







Prevenzione della demenza in Italia: Analisi documentale dei 21 Piani Regionali di Prevenzione

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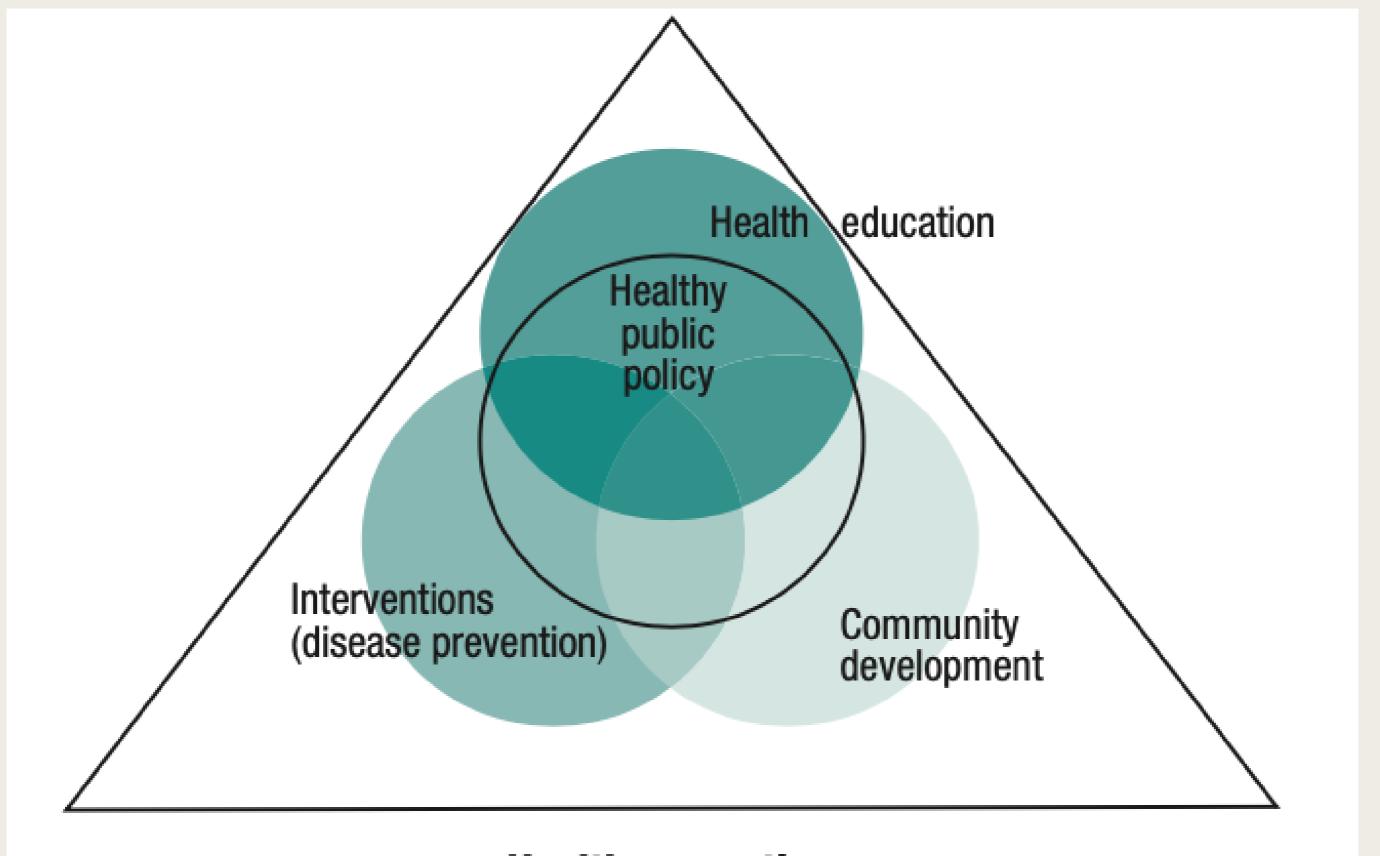


Relevant financial disclosure(s)

I have nothing to disclose.

BACKGROUND

Universal vs selective prevention of dementia



Health promotion

Tertiary
Rehabilitate
and reduce disability

Secondary

Stop progression from early to late disease

Endarterectomy to treat carotid artery stenosis

Primary

Stop risk factors leading to development of disease

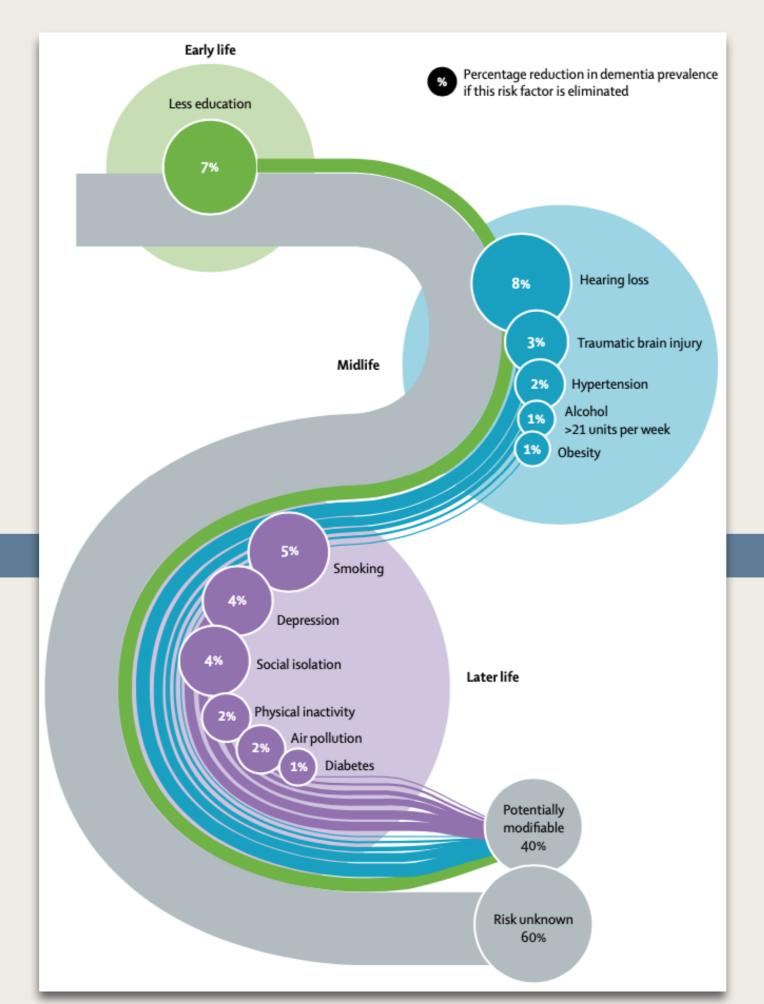
Anti-hypertensive medication to prevent stroke

Primordial

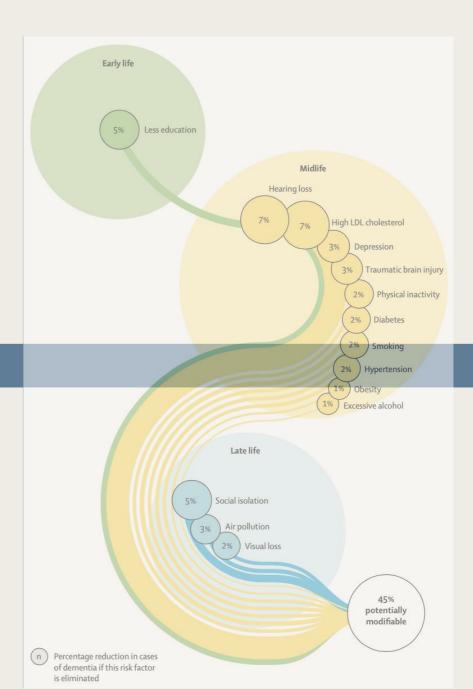
Change the sociocultural conditions that lead to risk-factor development

