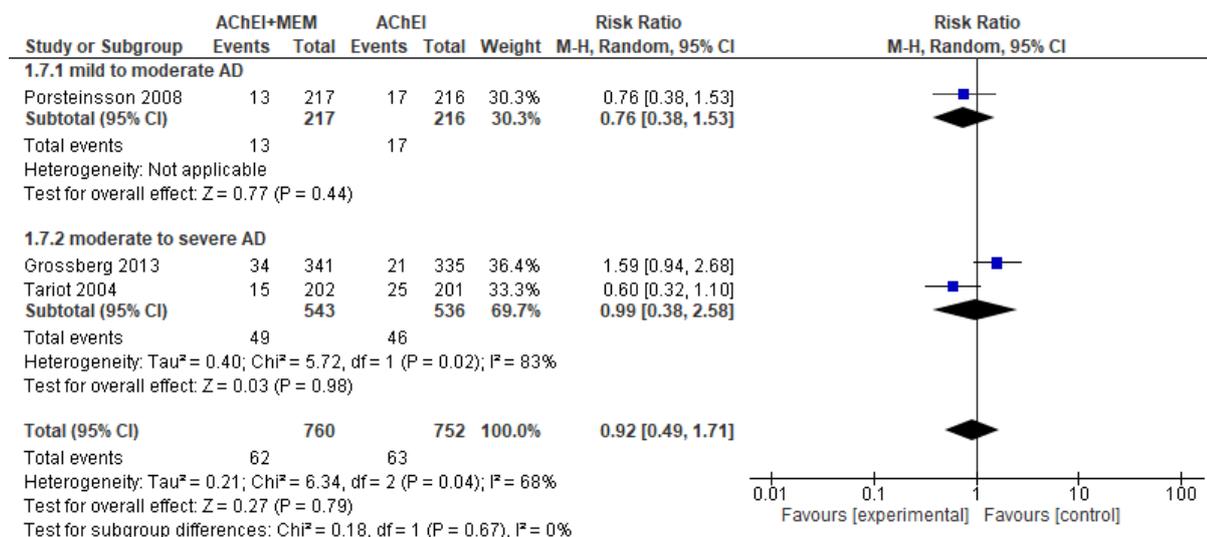
AChEI + memantina vs AChEI + placebo – NPI



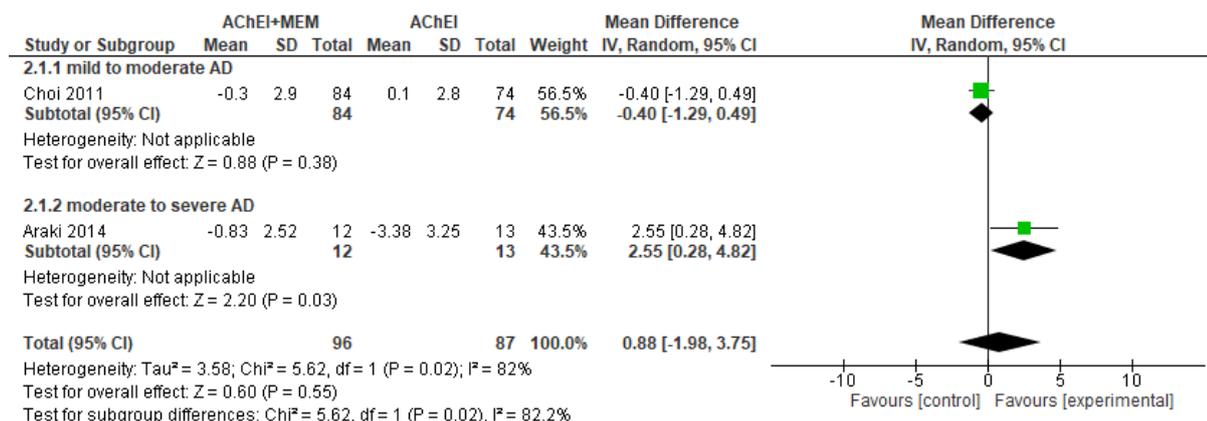
AChEI + memantina vs AChEI + placebo – Eventi avversi



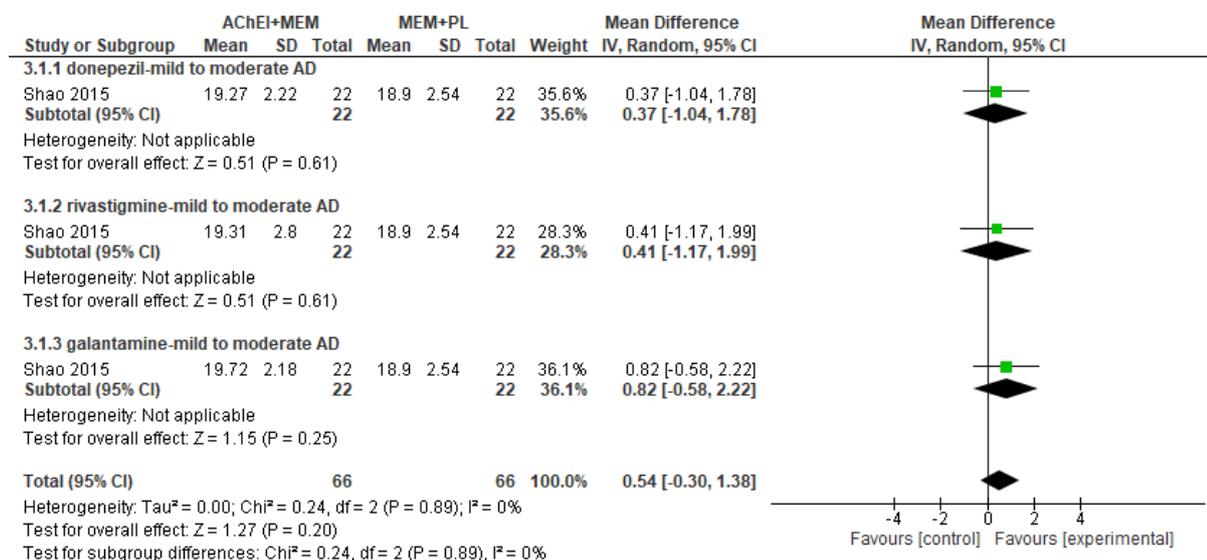
AChEI + memantina vs AChEI + placebo – Interruzione del trattamento per eventi avversi



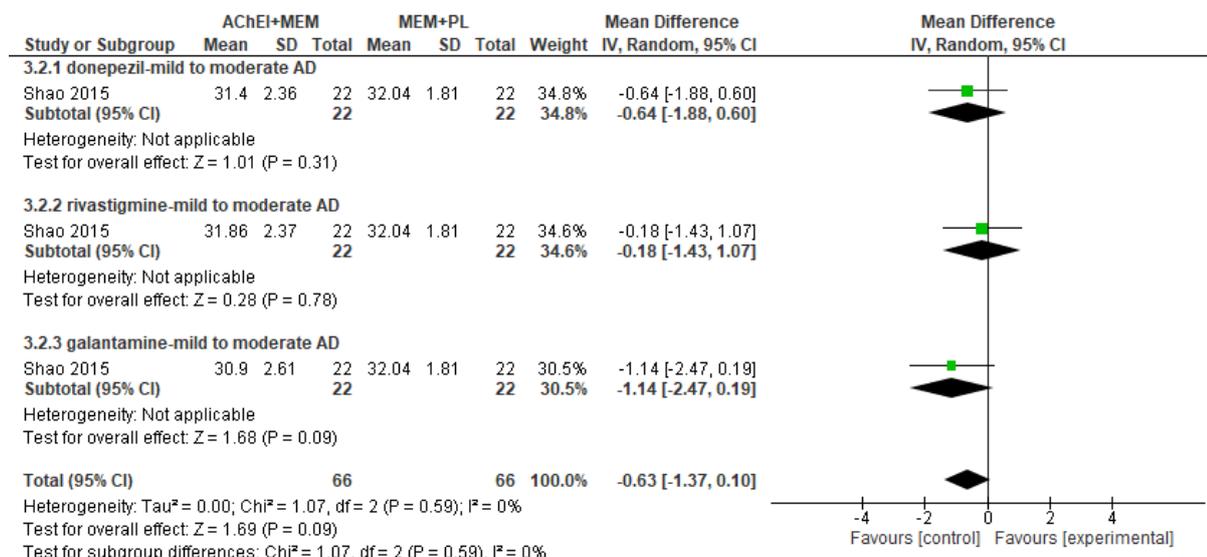
AChEI + memantina vs AChEI in monoterapia – MMSE



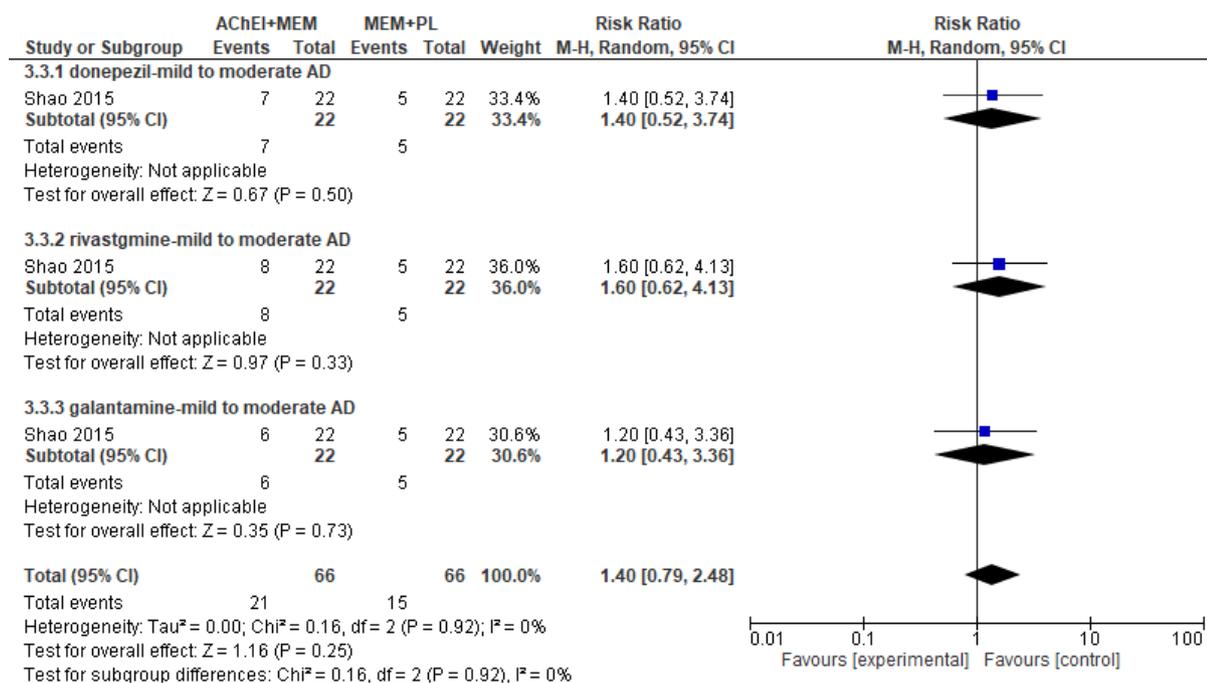
AChEI + memantina vs memantina + placebo – MMSE



ACHEI + memantina vs memantina + placebo – ADCS-ADL

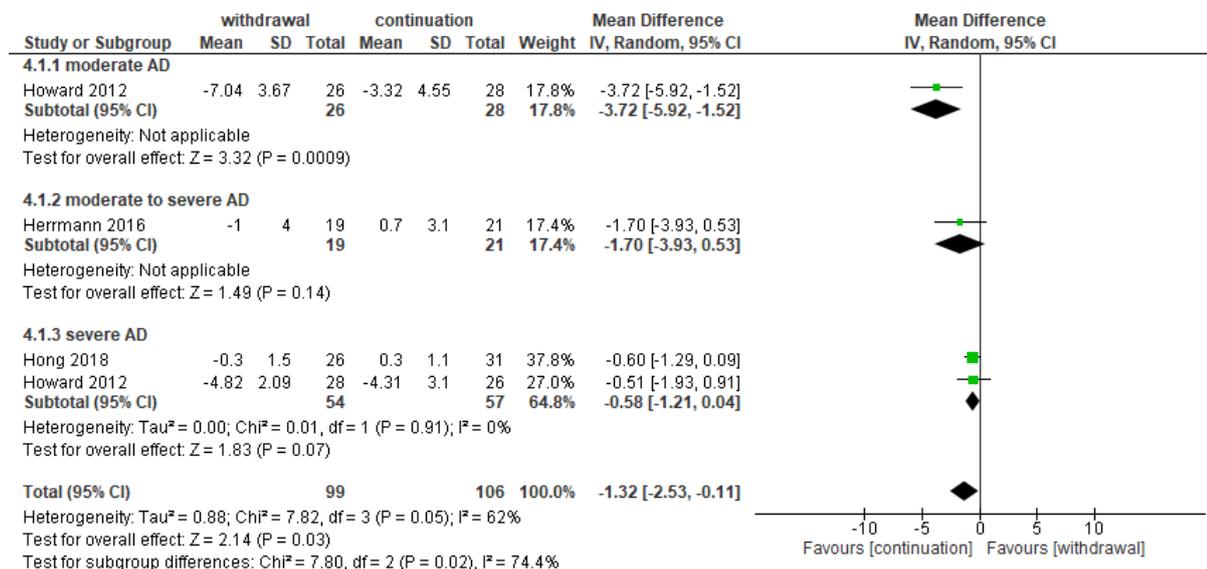


ACHEI + memantina vs memantina + placebo – eventi avversi



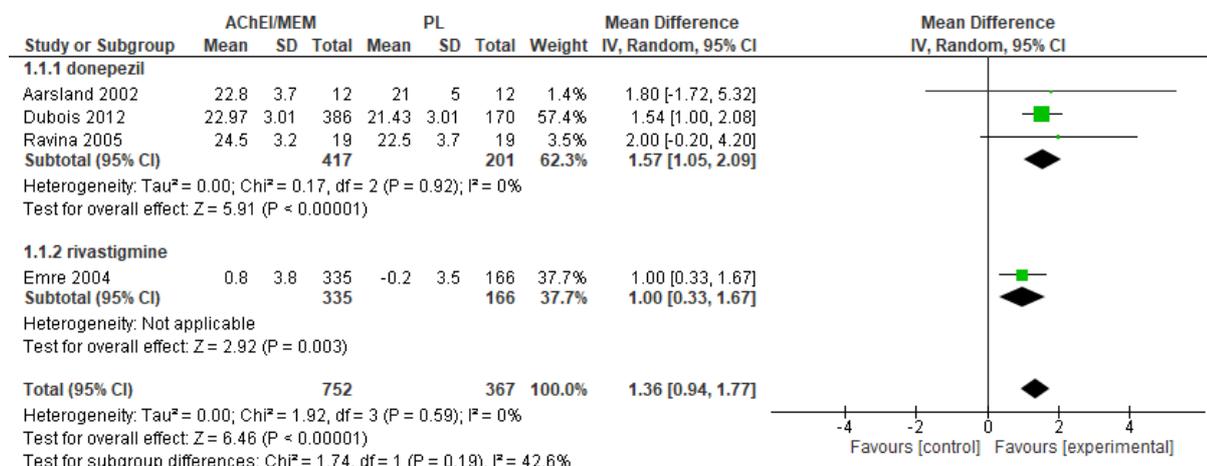
QUESITO 17b. Quando dovrebbe essere interrotto il trattamento con inibitori delle acetilcolinesterasi e memantina in persone con demenza di Alzheimer?

Interruzione del trattamento con AChEI vs prosecuzione – MMSE

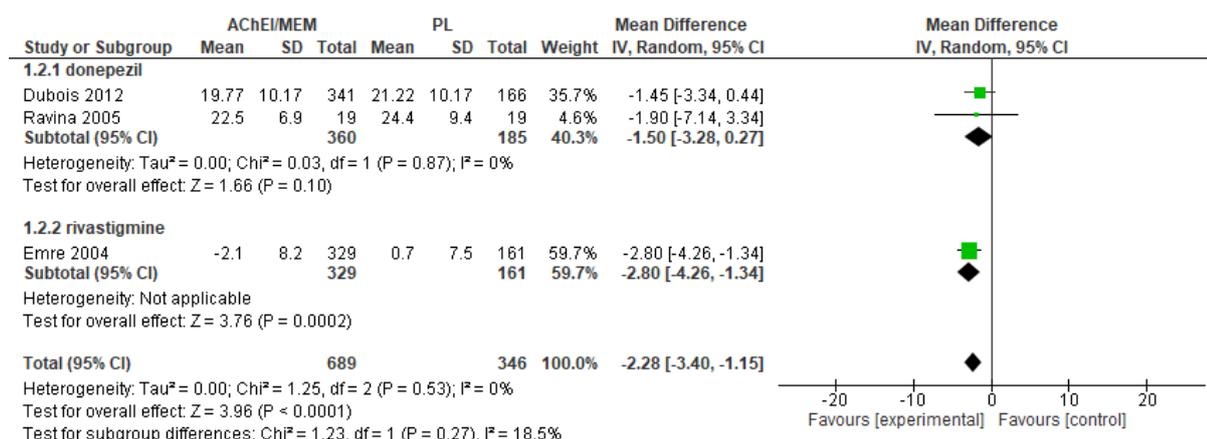


QUESITO 18a. Quali sono l'efficacia comparativa e la sicurezza di inibitori delle acetilcolinesterasi e memantina nel migliorare i sintomi cognitivi nella demenza associata a malattia di Parkinson?

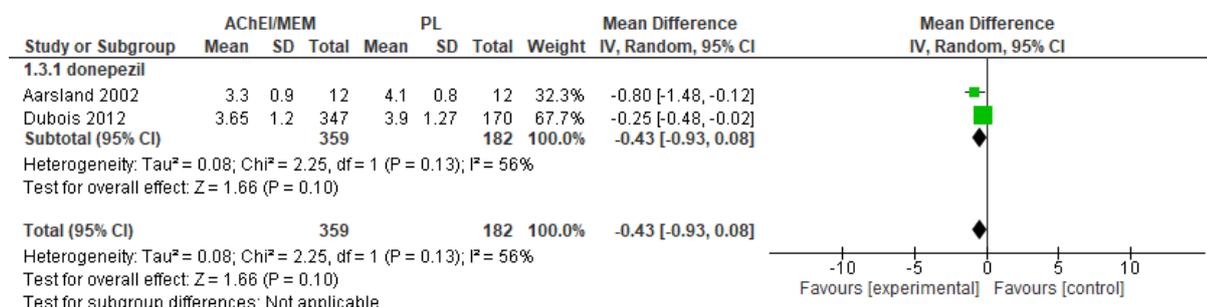
Inibitori delle acetilcolinesterasi e memantina per la PDD – MMSE



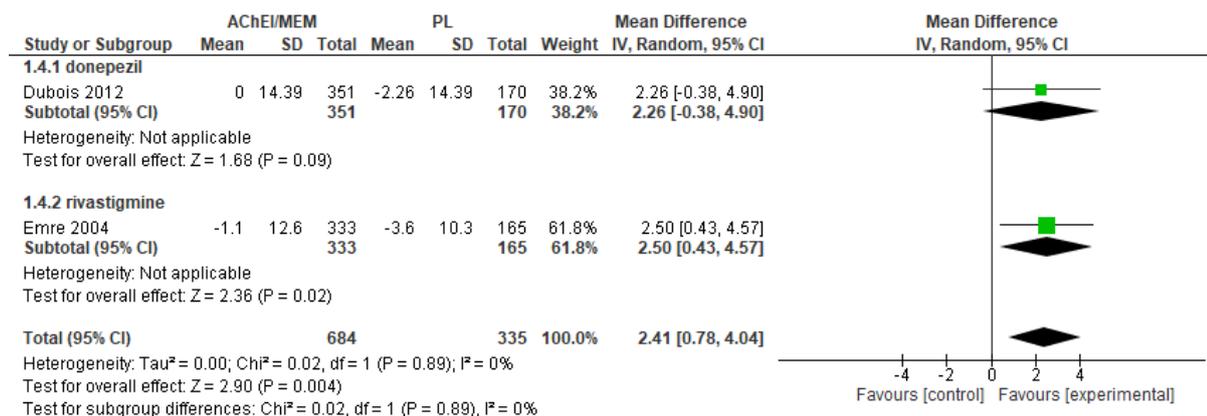
Inibitori delle acetilcolinesterasi e memantina per la PDD – ADAS-Cog



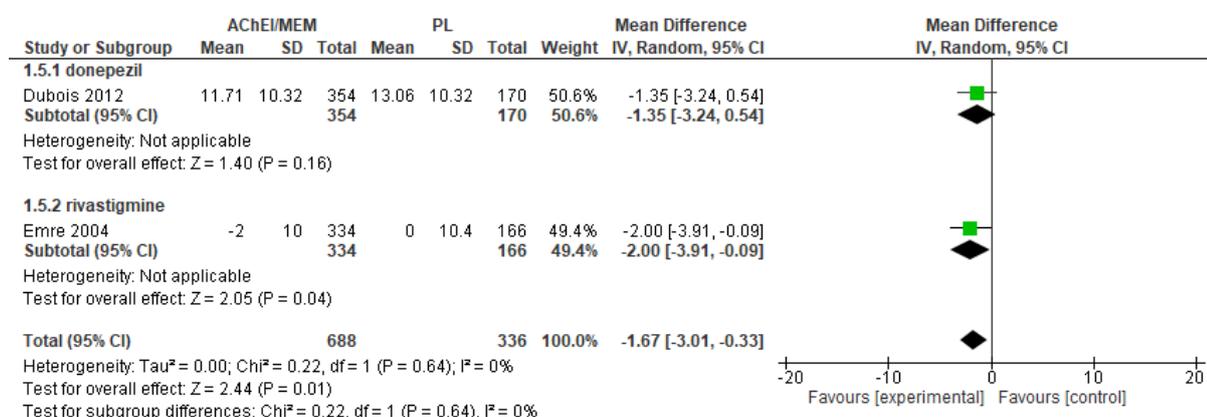
Inibitori delle acetilcolinesterasi e memantina per la PDD – CIBIC+



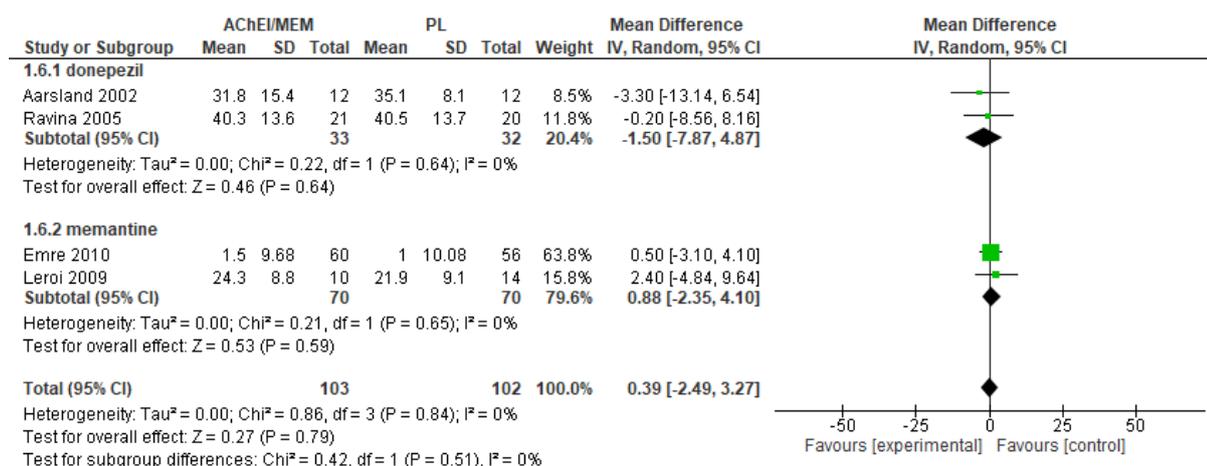
Inibitori delle acetilcolinesterasi e memantina per la PDD – ADL



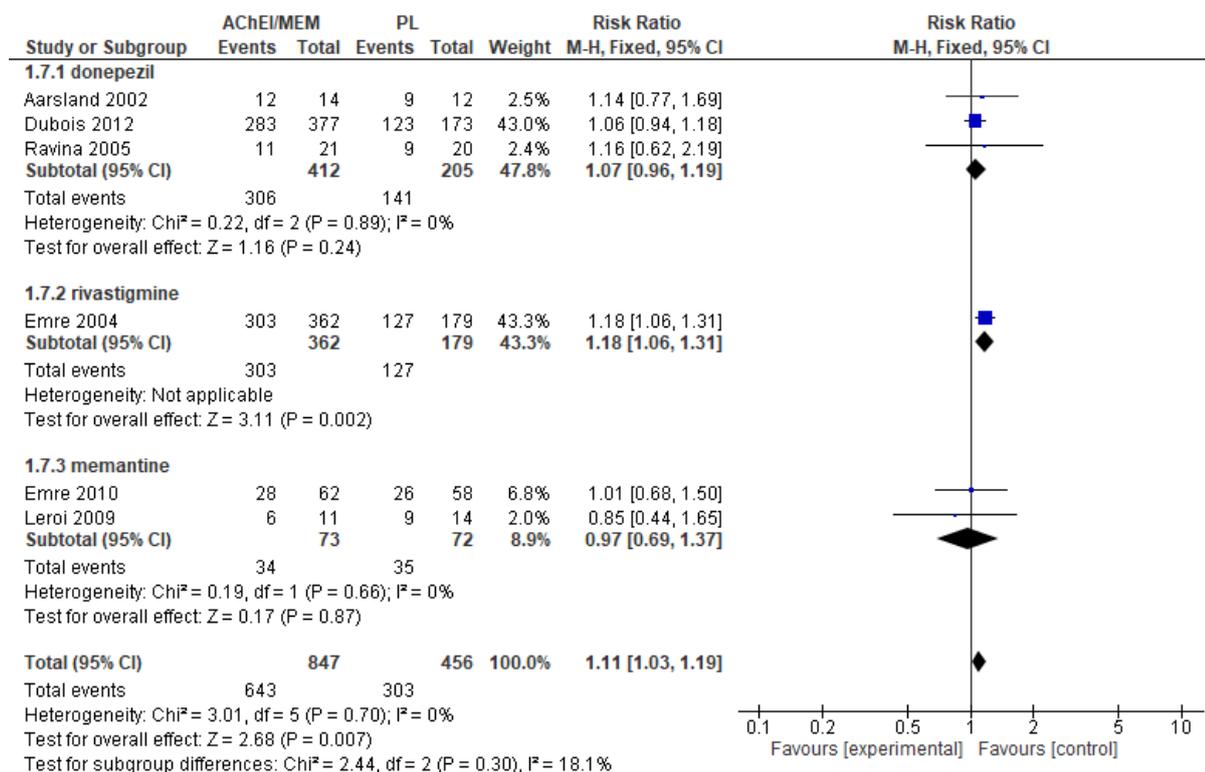
Inibitori delle acetilcolinesterasi e memantina per la PDD – NPI-10 items



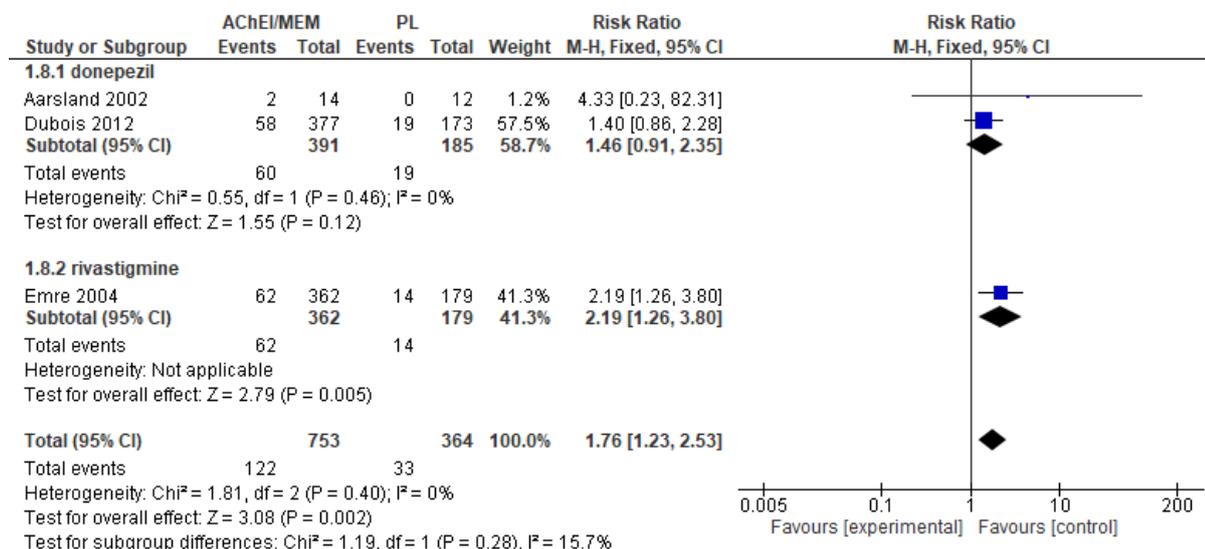
Inibitori delle acetilcolinesterasi e memantina per la PDD – UPDRS-III



Inibitori delle acetilcolinesterasi e memantina per la PDD – eventi avversi

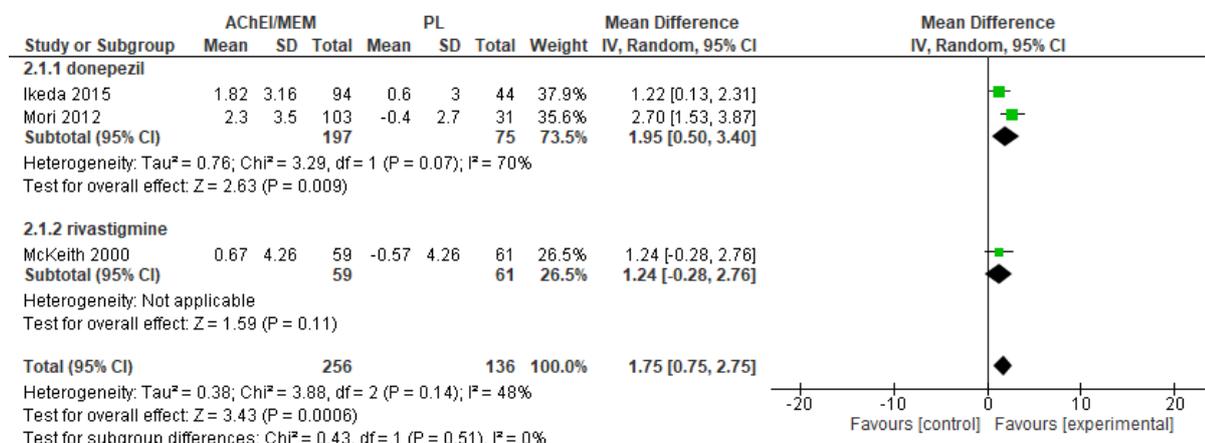


Inibitori delle acetilcolinesterasi e memantina per la PDD – interruzione a causa di eventi avversi

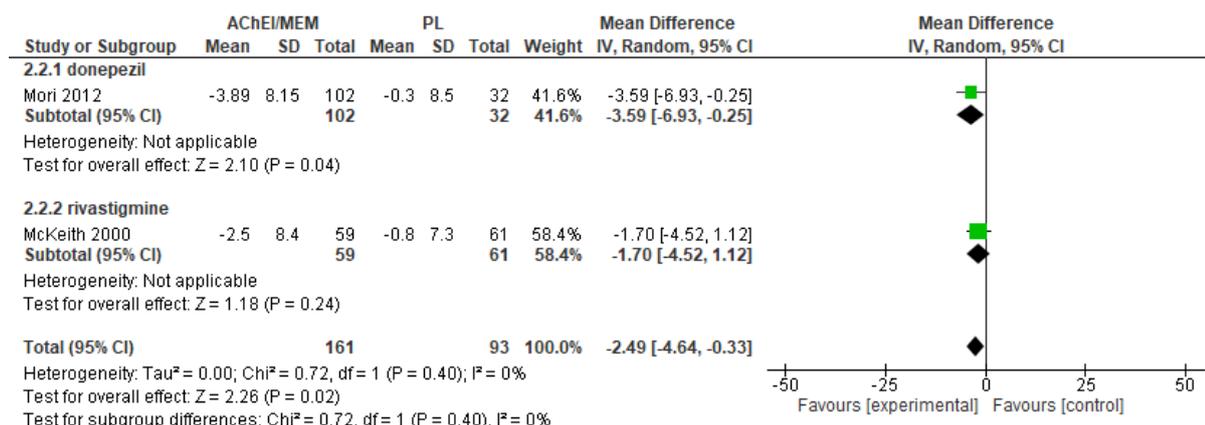


QUESITO 18b. Quali sono l'efficacia comparativa e la sicurezza di inibitori delle acetilcolinesterasi e memantina nel migliorare i sintomi cognitivi nella demenza a corpi di Lewy?

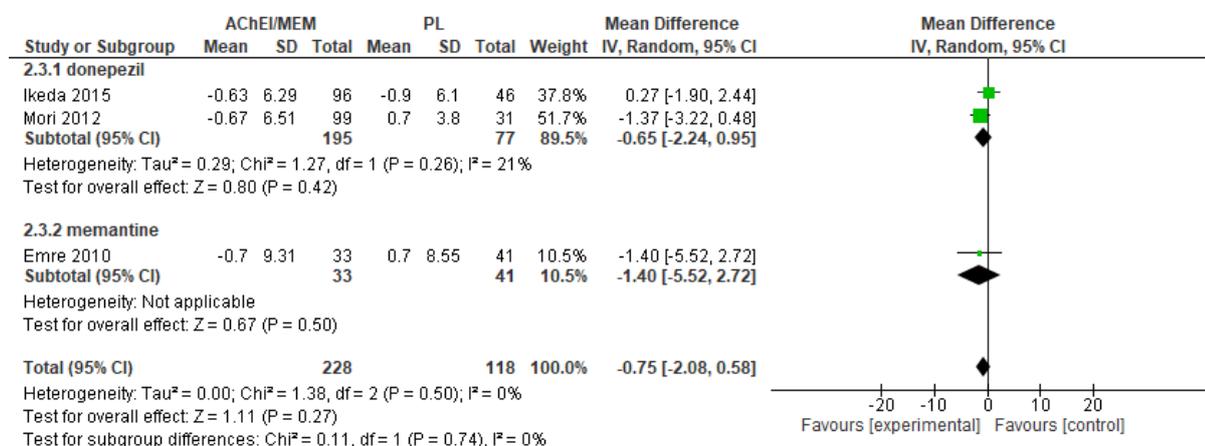
Inibitori delle acetilcolinesterasi e memantina per la DLB – MMSE



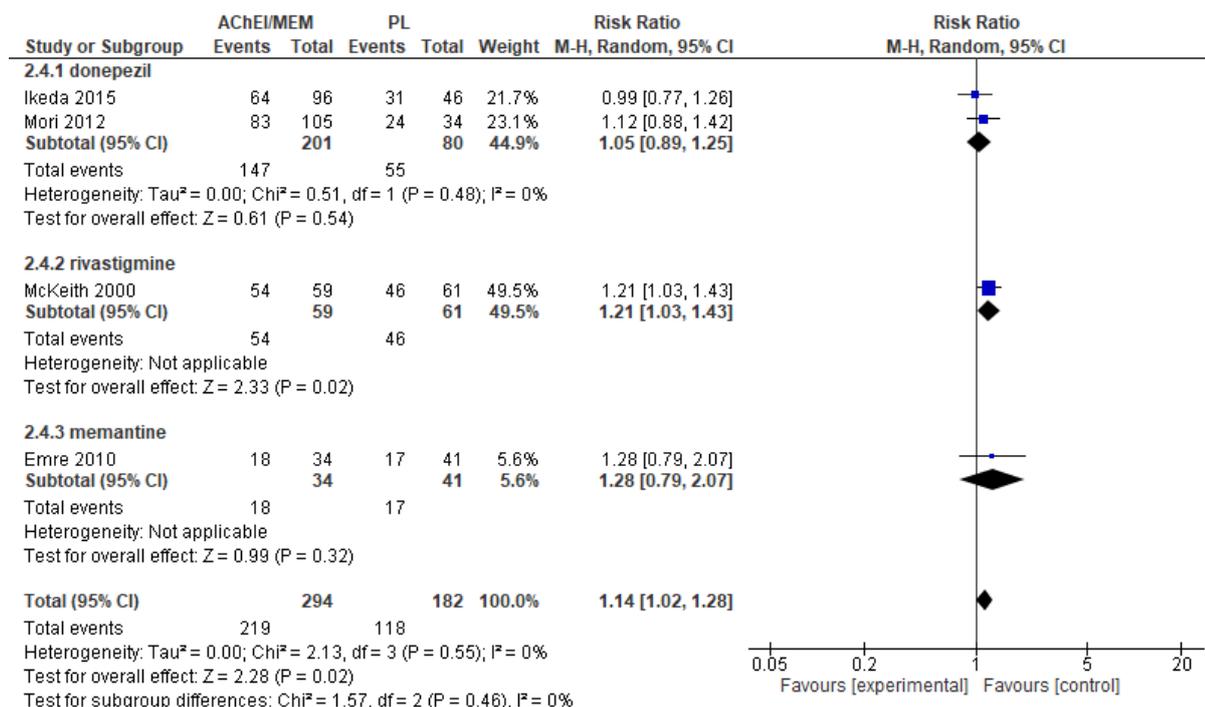
Inibitori delle acetilcolinesterasi e memantina per la DLB – NPI-10 items



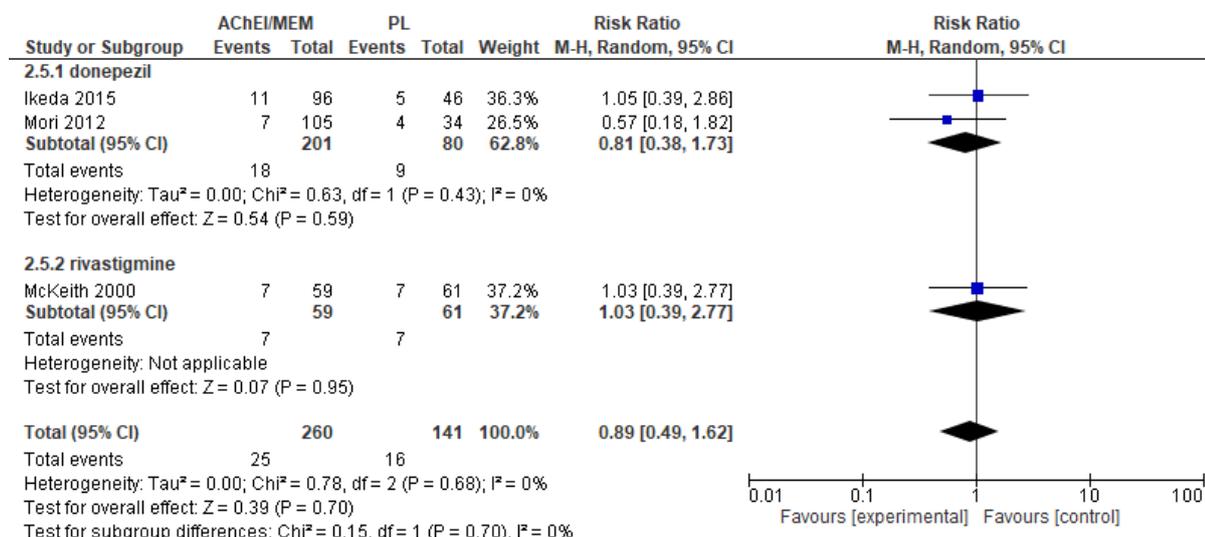
Inibitori delle acetilcolinesterasi e memantina per la DLB – UPDRS-III



Inibitori delle acetilcolinesterasi e memantina per la DLB – eventi avversi



Inibitori delle acetilcolinesterasi e memantina per la DLB – interruzione a causa di eventi avversi



QUESITO 20a. Quali sono gli interventi non farmacologici più efficaci per supportare le funzioni cognitive in persone con demenza?

