New organisational models: increase of approachability and multiprofessional taking charge; stigma's reduction among people affected by cognitive disorders.

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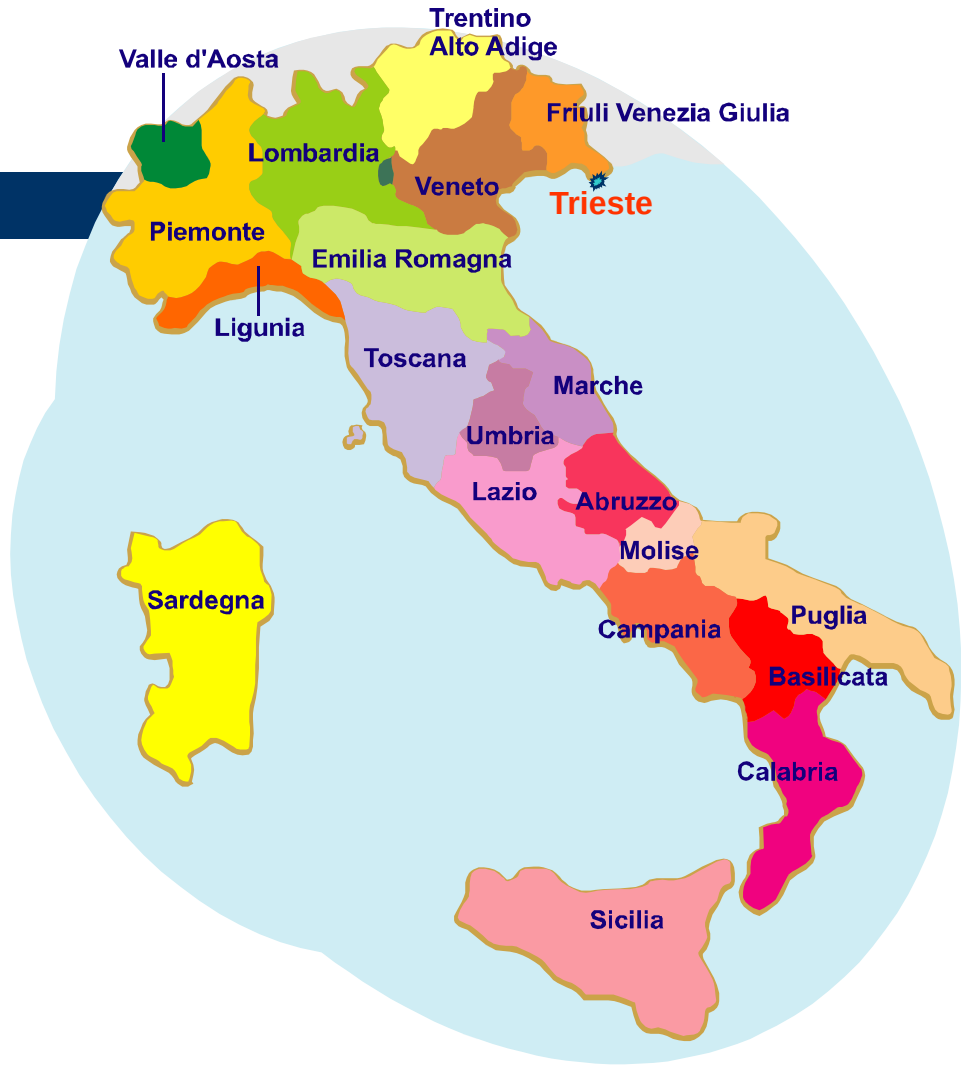
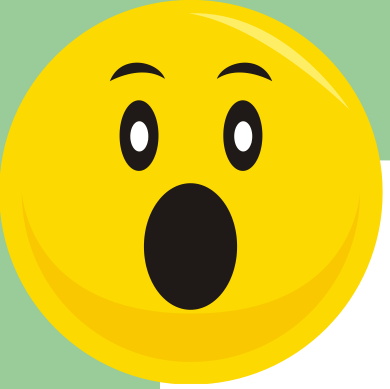
Trieste is a city on the northeast border of Italy with a population of 240.000 inhabitants.