Food reformulation to reduce salt consumption



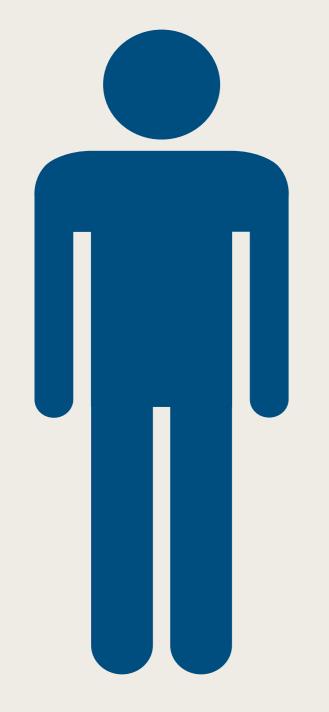


Midlife



Selective

Universal

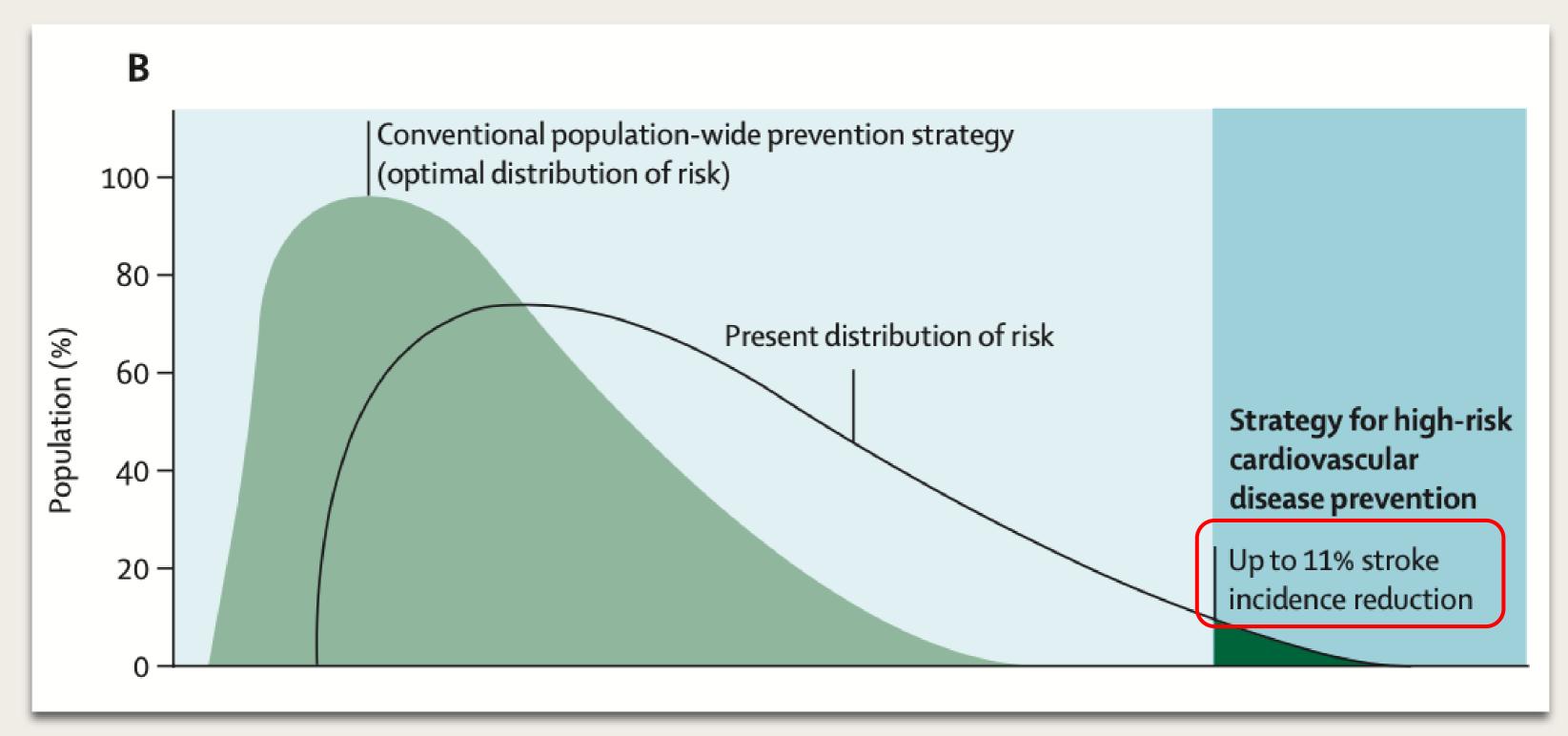


IS



Selective

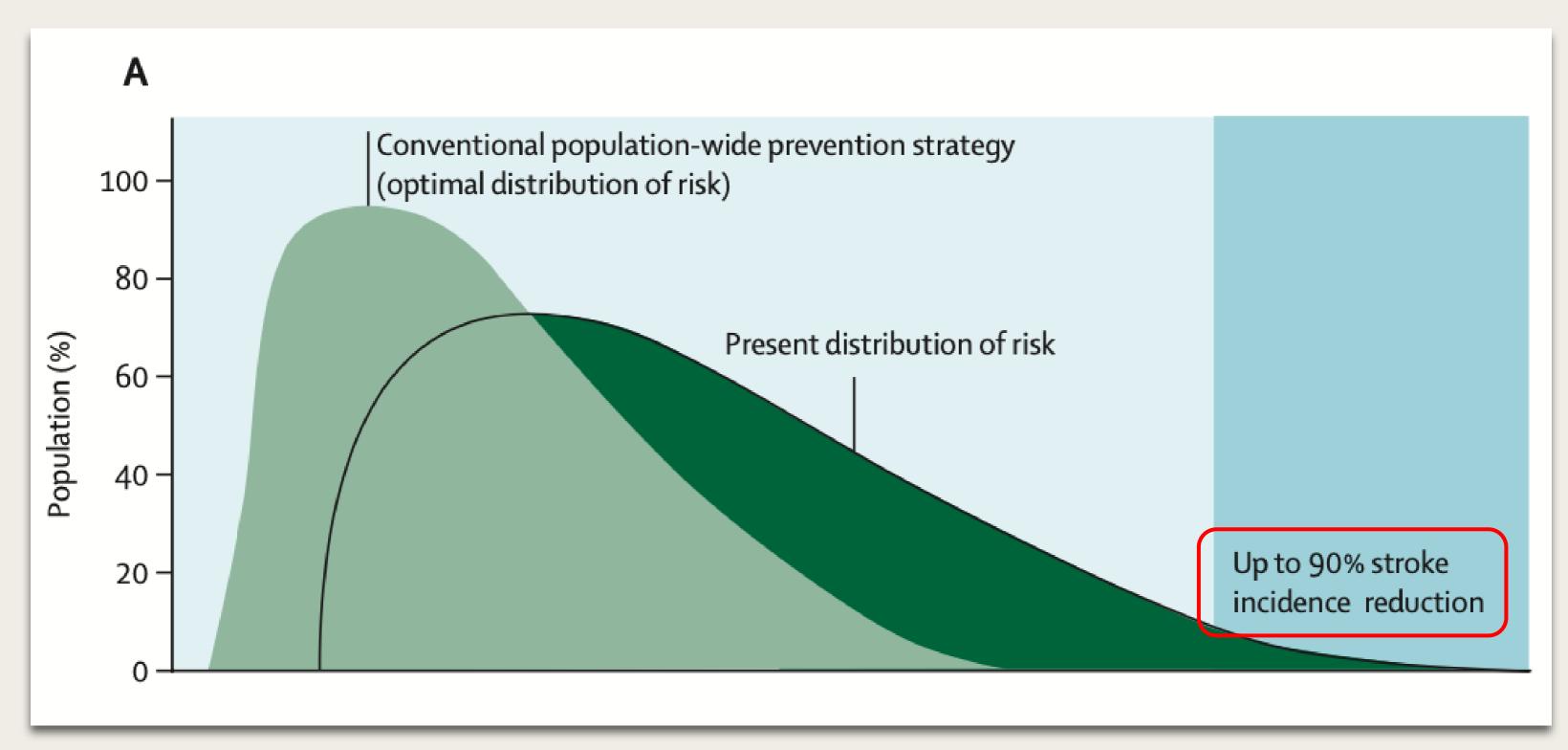




Owolaby et al., Primary stroke prevention worldwide: translating evidence into action (2022)