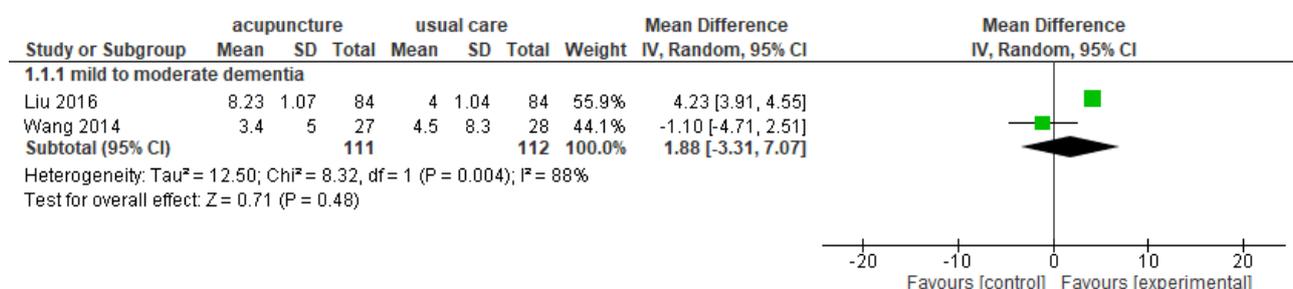
QUESITO 20b. Quali sono gli interventi non farmacologici più efficaci per supportare le abilità funzionali in persone con demenza?

QUESITO 20c. Quali sono gli interventi non farmacologici più efficaci per supportare il benessere delle persone con demenza?

QUESITO 20d. Quali sono i metodi più efficaci per supportare le persone con demenza al fine di promuovere l'autonomia e tutelare la sicurezza?

AGOPUNTURA

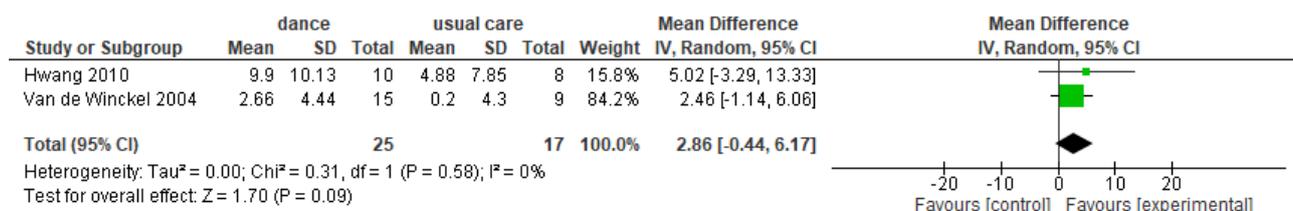
MMSE



ATTIVITÀ FISICA

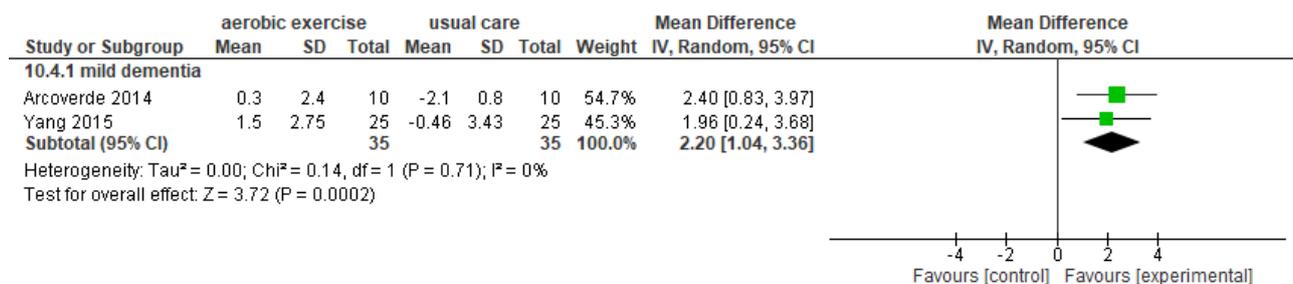
Danza

MMSE

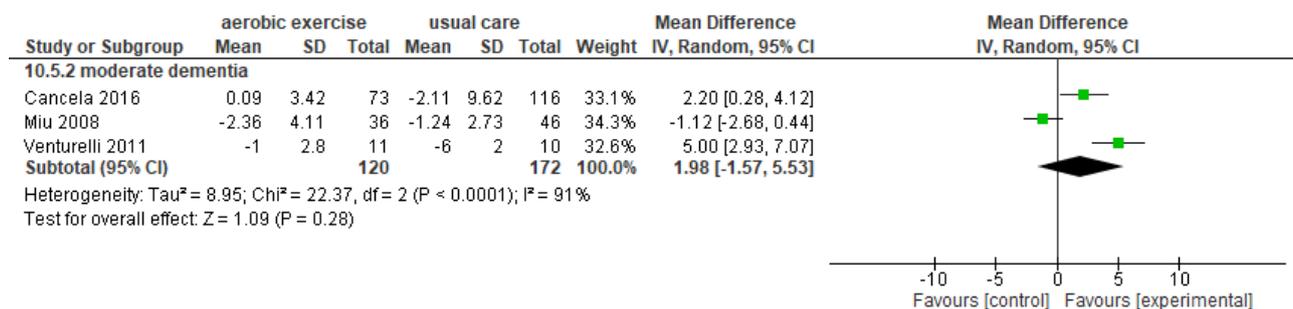


Esercizio fisico aerobico

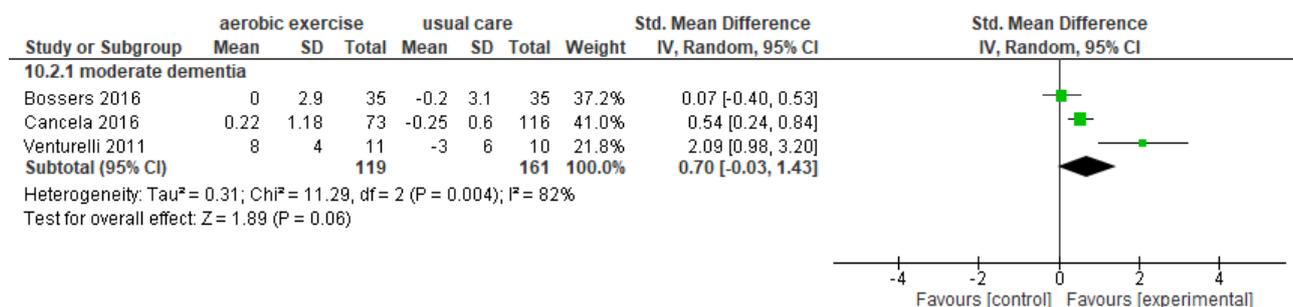
MMSE



MMSE

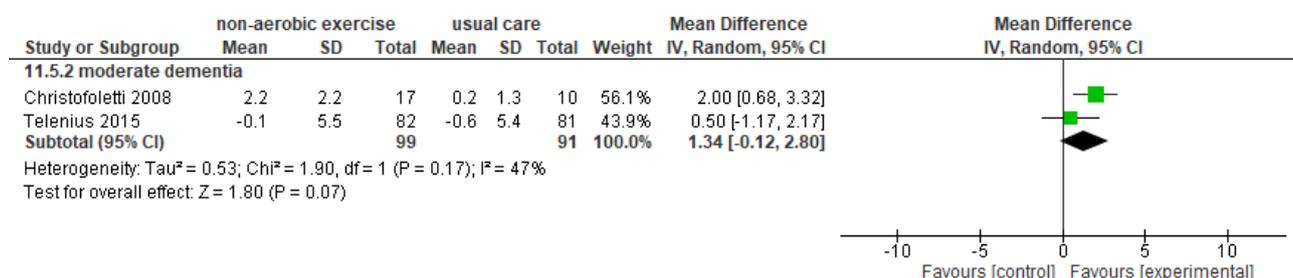


Abilità funzionali

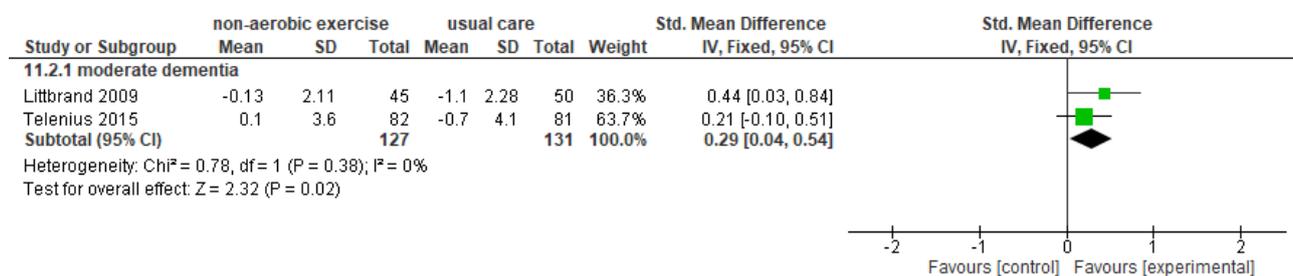


Esercizio fisico non aerobico

MMSE

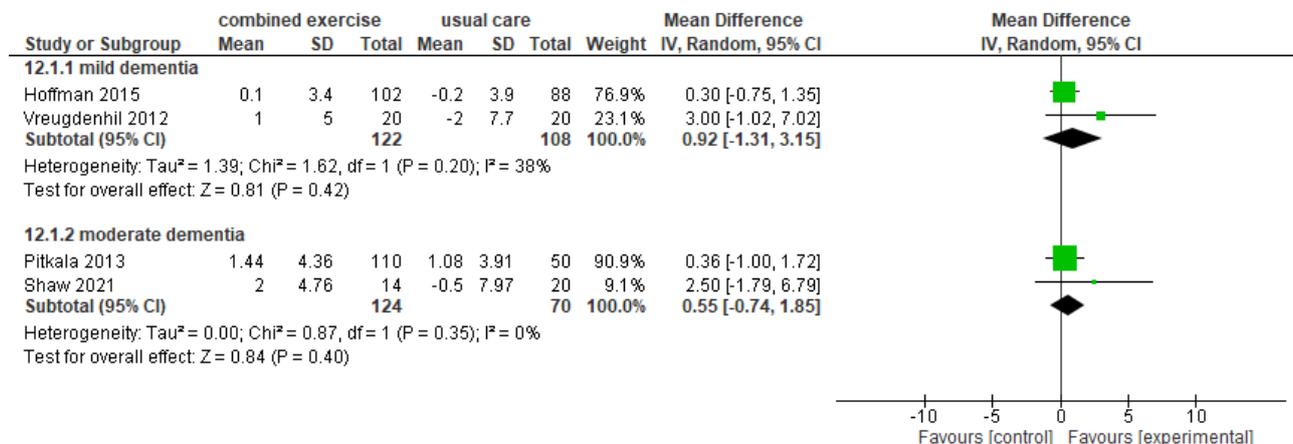


Abilità funzionali

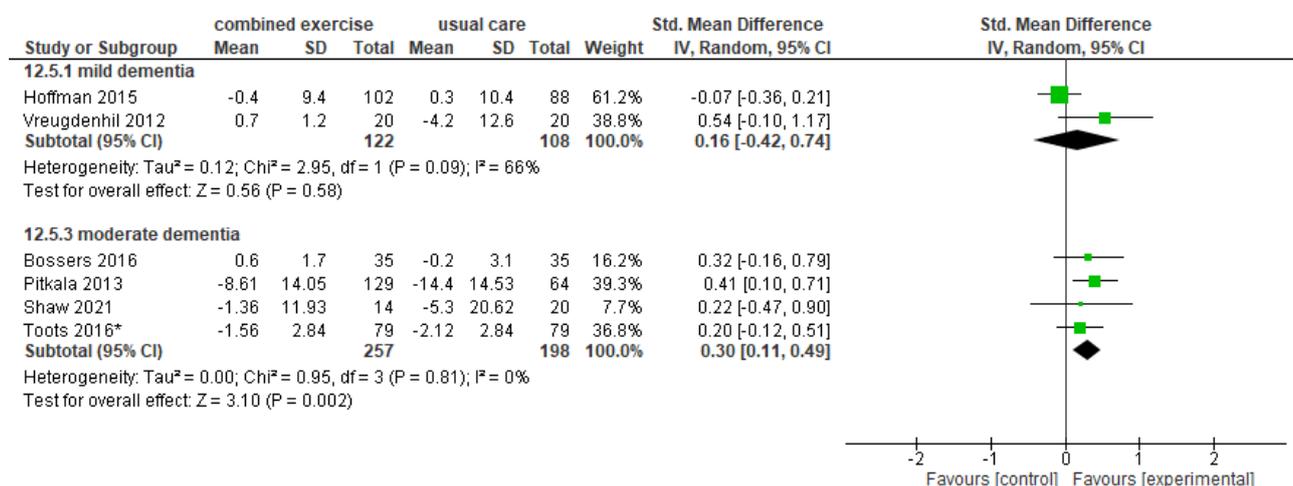


Esercizio fisico aerobico e non aerobico in combinazione

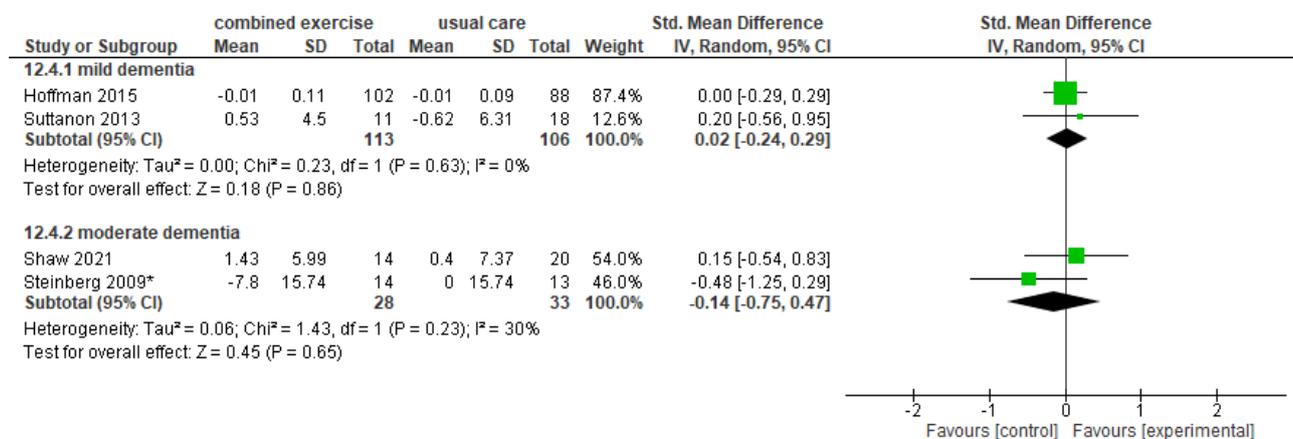
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Abilità funzionali

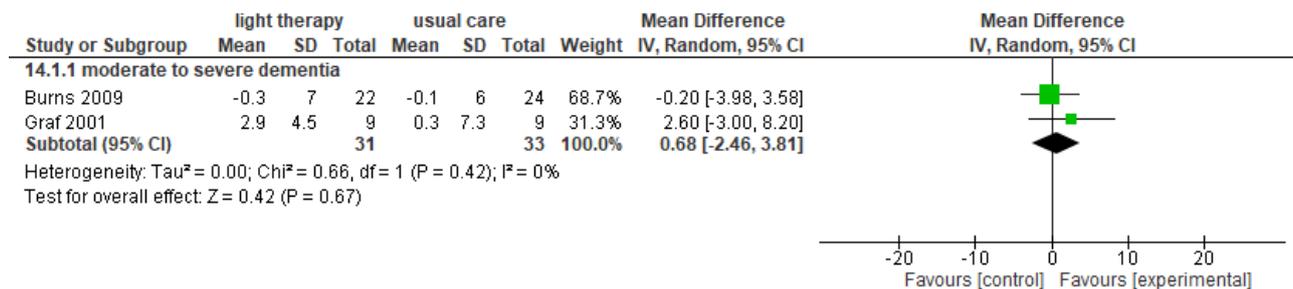


Qualità della vita



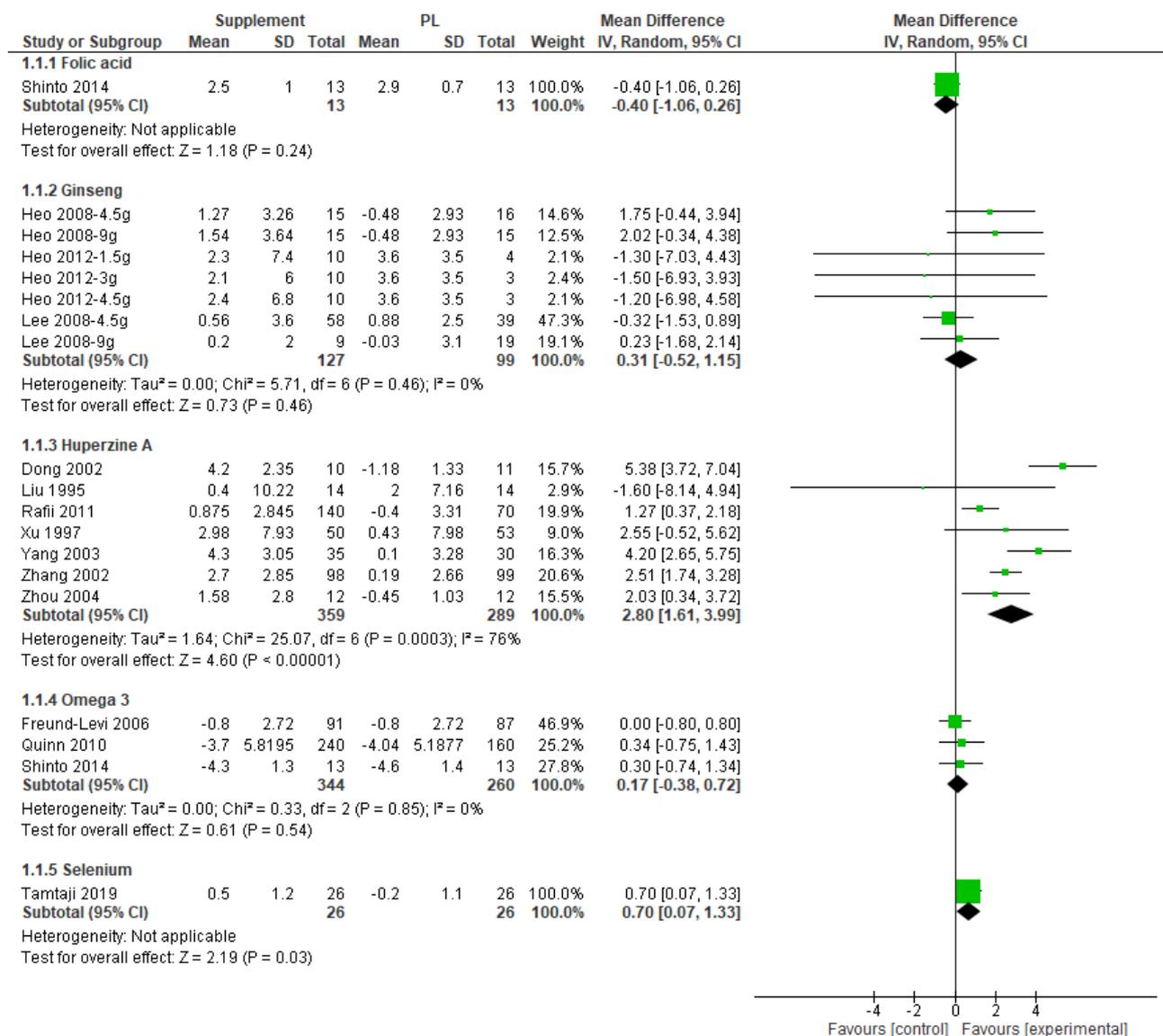
Fototerapia

MMSE

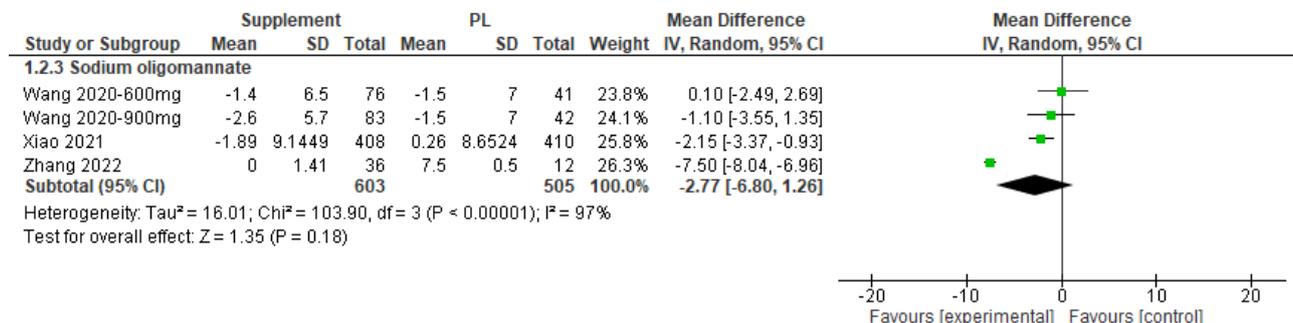


INTERVENTI NUTRIZIONALI

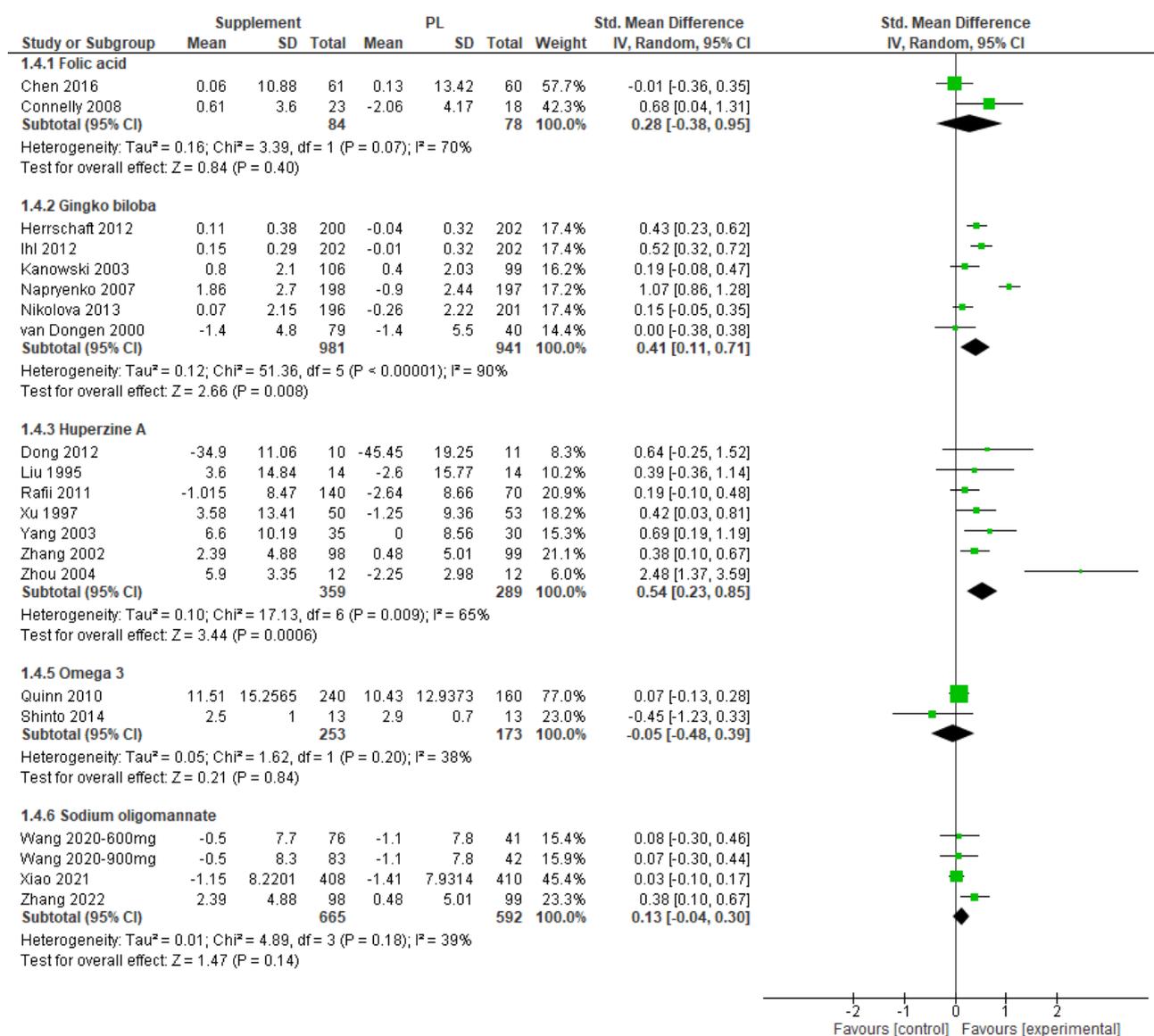
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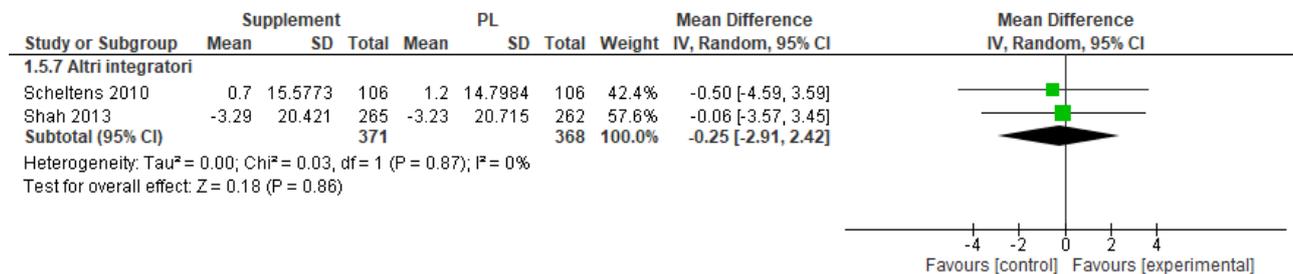
ADAS-Cog



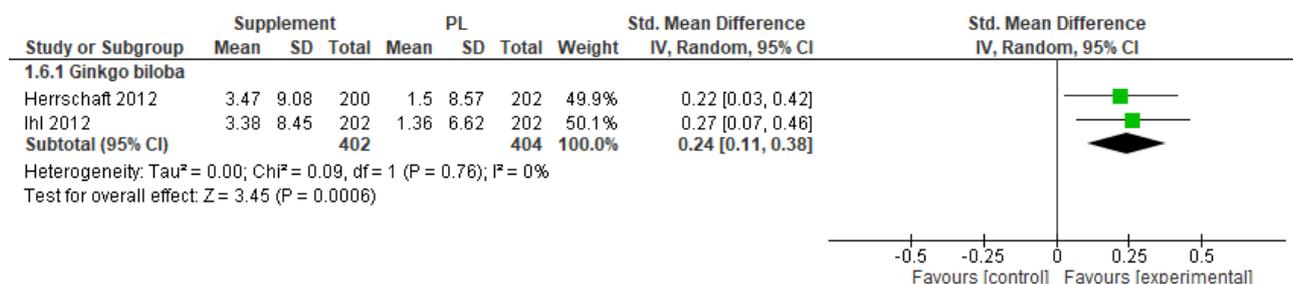
Abilità funzionali



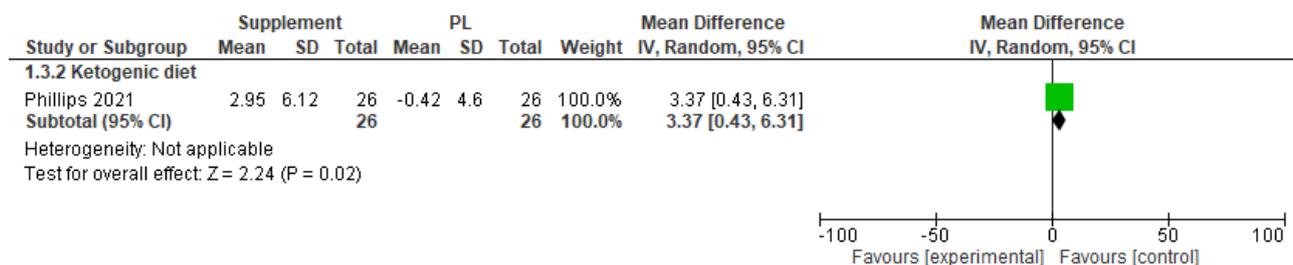
ADCS-ADL – Altri integratori



Qualità della vita - Ginkgo biloba



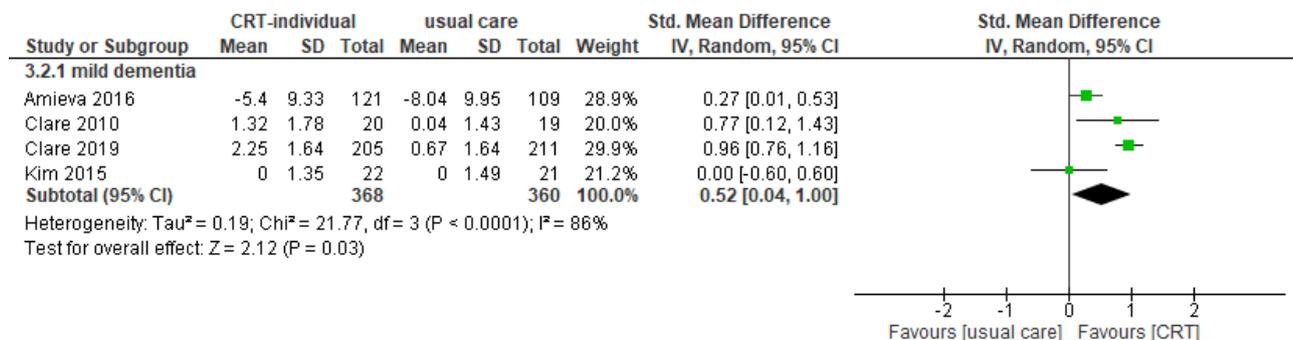
Qualità della vita - Dieta chetogenica



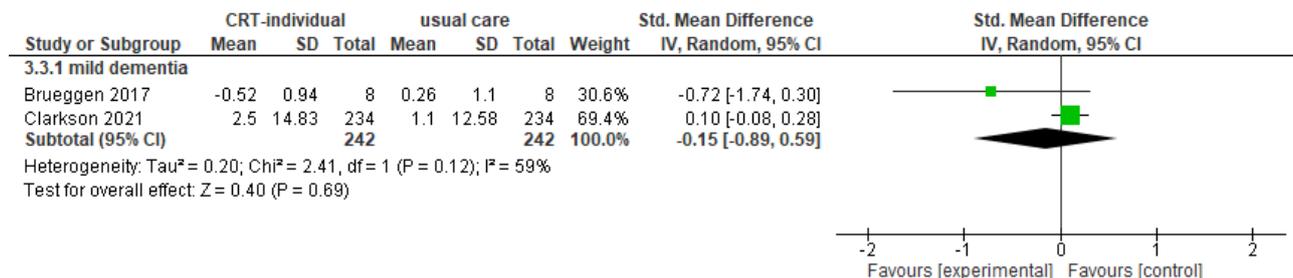
INTERVENTI SPECIFICI SULLE FUNZIONI COGNITIVE

Riabilitazione cognitiva individuale

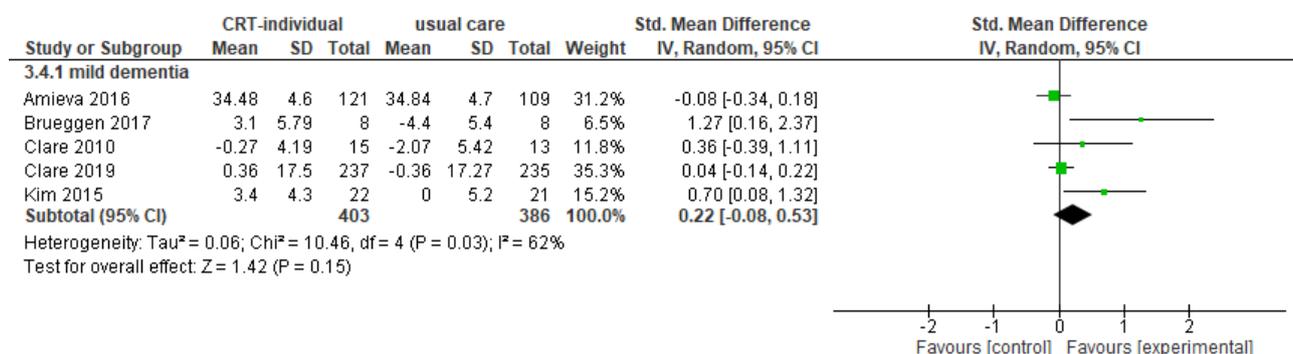
ADL



Abilità funzionali

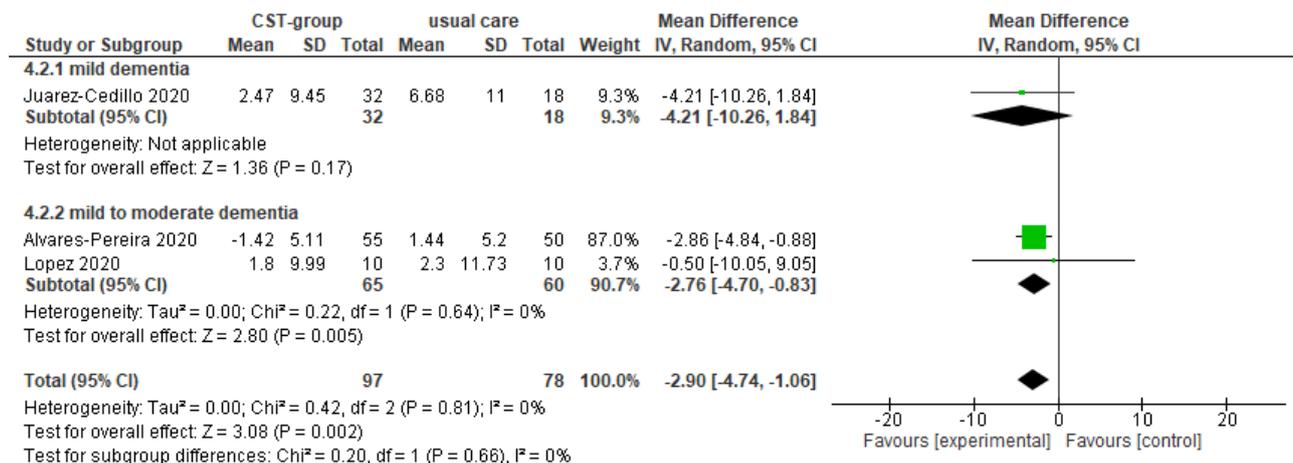


Qualità della vita

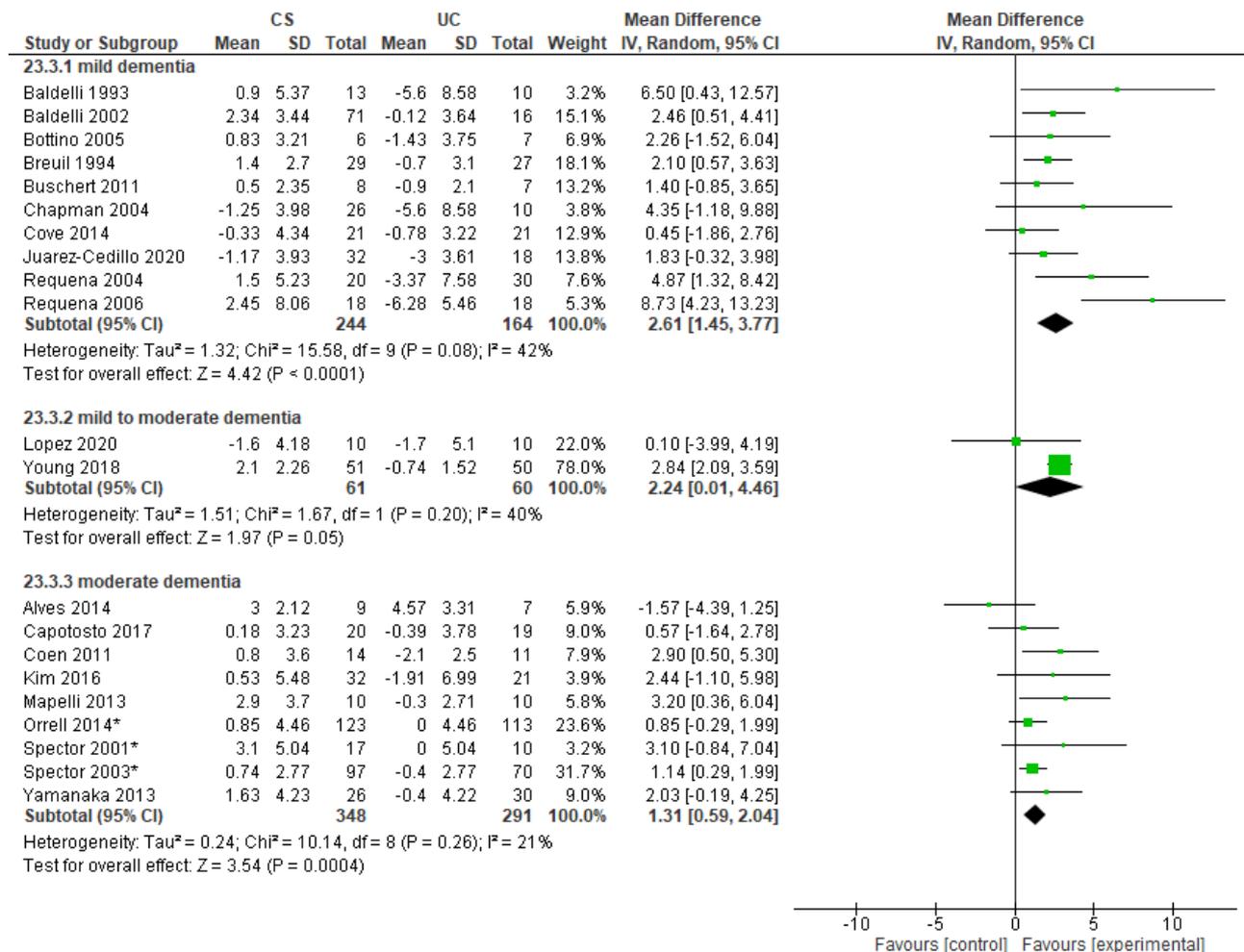


Stimolazione cognitiva di gruppo

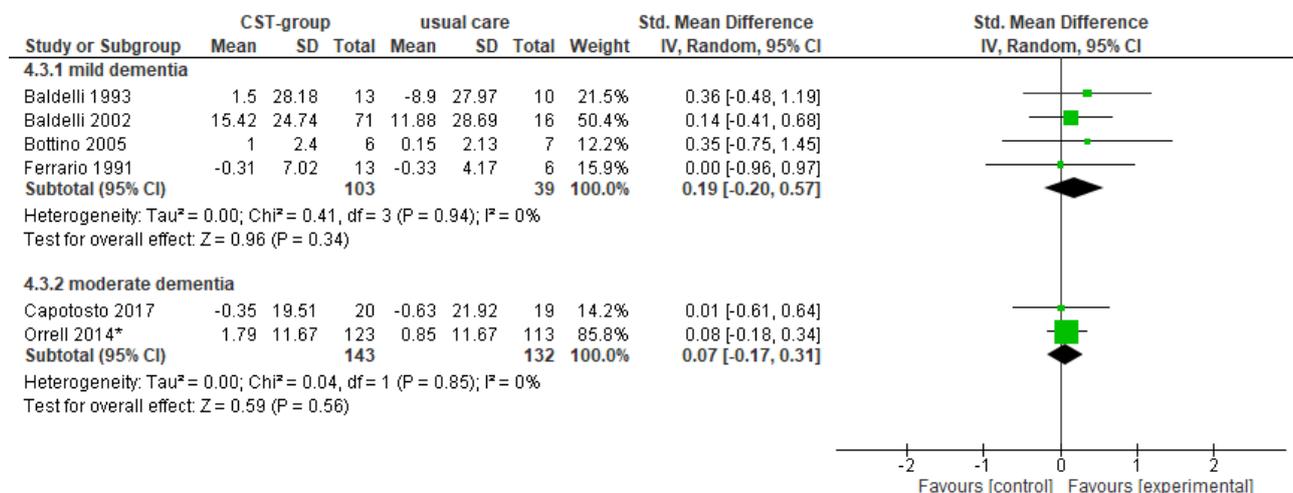
ADAS-Cog



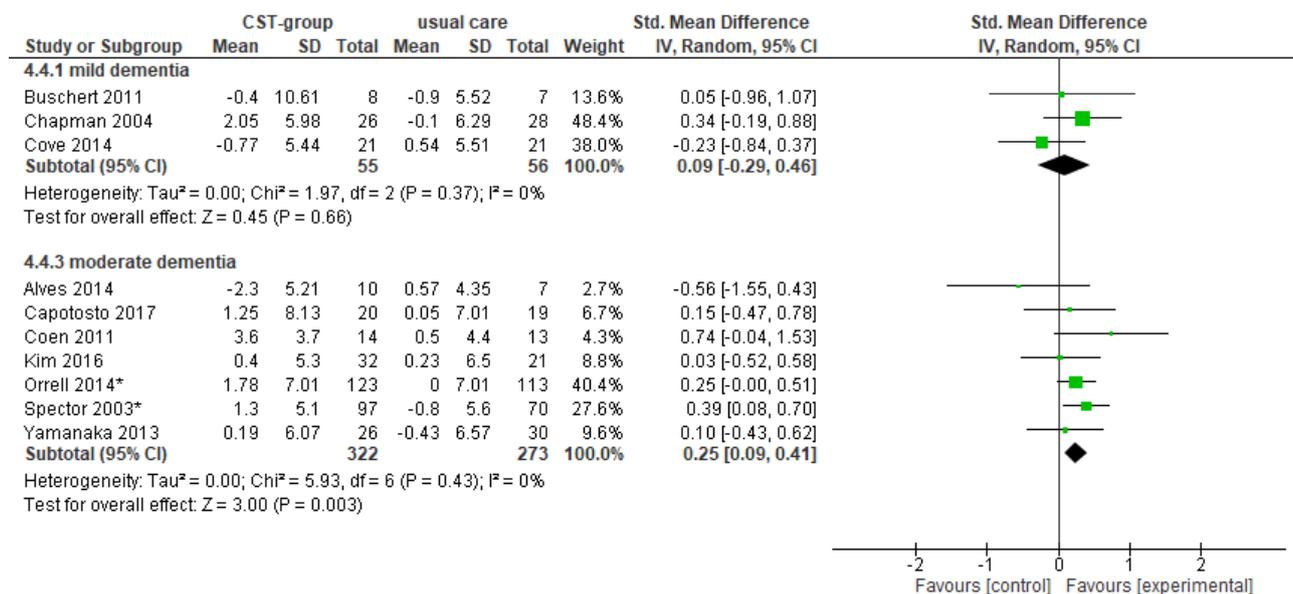
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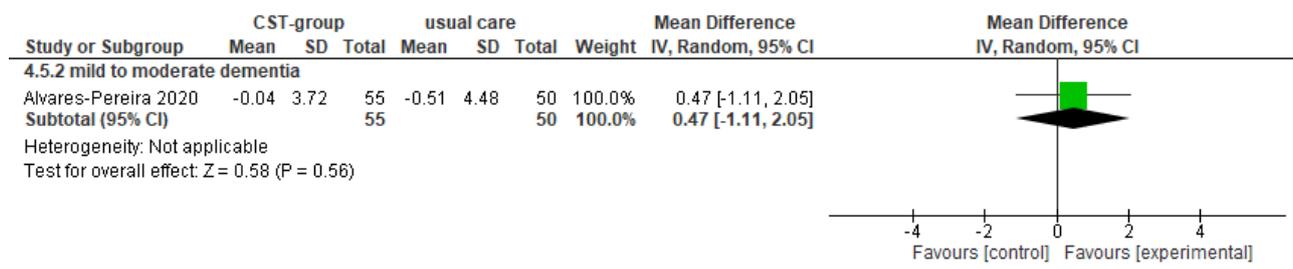
Abilità funzionali