Because of its large elderly population, it provides a natural laboratory which anticipates by 10-15 years the social changes that will take place within the national population.

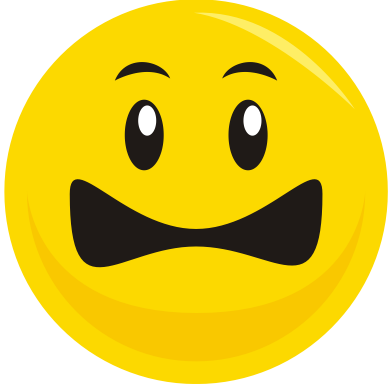
Aging index = 27.9%

Dependency index = 256.9%





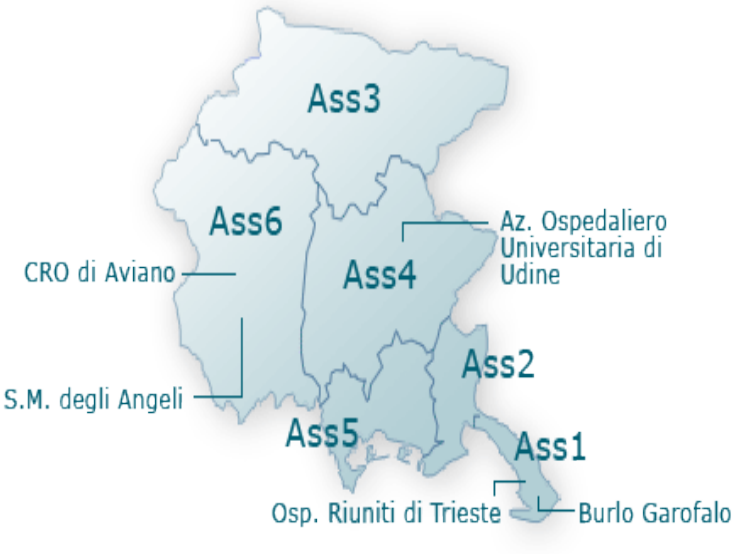
Introduction

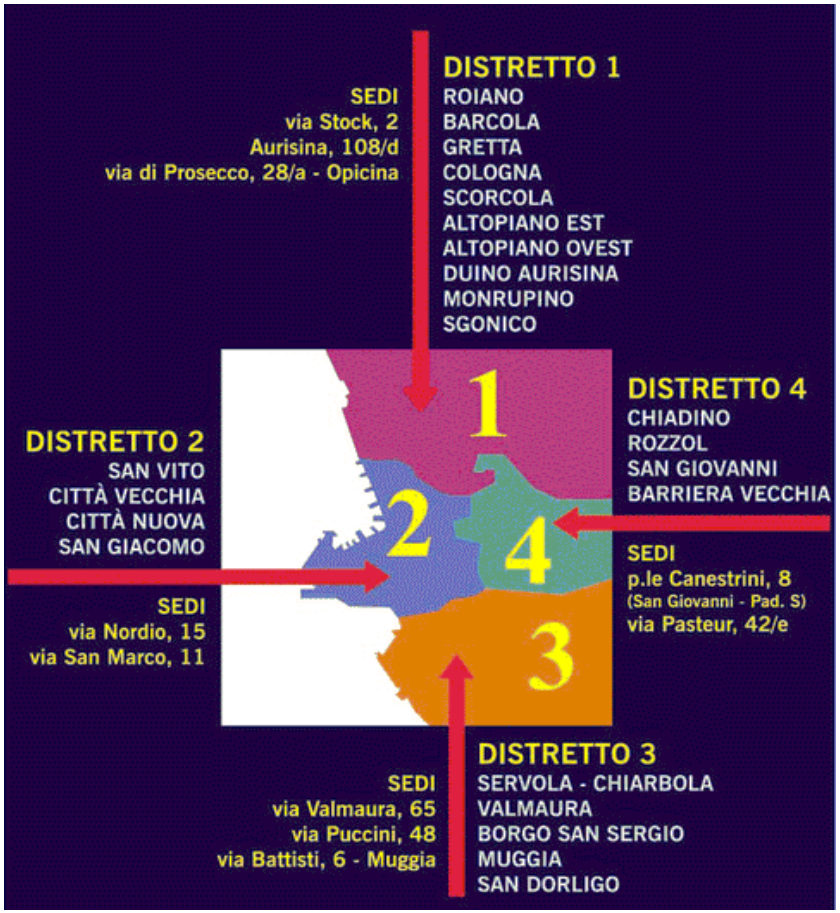


- In Trieste there are about 5,000 people affected by cognitive disorders which could be often put down to **Alzheimer's disease**.
- As dementia causes a revealing reduction of the Activities Daily Living (ADL) and leads to pluripathology with different levels of disability, it is essentially a **multidisciplinary approach** in order to guarantee the best response.
- For those people an **early diagnosis** is absolutely necessary.
- A constant **family support** is essential, and it could be given through counseling services, psychological support and training courses in order to offer more tools and resources to the carers.

Healthcare Services Agency (A.S.S.) n. 1

Ass n.1 is composed of four Health Districts





Methods