Universal





Owolaby et al., Primary stroke prevention worldwide: translating evidence into action (2022)

OUR STUDY

J Prev Alz Dis 2024; Published online July 11, 2024, http://dx.doi.org/10.14283/jpad.2024.144 **Original Research**



Universal Prevention of Dementia in Italy: A Document Analysis of the 21 Italian Regional Prevention Plans

S. Salemme^{1,2}, D. Marconi³, S.M. Pani⁴, G. Zamboni^{1,5}, C. Sardu⁴, G. Lazzeri^{3,6}, M. Corbo⁷, E. Lacorte⁸, N. Locuratolo⁸, A. Ancidoni⁸, N. Vanacore⁸, G. Bellomo⁸

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Regional Prevention Plan RPP MO1 MO2 MO3 MO5 **MO6 MO4**

RPPs include 6 Macro Objectives (MOs):

MO1 - Chronic non-communicable diseases (NCDs)

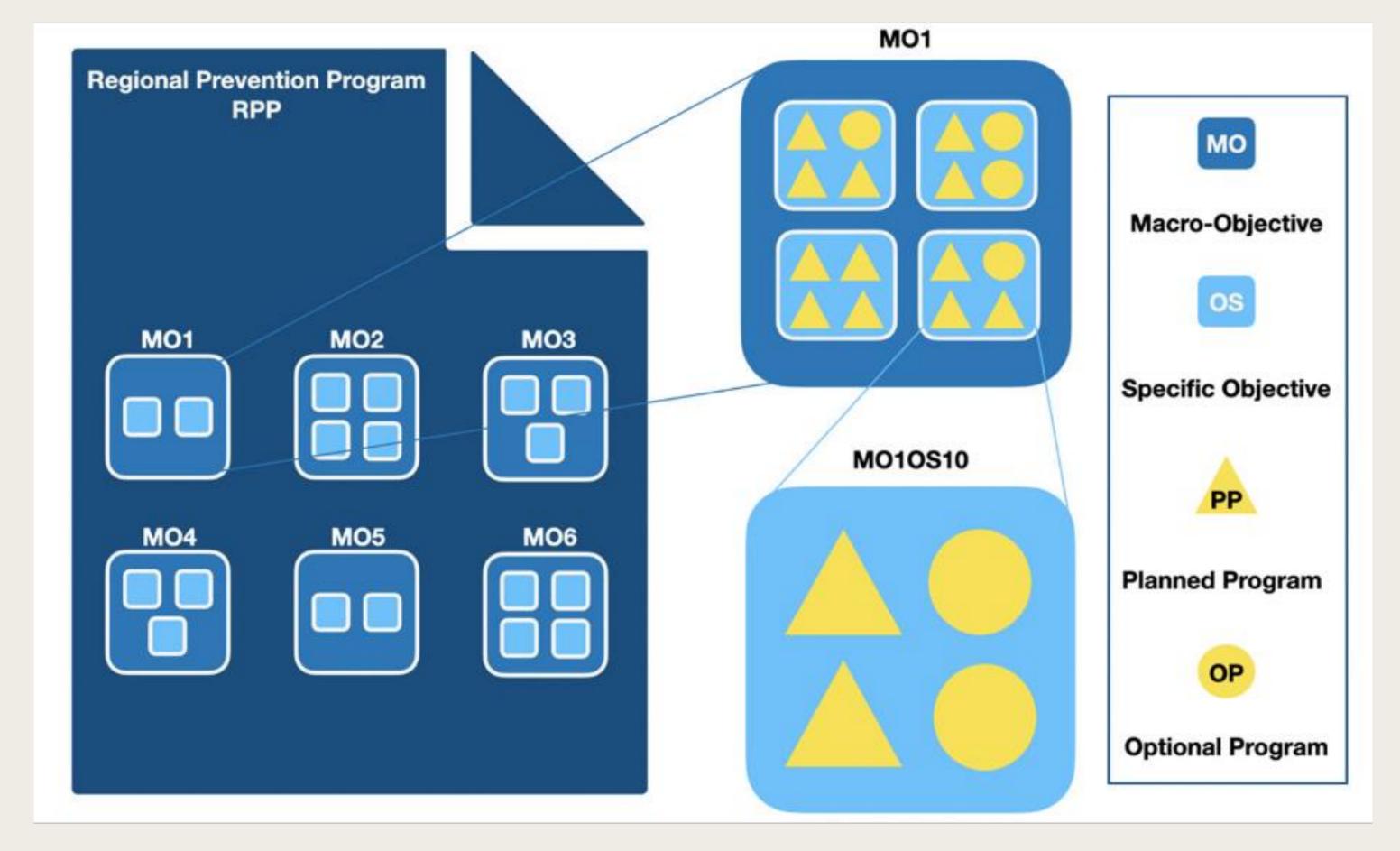
MO2 - Addictions and related problems

MO3 - Road and domestic accidents

MO4 - Work accidents and injuries and occupational diseases

MO5 - Environment, climate, and health

MO6 - Priority infectious diseases

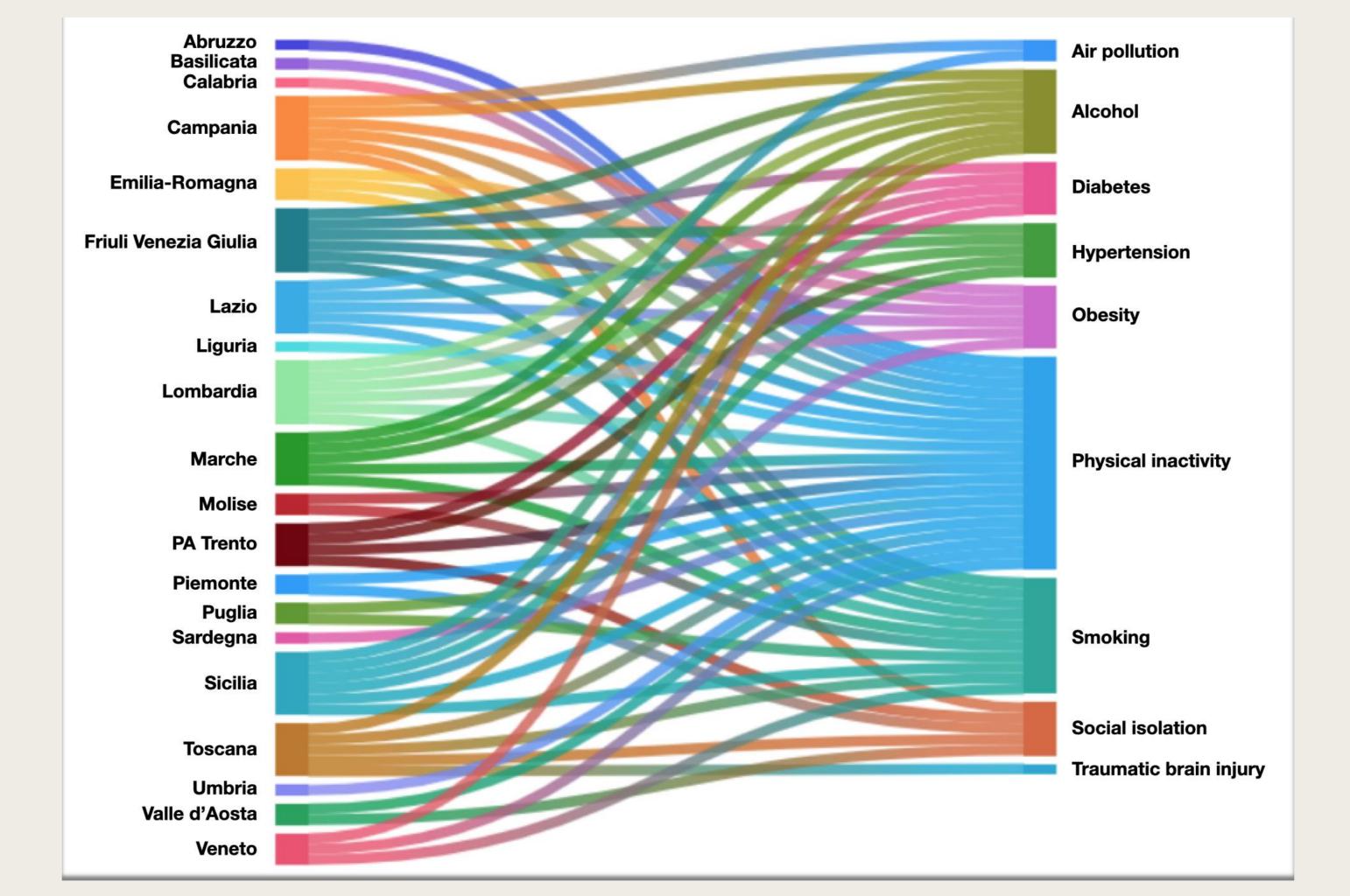


MO1 includes **Dementia** as one of its SOs.

Aim 1

Identification of dementia-specific preventive interventions





Present

Absent

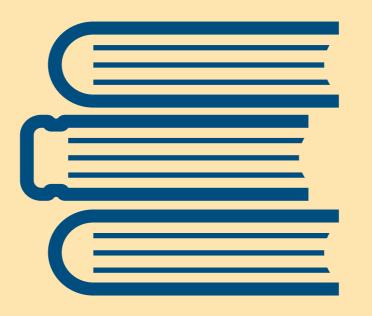
Direct: explicitly address a risk factor.

Potential: could indirectly impact risk factors.

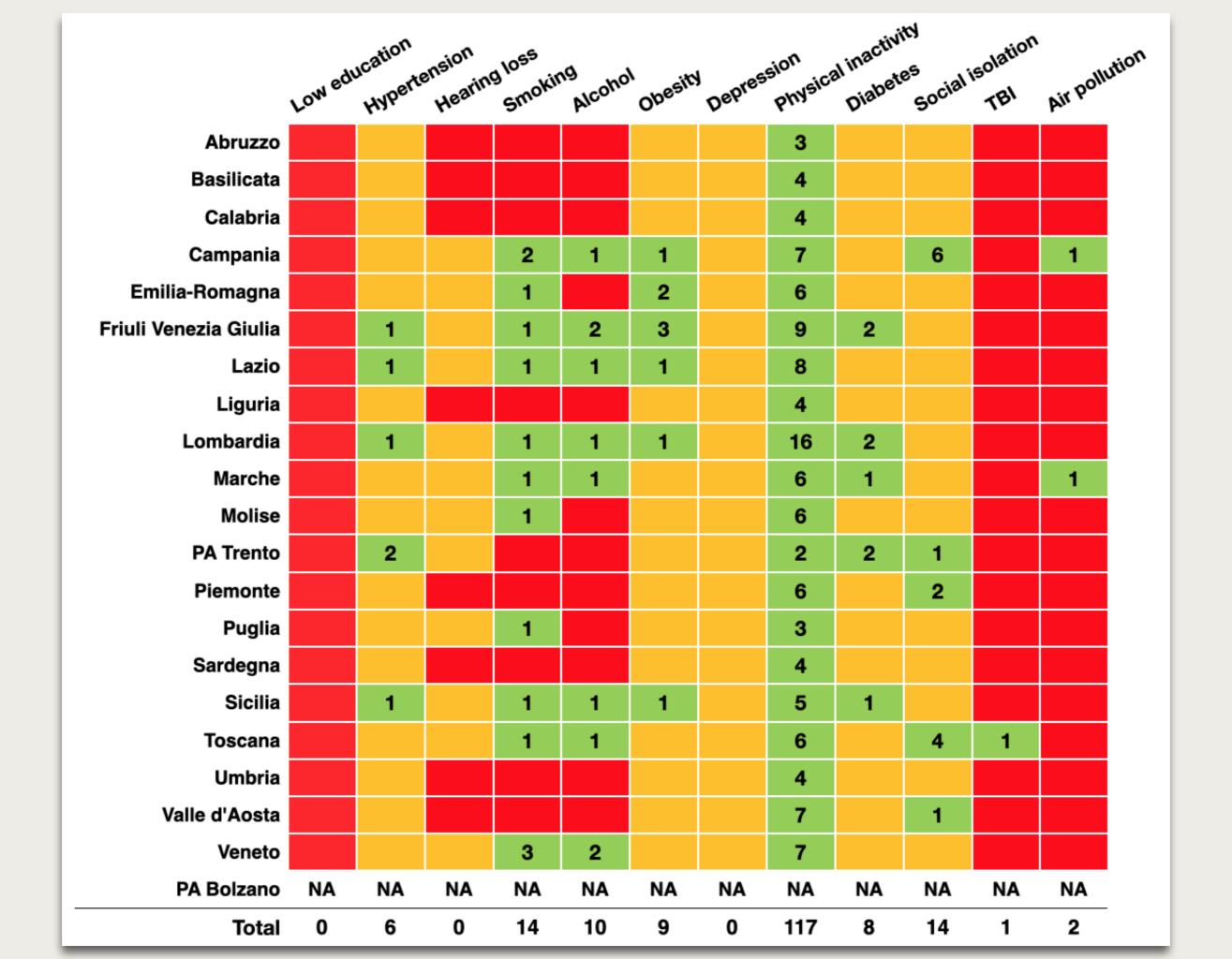
Absent: no direct or indirect benefit.