Qualità della vita

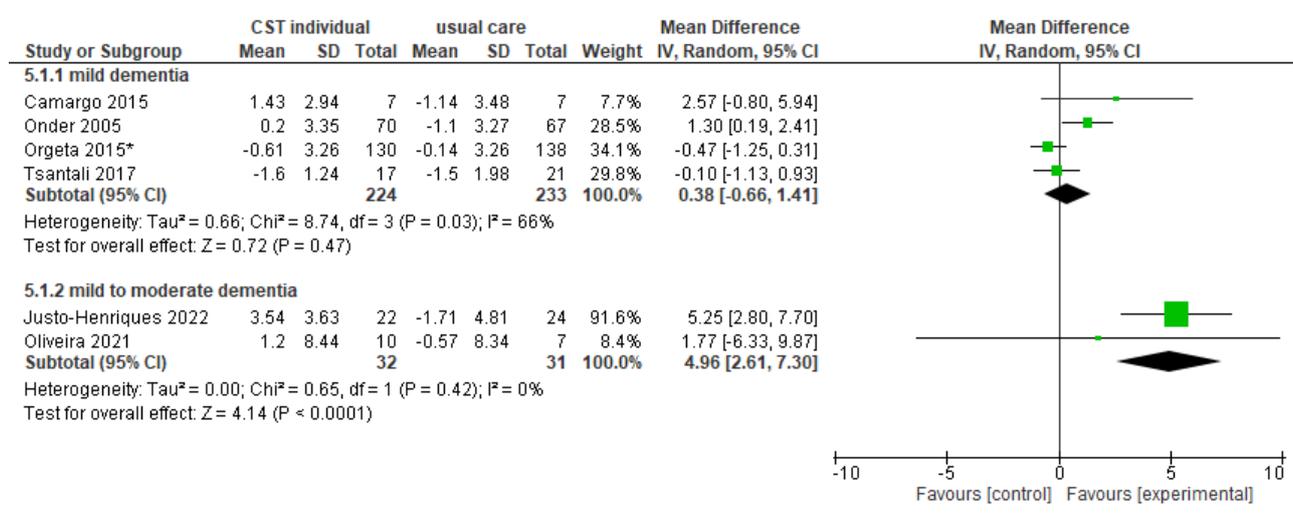


Qualità della vita

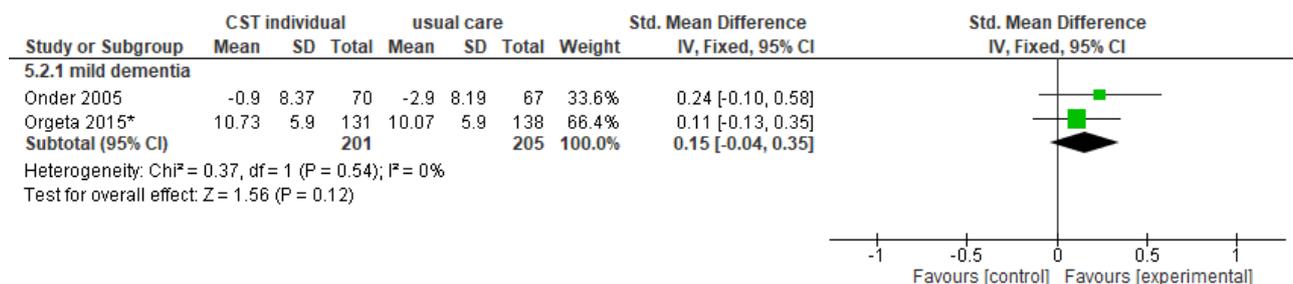


Stimolazione cognitiva individuale

MMSE

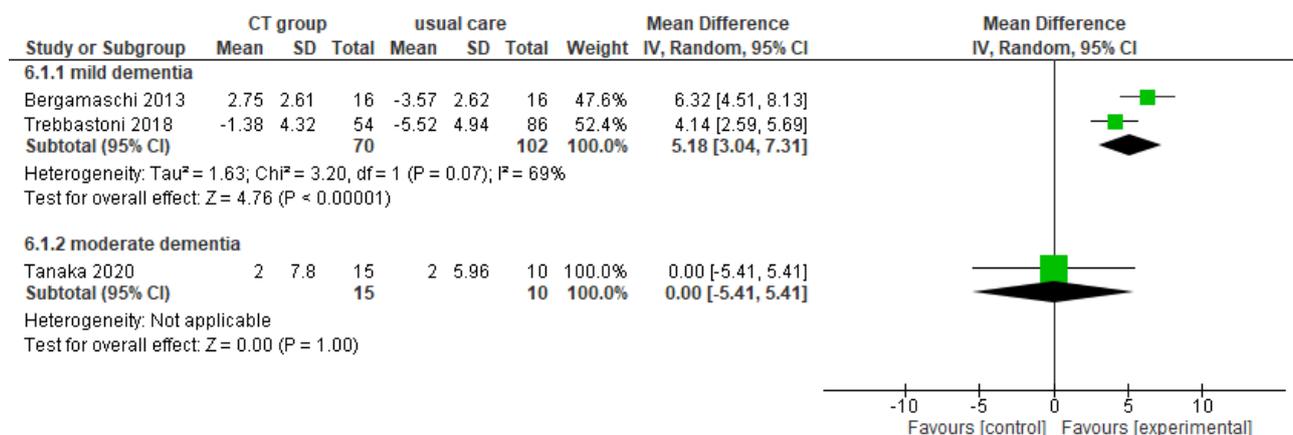


ADL

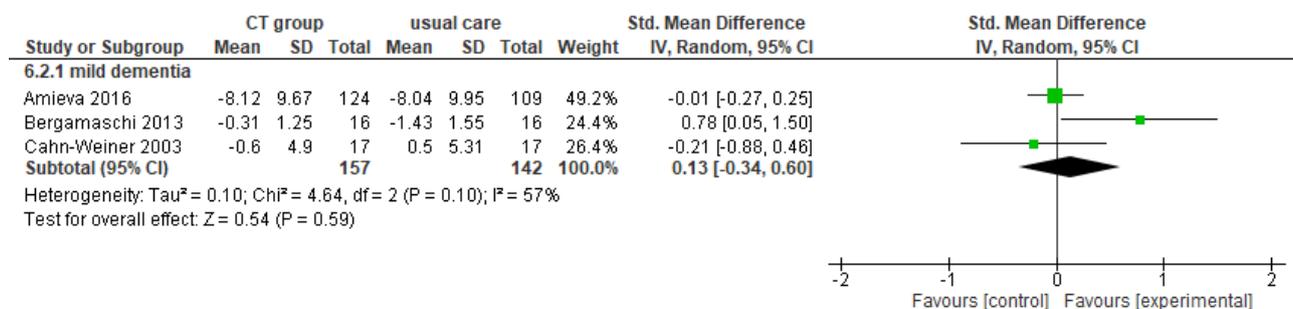


Training cognitivo di gruppo

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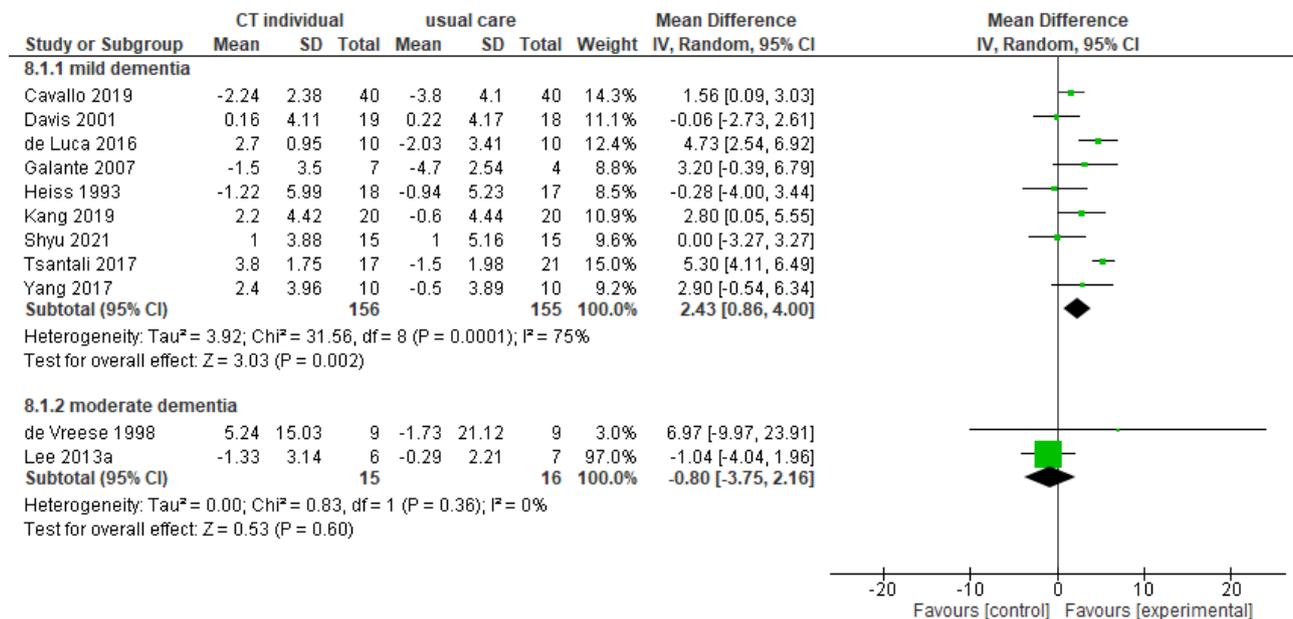


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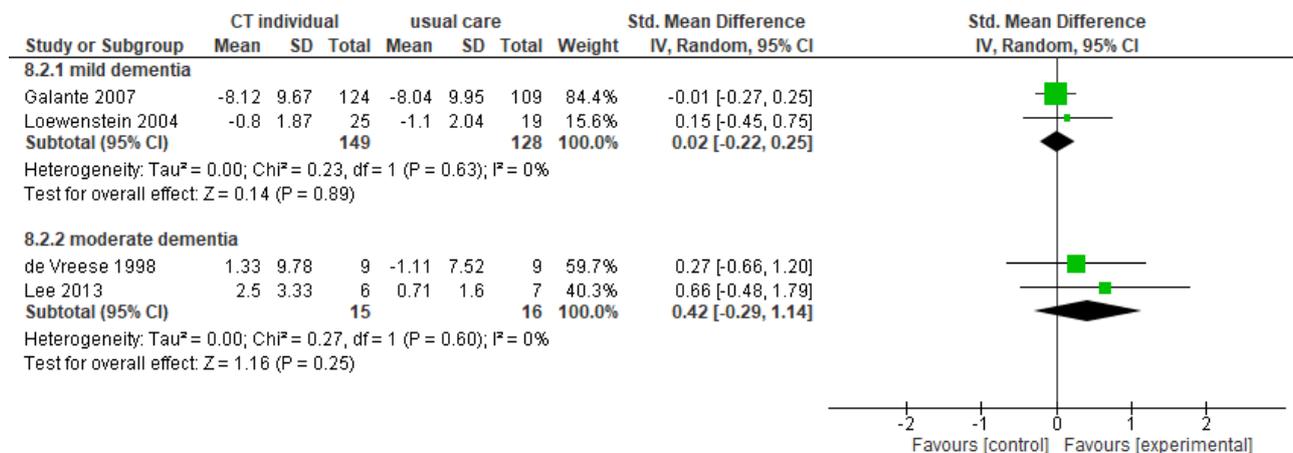


Training cognitivo individuale

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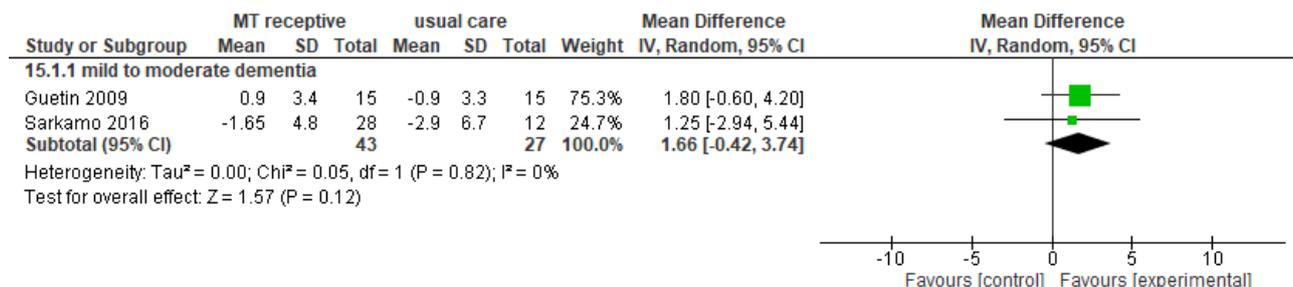


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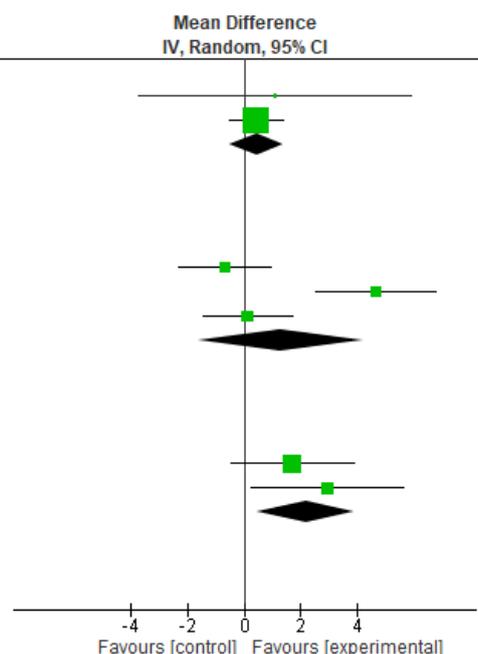
MUSICOTERAPIA

MMSE - Musicoterapia recettiva



MMSE - Musicoterapia attiva

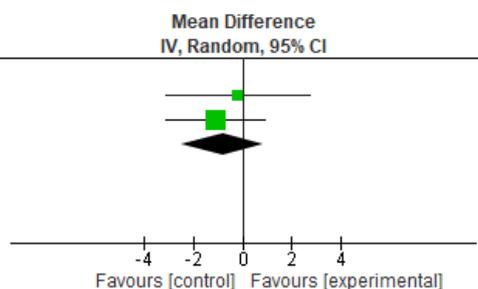
Study or Subgroup	MT active			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
16.1.1 mild to moderate dementia								
Sarkamo 2016	-1.8	6.7	23	-2.9	6.7	11	3.8%	1.10 [-3.71, 5.91]
Wang 2018	1.3	1.9	30	0.88	1.9	30	96.2%	0.42 [-0.54, 1.38]
Subtotal (95% CI)			53			41	100.0%	0.45 [-0.50, 1.39]
Heterogeneity: Tau ² = 0.00; Chi ² = 0.07, df = 1 (P = 0.79); I ² = 0%								
Test for overall effect: Z = 0.93 (P = 0.35)								
16.1.2 moderate dementia								
Ceccato 2012	-0.67	2.27	27	0	3.4	23	34.0%	-0.67 [-2.30, 0.96]
Hong 2011	3.8	3	15	-0.87	2.95	15	31.7%	4.67 [2.54, 6.80]
Lyu 2018	-0.11	5.36	97	-0.24	5.69	95	34.3%	0.13 [-1.43, 1.69]
Subtotal (95% CI)			139			133	100.0%	1.29 [-1.62, 4.21]
Heterogeneity: Tau ² = 5.81; Chi ² = 16.51, df = 2 (P = 0.0003); I ² = 88%								
Test for overall effect: Z = 0.87 (P = 0.38)								
16.1.3 moderate to severe dementia								
Chu 2014	1.44	6.39	49	-0.26	4.6	51	60.6%	1.70 [-0.49, 3.89]
Zhang 2020b	8.8	6	37	5.86	5.85	36	39.4%	2.94 [0.22, 5.66]
Subtotal (95% CI)			86			87	100.0%	2.19 [0.48, 3.89]
Heterogeneity: Tau ² = 0.00; Chi ² = 0.48, df = 1 (P = 0.49); I ² = 0%								
Test for overall effect: Z = 2.51 (P = 0.01)								



PSICOTERAPIA

MMSE

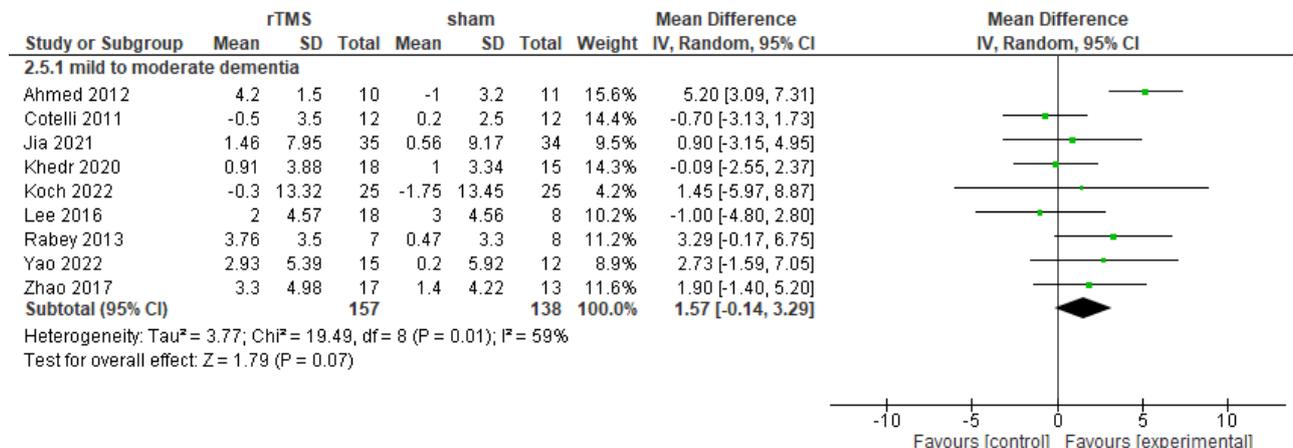
Study or Subgroup	PT individual			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
19.1.1 mild to moderate dementia								
Burns 2005	-1	4.4	20	-0.8	5.1	20	31.5%	-0.20 [-3.15, 2.75]
Marshall 2014	-1.1	4.4	28	0	2.9	24	68.5%	-1.10 [-3.10, 0.90]
Subtotal (95% CI)			48			44	100.0%	-0.82 [-2.47, 0.84]
Heterogeneity: Tau ² = 0.00; Chi ² = 0.24, df = 1 (P = 0.62); I ² = 0%								
Test for overall effect: Z = 0.97 (P = 0.33)								



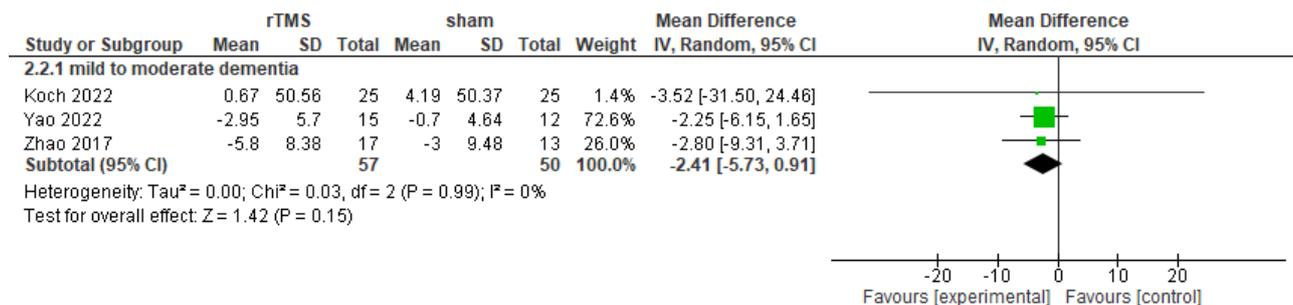
STIMOLAZIONE TRANSCRANICA

Stimolazione magnetica transcranica ripetitiva

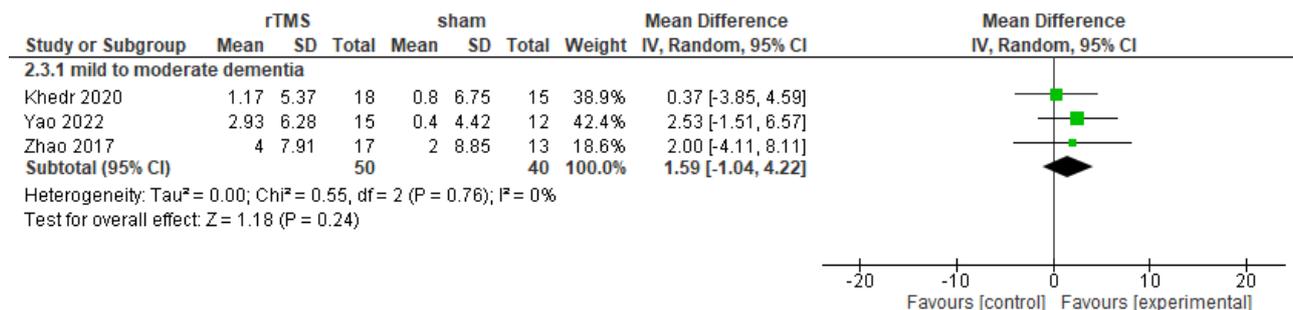
MMSE



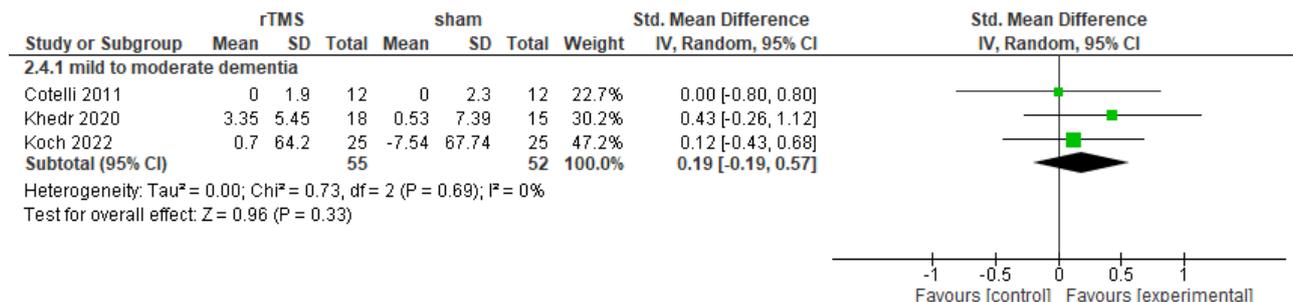
ADAS-Cog



MoCA

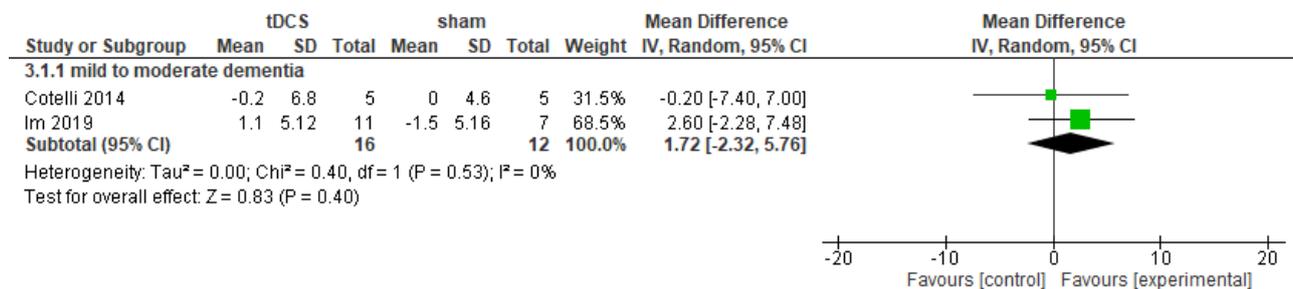


ADL



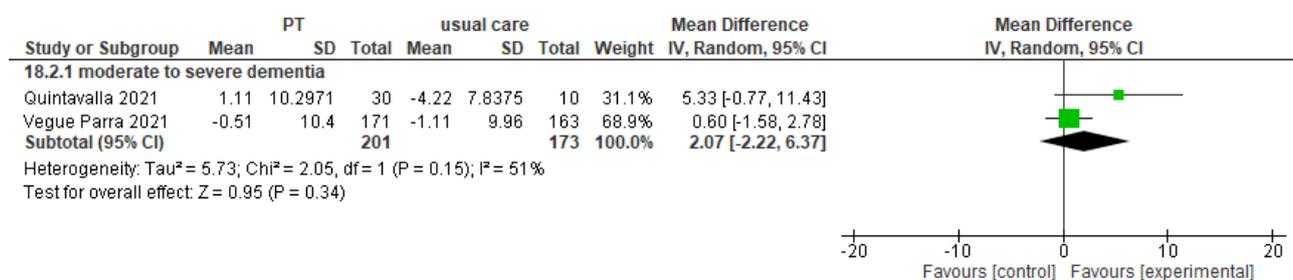
Stimolazione transcranica a corrente diretta

MMSE



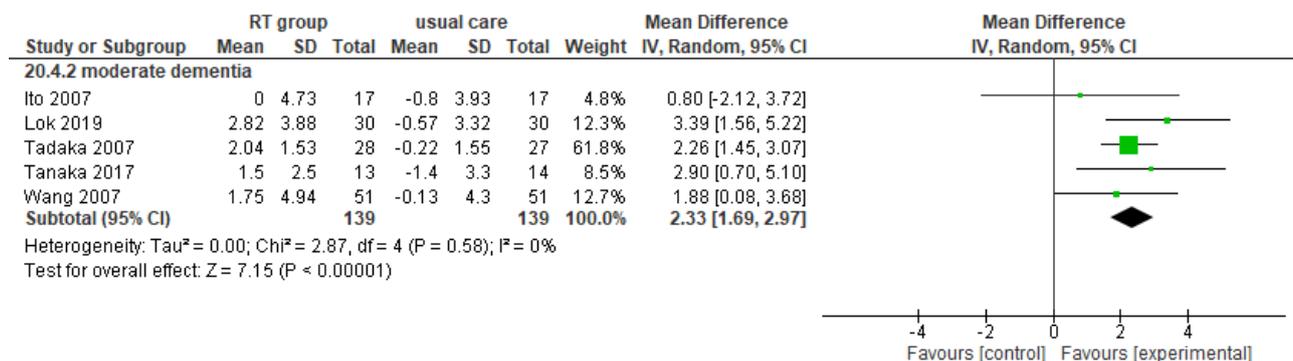
TERAPIA ASSISTITA CON GLI ANIMALI

MMSE

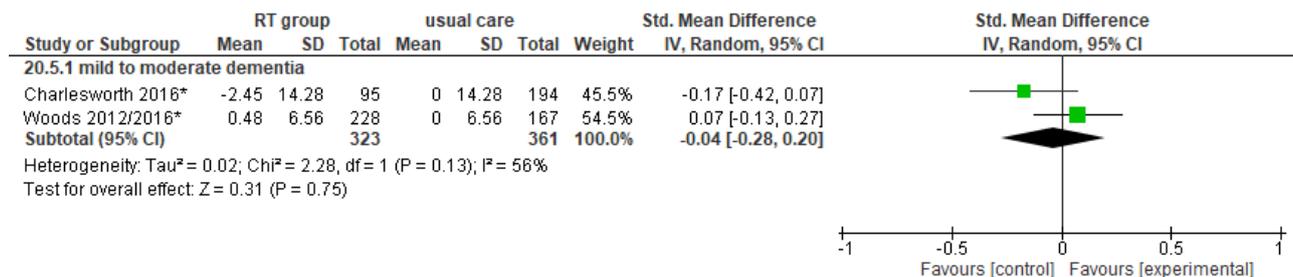


TERAPIA DELLA REMINISCENZA

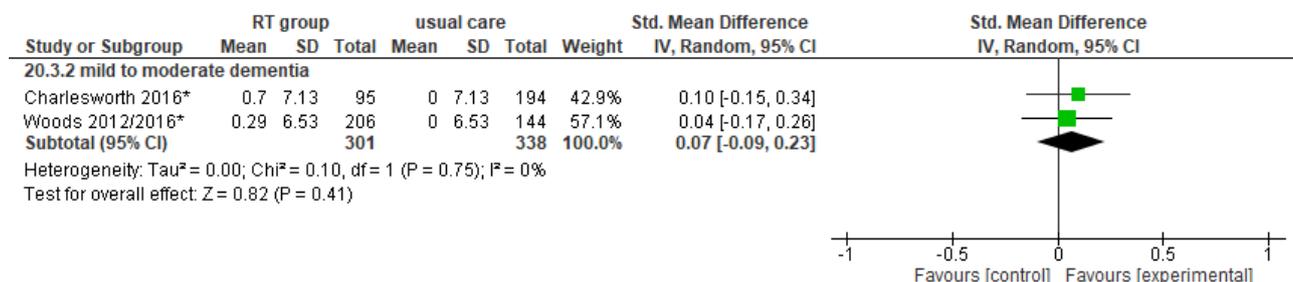
MMSE



Abilità funzionali

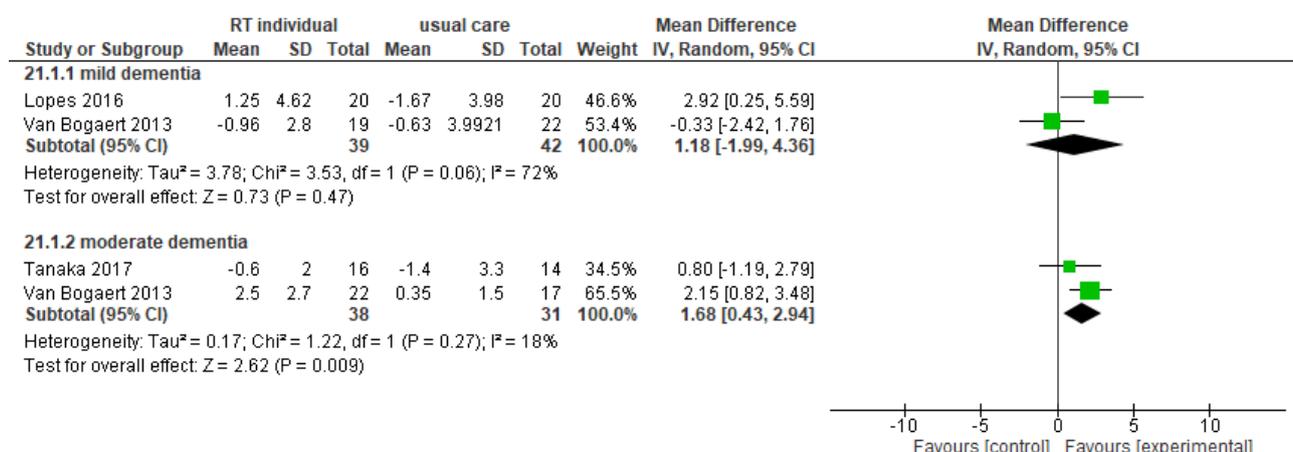


Qualità della vita



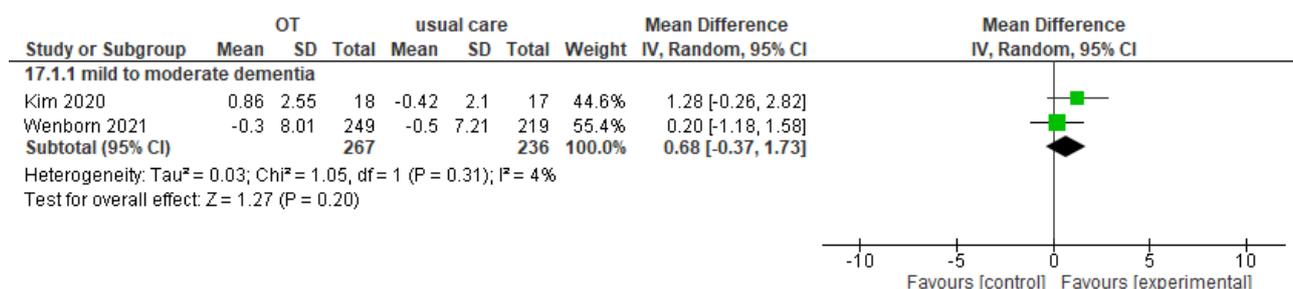
TERAPIA DELLA REMINISCENZA

MMSE

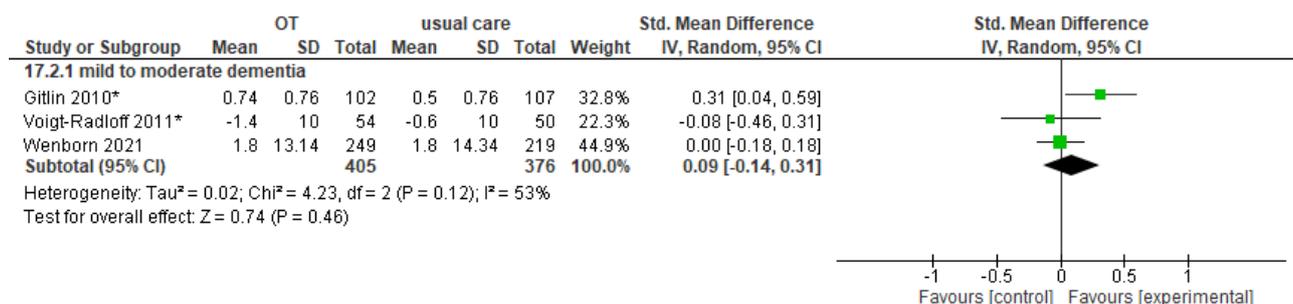


TERAPIA OCCUPAZIONALE

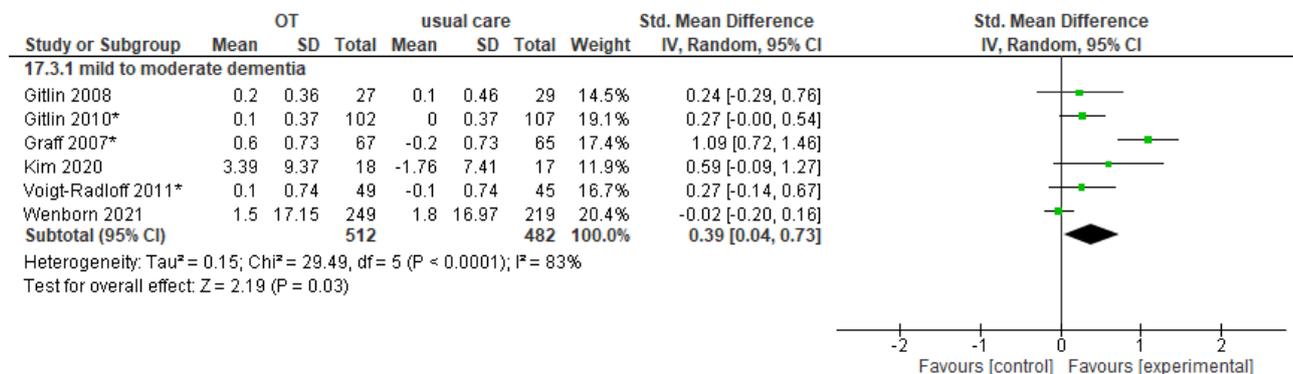
MMSE



ADL



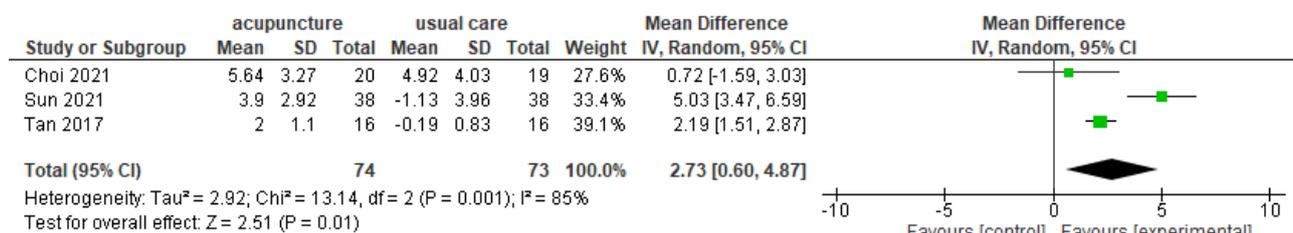
Qualità della vita



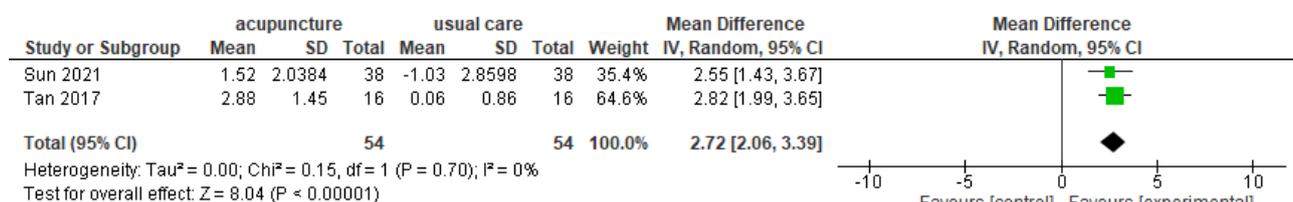
QUESITO 20e. Quali sono gli interventi non farmacologici più efficaci per supportare funzioni cognitive, abilità funzionali e benessere in persone con *Mild Cognitive Impairment* (MCI)?