- In 2008 we decided to close the only afferent center at the Psychiatric Ward in order to create a **Cognitive Disorders Diagnostic Center** (CDDC) in all the four Health Districts of the province of Trieste.
- Health Districts will take care of the patients from the **early diagnosis** to the **following taking charge** by:
  - giving them home care;
  - supporting their families;
  - including them in different support groups;
  - sending them to day care centers and other activities.

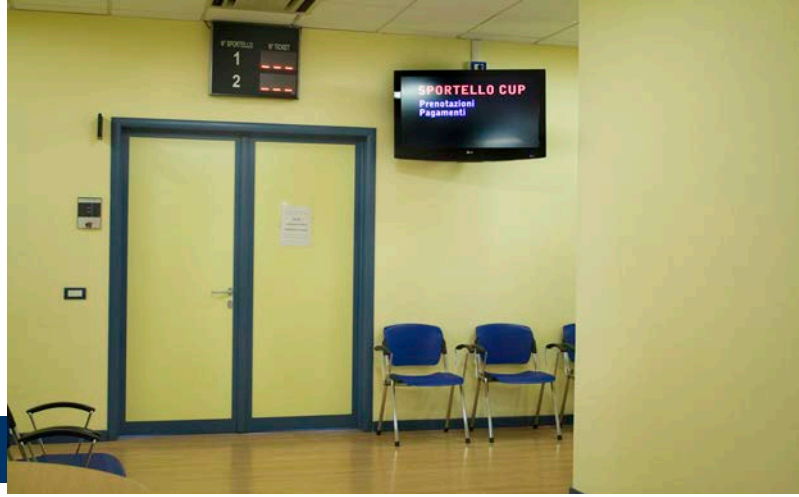
Cognitive Disorders Diagnostic Center
(CDDC)

- A **multiprofessional team works** in the CDDC and it is composed of a nurse, a psychologist, a neurologist, a geriatrician and psychiatrical advisory is also offered.

- After the registered general nurse welcomes the patient (at home or at the ambulatory), the psychologist makes a **functional assessment** through a conversation and a standard test to have an overview of the cognitive functions.

- Afterwards, the **general practitioner is involved** in the process as they know deeply the patient's anamnesis and their life stories, so that we can decide on how to follow a shared programme.