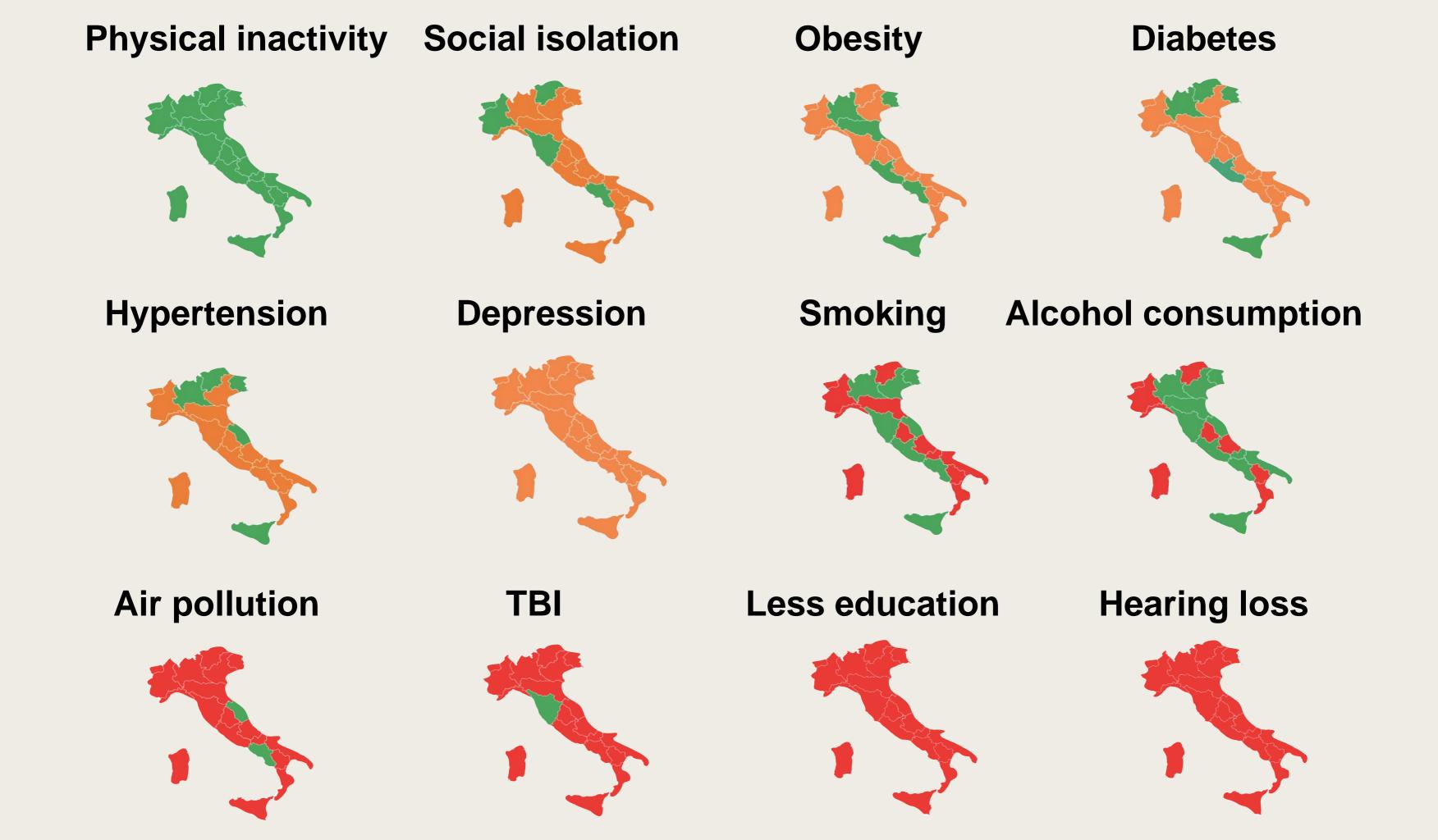
Potential: could indirectly impact risk factors.

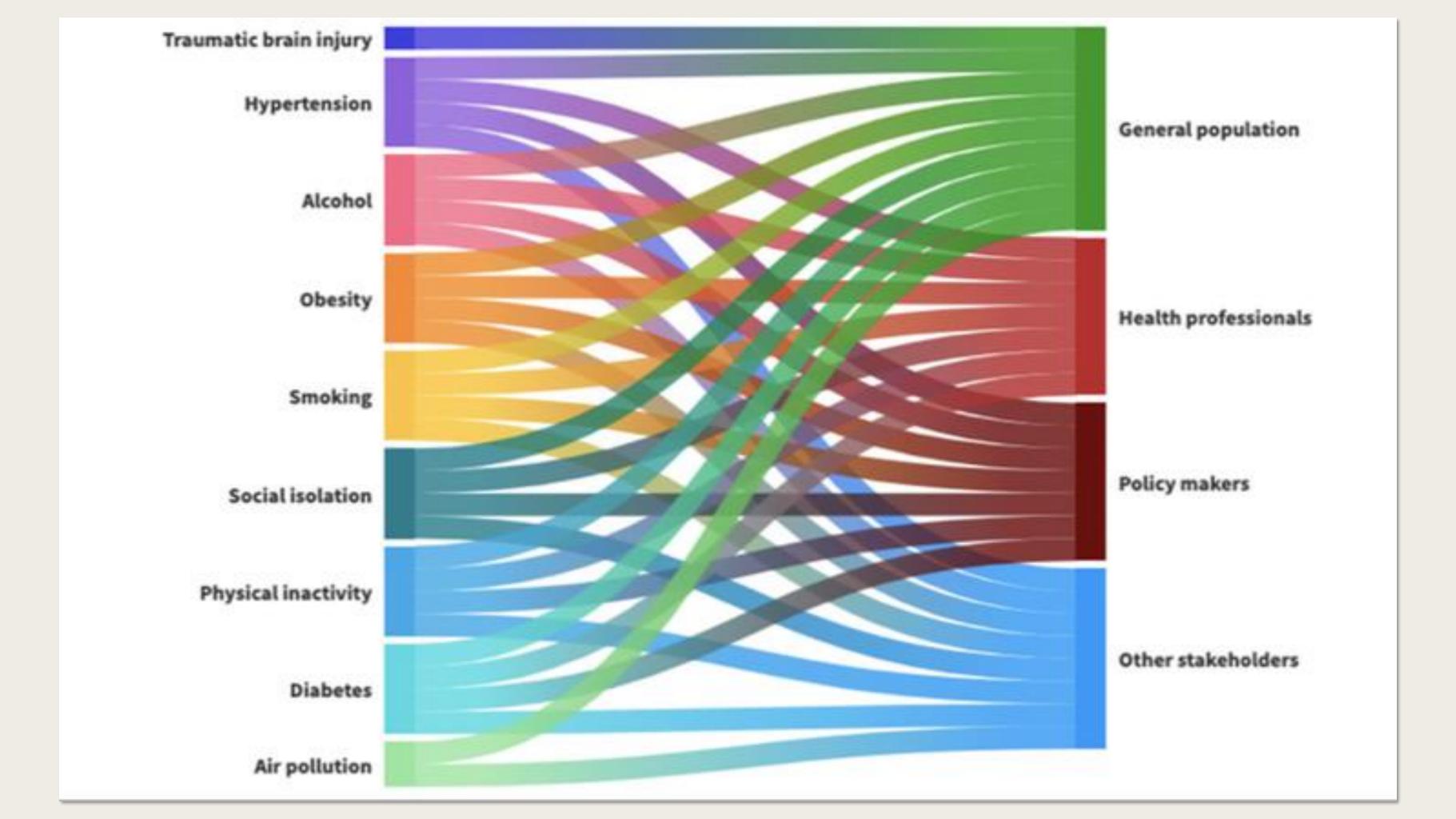




Focused review

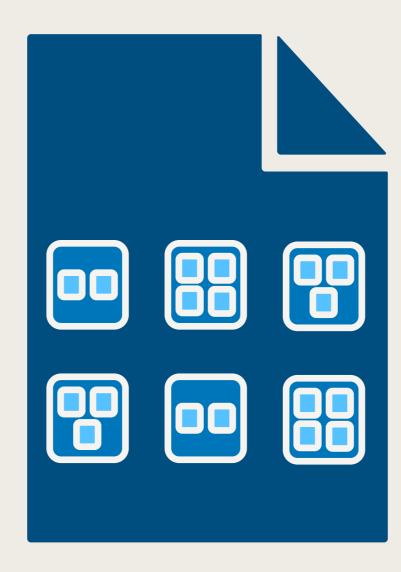






Aim 2

Quality checklist development & application





Four domains and a total of 63 items:

Domain 1 (18 items)

Demographic and epidemiological context of dementia

Domain 2 (9 items)

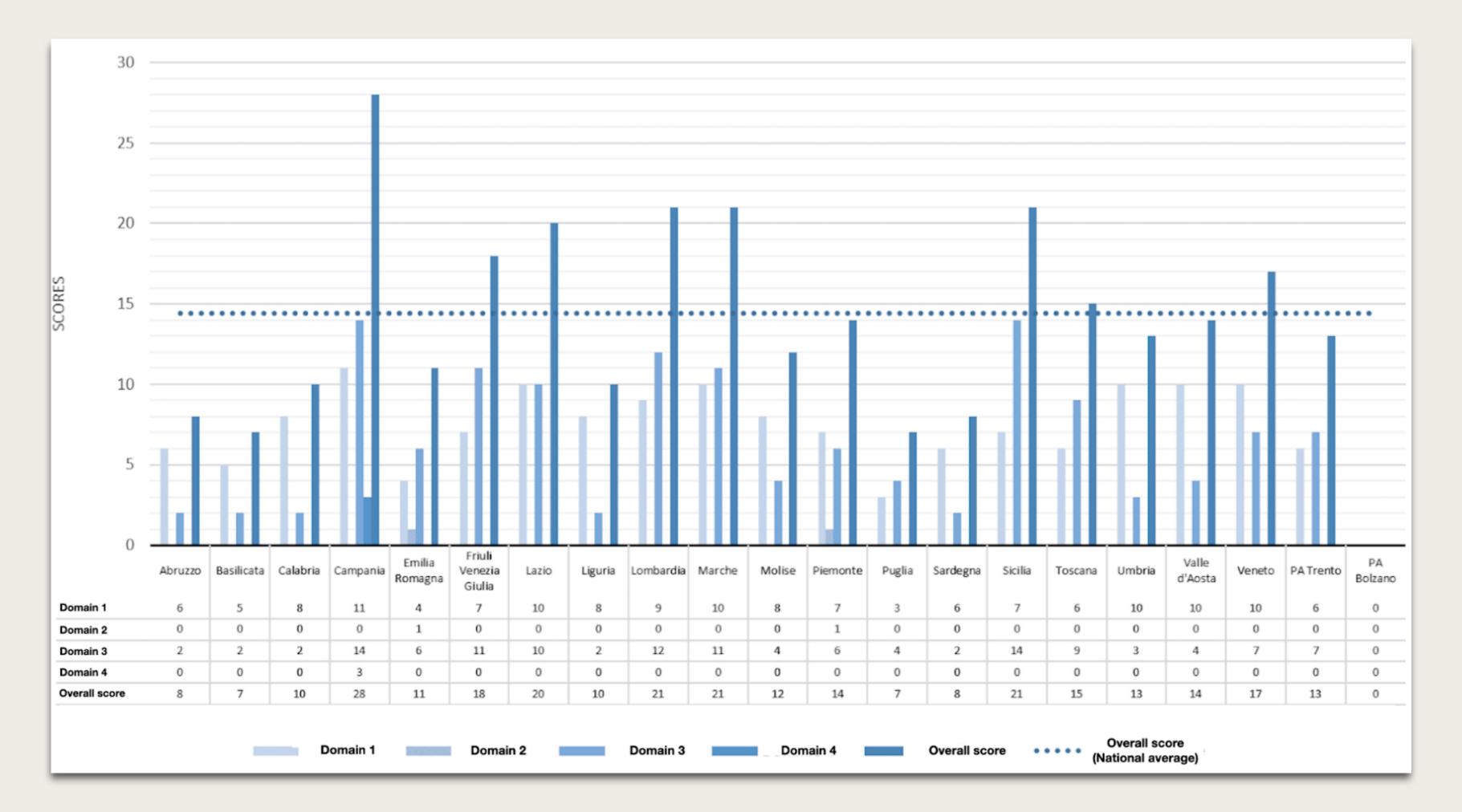
Burden of dementia

Domain 3 (33 items)

Prevention strategies for dementia

Domain 4 (3 items)

Feasibility of interventions





Rich data on risk factors (Passi and Passi d'Argento).



Alignment of interventions to the age groups described by the *Lancet Commission*.



Limited data on **dementia** prevalence, especially for Alzheimer's dementia and vascular dementia.



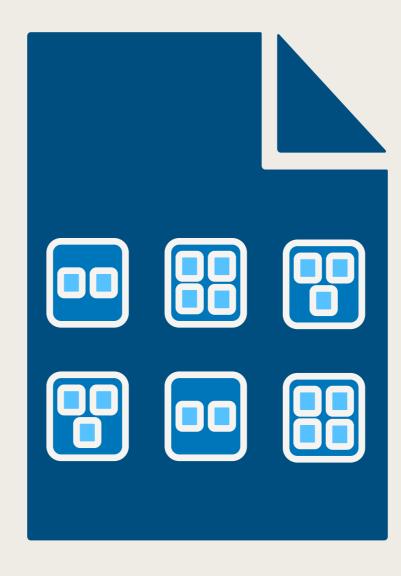
Lack of evidence references supporting interventions.



Few interventions targeting individuals with cognitive impairment.

Aim 3

Identification of non-dementia-specific preventive interventions







Notable increase in the number of risk factors addressed.



None of the RPPs simultaneously targeted all 12 risk factors.



1/3 of the RPPs did not target depression and social isolation.



Only 1 RPP (i.e., Lombardia) addressed hearing loss.

NEXT STEPS

Universal prevention of dementia in Italy:
A document analysis of the 21 Italian Regional Prevention Plans

Surveillance, research and innovation

 Regular monitoring of disease burden, risk factors and health services at the national and regional levels

Prevention and promotion

 Integrated population-wide strategies to reduce modifiable risk factors with a range of approaches such as task-sharing and digital technology

Core

- Strengthening health systems and resources by workforce training and capacity building
- Prioritization of neurological disorders

Rehabilitation, chronic and palliative care

- Promoting access to interdisciplinary care
- Training for caregivers

Treatment and acute care

- Providing effective, timely and equitable diagnosis, treatment and acute care services
- Monitoring quality of treatment and care