AGOPUNTURA

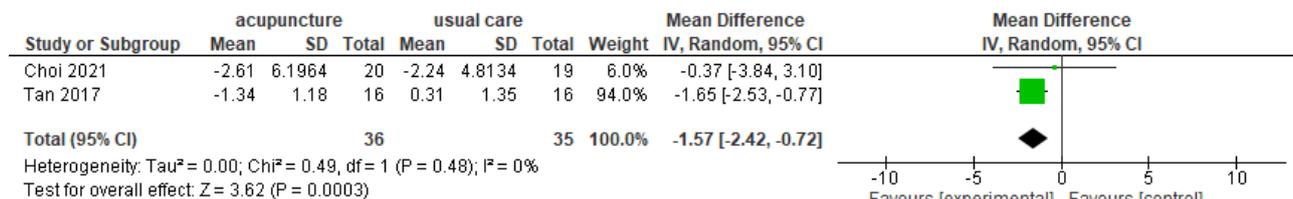
MoCA



MMSE

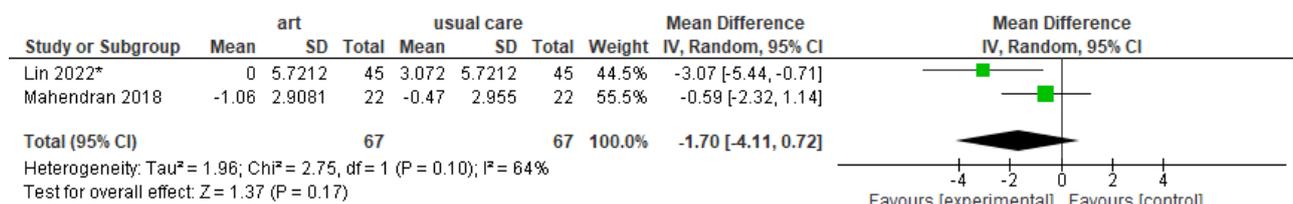


ADAS-Cog

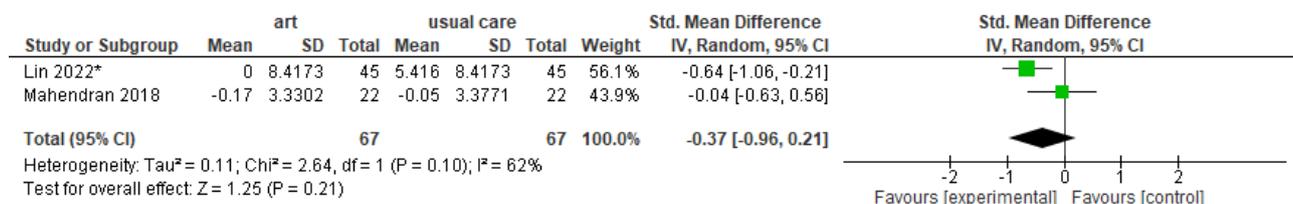


ARTETERAPIA

GDS



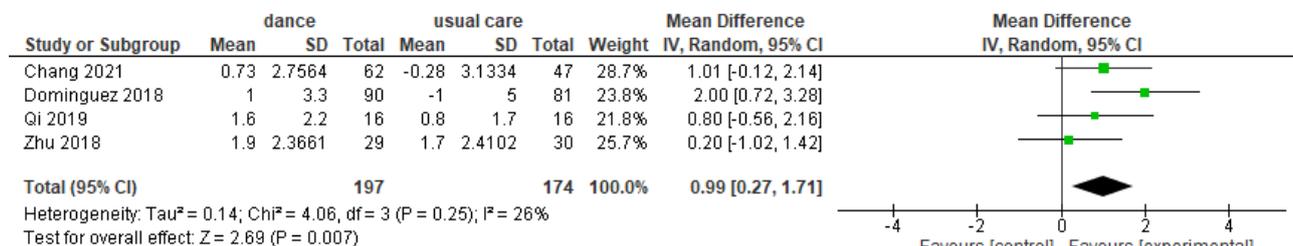
Ansia



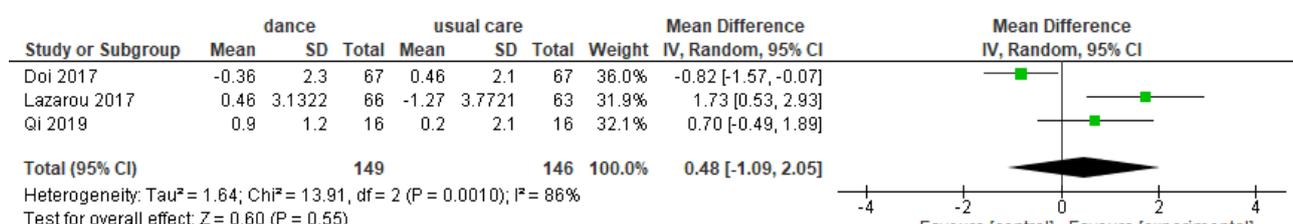
ATTIVITÀ FISICA

Danza

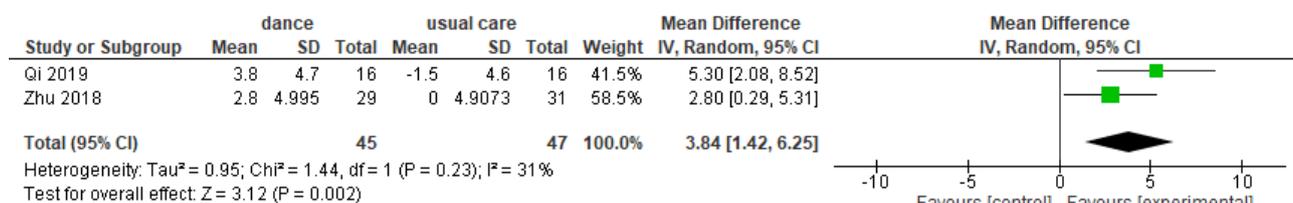
MoCA



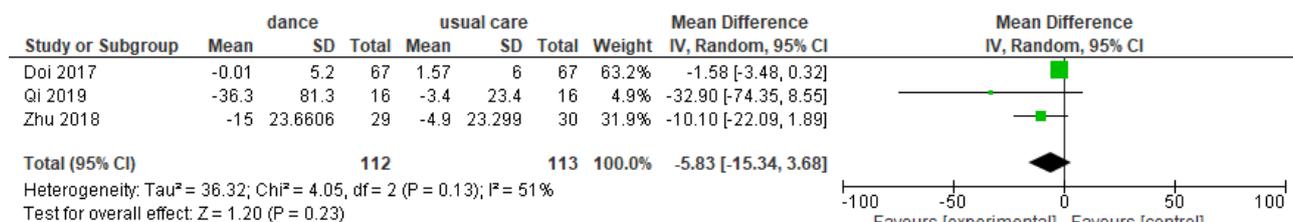
MMSE



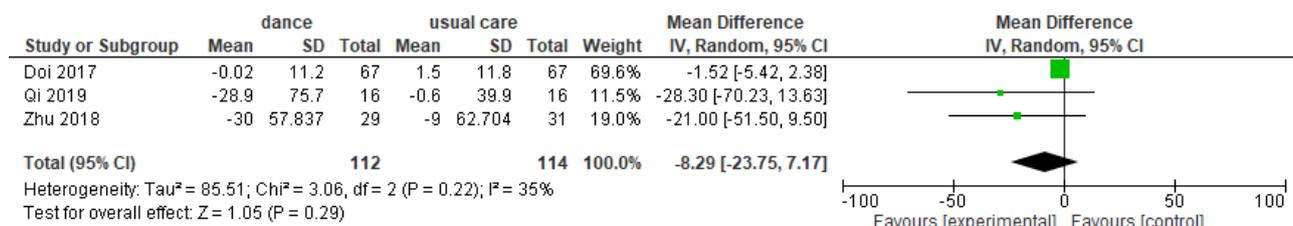
WMS-R LM



TMT-A



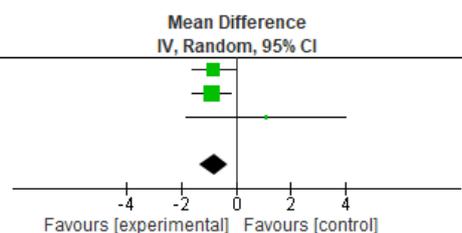
TMT-B



GDS

Study or Subgroup	dance			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Chang 2021	-0.66	1.772	62	0.17	2.2819	47	42.8%	-0.83 [-1.62, -0.04]
Dominguez 2018	-0.4	2	90	0.5	2.6	81	54.1%	-0.90 [-1.60, -0.20]
Zhu 2018	-2.1	5.5208	29	-3.2	5.9978	31	3.1%	1.10 [-1.81, 4.01]

Total (95% CI) 181 159 100.0% -0.81 [-1.32, -0.29]
 Heterogeneity: Tau² = 0.00; Chi² = 1.72, df = 2 (P = 0.42); I² = 0%
 Test for overall effect: Z = 3.07 (P = 0.002)

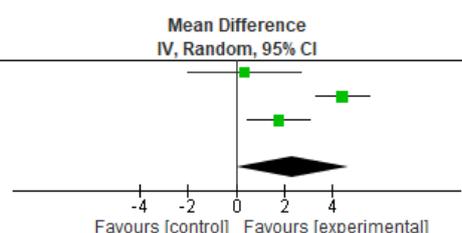


Esercizio fisico aerobico

MMSE

Study or Subgroup	AE			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Avenali 2021	-0.42	3.3587	15	-0.77	3.7138	19	28.1%	0.35 [-2.03, 2.73]
Bademli 2019	3.27	2.7316	30	-1.18	1.4997	30	36.5%	4.45 [3.33, 5.57]
Kohanpour 2017	1.7	1.8732	10	-0.1	0.98	10	35.4%	1.80 [0.49, 3.11]

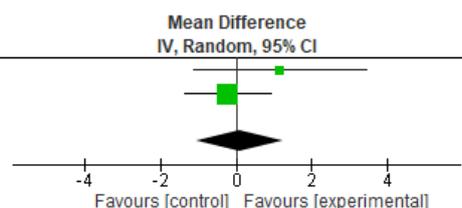
Total (95% CI) 55 59 100.0% 2.36 [0.03, 4.69]
 Heterogeneity: Tau² = 3.56; Chi² = 14.47, df = 2 (P = 0.0007); I² = 86%
 Test for overall effect: Z = 1.98 (P = 0.05)



MoCA

Study or Subgroup	AE			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Avenali 2021	-0.53	3.6838	15	-1.69	2.9462	19	23.1%	1.16 [-1.13, 3.45]
Tao 2019	0.88	1.96	17	1.1	1.48	20	76.9%	-0.22 [-1.36, 0.92]

Total (95% CI) 32 39 100.0% 0.10 [-1.04, 1.24]
 Heterogeneity: Tau² = 0.10; Chi² = 1.12, df = 1 (P = 0.29); I² = 11%
 Test for overall effect: Z = 0.17 (P = 0.87)

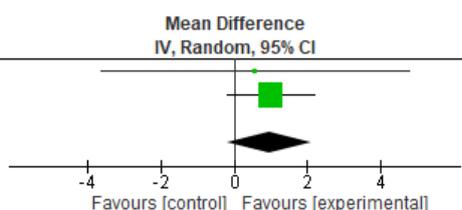


Esercizio fisico non aerobico

MoCA

Study or Subgroup	nAE			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Hong 2017	1	3.998	10	0.42	5.9965	12	7.3%	0.58 [-3.62, 4.78]
Tao 2019	2.1	2.25	20	1.1	1.48	20	92.7%	1.00 [-0.18, 2.18]

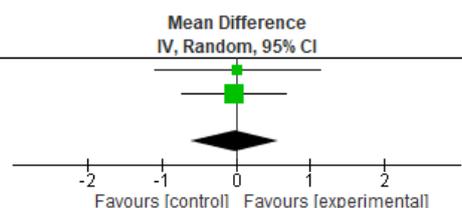
Total (95% CI) 30 32 100.0% 0.97 [-0.17, 2.11]
 Heterogeneity: Tau² = 0.00; Chi² = 0.04, df = 1 (P = 0.85); I² = 0%
 Test for overall effect: Z = 1.67 (P = 0.09)



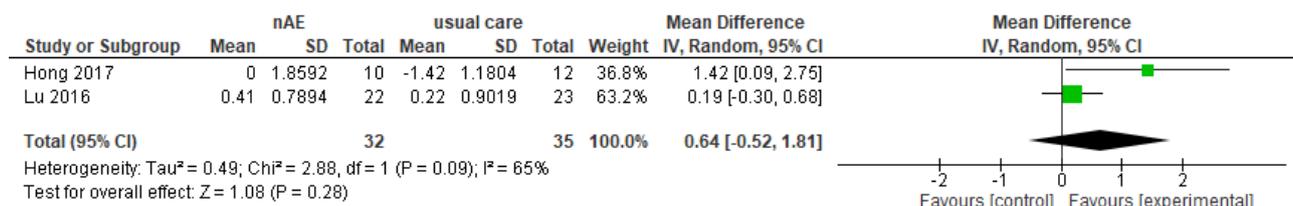
Digit Span Forward

Study or Subgroup	nAE			usual care			Weight	Mean Difference IV, Random, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Hong 2017	0.1	1.1043	10	0.08	1.5424	12	28.7%	0.02 [-1.09, 1.13]
Lu 2016	0.14	1.2856	22	0.17	1.11	23	71.3%	-0.03 [-0.73, 0.67]

Total (95% CI) 32 35 100.0% -0.02 [-0.61, 0.58]
 Heterogeneity: Tau² = 0.00; Chi² = 0.01, df = 1 (P = 0.94); I² = 0%
 Test for overall effect: Z = 0.05 (P = 0.96)

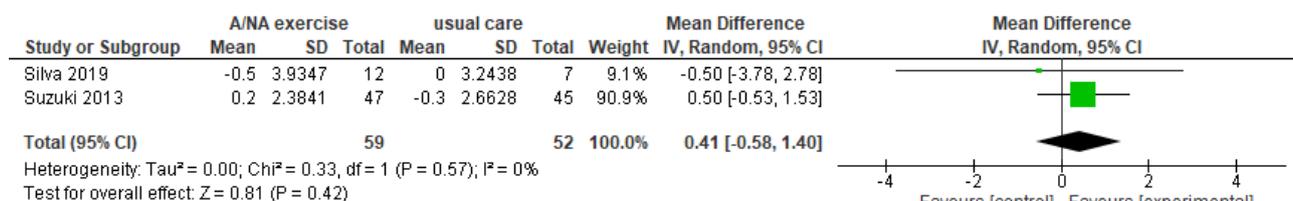


Digit Span Backward



ESERCIZIO FISICO AEROBICO E NON AEROBICO

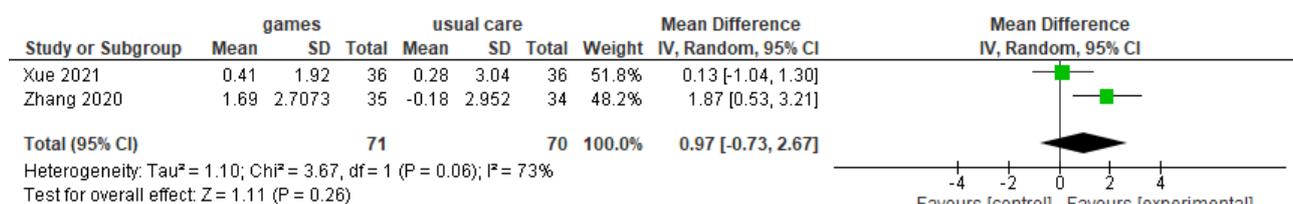
MMSE



GIOCHI E VIDEOGIOCHI

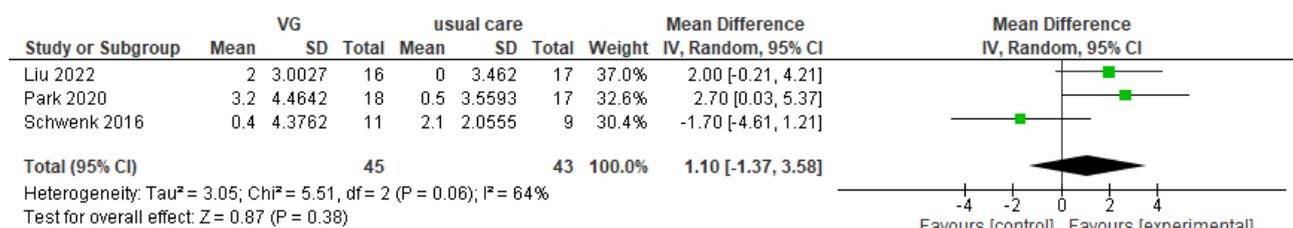
Giochi e giochi da tavolo

MoCA

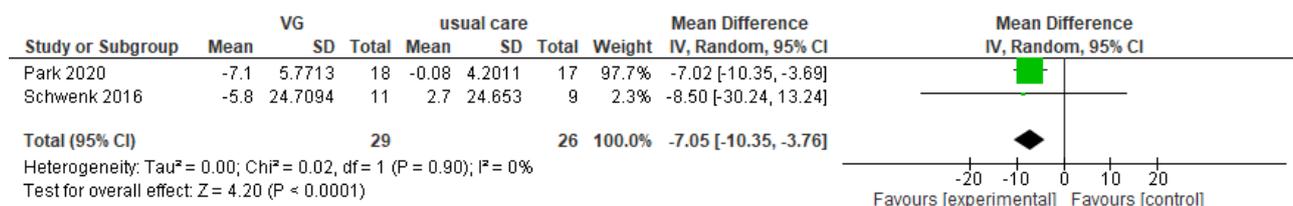


Videogiochi

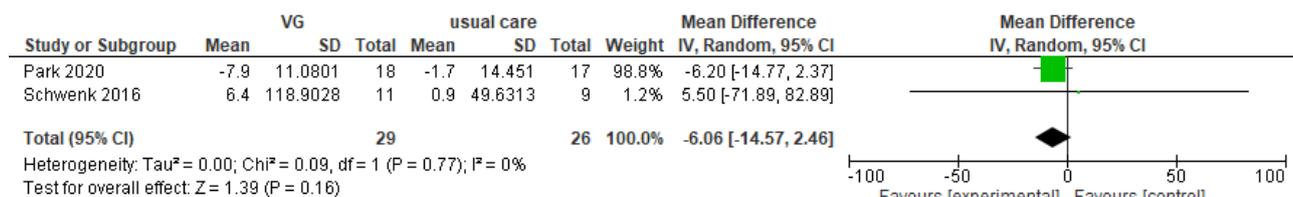
MoCA



TMT-A

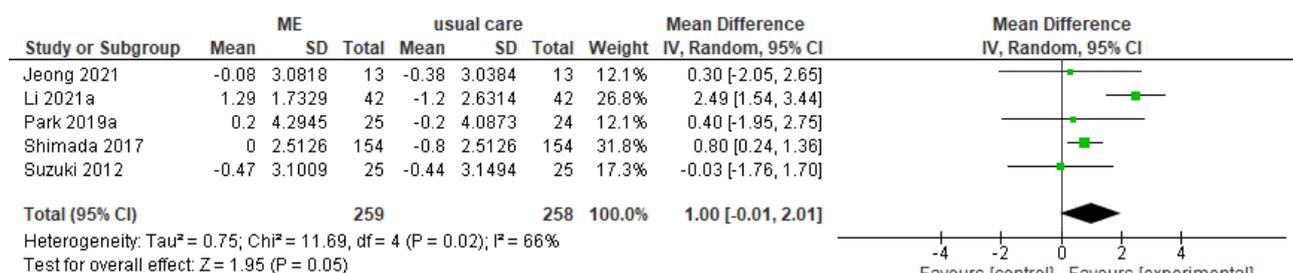


TMT-B

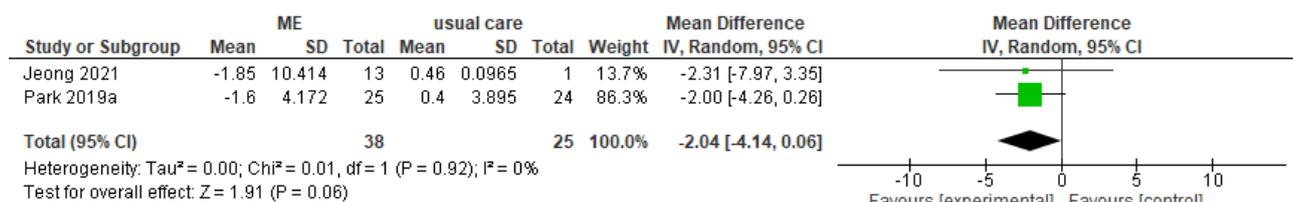


INTERVENTI MULTIMODALI

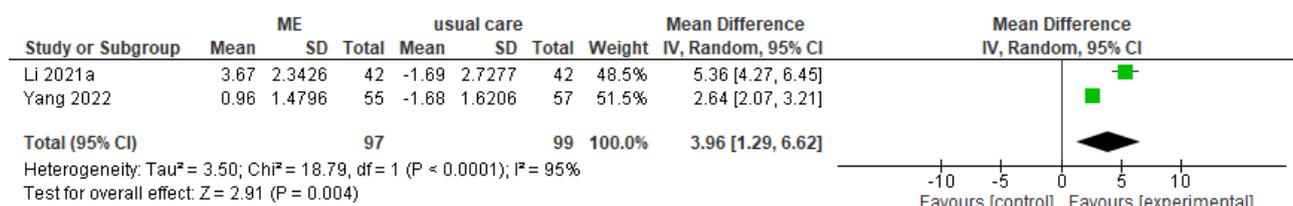
MMSE



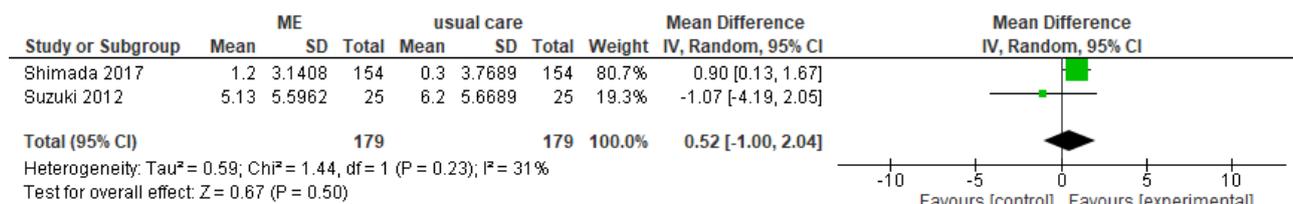
ADAS-Cog



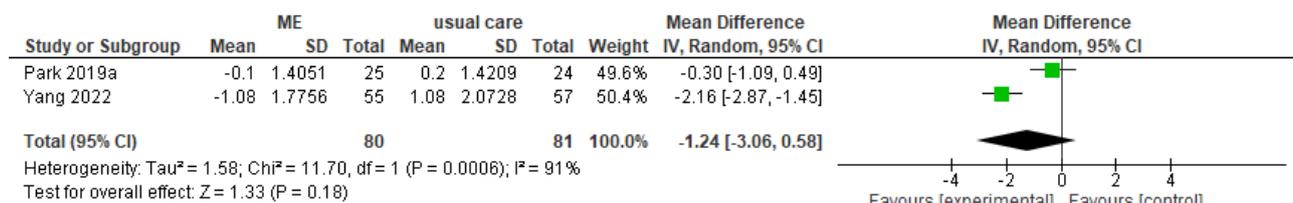
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WMS-R LM



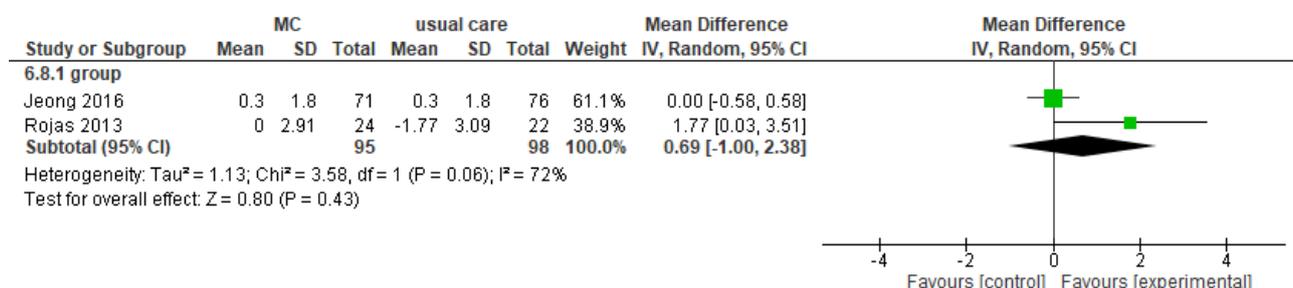
GDS



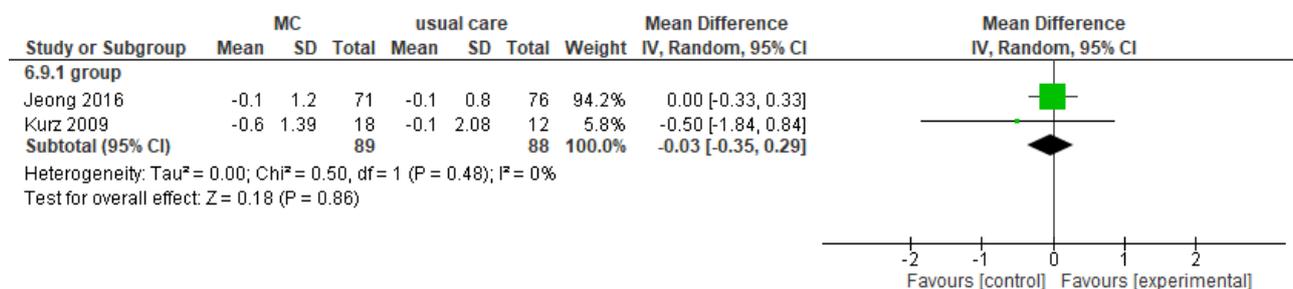
INTERVENTI SPECIFICI SULLE FUNZIONI COGNITIVE

Interventi cognitivi multimodali di gruppo somministrati in strutture territoriali

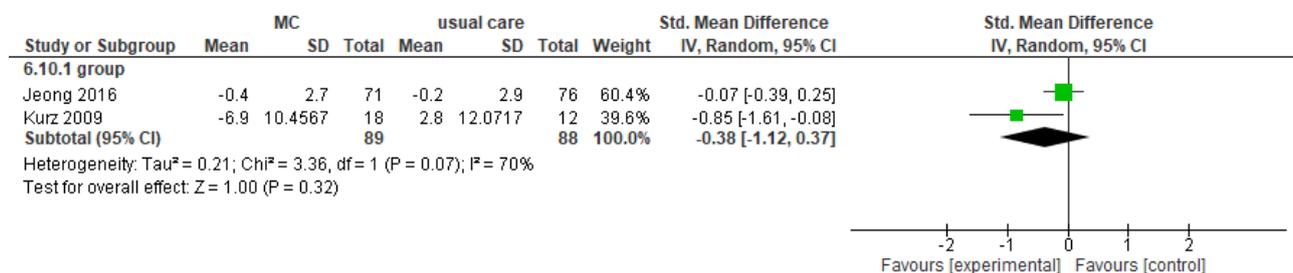
MMSE



BADL

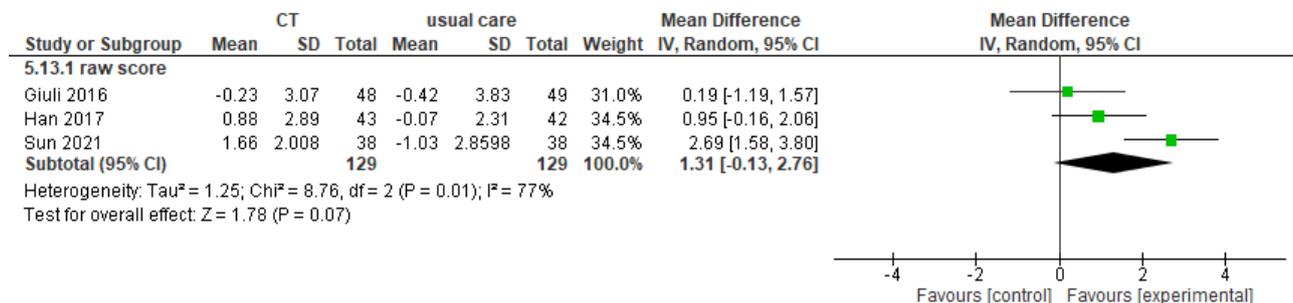


GDS

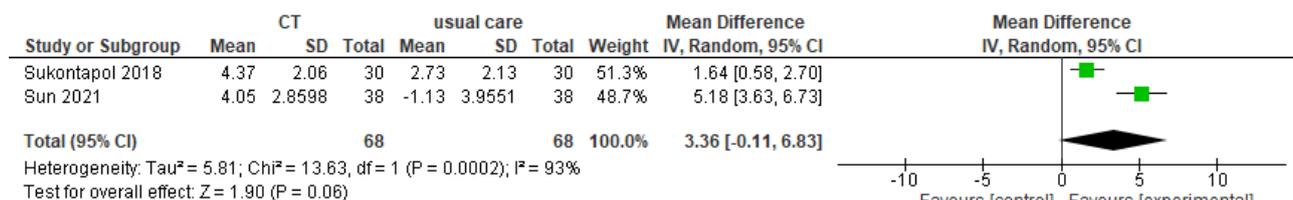


Training cognitivo

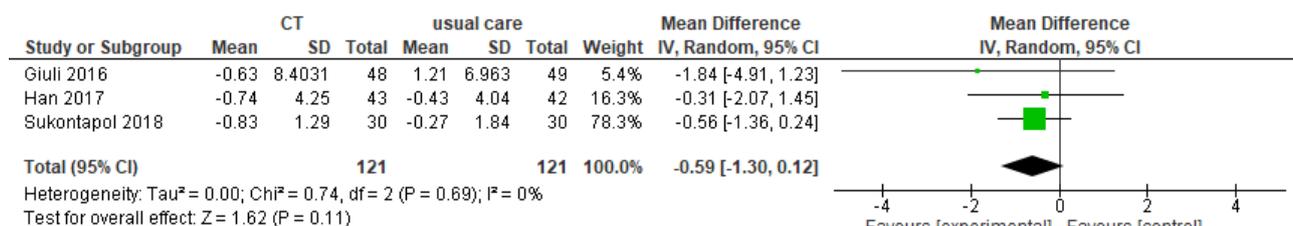
MMSE



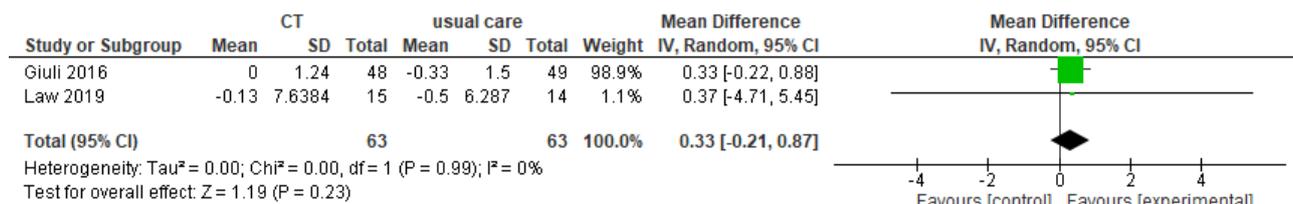
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GDS



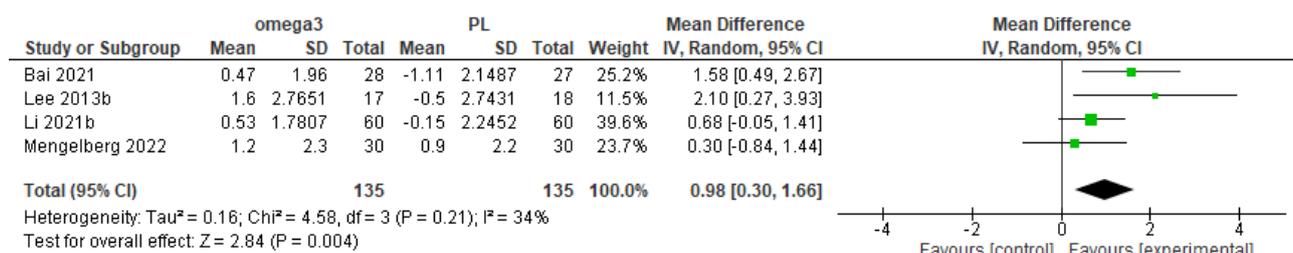
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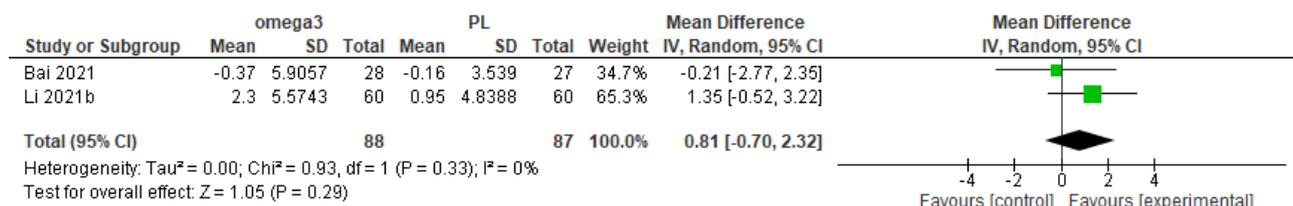
INTERVENTI NUTRIZIONALI