Cognitive Disorders Diagnostic Center (CDDC)

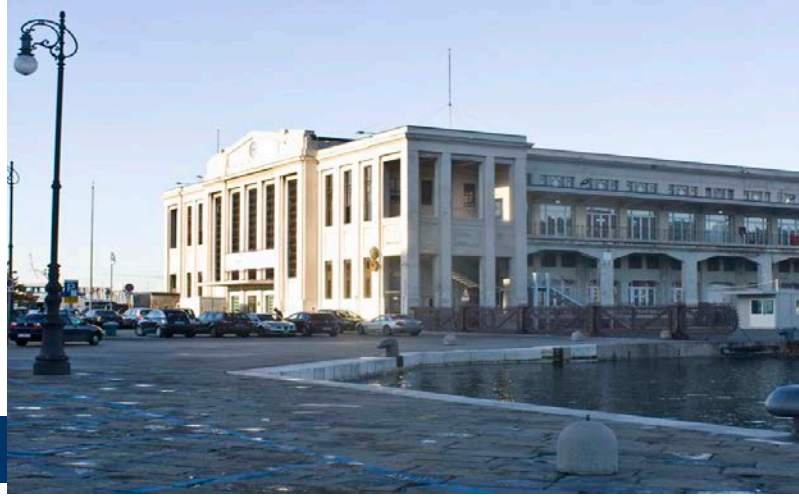


At this point according to the medical reports and the results of the tests, the multidisciplinary team together with the patient and his/her family decides whether to go on with **more specific counseling** or with **clinical and instrumental assessments** for the **following taking charge of patients.**

Results 1

- After almost **three years** of the CDDC establishment, results are heartening.
- Especially in Health District number 4 during the year 2010:
  - the number of **new patients increased** by 19 people than the previous year (145 vs 164);
  - the **follow-up raised of 293%** (170 vs 499);
  - **patients constantly tracked by the multiprofessional team** are also **increasing** (in 2010: 286 people) through outpatient treatments or home care by nurses, psychologists and neurologist.

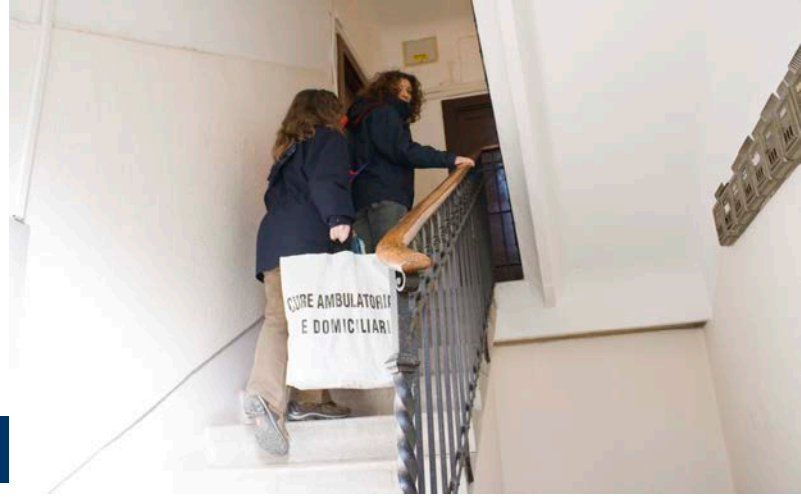
Results 2



- 14 patients **attended for free and constantly the day care center** of the fourth Health District taking part in social activities with a total of **109 attendances.**

- Furthermore 9 patients attended also a **cognitive stimulation** group for a total of **72 attendances.**