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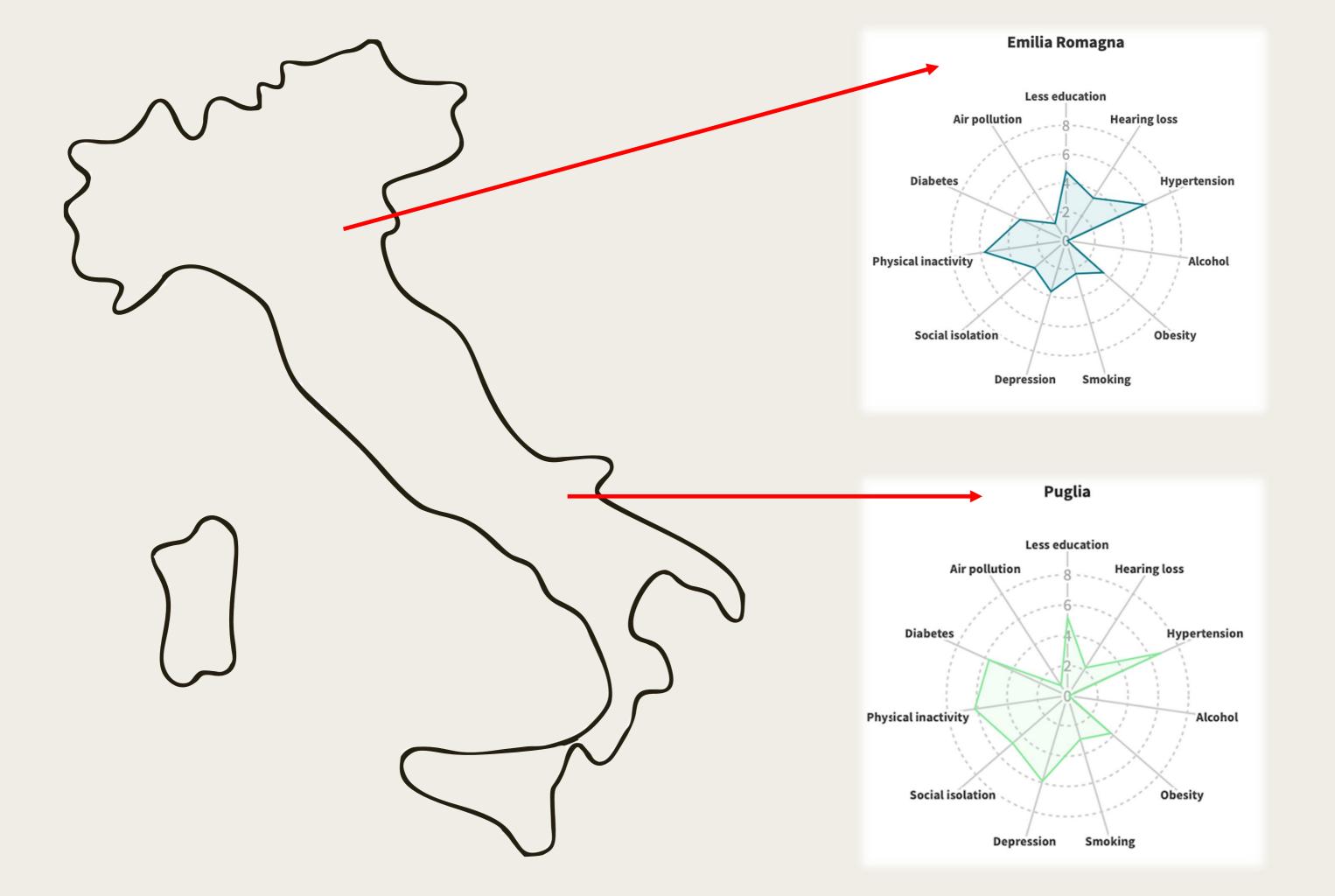
Treatment and acute care

- Providing effective, timely and equitable diagnosis, treatment and acute care services
- Monitoring quality of treatment and care