Acidi grassi polinsaturi

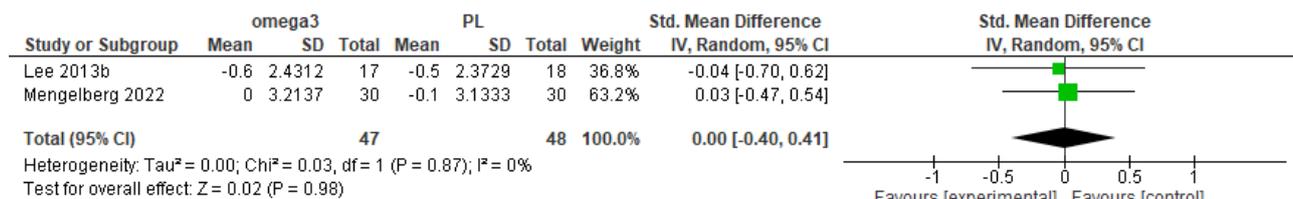
Digit Span



WAIS

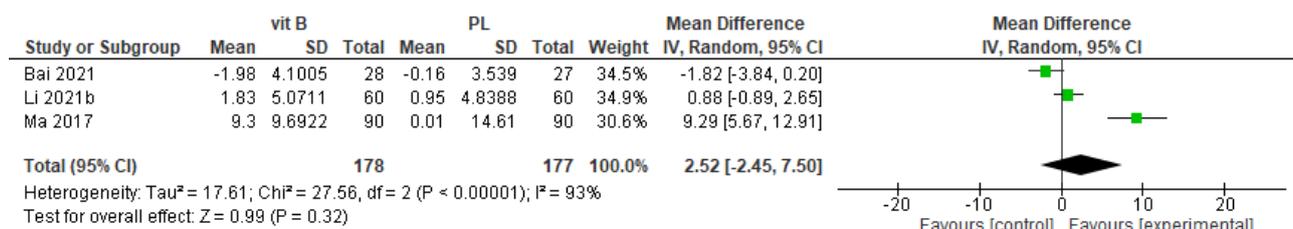


Sintomi depressivi

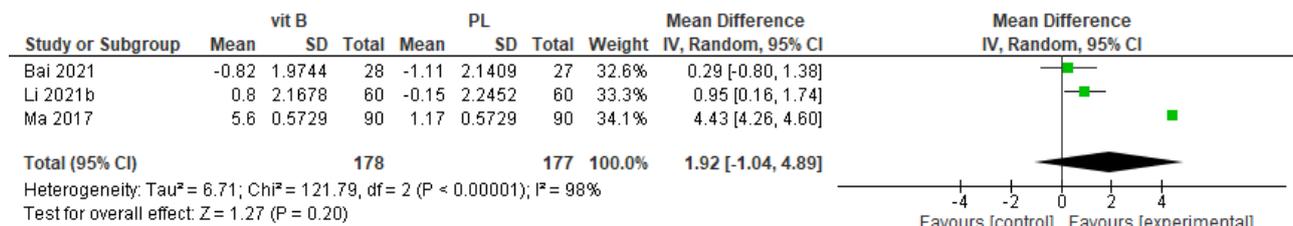


Vitamine B

WAIS

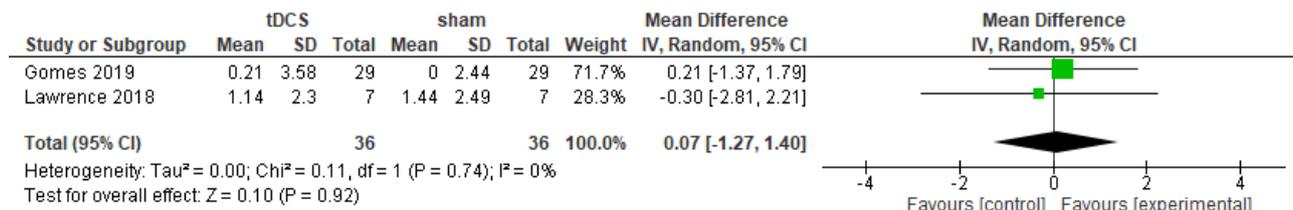


Digit Span



STIMOLAZIONE TRANSCRANICA A CORRENTE DIRETTA

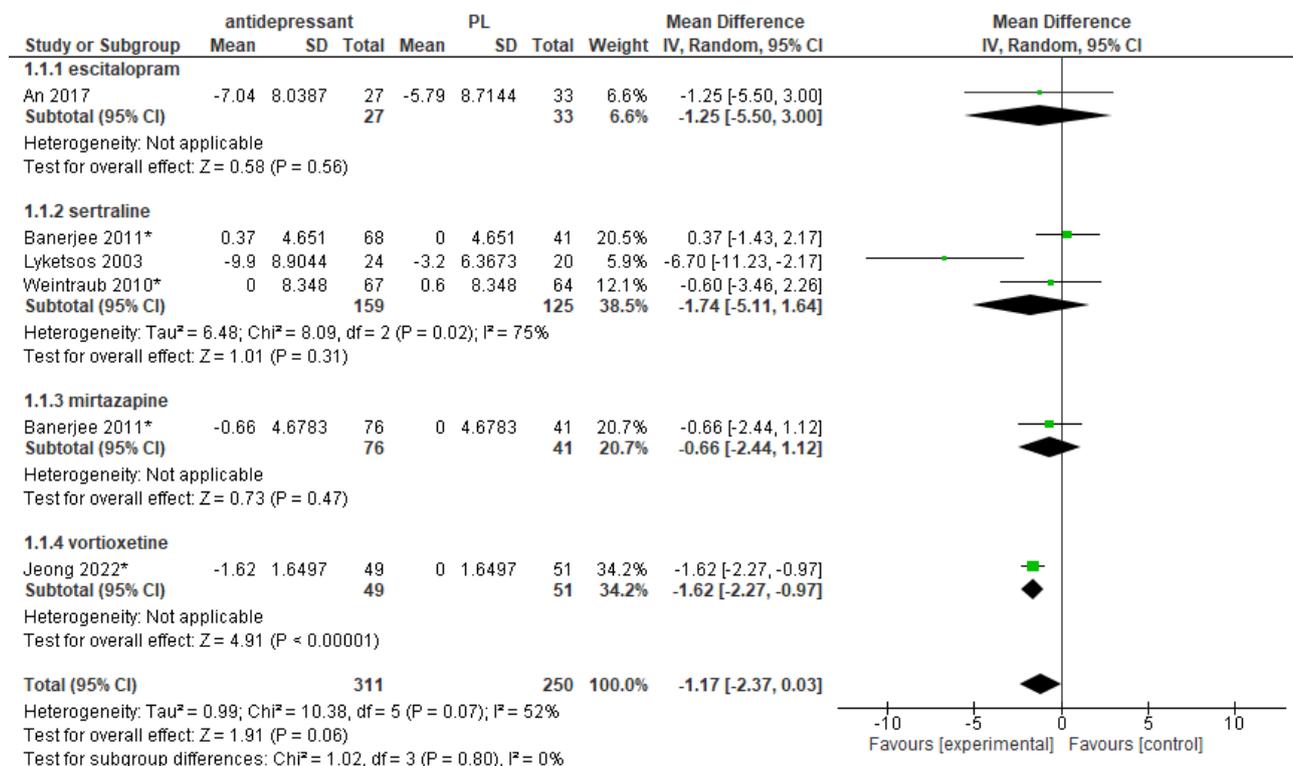
MMSE



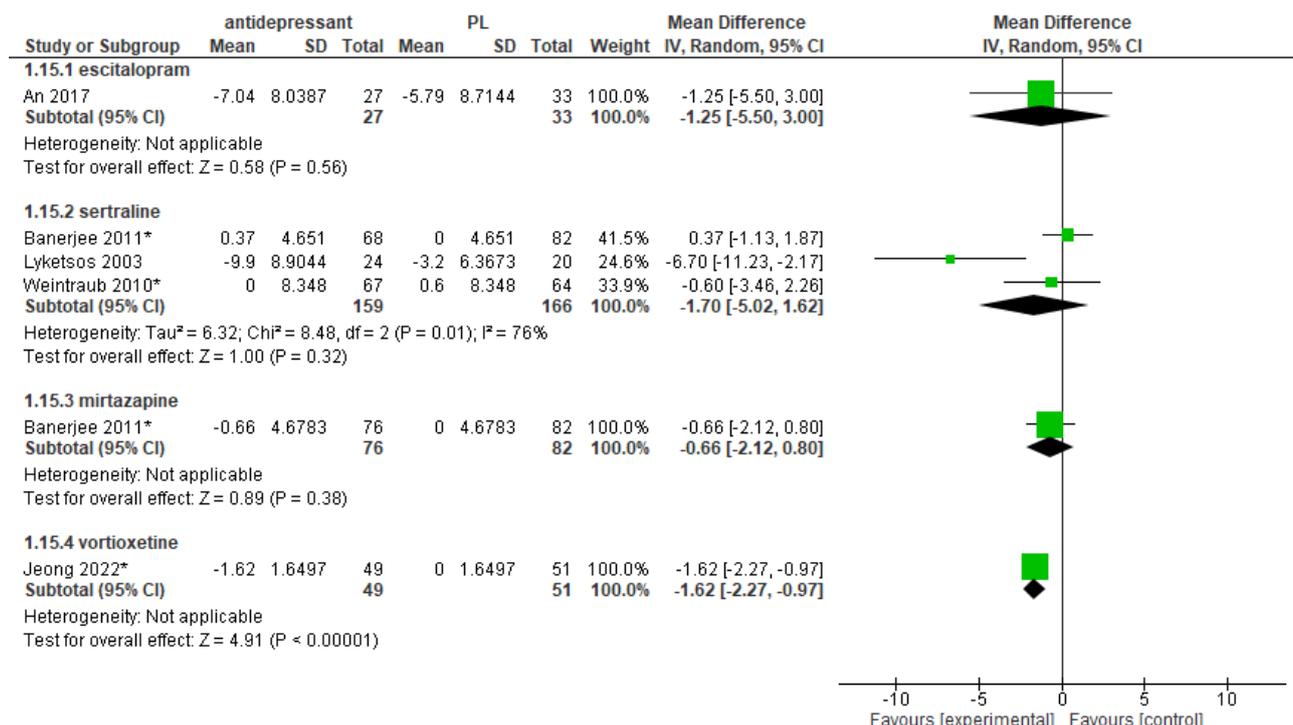
QUESITO 21a. Quali sono gli interventi farmacologici più efficaci per gestire i sintomi non cognitivi della malattia, come disturbi dello spettro della schizofrenia e altri disturbi psicotici, disturbi depressivi, cambiamenti comportamentali in persone con demenza?

ANTIDEPRESSIVI

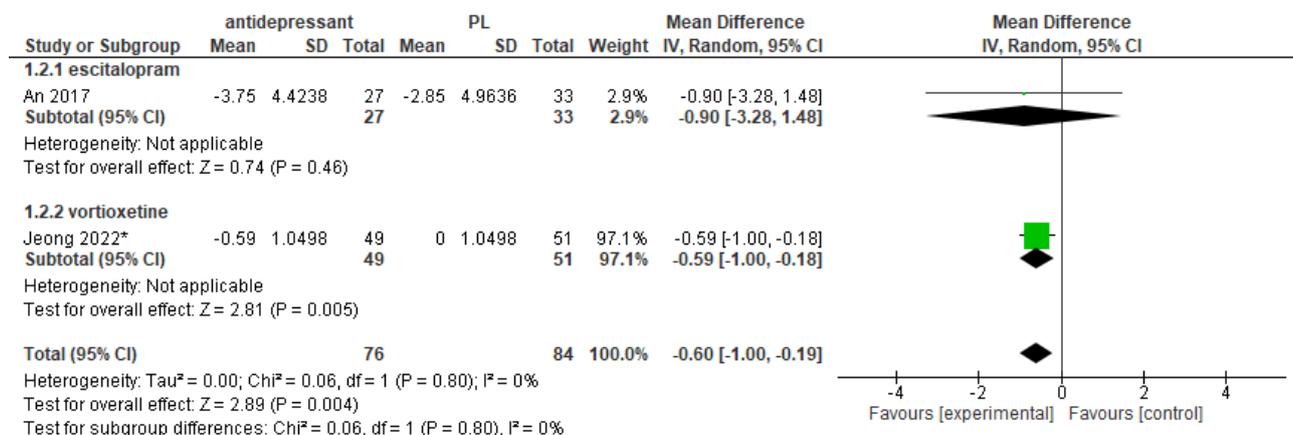
CSDD



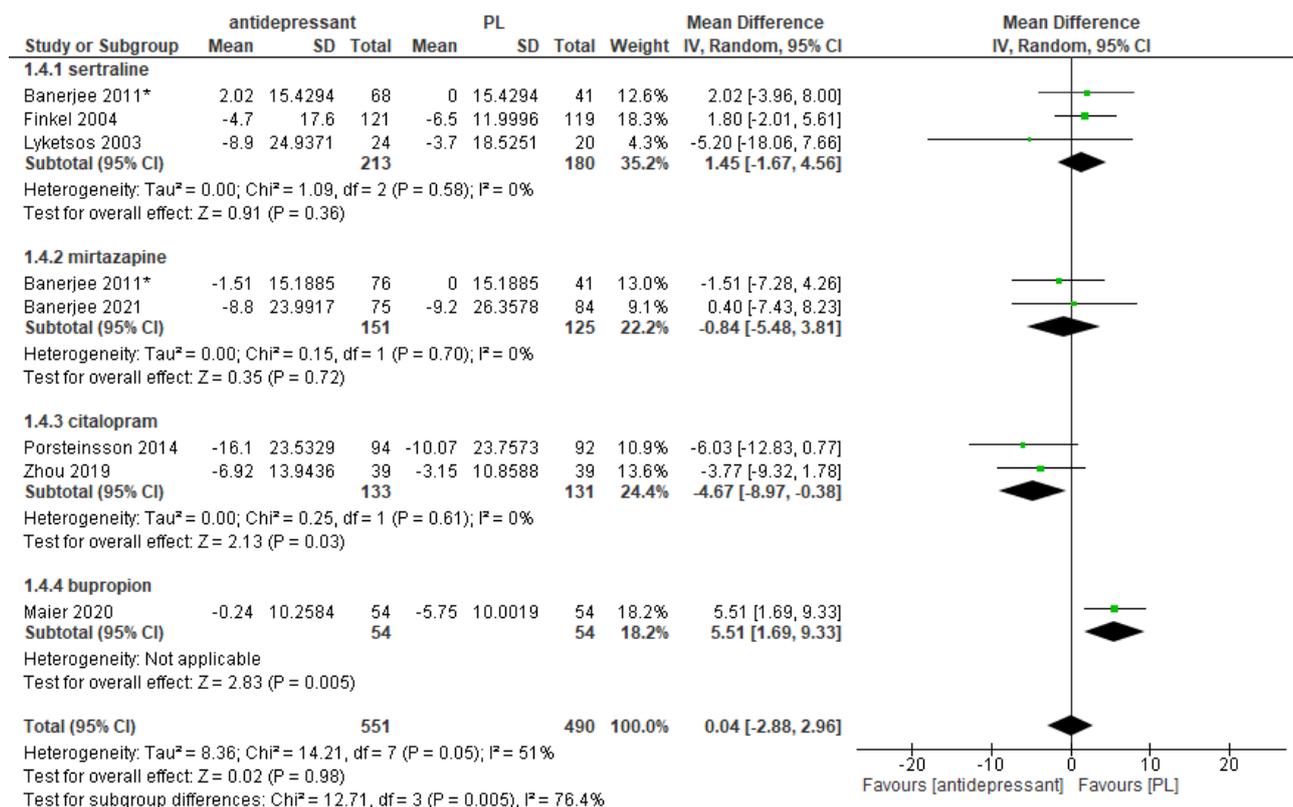
CSDD - analisi stratificata per farmaco



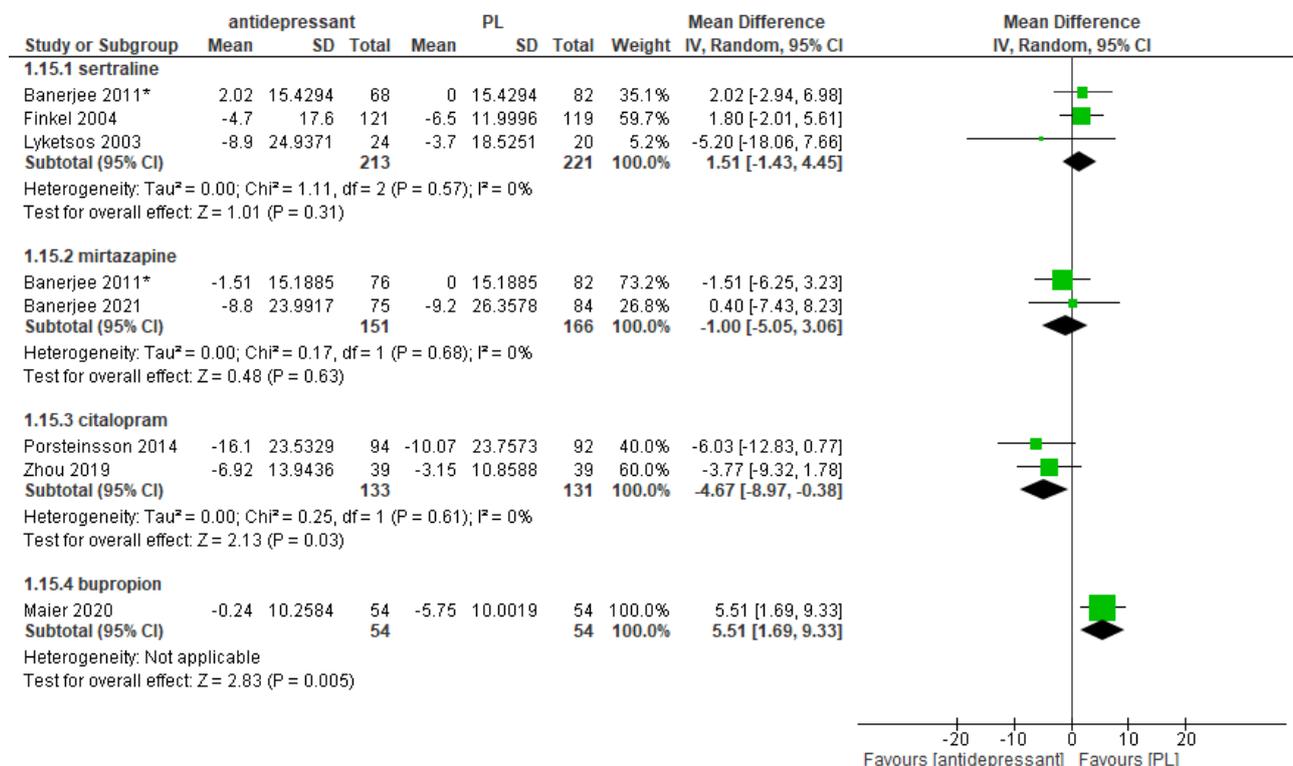
GDS



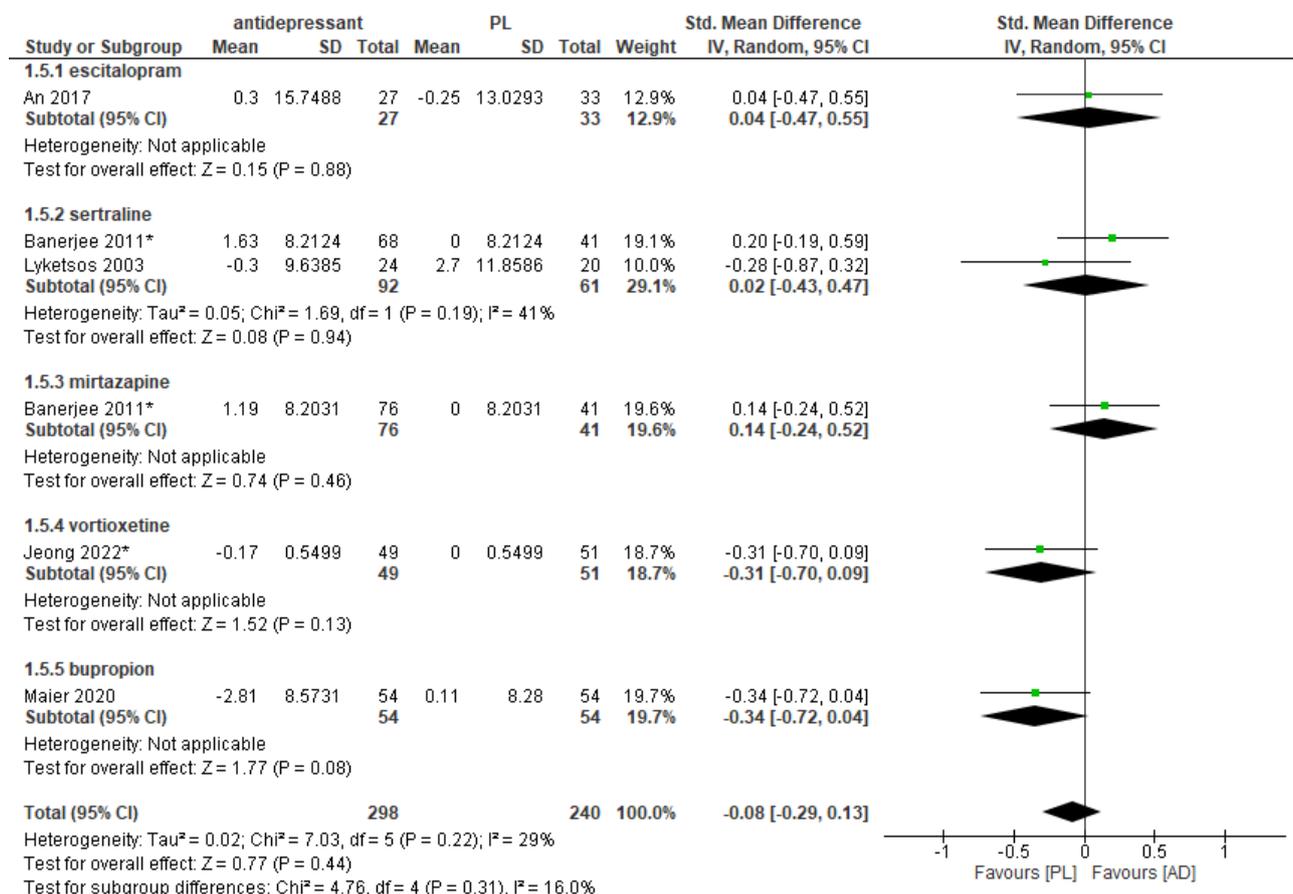
NPI



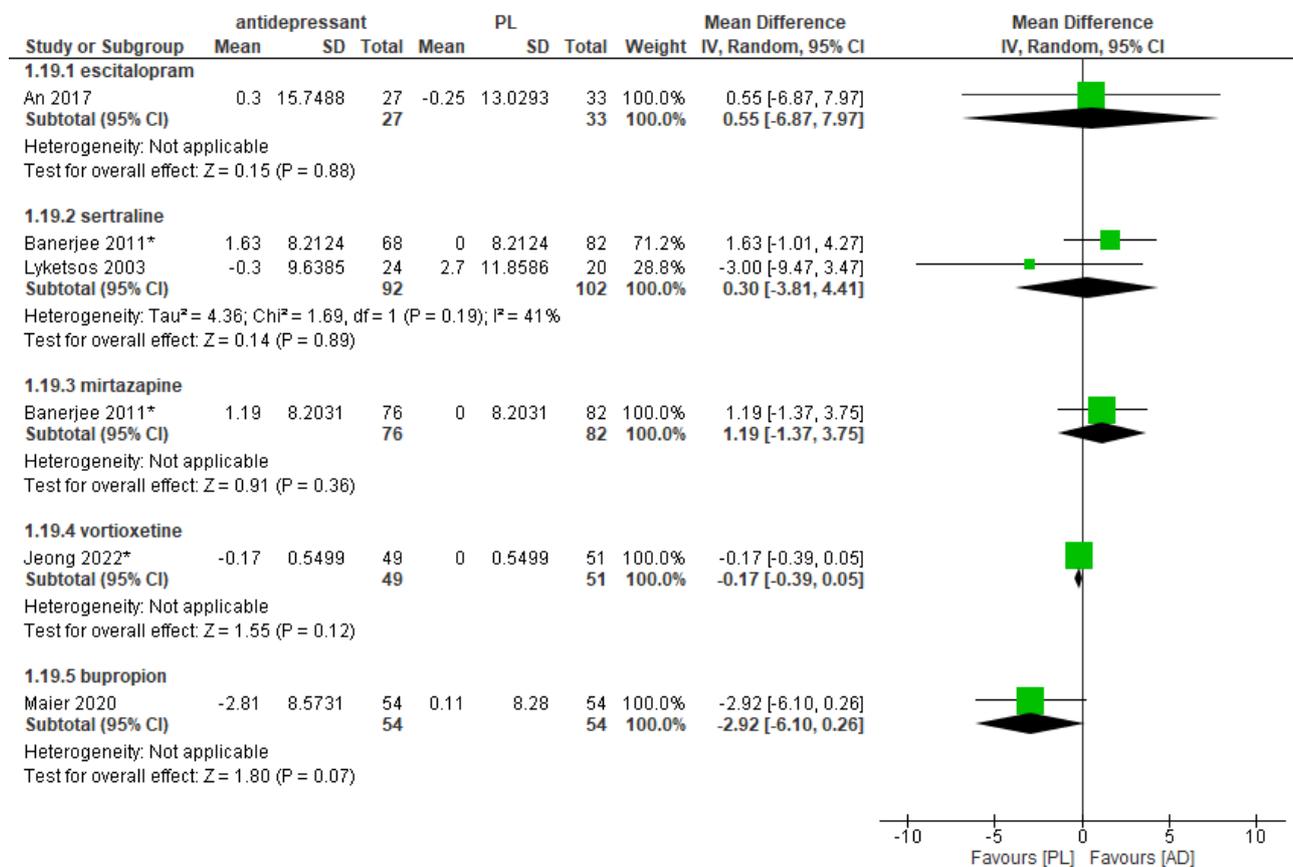
NPI - analisi stratificata per farmaco



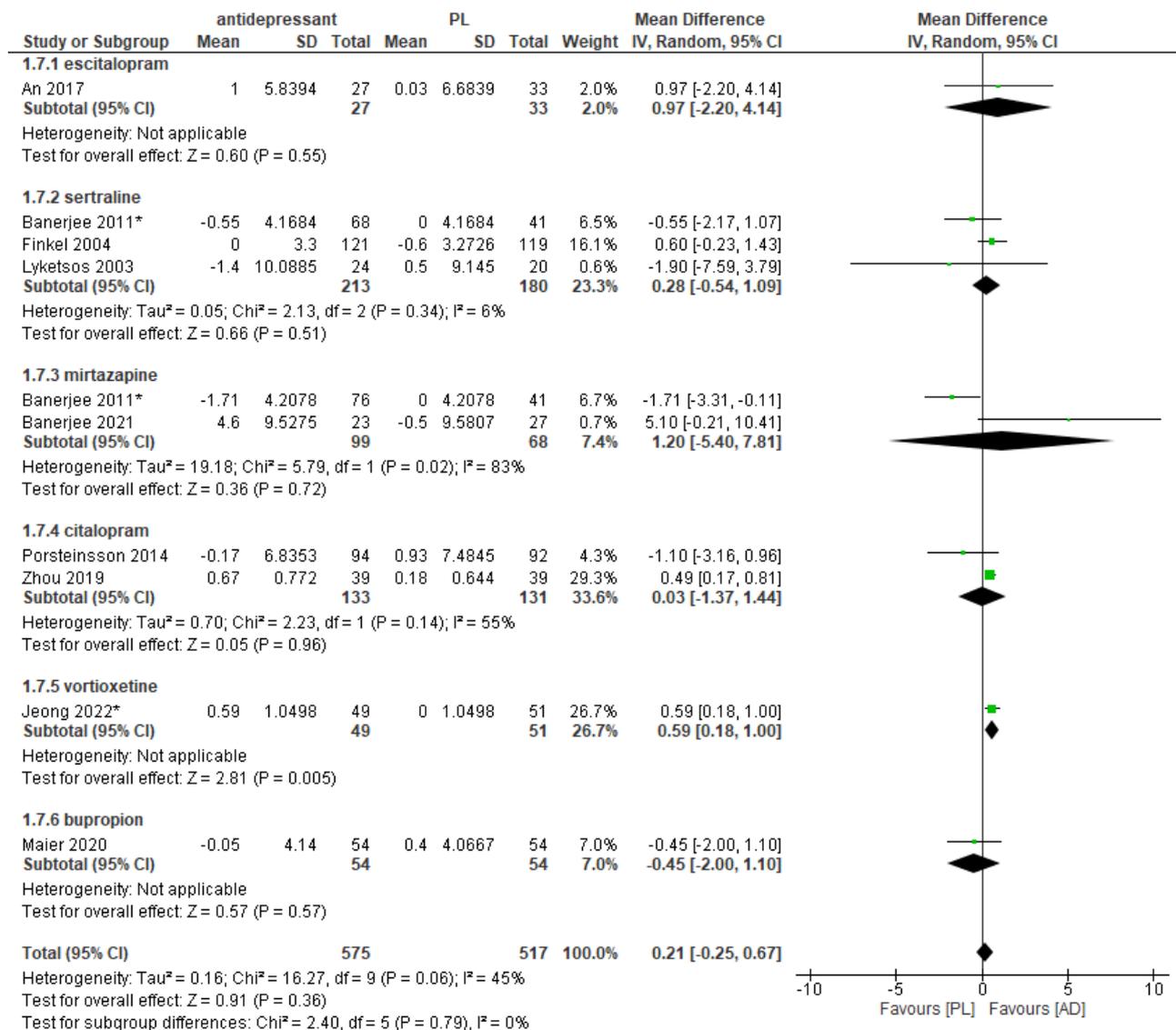
ADL



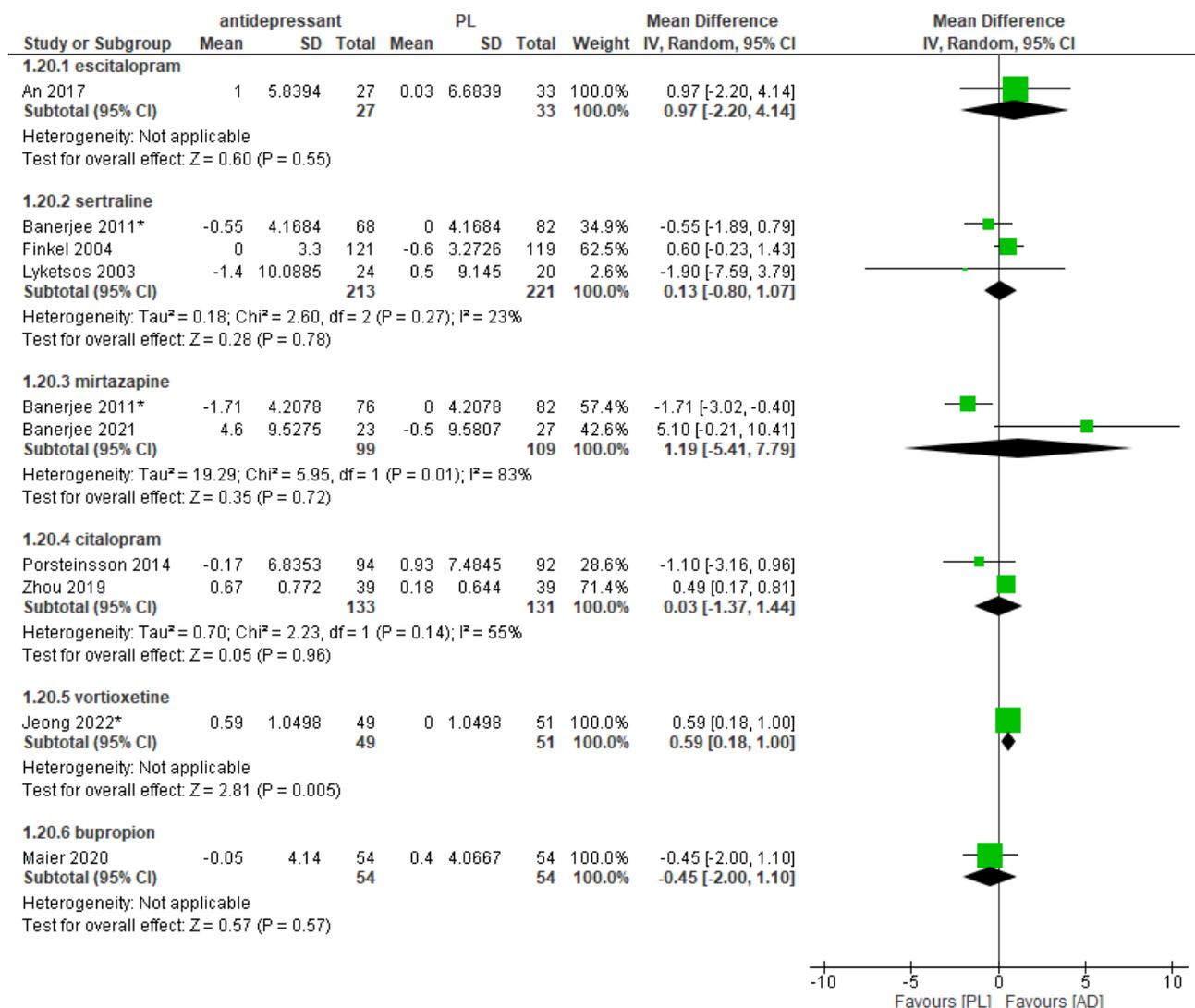
ADL - analisi stratificata per farmaco



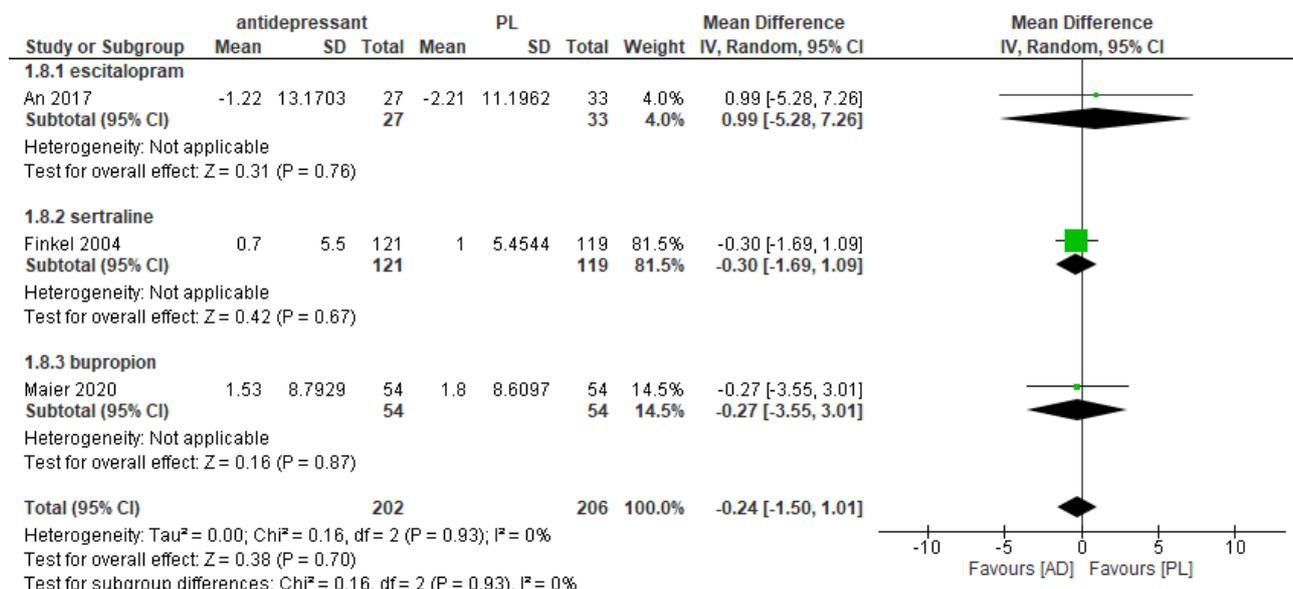
MMSE



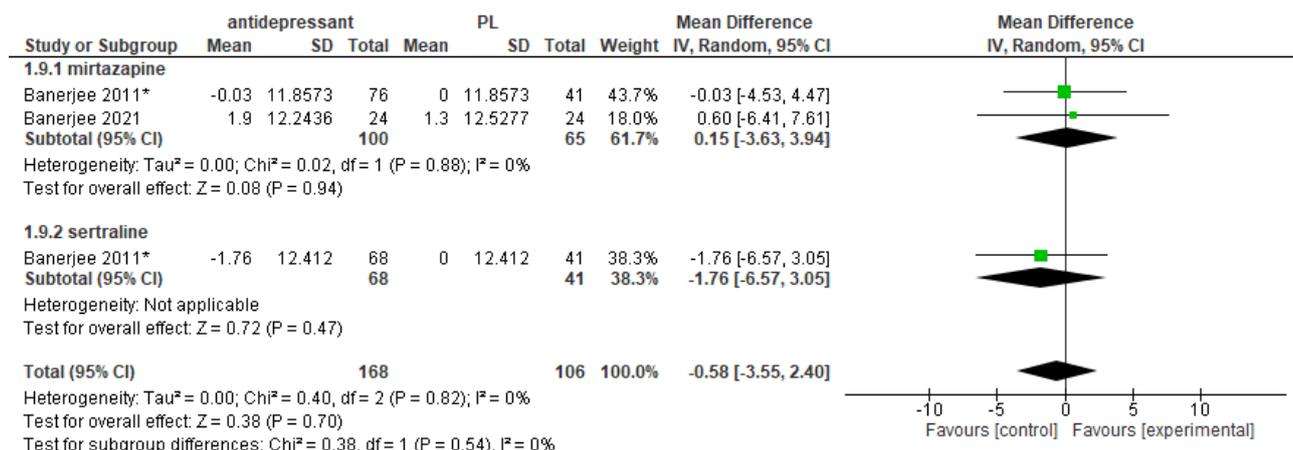
MMSE - analisi stratificata per farmaco



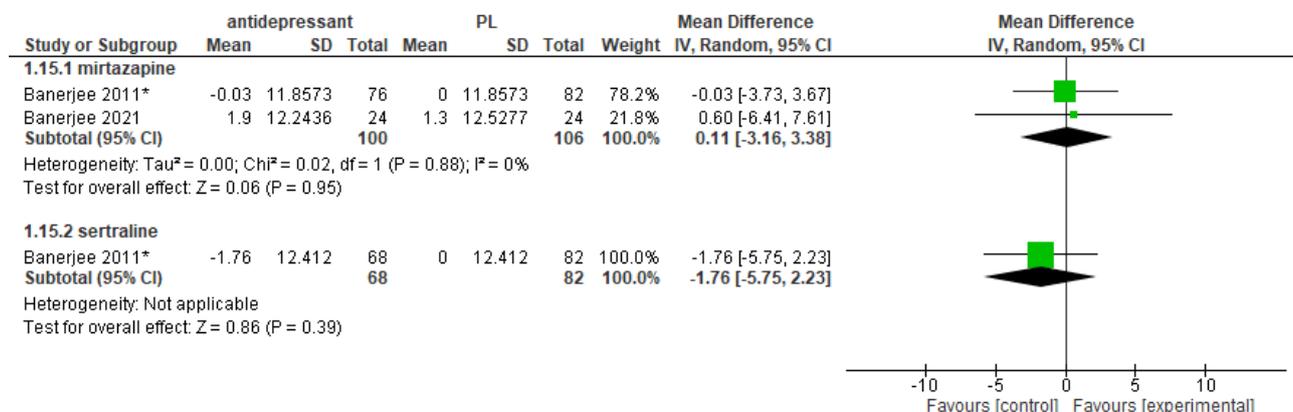
ADAS-Cog



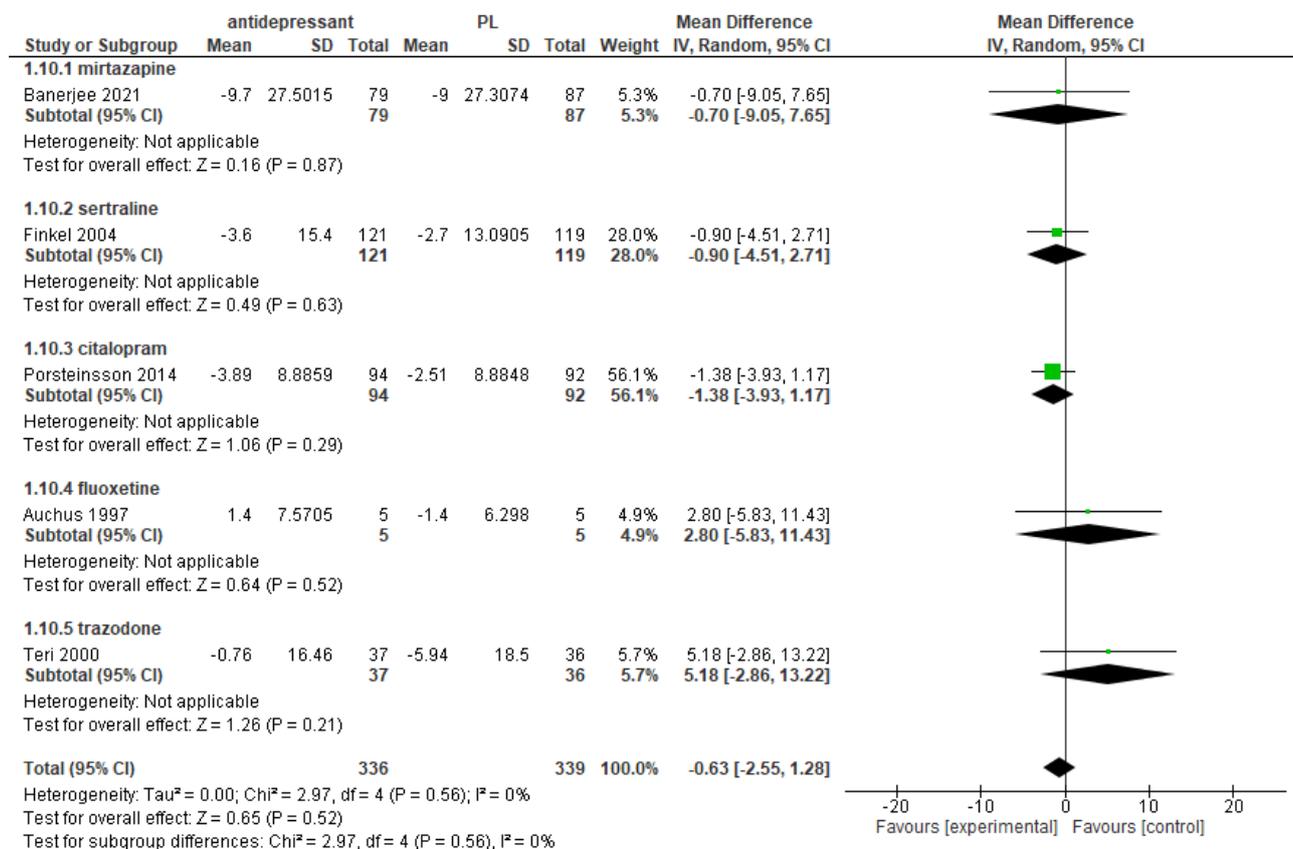
DEM-QoL



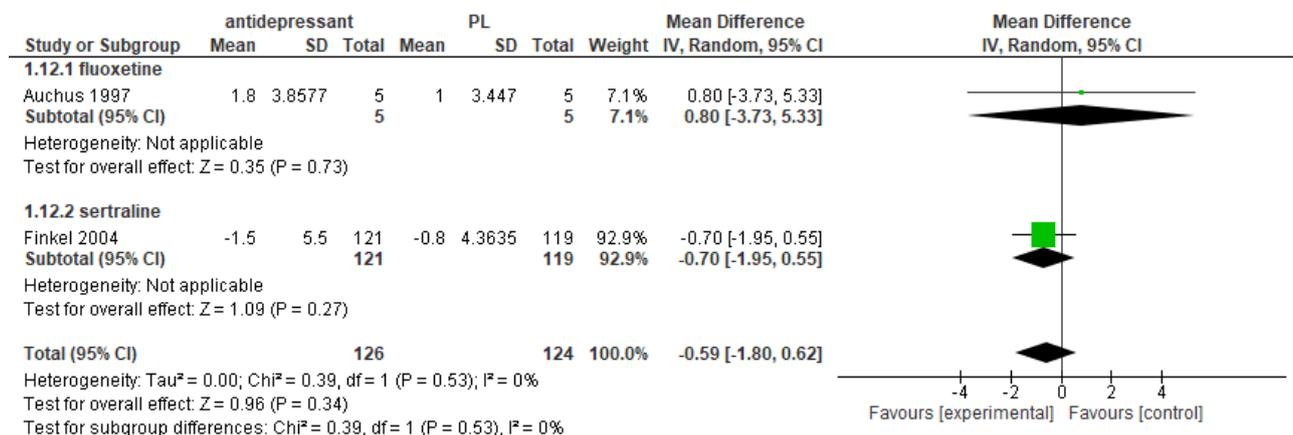
DEM-QoL - analisi stratificata per farmaco