Results 3

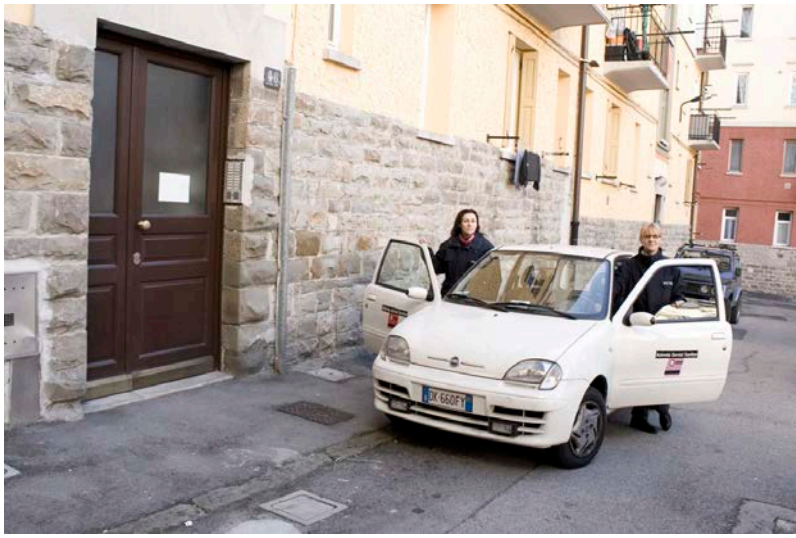


In all four Health Districts of the province of Trieste some initiatives were taken, like:

- **socializing groups** for people affected by mild or heavy cognitive declension;
- **training groups for carers**;
- **self-aid groups** for relatives and caregivers;
- **home counseling** by psychologists;
- **cognitive stimulation groups** for people affected by mild cognitive declension and homogeneous residual capacities.

Conclusions 1

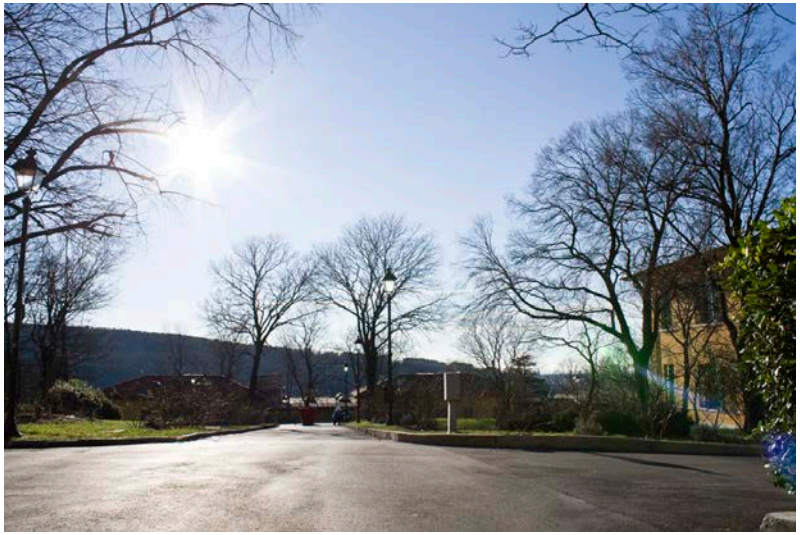
- The establishment of CDDC has **improved accessibility** to the different services for both patients and relatives since the first cognitive disorders.
- This allowed to make an **early diagnosis** before the **taking charge** and the **follow-up**.
- Pulling the welcome service into an internal service of the district, and not to a psychiatric service anymore, **has reduced stigma and fear with people** affected by these diseases.



Conclusions 2

- This element has also delineated a **growth of ambulatory and home-care attendances**, an **increase of the participation in the district groups** and a **shared taking charge** between the different district services.

- The continuous spur let services activate also other **alternative forms of day care centers** like **itinerant centers**, beyond enforcing the employment of traditional care centers.



Conclusions 3

Nowadays a **ministerial project** has been submitted to create some **supportive flat blocks** where people could take advantage of the **presence of trained operators**, who could lend **support to families** and **avoid the institutionalization** because of a lack of resources or supports.

Thank you for your attention and I will be waiting for you in Trieste

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