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34 uomini e 53 donne, di questi 13 donne e 5 uomini hanno sviluppato durante il follow-up terapeutico oncologico complicanze a carico di stomie cutanee. In tutti i pazienti venuti alla nostra osservazione si sono evidenziati a 15-20 gg dalla sospensione della terapia con EBMP, non appena iniziata radio e chemioterapia i seguenti sintomi: edemi arti inferiori in 8 pz, pesantezza e parestesie in 2 pz, arrossamento cutaneo in 3 pz, linfedema in 1, ritenzione idrosalina in 1 pz.

Conclusioni: Insieme all'oncologo si è concordato di riprendere la terapia con EBMP: enoxaparina 4000 UI al giorno. I sintomi sono migliorati già nei primi 7-10 giorni di terapia. La terapia è stata proseguita per tutto il periodo delle cure oncologiche. I migliori risultati in media per 30-45gg.

Benefici e svantaggi delle eparine a basso peso molecolare

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Premesse e Scopo dello studio: Le eparine a basso peso molecolare vengono utilizzate per la prevenzione e il trattamento della coagulazione del sangue, l'obiettivo è quello di ridurre al minimo gli effetti collaterali in seguito alla somministrazione delle varie molecole.

Metodi e Risultati: L'analisi stata effettuata presso il Dipartimento di Chirurgia Generale e di Urgenza dell'A.O. Ospedali riuniti Villa Sofia - Cervello, su un campione di circa 80 pazienti con età compresa tra i 35-80 anni, 50 sono di sesso femminile e 30 sono di sesso maschile, sono stati riscontrati dall'osservazione effettuata i seguenti effetti collaterali: per quanto riguarda la Parnaparina e la Bemiparina sanguinamento delle gengive durante il lavaggio dei denti maggiormente in soggetti anziani (3 donne); mestruazioni particolarmente abbondanti (7 donne); eccessiva perdita di sangue per tagli o piccole ferite (5 donne e 5 uomini); ematomi in sede d'inezione (in tutti i pazienti osservati).

Conclusioni: Dalle analisi finali possiamo dedurre che la Parnaparina e la Bemiparina svolgono un'intensa e rapida dissoluzione di trombi che possono essersi formati nelle arterie o nelle vene mentre con la Nadroparina e con l'Enoxaparina non abbiamo mai osservato variazioni dell'AP. E della P.T.T..

Hip fracture and nutritional implications: not for declining to bone!

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Aim of the study: In the orthopaedics Department of OEI Genoa we have an Internal Medicine Specialist and a regular dietitian presence working every day with the orthopedic staff. This year we decided to define the prevalence of nutritional risk between patients with hip fracture and to establish the minimal requirements for malnutrition diagnosis. To treat malnutrition by personalized diet and oral supplements. To evaluate clinical outcomes: length of hospital staying, mortality, complications. To cut health care costs reducing use of NPT.

Materials and Methods: Since January 2012 to December 2013 all patients with hip fracture received anthropometric evaluation, evaluation of risk of malnutrition (MUST, brachial circumference, weight variation), evaluation of nutritional comorbidities, hematic index of malnutrition, complications (infective, vascular, delirium) mortality.

Results: We examined 360 patients: 201 had nutritional problems (55,8%), average age 83aa, average length of hospital stay 16,3 days, average BMI 20,8, MUST 3, average albumin 4,3mg/dl. About comorbidities: 17,2% dysphagia, 22,4 diabetes, 6,9% BPCO. We had 10% of medical complications and 6,9% mortality. We prescribed 8,6% NPT, special diet 63%, oral supplement 34,5%, oral supplement and special diets 91,4%.

Conclusions: The 55,8% of old patients (over 65 years old) with hip fracture have nutritional problem. The 46,5% of these patients have also nutritional comorbidities. Prescription of special diets and the employment of supplements reduced complications and prescription of NPT (90% less than the previous use).

Delirium: know it to avoid it

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Object of the study: Evaluate the incidence of delirium between patients with hip fractures. Make early diagnosis, remove triggers and begin targeted therapy according to guidelines.

Materials and Methods: First step: training for staff was offered: particularly for nurses. A form was arranged for each case of Delirium. We collected personal data, comorbidity, onset time, therapy prescription, out-come. Each patient affected by Delirium was evaluated with RASS and CAM scale. We studied in each patient the likely cause and a therapeutic protocol was arranged favouring anti-psychotic use instead of neuroleptics.

Results: Since January to December 2013 in the orthopaedic Department were diagnosed 98 cases of Delirium (42% total hip fractures) average 89,5 years. In the 98% of cases Delirium had onset within 72 H of admission, 96% was diagnosed within 12H of onset. 87% of patients had medical comorbidities, 33% of delirium was hypokinetic, 21% mixed, 46% hyperkinetic. Mean hospital staying was 17 days, 2 days more than patients without Delirium. Mean mortality was 4% (unchanged than usual patients). Delirium was ruled out within 48 H using early and targeted therapy in 98% of cases. Employing of neuroleptics decreased of 47% and employing of anti psychotic increased of 23%.

Conclusions: Staff training increased the diagnosis of delirium particularly the hypokinetic one. Early diagnosis and early therapy reduced surgery complications and the patients affected by Delirium manifested no increased of mortality and only a little increase of length of hospital staying. We reduced by 57% the number of night calls to the duty doctor.

Internal Medicine doctor in orthopedic ward: one director from surgery to rehabilitation

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Aim of the study: Reduce the overall hospital stay for hip and knee arthroplasty. To improve the efficiency of the department using a new model of care: two different typology of hospitalization in the same department (two different intensity of care). To offer complete therapy until the return to home: one department of delivery, one staff.

Material and Methods: We converted 4 Orthopedic beds to Rehabilitation. Each patient received a multi-disciplinary evaluation before surgery. We provided an early discharge (7th day) from Orthopedic department followed by a week of intensive physiotherapy. We applied Tinetti evaluation before hospitalization and at the discharge. We offer the patients a satisfaction questionnaire about the treatment before discharge.

Results: In 2013 were treated 96 patients undergoing hip or knee arthroplasty (average 67 years). The average length of stay in the Orthopedic ward was 6 days compared with 8.7 days for patients transferred to other external Rehabilitative departments. Our rehabilitation time was of 7.3 days compared with 21 days of the external department of rehabilitation. The patients achieved fixed outcomes in 96% of cases. The degree of satisfaction of the patients was elevated in 100% of cases.

Conclusions: The conversion of four Orthopedic beds in Rehabilitation significantly reduced length of hospital stay for arthroplasty. We offered to selected patients a program of 2 weeks of delivery with continuous assistance Orthopedic, Internal Medicine and intensive Physiotherapeutic activity. We achieved expected results in 98,7% of cases.

Lo scompenso cardiaco nella Medicina Interna della Toscana

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Background e Razionale dello Studio: Lo scompenso cardiaco continua ad essere una delle prime cause di ospedalizzazione nelle Unità Operative (U.O.) di Medicina Interna ed è la patologia a più alta fre-