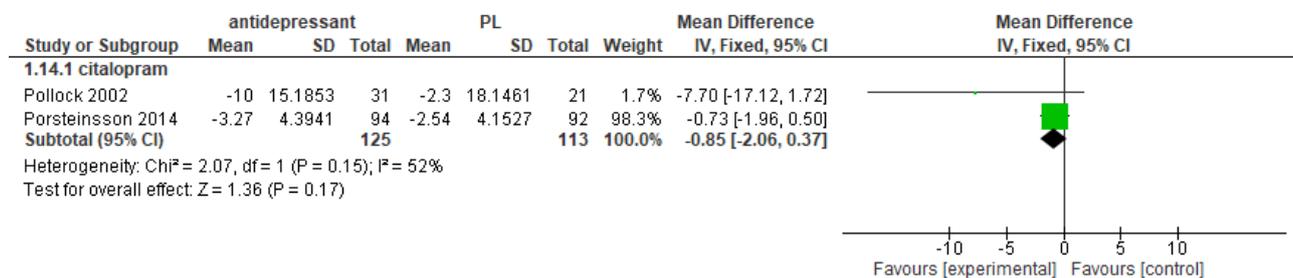
CMAI



BEHAVE-AD

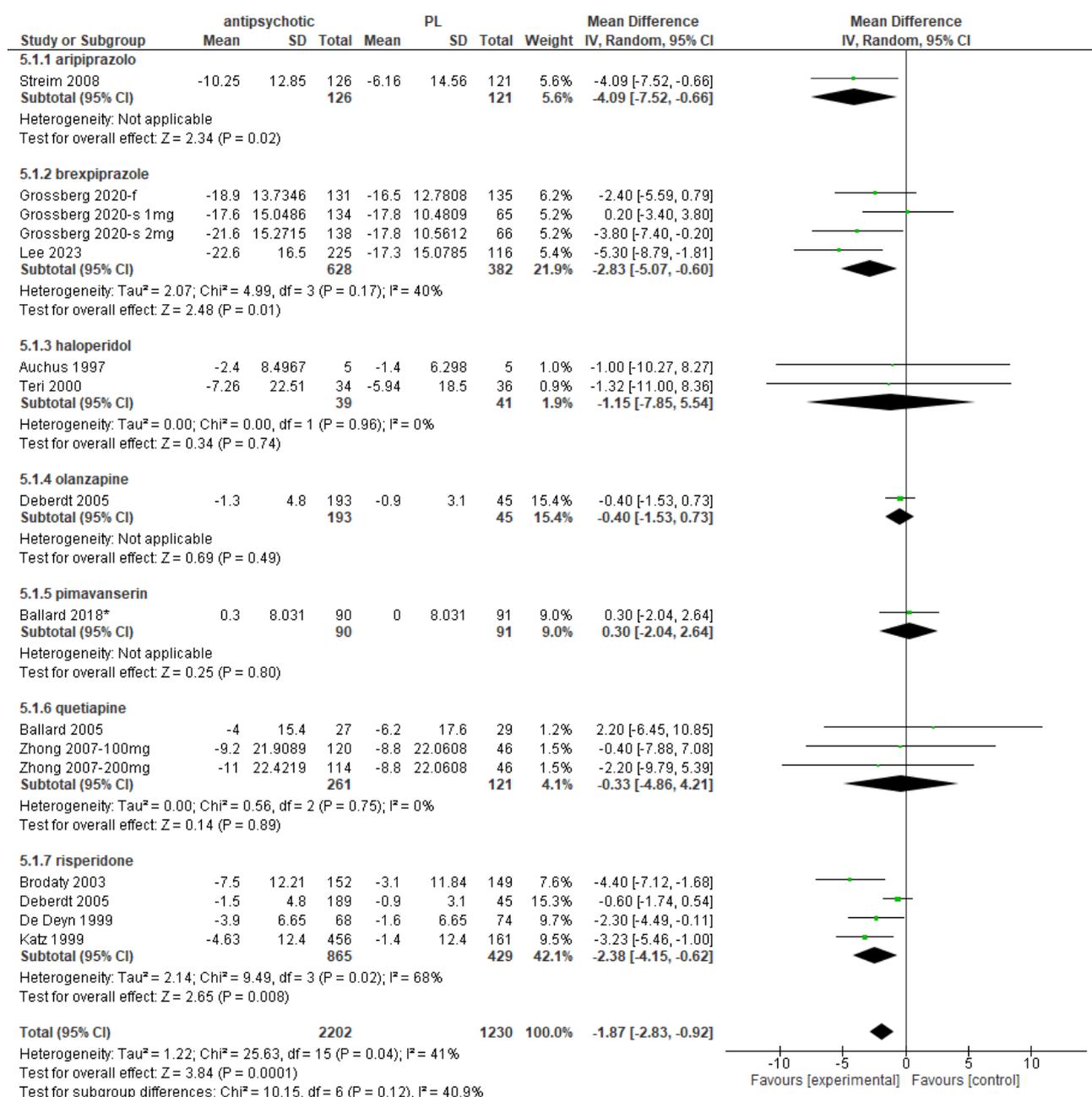


NBR5

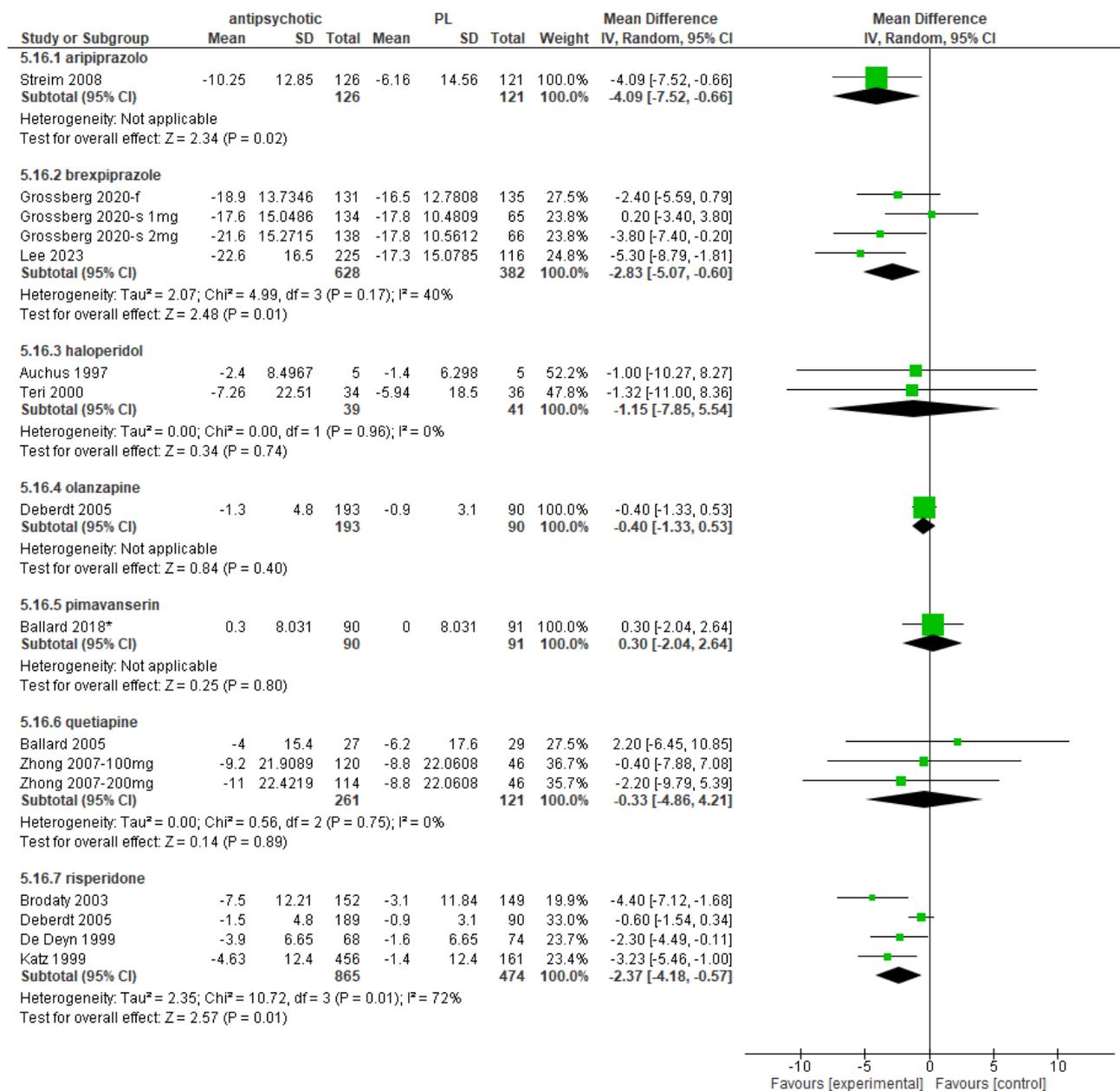


ANTIPISICOTICI

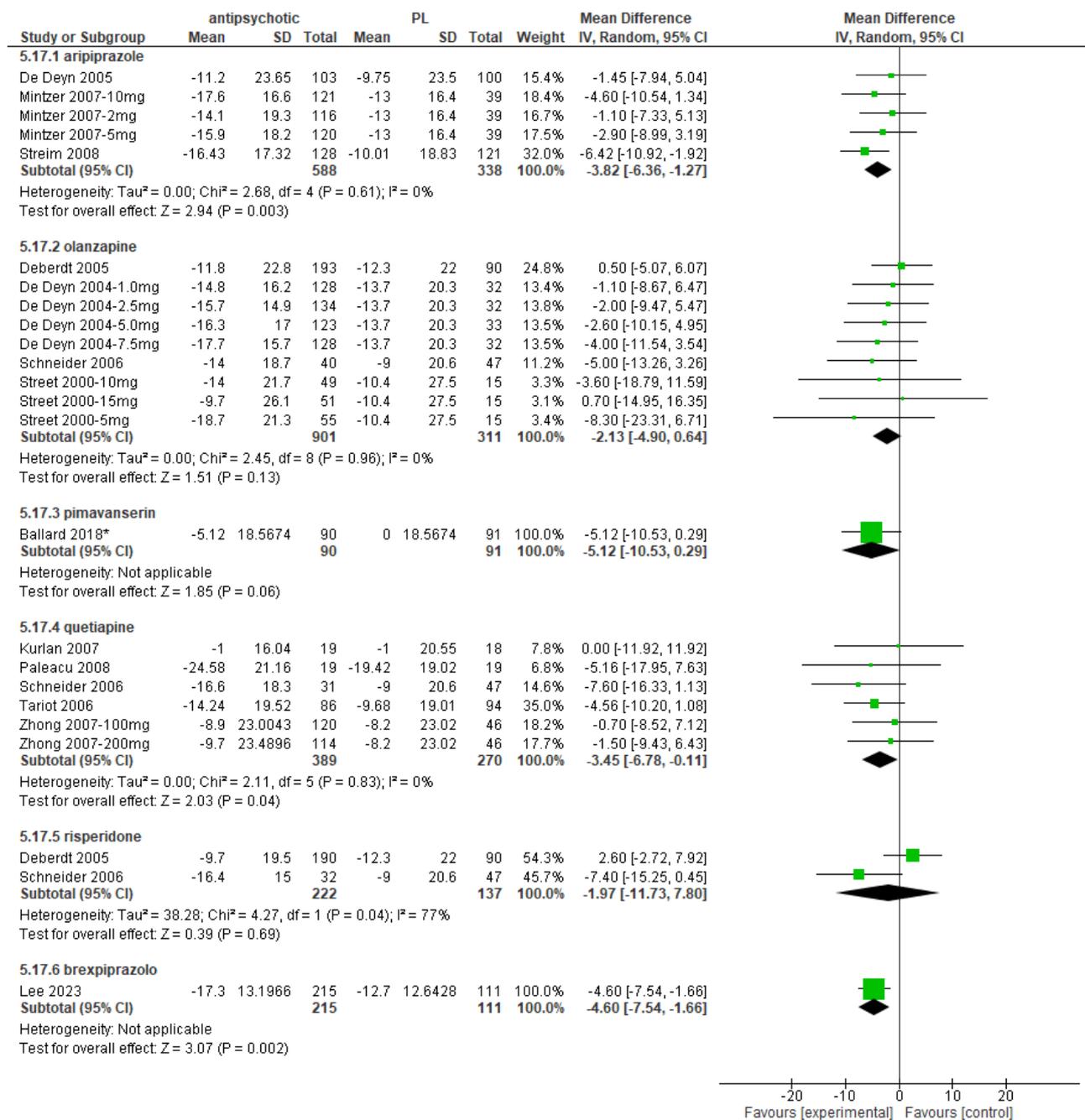
CMAI



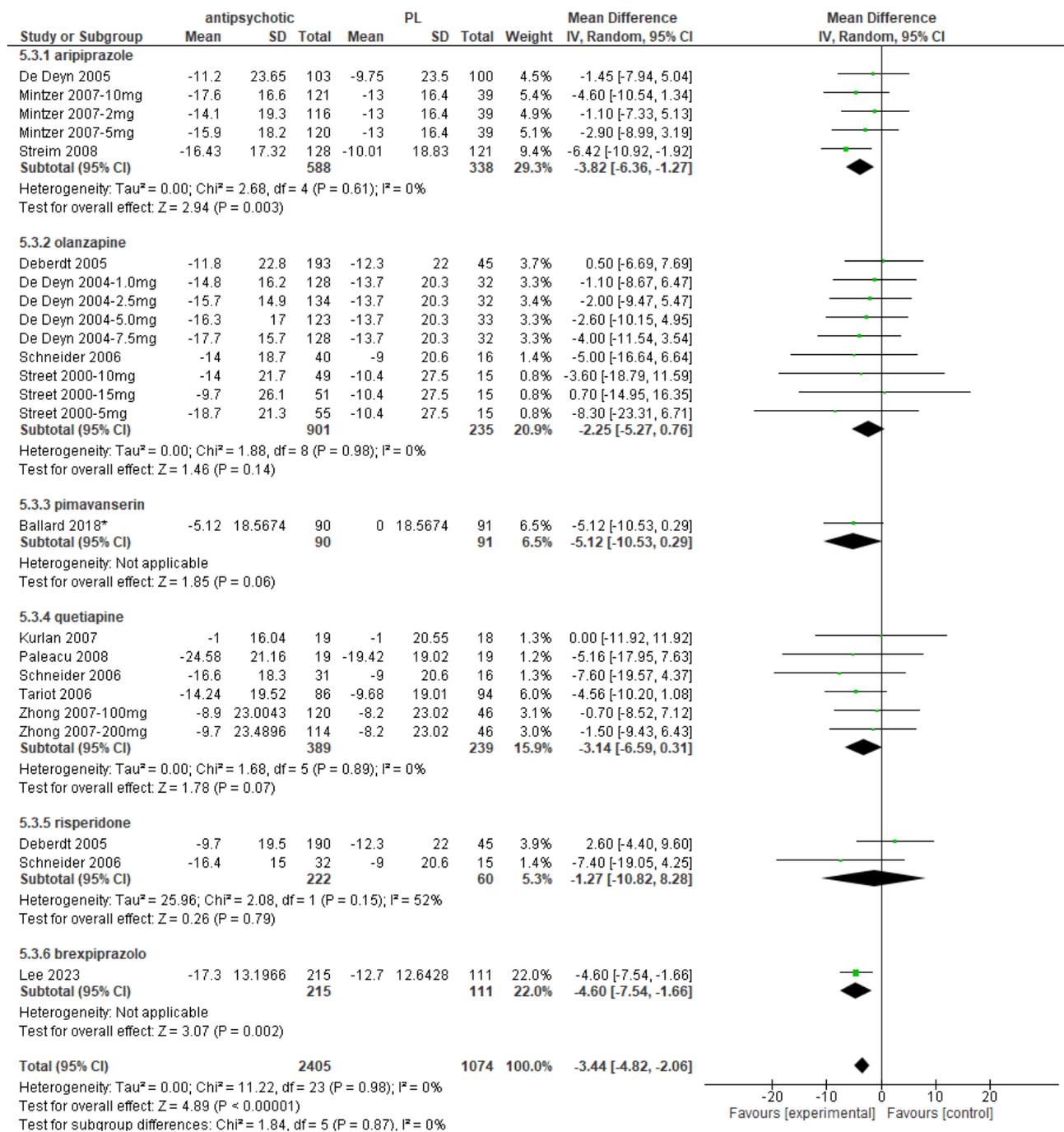
CMAI - analisi stratificata per farmaco



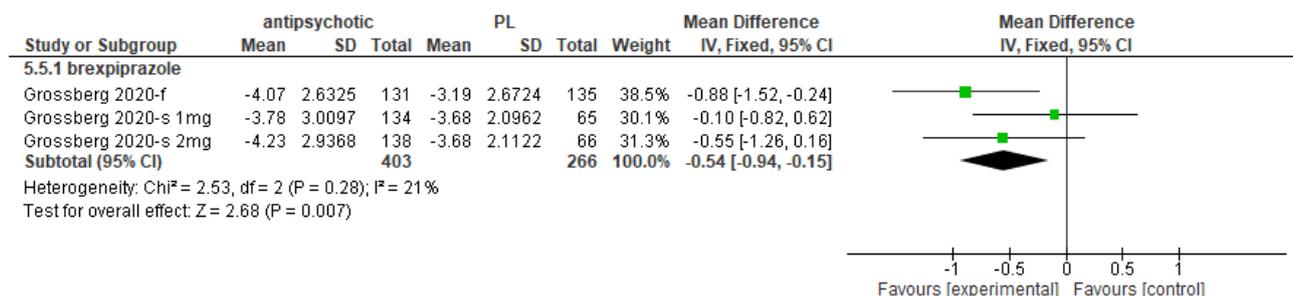
NPI



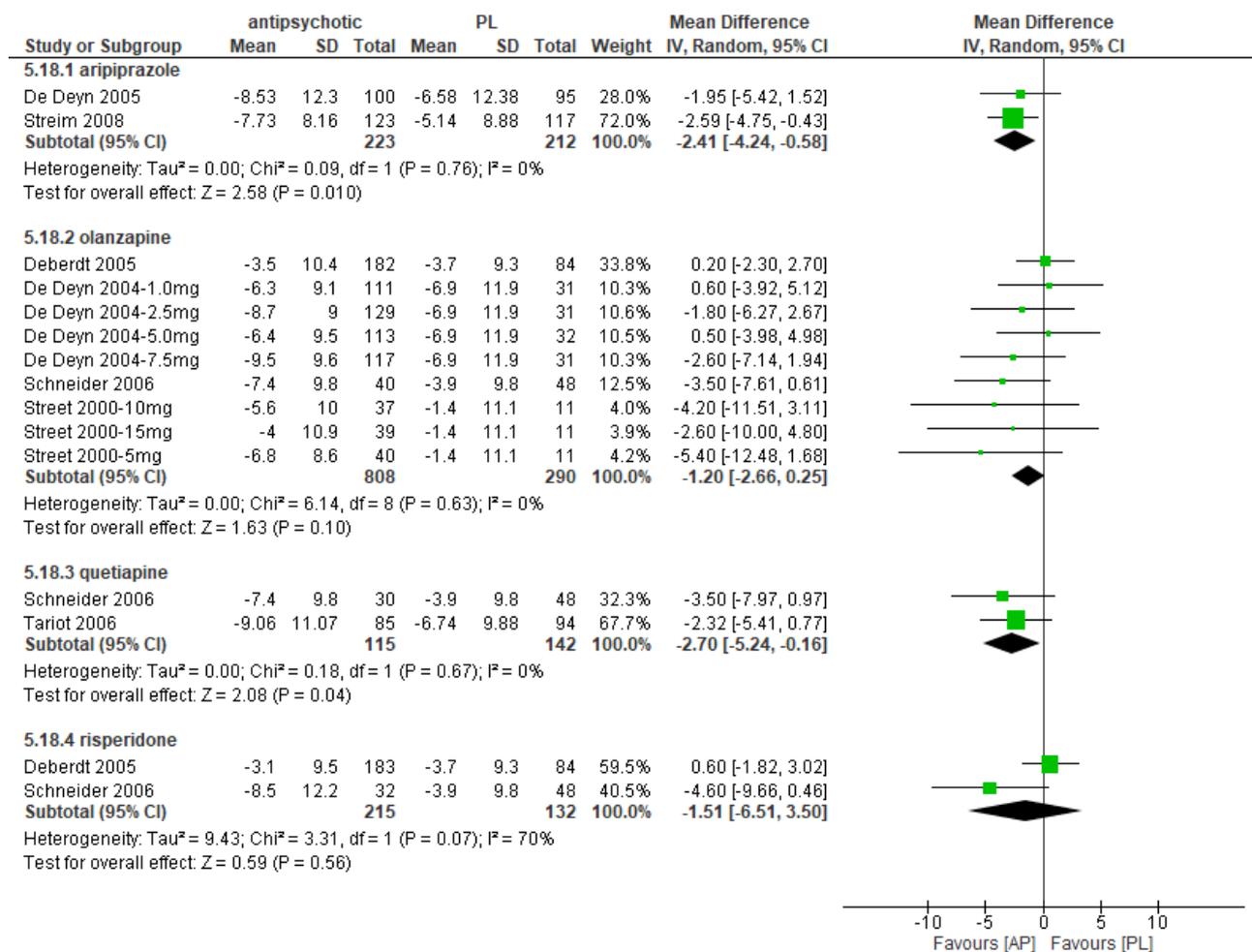
NPI - analisi stratificata per farmaco



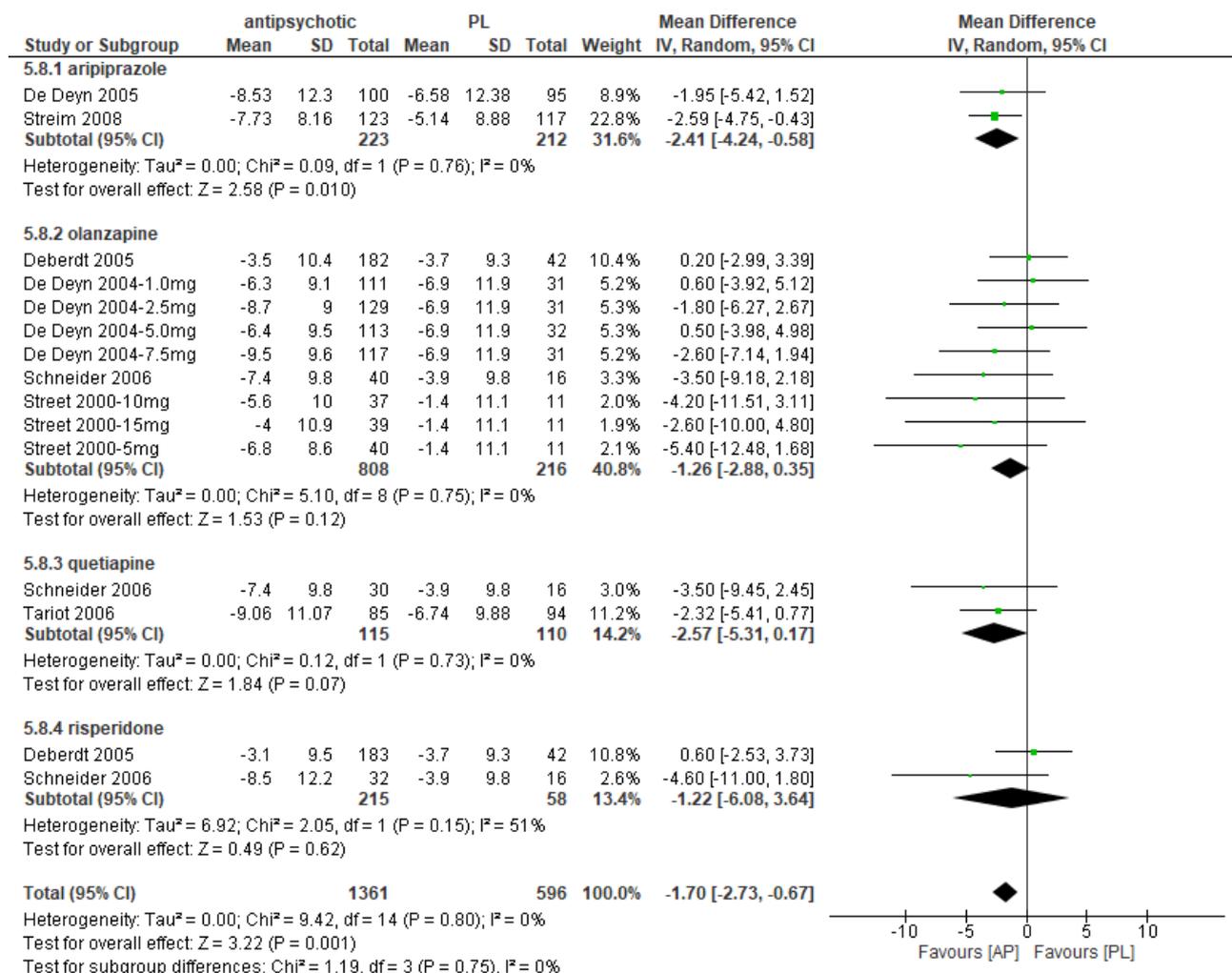
NPI-Ag



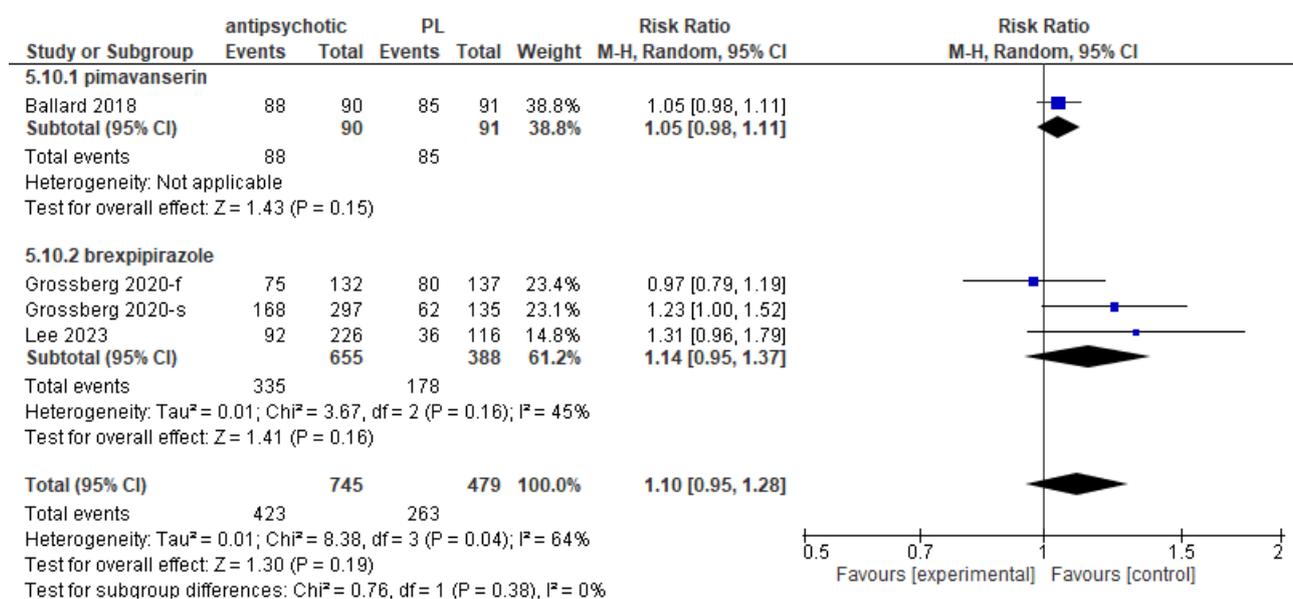
BPRS



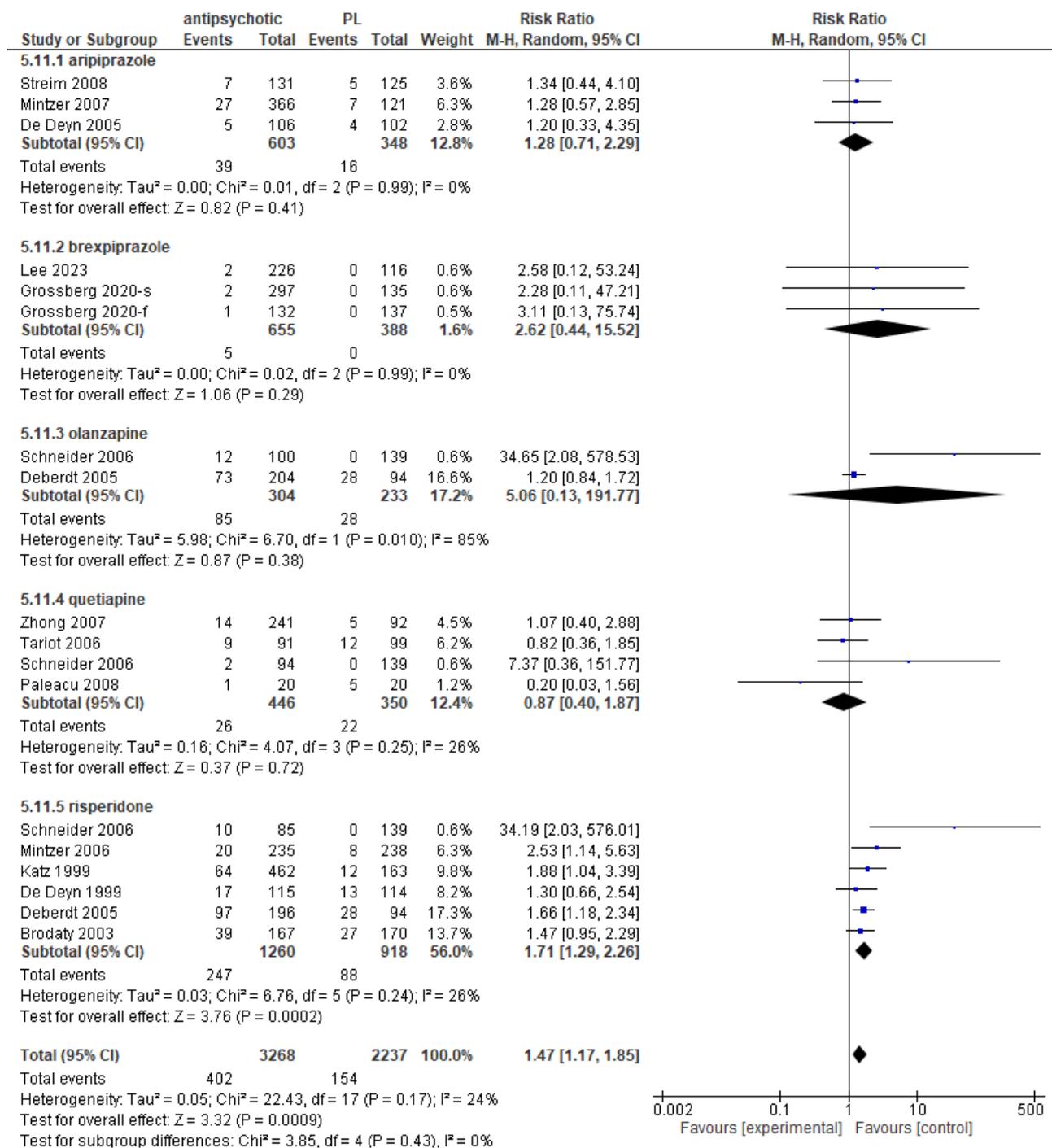
BPRS - analisi stratificata per farmaco



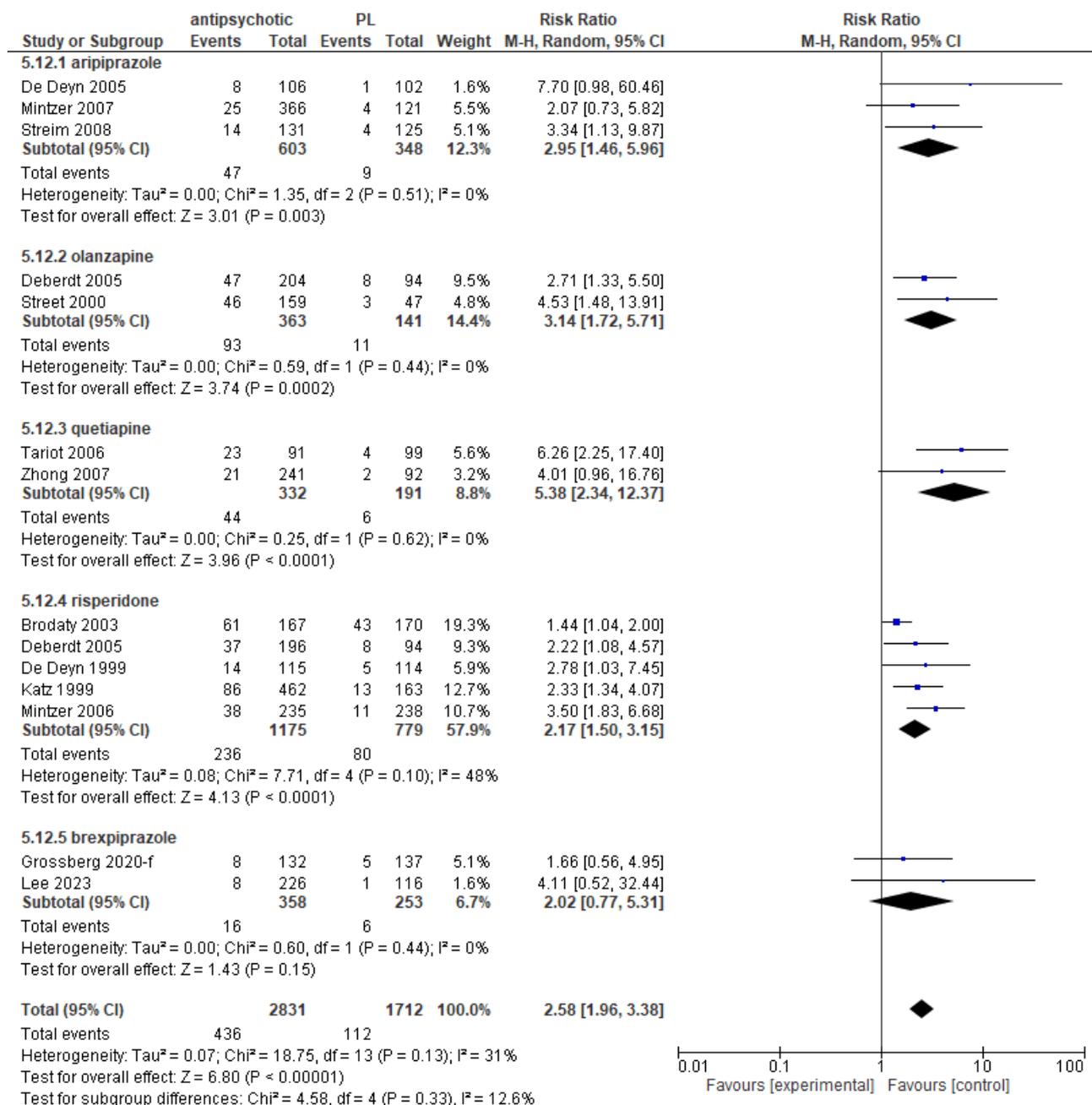
Eventi avversi



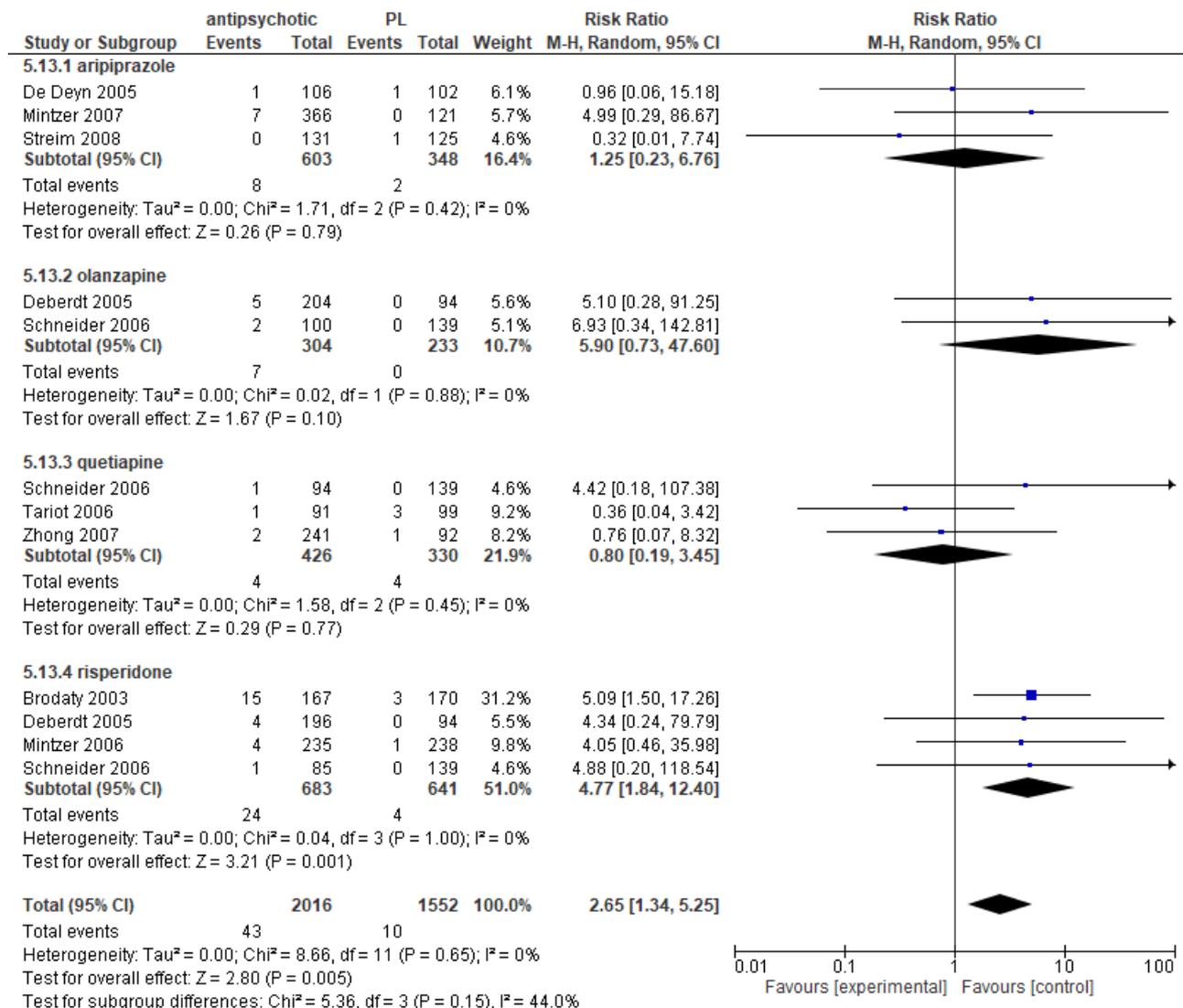
Eventi avversi - extrapiramidali



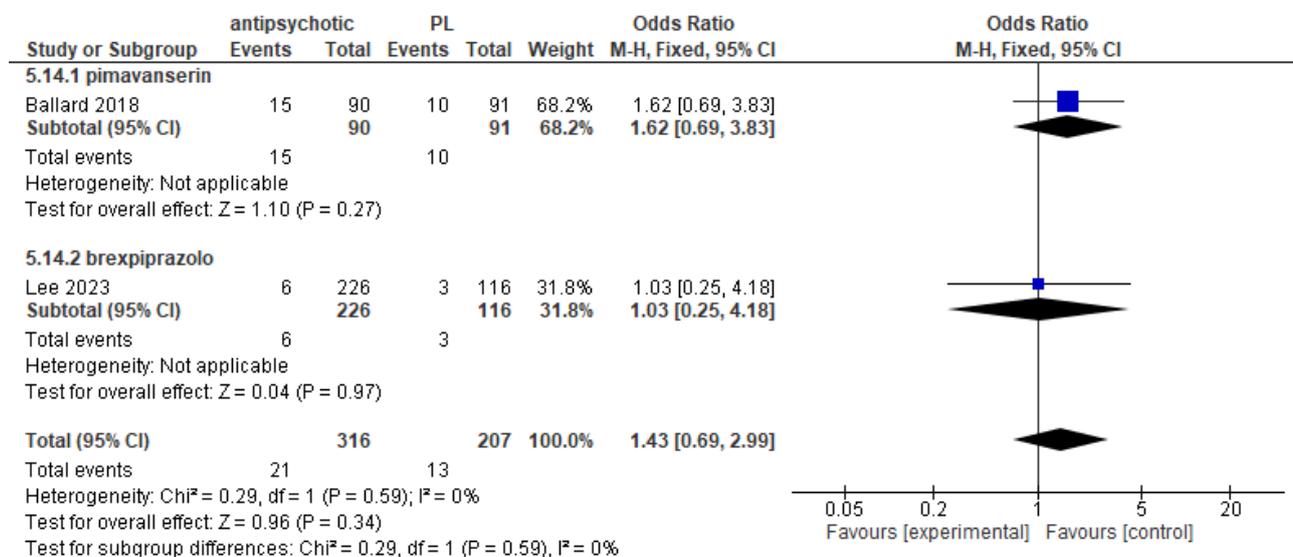
Eventi avversi – sonnolenza



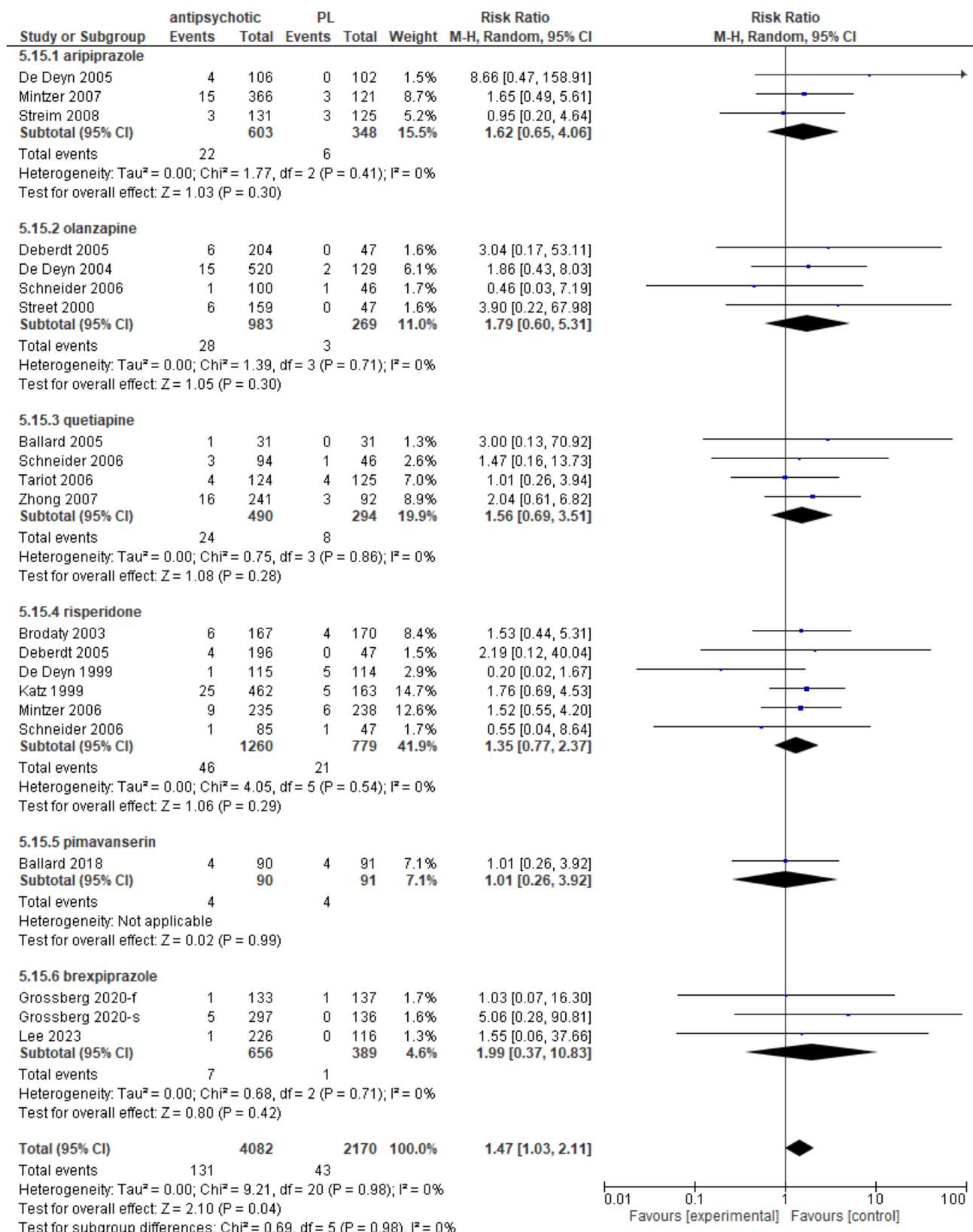
Eventi avversi – cerebrovascolari



Eventi avversi gravi

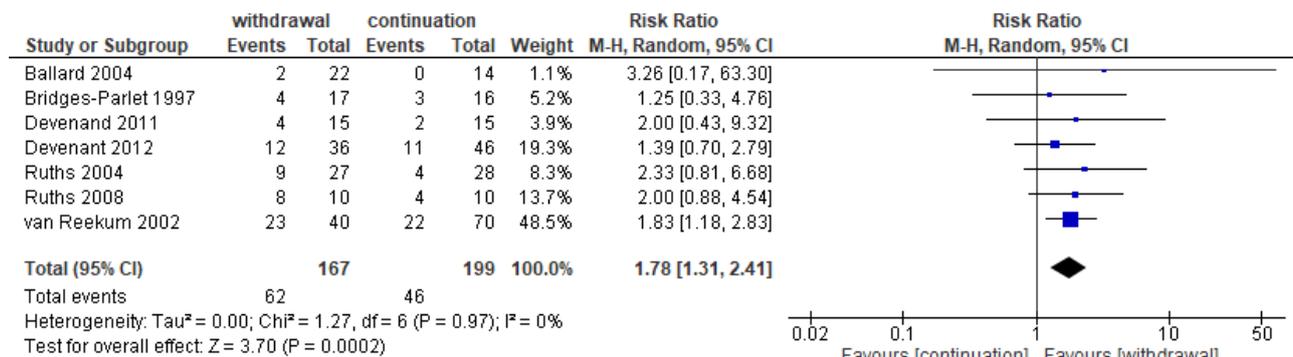


Mortalità

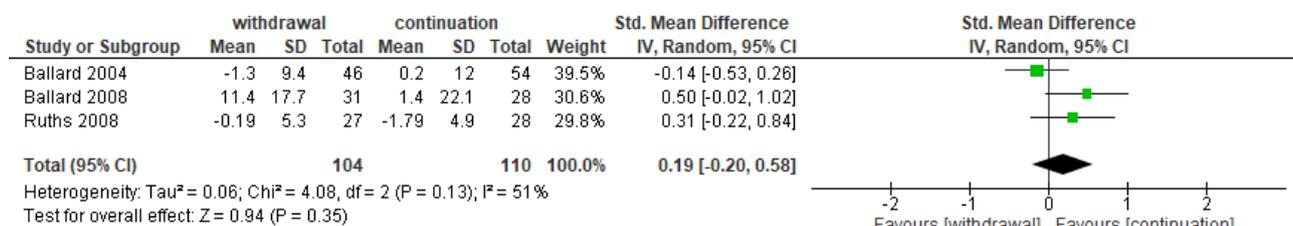


SOSPENSIONE ANTIPSICOTICI

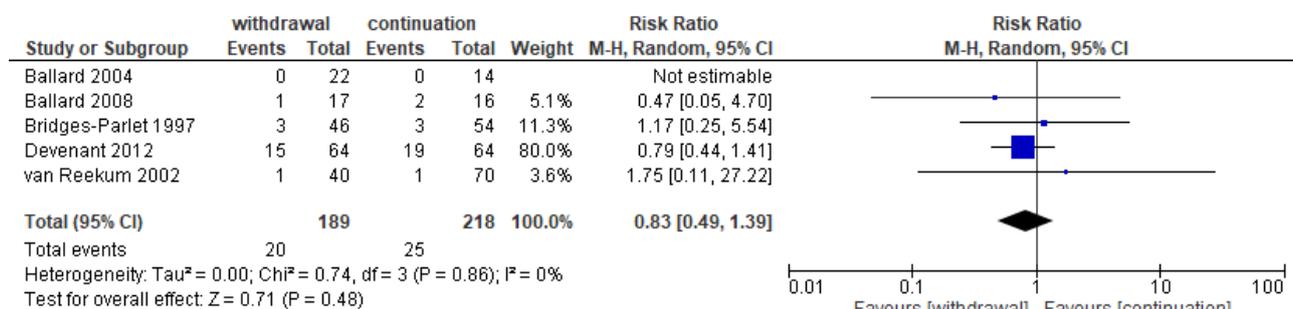
Peggioramento sintomi comportamentali



Severità sintomi comportamentali

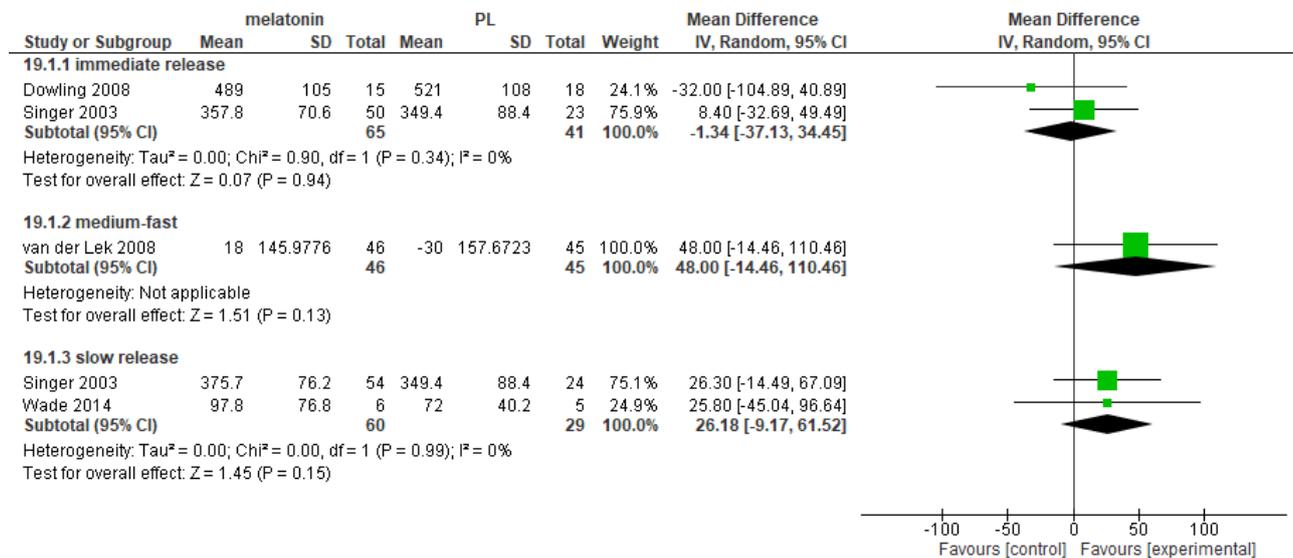


Mortalità

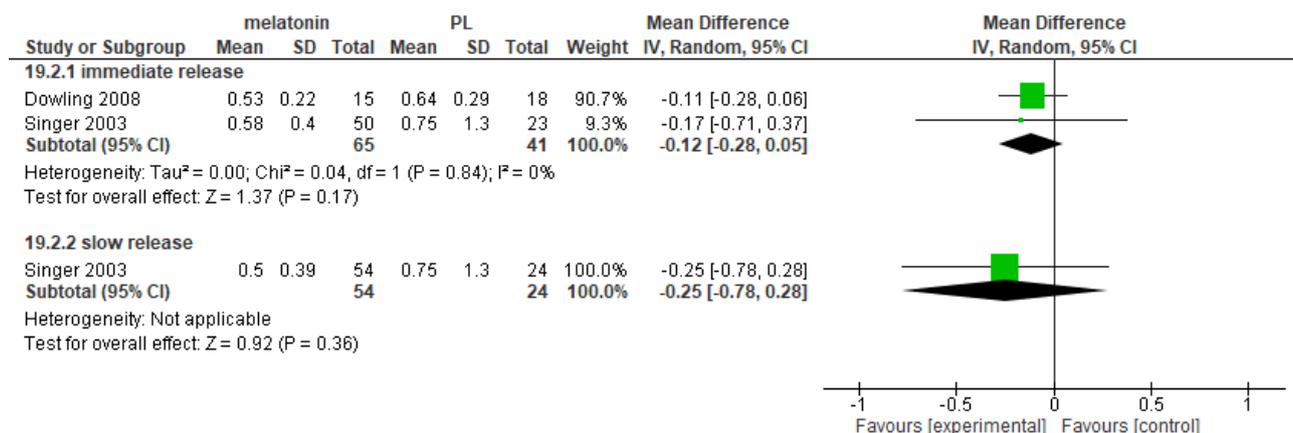


MELATONINA

Tempo totale medio di sonno notturno

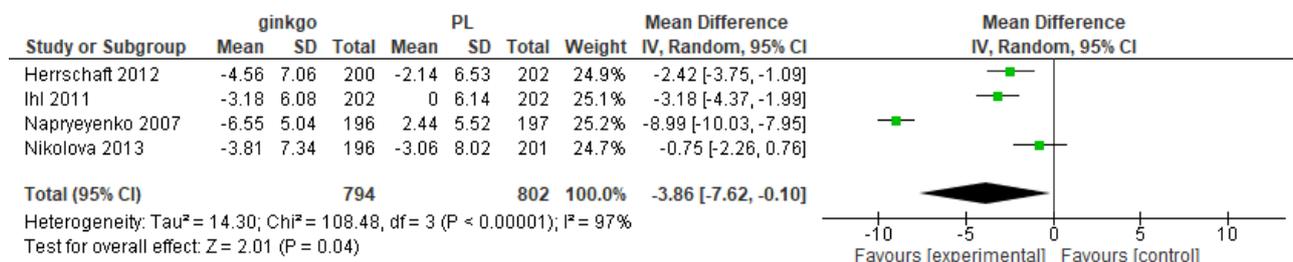


Rapporto sonno diurno-notturno

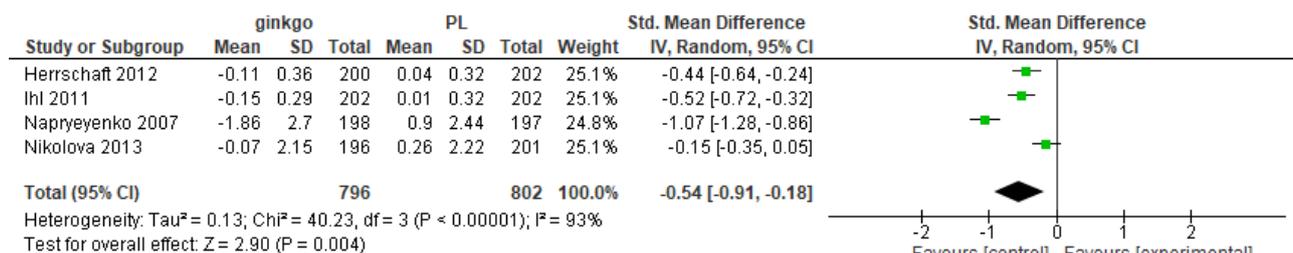


GINKGO BILOBA

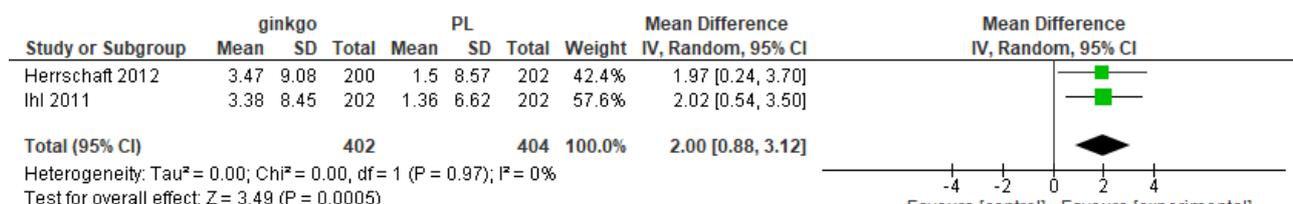
NPI



ADL

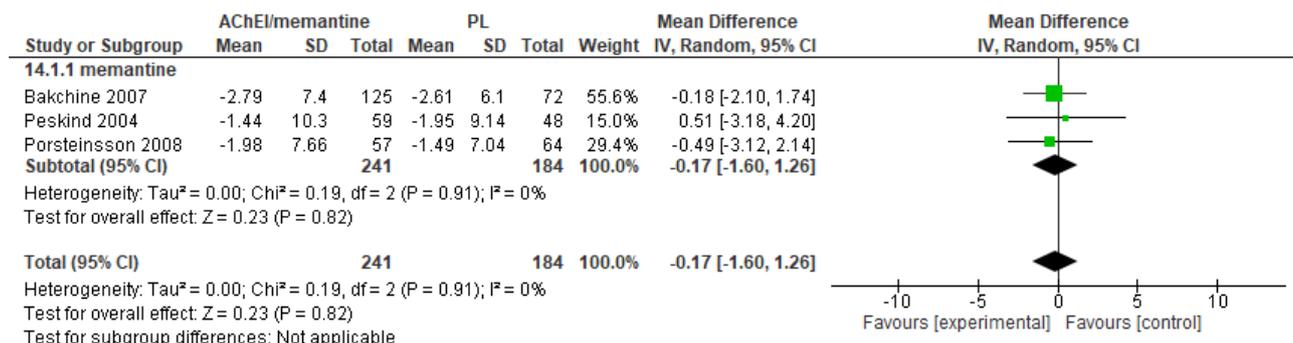


Qualità della vita

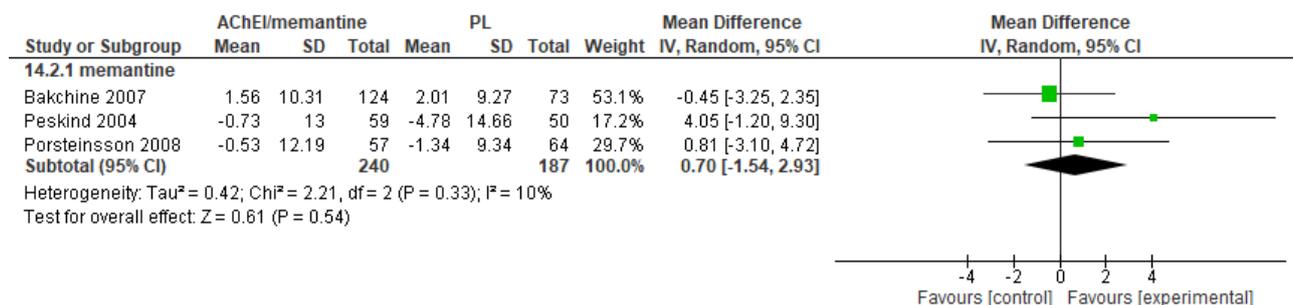


ACheI/MEMANTINA