Next step 1

Estimation of the national and subnational **PAFs** and **PIFs** for dementia

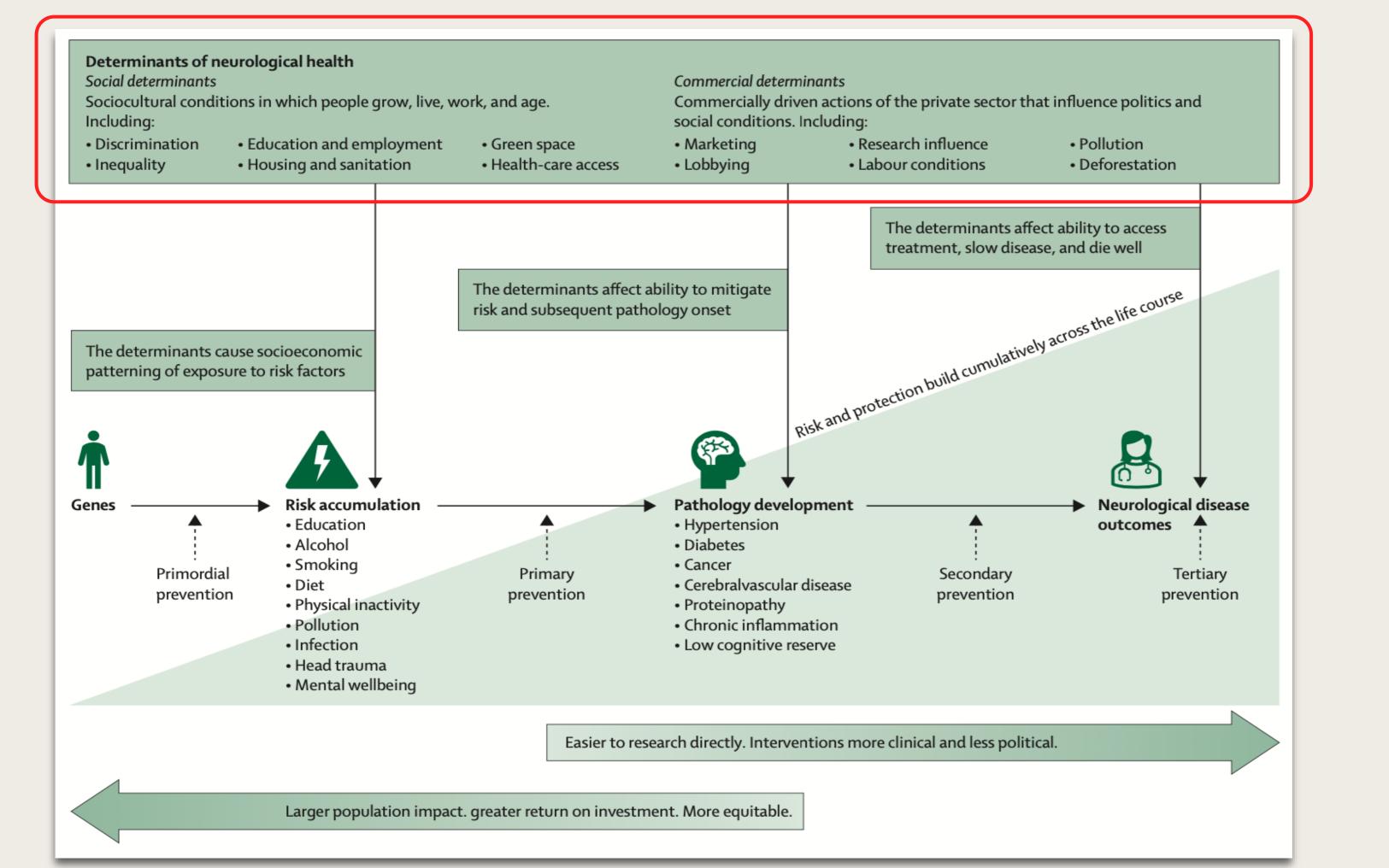




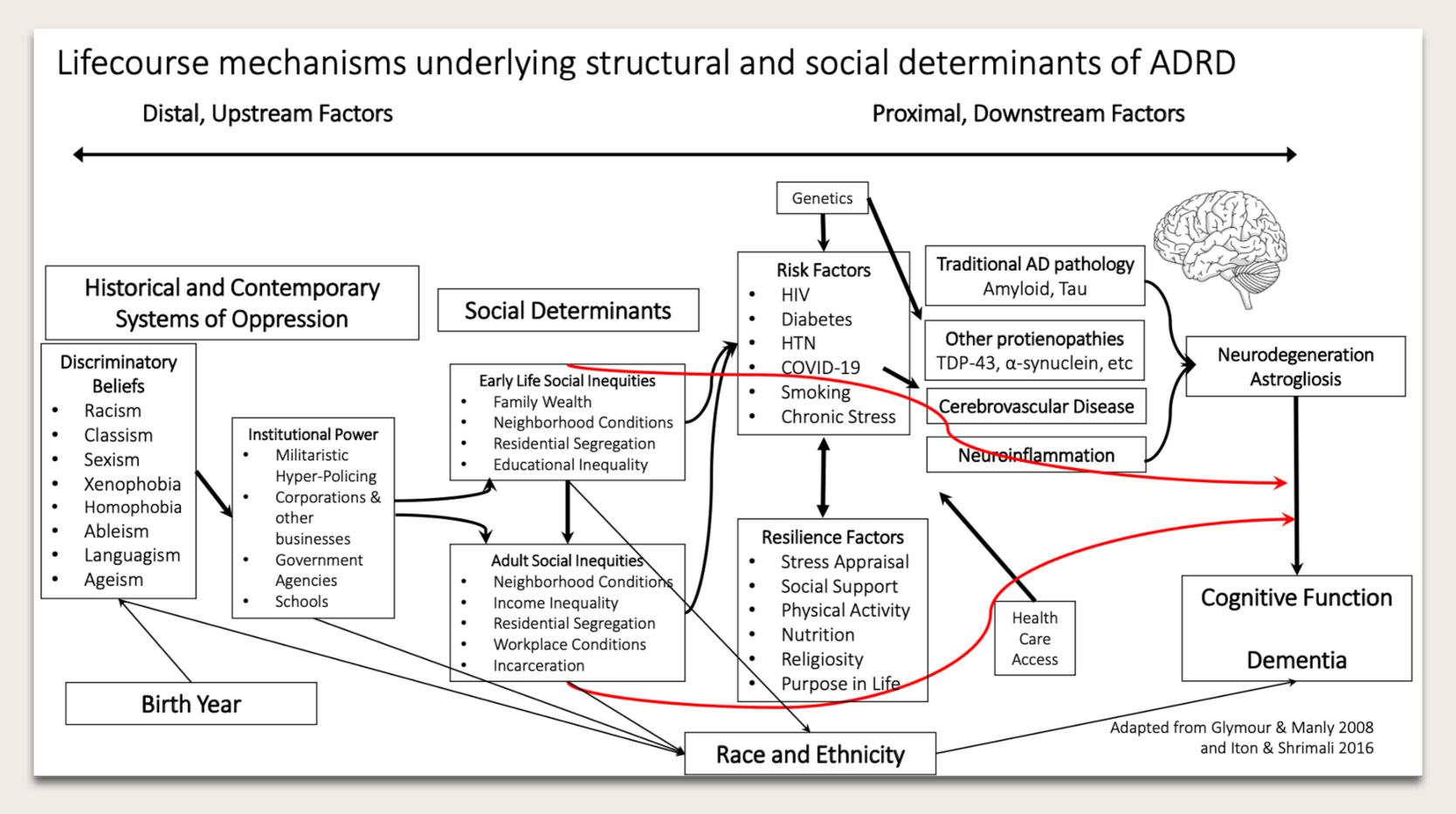
Next step 2

Analysis of the social and commercial determinants of neurological health





social and commercial determinants for neurological health (2024) Walsh et al., The relevance of



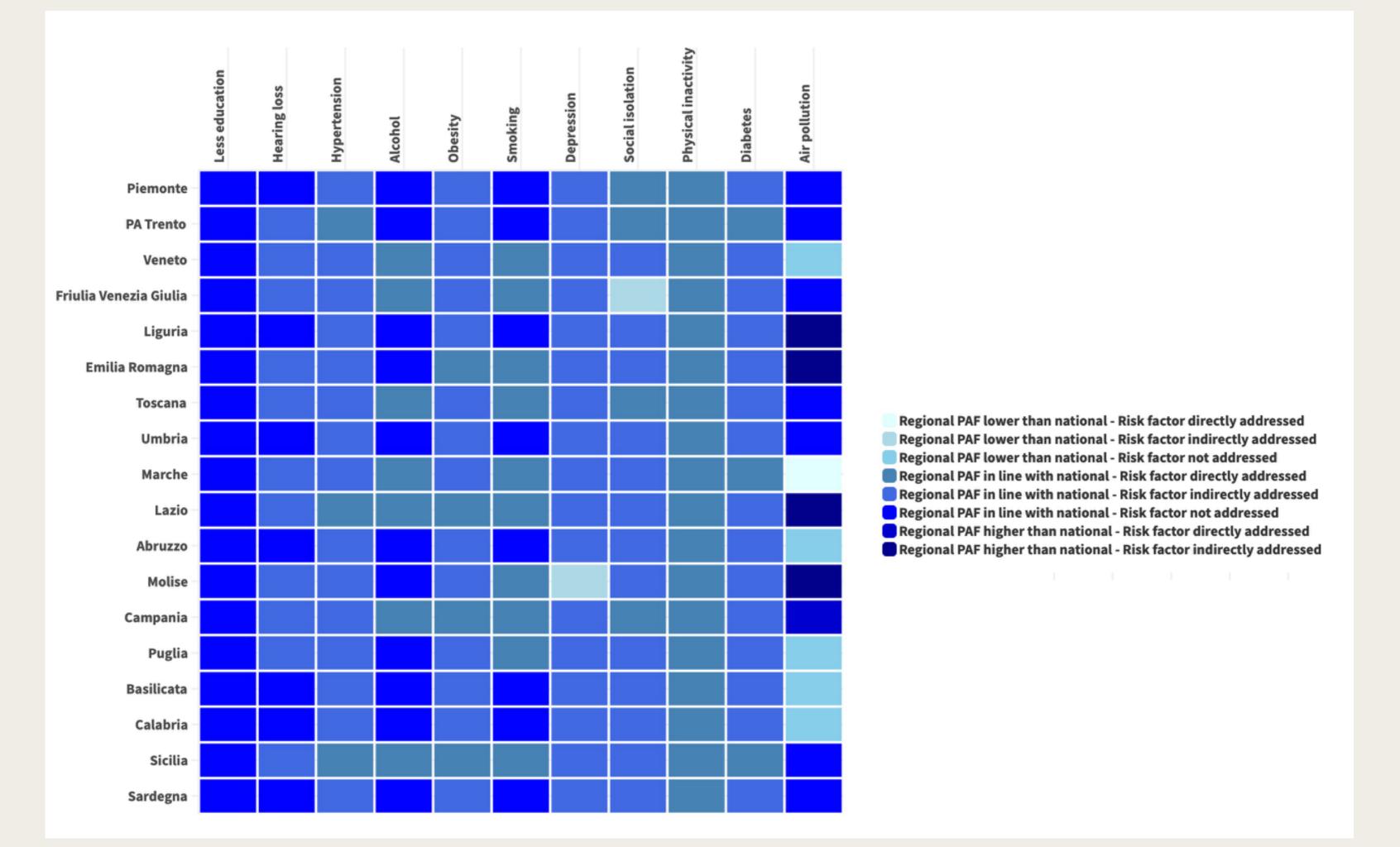
Courtesy of Jennifer J Manly, Professor of Neuropsychology (in Neurology, the Gertrude H. Sergievsky Center and the Taub Institute for Research on Alzheimer's Disease and the Aging Brain)

Next step 3

Tailored science for policy activities



KNOWLEDGE Engaging **UPTAKE AND** • M&E tools policy-makers, **STAKEHOLDERS** Identification stakeholders, **EVIDENCE** civil societies **ENGAGEMENT** of process **SYNTHESIS** and outcomes and citizens Systematic reviews • EBP • Policy dialogue • Policy and indicators Rapid reviews Citizen Briefing notes political analysis Primary studies • Rapid response • Epidemiological engagement **IMPACT** products Advocacy strategy analysis Evidence Media Formal and summaries engagement informal Media bites Implementation discussions **KNOWLEDGE PRIORITY-SETTING TRANSLATION AND PROBLEM DEFINITION**



Asta et al., Preventing dementia in Italy: estimations of modifiable risk factors and public health implications (submitted)

Next step 4

Scale up in the European region



JADEHealth

"Joint Action addressing DEmentia and other Neurological Disorders in Health"



The study





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Thank you

Get in touch!