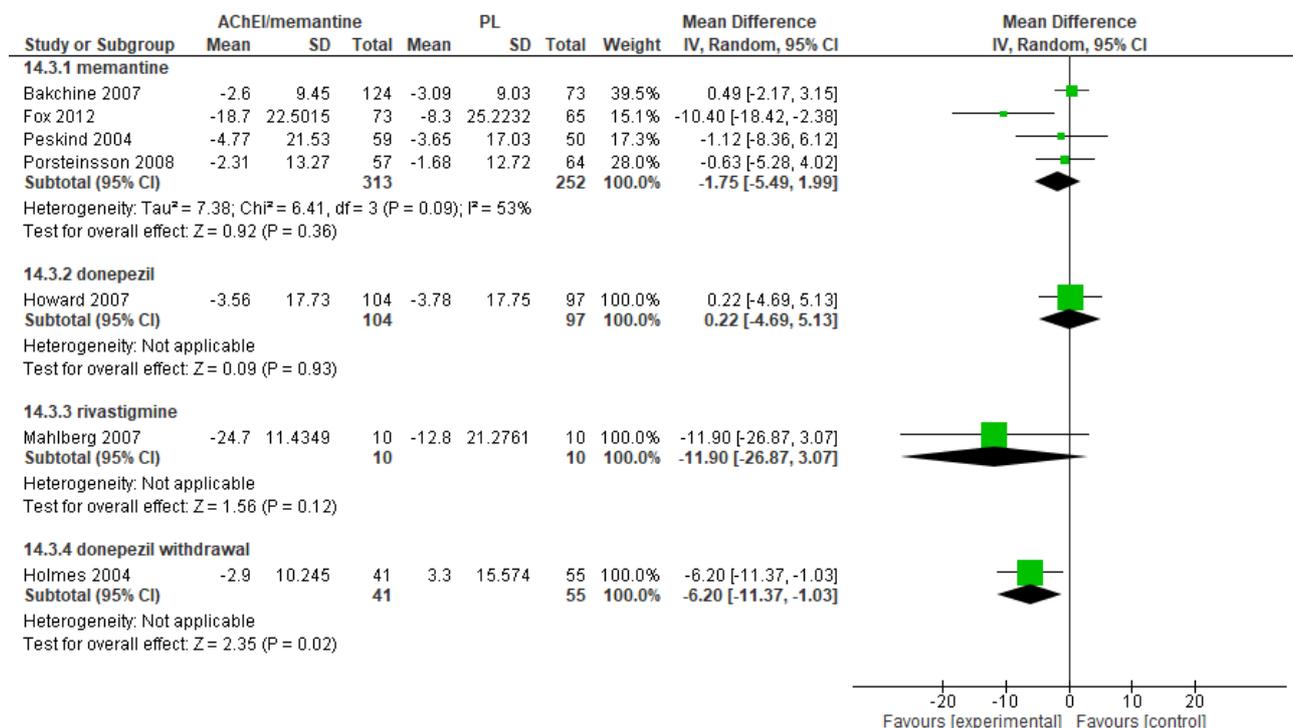
ADAS-Cog



ADL

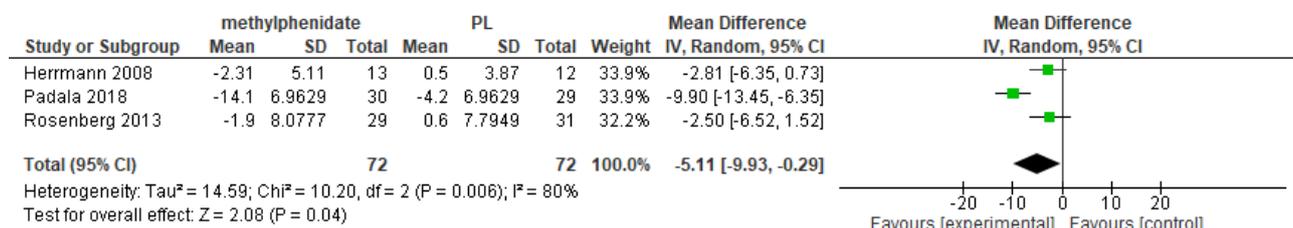


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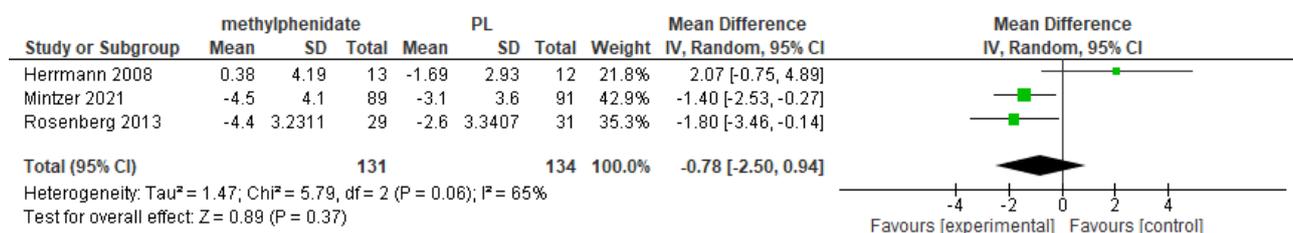


METILFENIDATO

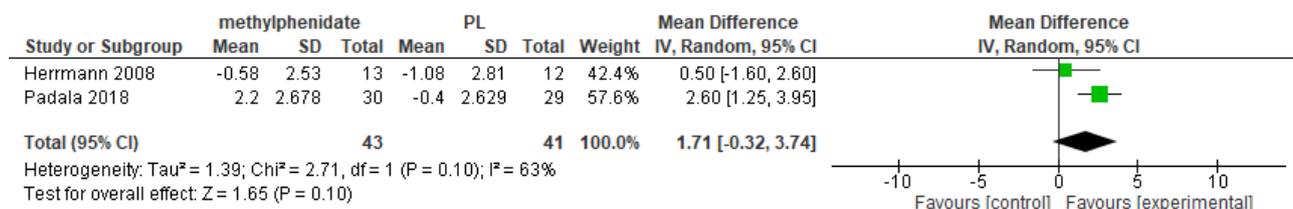
AES



NPI



MMSE

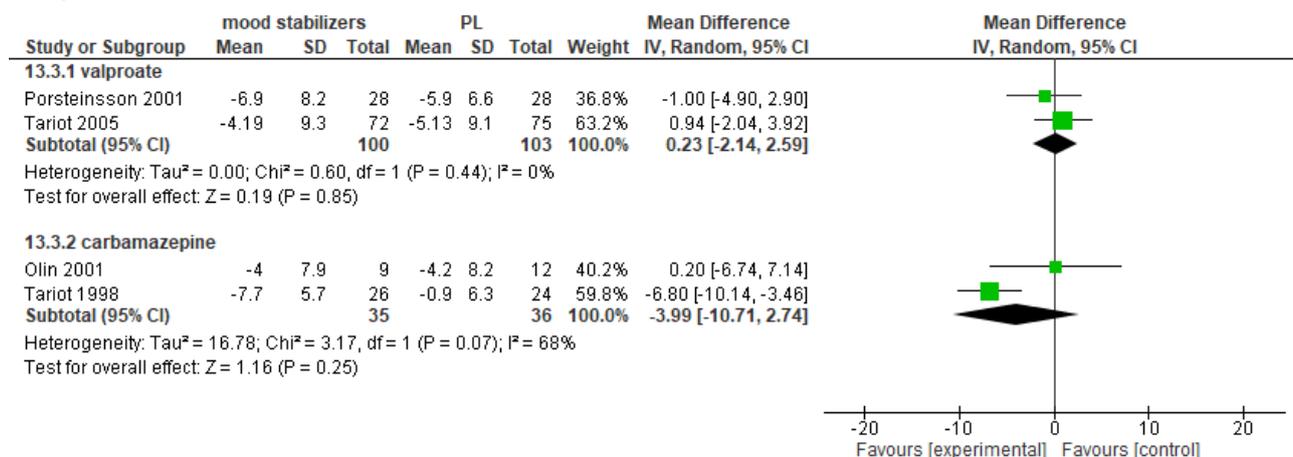


Eventi avversi gravi

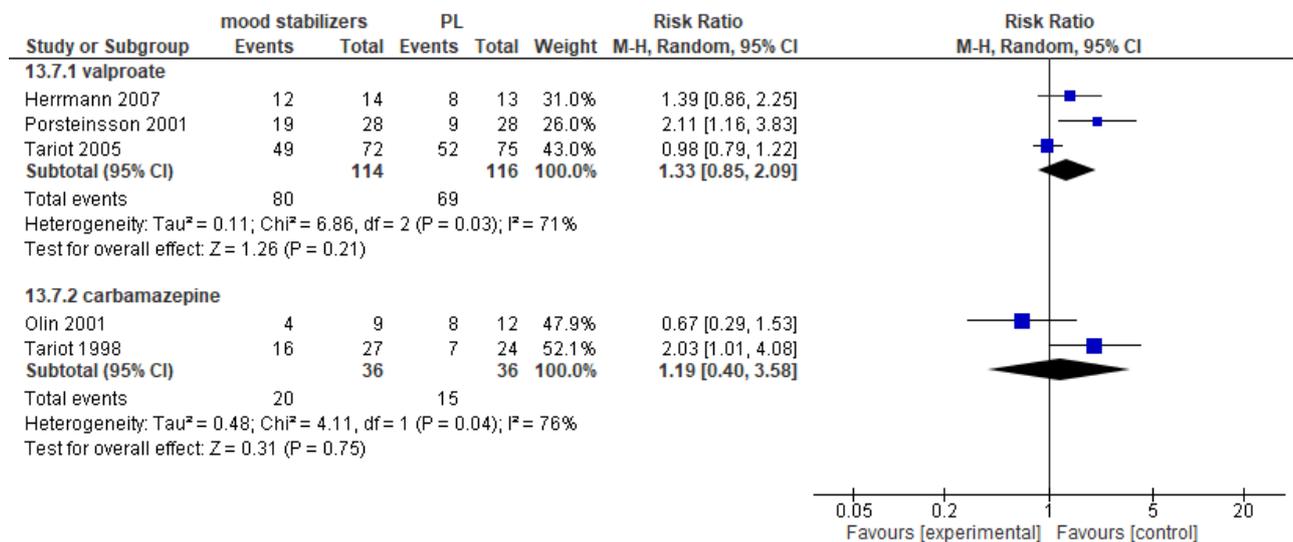


STABILIZZATORI DELL'UMORE

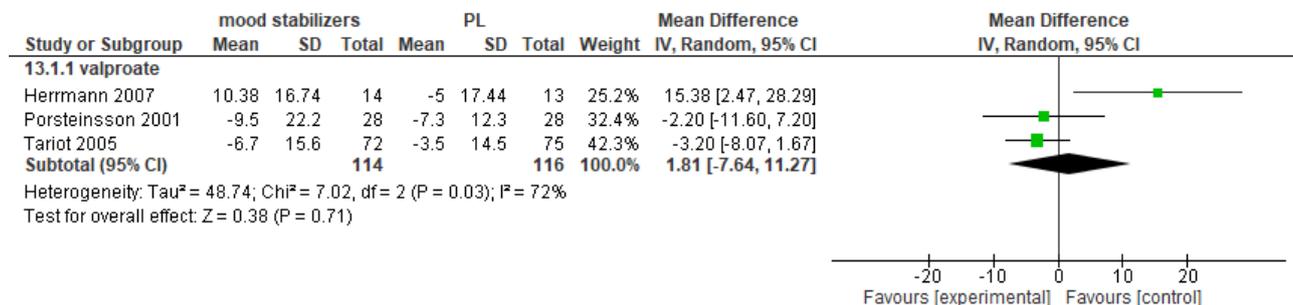
BPRS



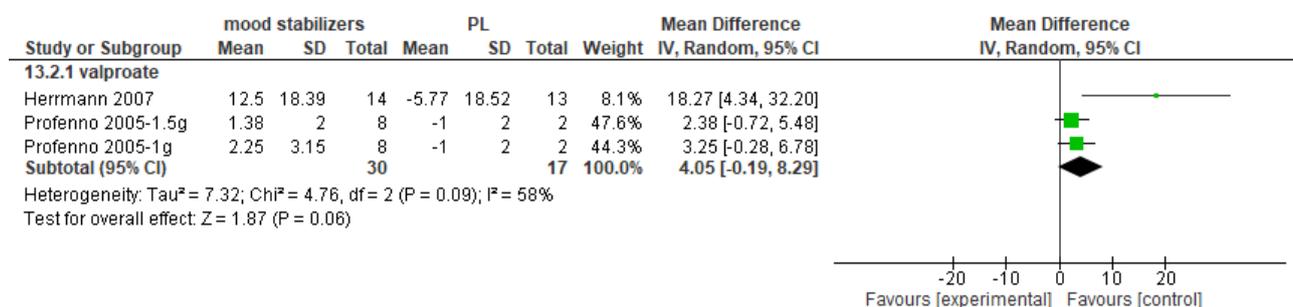
Eventi avversi



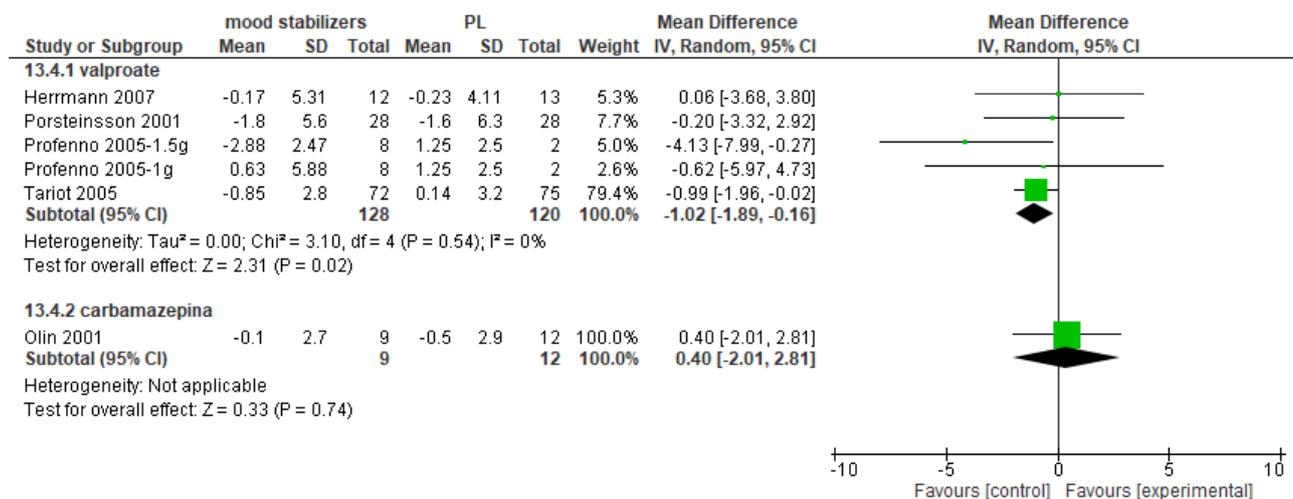
CMAI



NPI

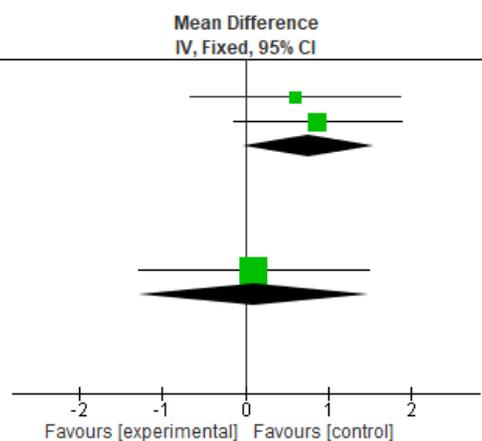


MMSE



PSMS

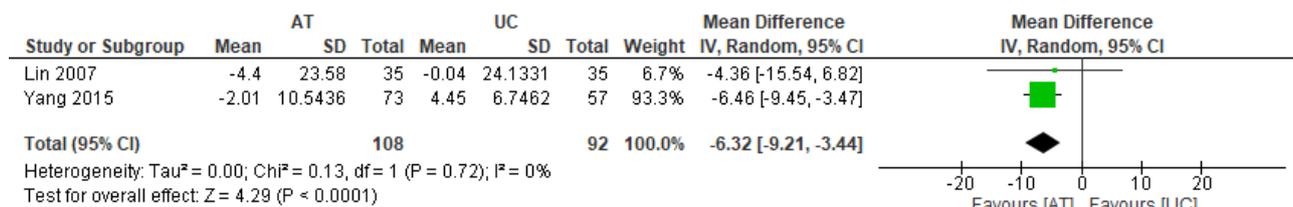
Study or Subgroup	mood stabilizers			PL			Weight	Mean Difference IV, Fixed, 95% CI
	Mean	SD	Total	Mean	SD	Total		
13.5.1 valproate								
Porsteinsson 2001	0.4	2.6	28	-0.2	2.2	28	39.2%	0.60 [-0.66, 1.86]
Tariot 2005	1.03	3.5	72	0.16	2.7	75	60.8%	0.87 [-0.14, 1.88]
Subtotal (95% CI)			100			103	100.0%	0.76 [-0.03, 1.55]
Heterogeneity: Chi ² = 0.11, df = 1 (P = 0.74); I ² = 0%								
Test for overall effect: Z = 1.90 (P = 0.06)								
13.5.2 carbamazepine								
Olin 2001	-0.5	1.6	9	-0.6	1.6	12	100.0%	0.10 [-1.28, 1.48]
Subtotal (95% CI)			9			12	100.0%	0.10 [-1.28, 1.48]
Heterogeneity: Not applicable								
Test for overall effect: Z = 0.14 (P = 0.89)								



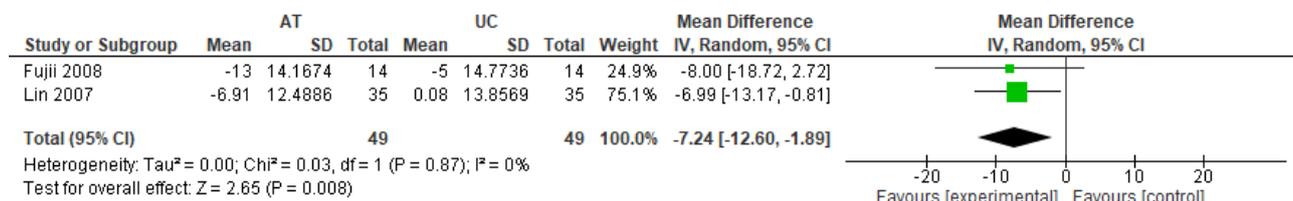
QUESITO 21b. Quali sono gli interventi non farmacologici più efficaci per gestire i sintomi non cognitivi della malattia, come disturbi dello spettro della schizofrenia e altri disturbi psicotici, disturbi depressivi, cambiamenti comportamentali in persone con demenza?

AROMATERAPIA CON LAVANDA

CMAI

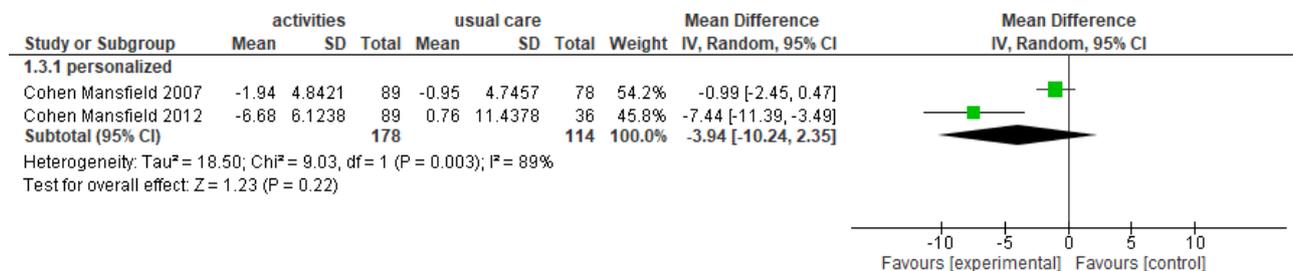


NPI



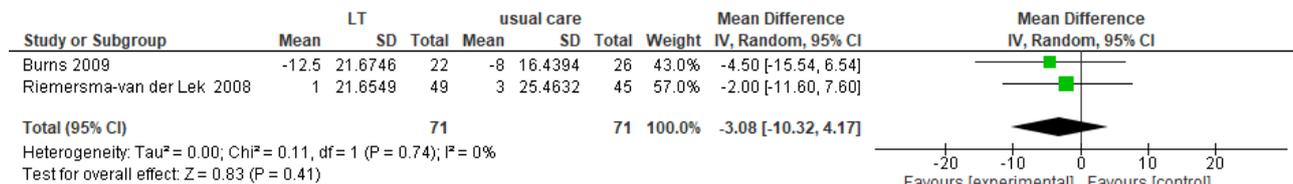
ATTIVITÀ RICREATIVE

ABMI

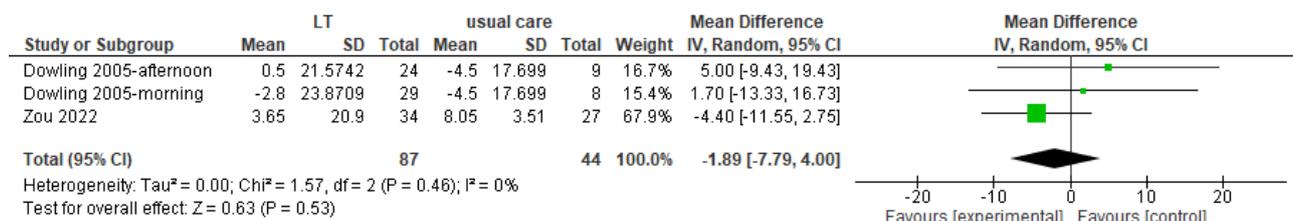


FOTOTERAPIA

CMAI



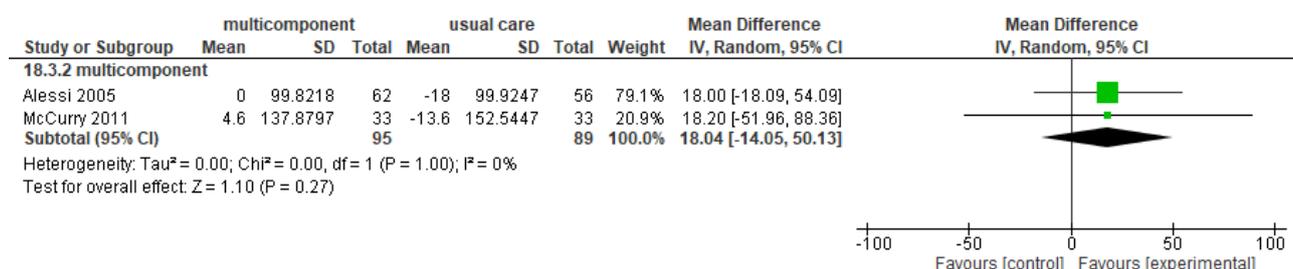
NPI



INTERVENTI PER IL SONNO

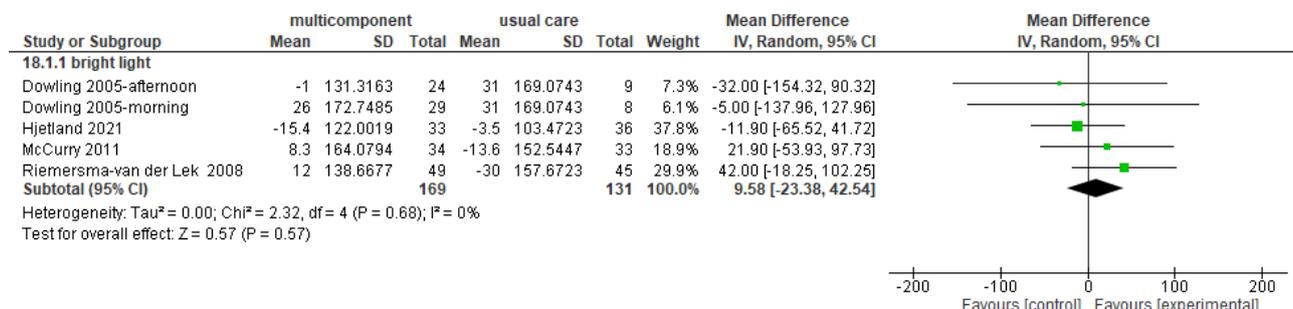
Interventi multicomponenti basati su attività mirate a migliorare igiene del sonno, esposizione a luce e attività fisica

Durata totale del sonno notturno

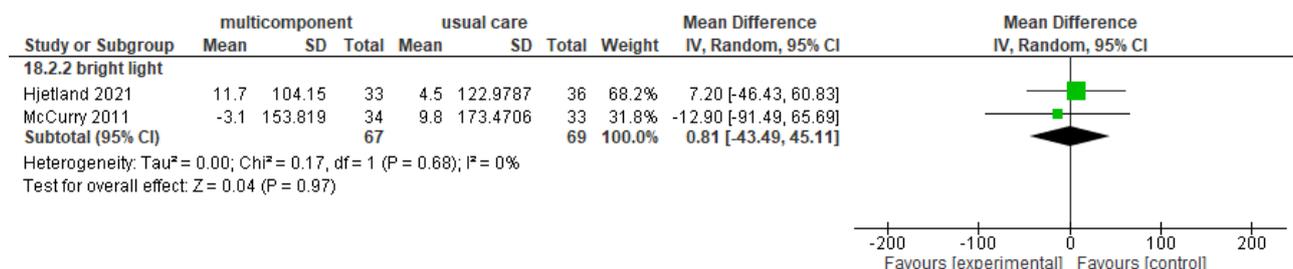


Interventi basati sull'esposizione a luce intensa (bright light) e a luce controllata

Durata totale del sonno notturno



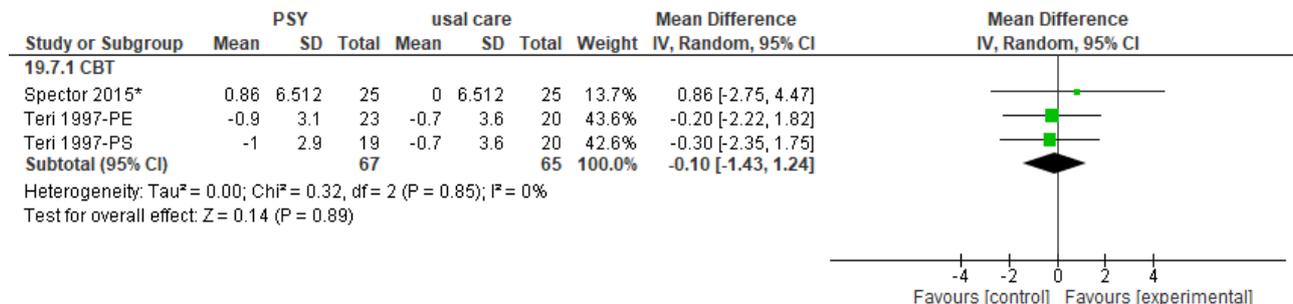
Durata totale del sonno diurno



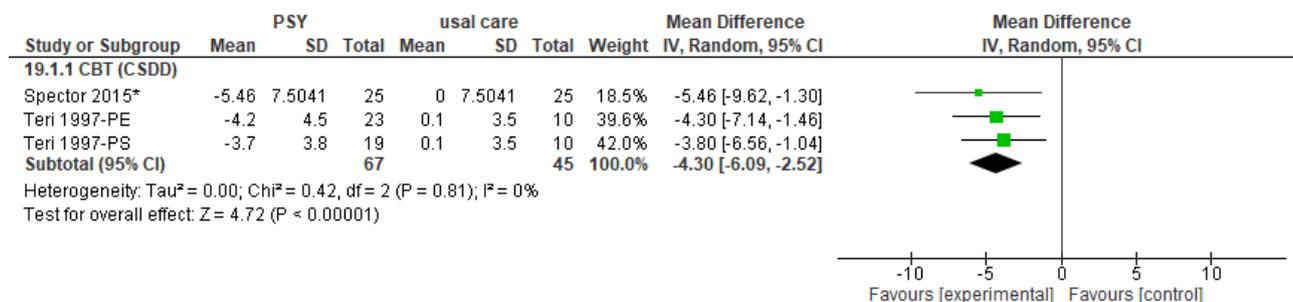
INTERVENTI PSICOLOGICI

Interventi di tipo cognitivo comportamentale mirati al controllo dei disturbi psicocomportamentali

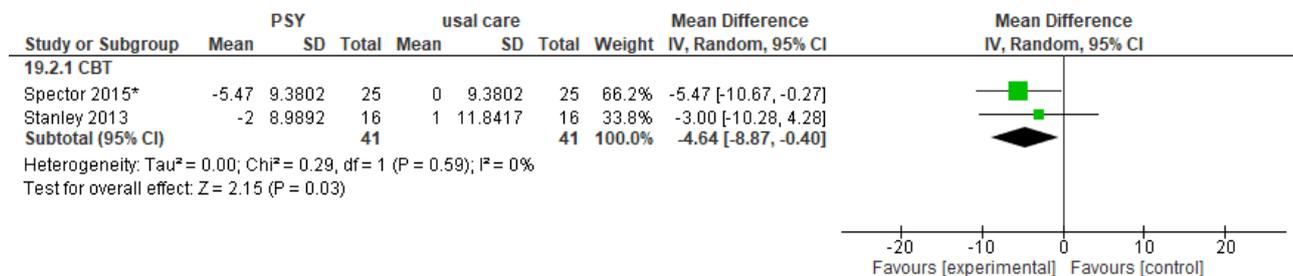
MMSE



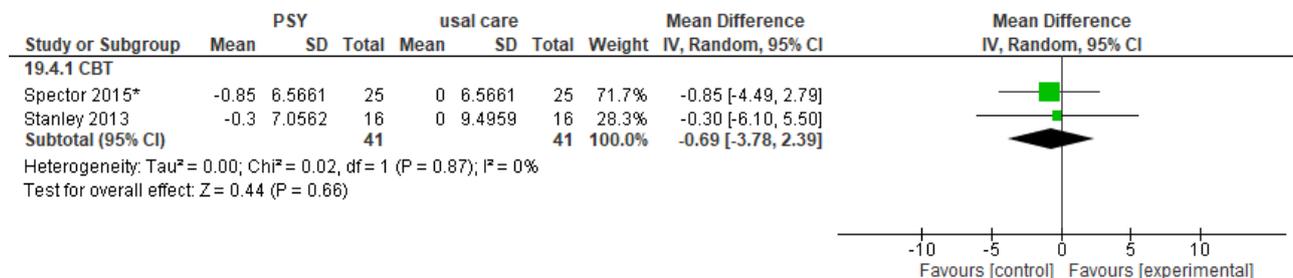
CSDD



RAID

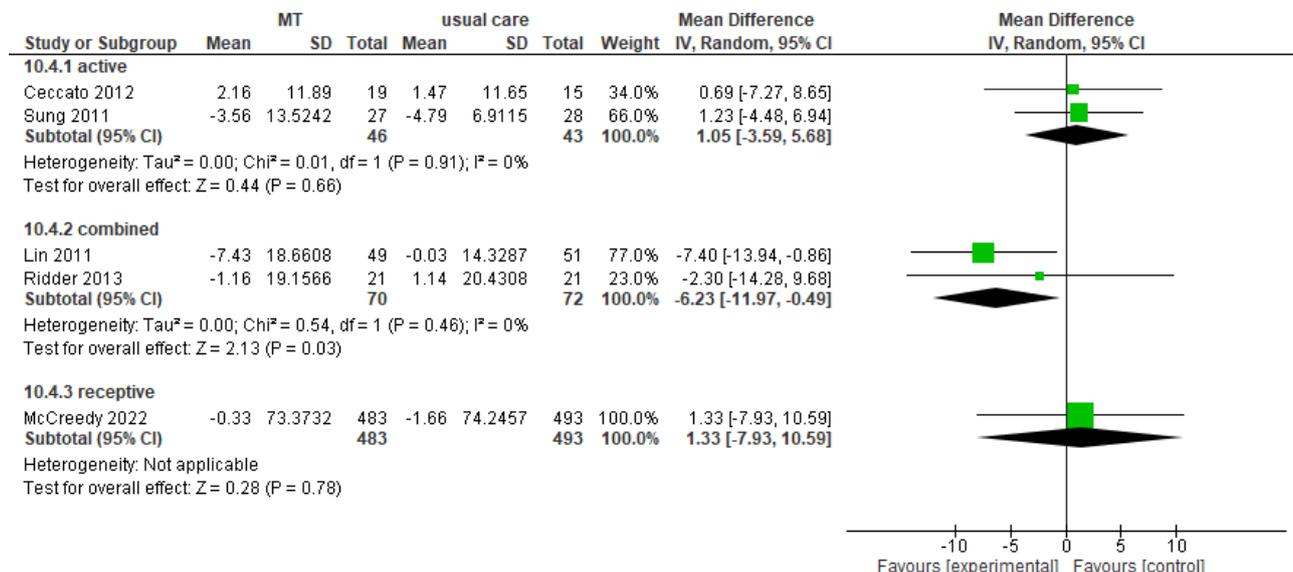


QoL-AD

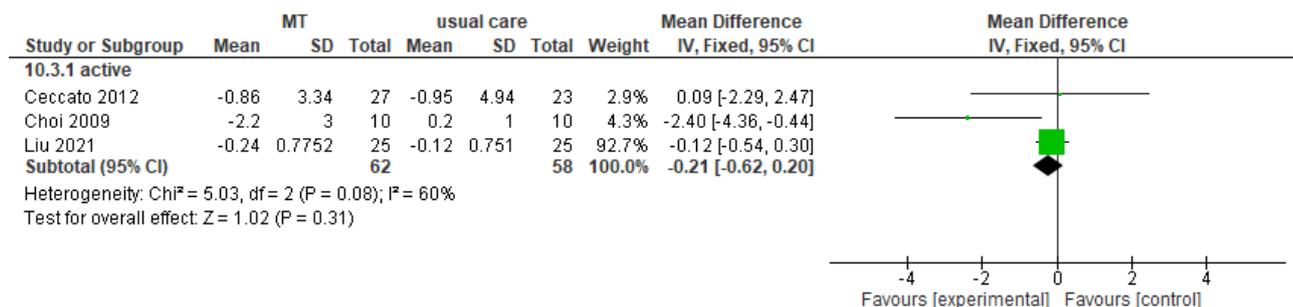


MUSICOTERAPIA

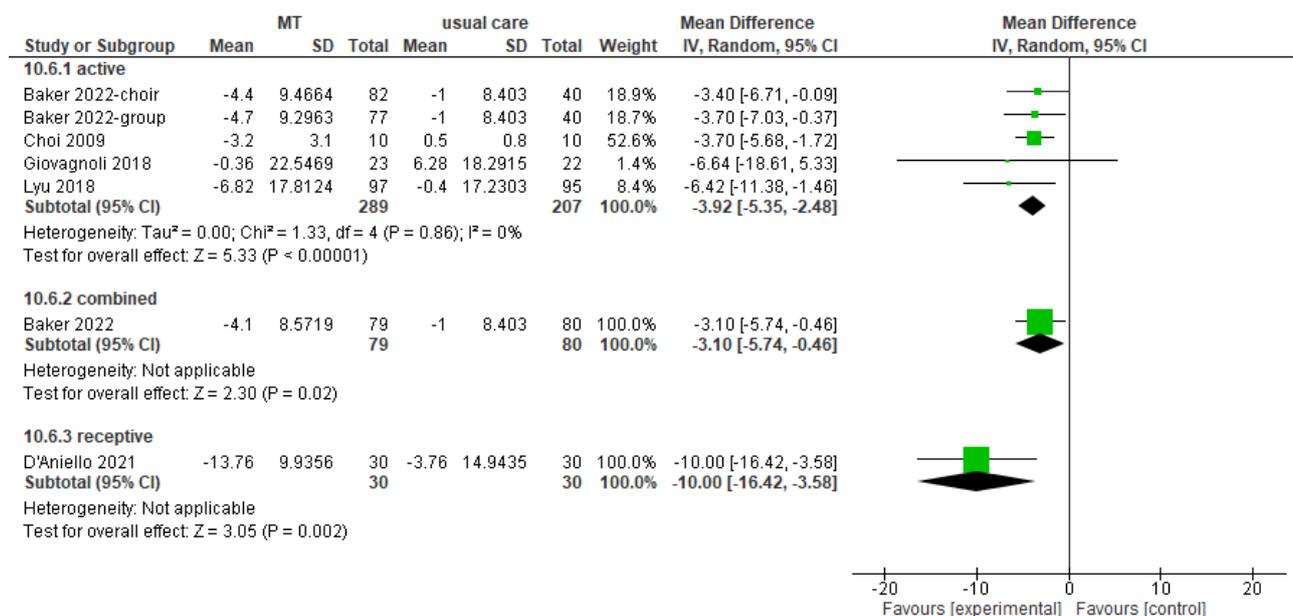
CMAI



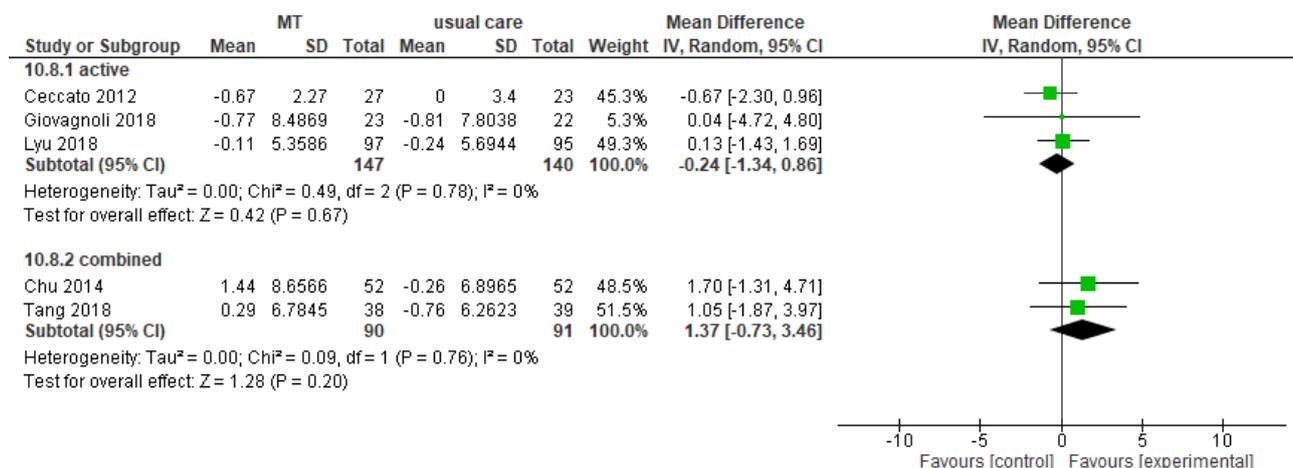
GDS



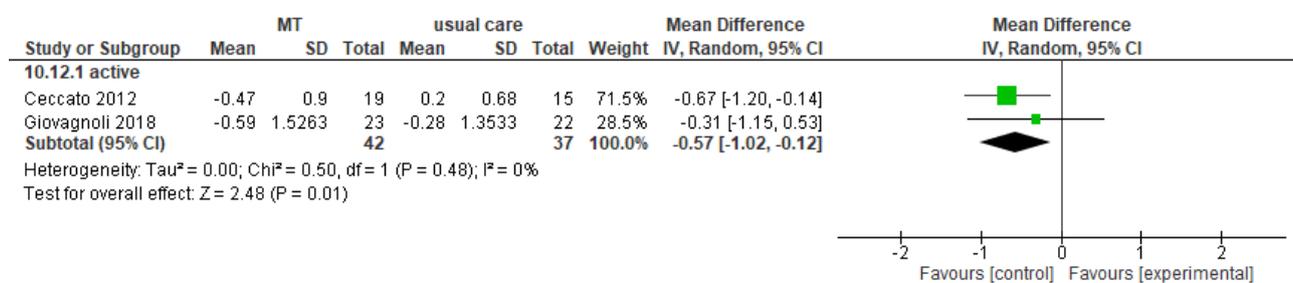
NPI



MMSE

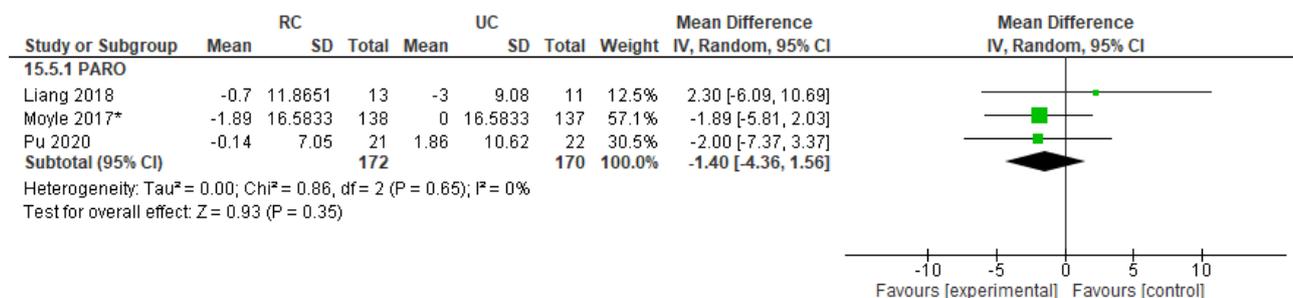


ADL

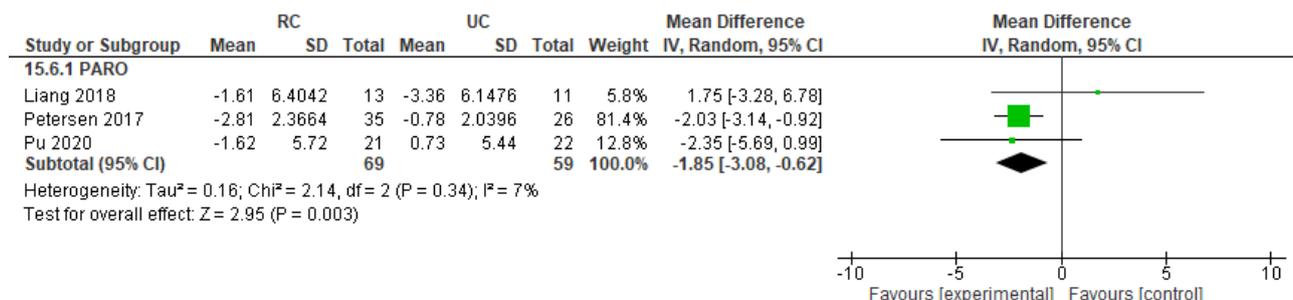


ROBOT TERAPIA

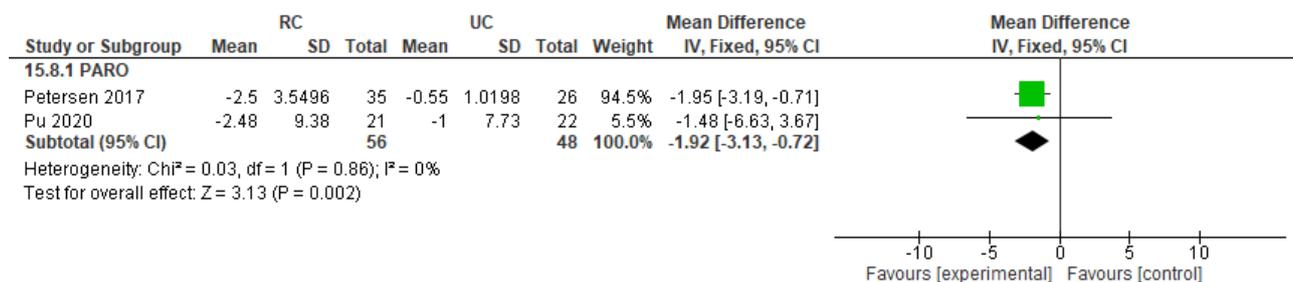
Robot interattivo con le sembianze di un cucciolo di foca – CMAI-SF



Robot interattivo con le sembianze di un cucciolo di foca – CSDD

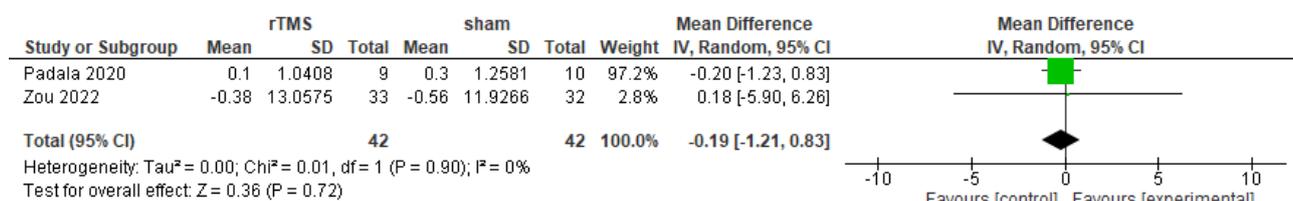


Robot interattivo con le sembianze di un cucciolo di foca – RAID



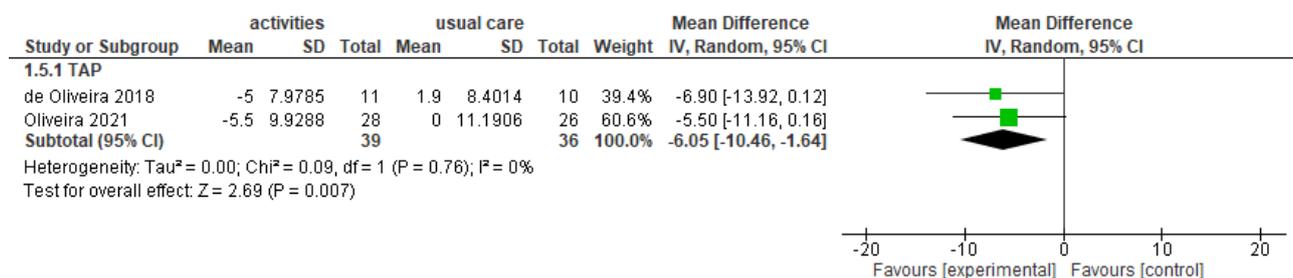
STIMOLAZIONE TRANSCRANICA

ADL

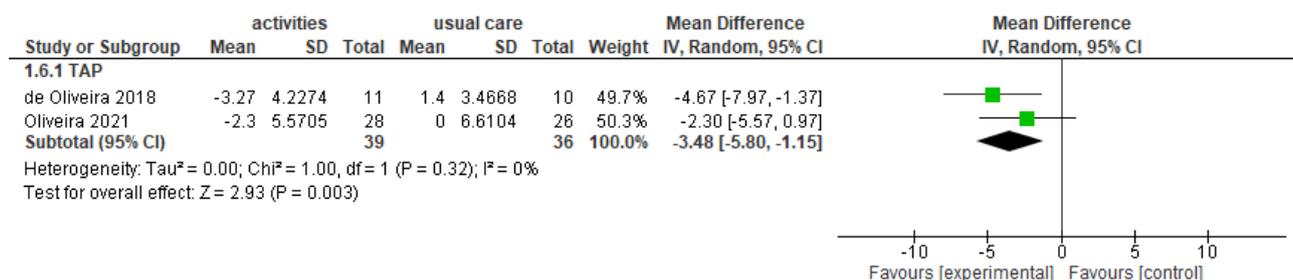


TAILORED ACTIVITY PROGRAM

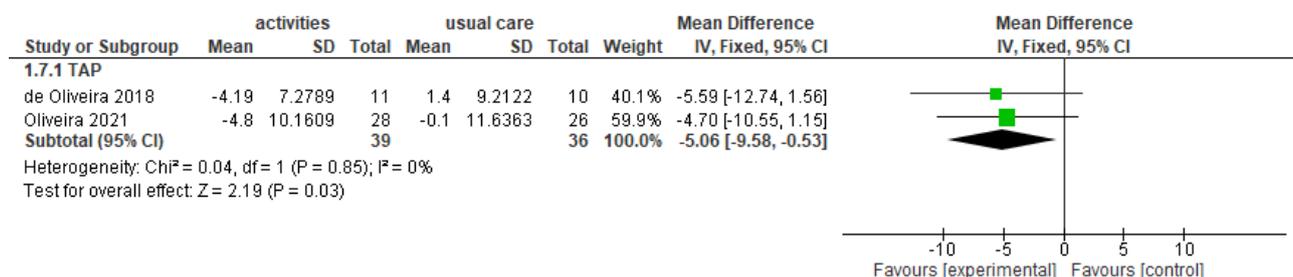
NPI-Ag



NPI-aggressività

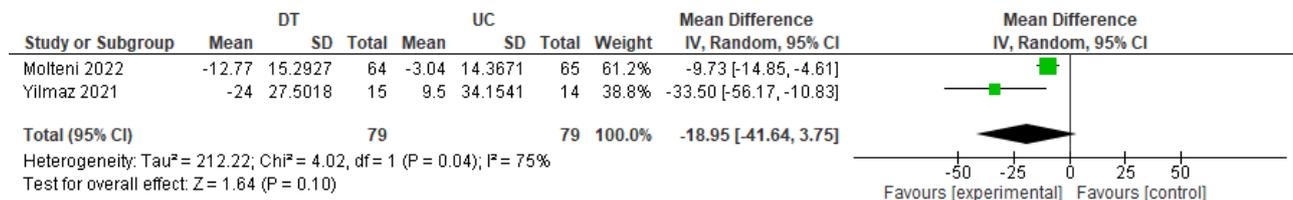


NPI-ansia



TERAPIA CON BAMBOLE

NPI

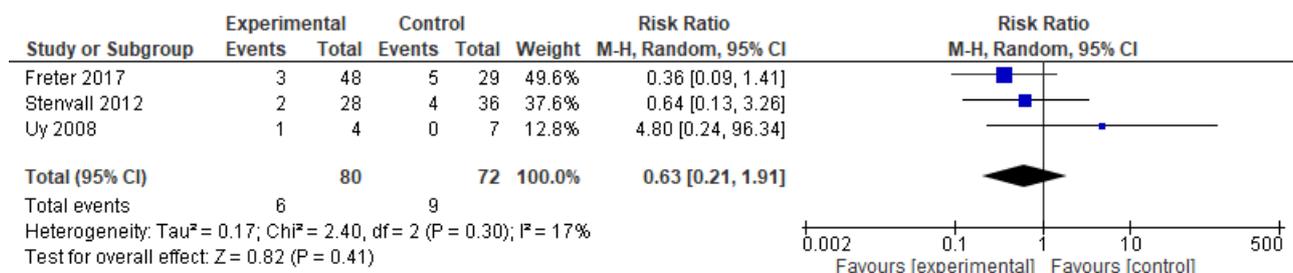


QUESITO 22b. Esistono metodi efficaci per trattare le malattie intercorrenti in persone con demenza, differenti da quelli già in uso per persone senza demenza?

GESTIONE DI PERSONE CON DEMENZA IN RIABILITAZIONE A SEGUITO DI FRATTURA DELL'ANCA

Intervento di potenziamento dell'assistenza in regime di ricovero e domiciliare rispetto all'assistenza standard

Mortalità durante il ricovero



Mortalità a 12 mesi



Implementazione di una gestione dell'assistenza in regime di ricovero coordinata da un geriatra vs gestione coordinata da un ortopedico

Incidenza di delirium durante il ricovero

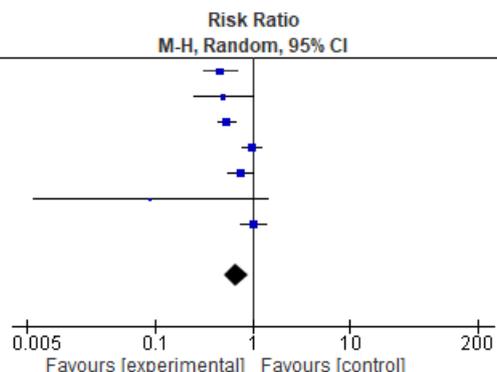


ESERCIZIO FISICO PER LA PREVENZIONE DELLE CADUTE

Interventi basati sull'esercizio fisico per la prevenzione delle cadute

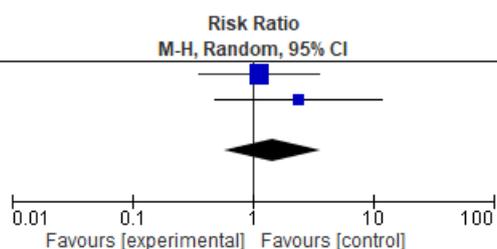
Rischio di cadute

Study or Subgroup	Experimental		Control		Weight	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total		
Lord 2003	20	64	41	61	15.3%	0.46 [0.31, 0.70]
Moseley 2009	8	28	13	23	9.8%	0.51 [0.25, 1.00]
Pitkala 2013	60	129	56	65	19.4%	0.54 [0.44, 0.67]
Rolland 2007	40	56	39	54	18.9%	0.99 [0.78, 1.25]
Rosendhal 2008	26	45	40	52	17.8%	0.75 [0.56, 1.00]
Toulotte 2003	0	10	5	10	1.0%	0.09 [0.01, 1.45]
Zieschang 2013	27	40	34	51	17.8%	1.01 [0.76, 1.35]
Total (95% CI)		372		316	100.0%	0.68 [0.51, 0.92]
Total events	181		228			
Heterogeneity: Tau ² = 0.10; Chi ² = 28.44, df = 6 (P < 0.0001); I ² = 79%						
Test for overall effect: Z = 2.55 (P = 0.01)						



Rischio di frattura dell'anca

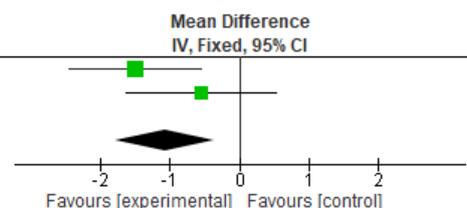
Study or Subgroup	Experimental		Control		Weight	Risk Ratio M-H, Random, 95% CI
	Events	Total	Events	Total		
Pitkala 2013	9	129	4	65	66.3%	1.13 [0.36, 3.54]
Rolland 2007	5	56	2	54	33.7%	2.41 [0.49, 11.90]
Total (95% CI)		185		119	100.0%	1.46 [0.58, 3.70]
Total events	14		6			
Heterogeneity: Tau ² = 0.00; Chi ² = 0.57, df = 1 (P = 0.45); I ² = 0%						
Test for overall effect: Z = 0.80 (P = 0.42)						



INTERVENTO RIABILITAZIONE FISICA BASATO SU ESERCIZI DA ESEGUIRE A DOMICILIO RISPETTO ALL'ASSISTENZA STANDARD

Numero di cadute

Study or Subgroup	Experimental			Control			Weight	Mean Difference IV, Fixed, 95% CI
	Mean	SD	Total	Mean	SD	Total		
Pitkala 2013	-1.49	2.7942	68	0	2.7942	65	55.9%	-1.49 [-2.44, -0.54]
Wesson 2013	-0.55	1.2803	11	0	1.2803	11	44.1%	-0.55 [-1.62, 0.52]
Total (95% CI)			79			76	100.0%	-1.08 [-1.79, -0.37]
Heterogeneity: Chi ² = 1.66, df = 1 (P = 0.20); I ² = 40%								
Test for overall effect: Z = 2.97 (P = 0.003)								



QUESITO 24. Quali interventi e approcci alle cure palliative sono più efficaci per le persone con demenza?

INTERVENTI MULTIDIMENSIONALI E MULTIDISCIPLINARI DI FORMAZIONE PER IL FINE VITA

FPCS

