

STATI CARENZIALI IN NUTRIZIONE UMANA SITUAZIONI CLINICHE CARENZIALI Interazioni con lo sviluppo delle demenze



Simone Pizzini

27 GIUGNO 2020

SIMP
e**SV**

Società Italiana di Medicina
di Prevenzione e degli Stili di Vita

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La SUPPLEMENTAZIONE VITAMINICA nella PREVENZIONE delle PRINCIPALI PATOLOGIE

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Wolters Kluwer

Vitamin supplementation in disease prevention

Author: Kathleen M Fairfield, MD, DrPH

Section Editor: David Seres, MD

Deputy Editor: Lisa Kunins, MD

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: May 2020. | This topic last updated: May 21, 2019.

- **ALTI LIVELLI DI OMOCISTEINA e RISCHIO CARDIOVASCOLARE:**

High levels of homocysteine are associated with an increased risk of cardiovascular disease. Supplementation with folic acid, vitamin B6, and vitamin B12 can lower homocysteine levels. However, meta-analyses of randomized trials of supplementation for secondary prevention do not support the hypothesis that these vitamins prevent cardiovascular disease.

- **INTROITO DI FOLATO nel rischio di IPERTENSIONE:**

High folate intake may reduce the risk of hypertension [...] there is insufficient evidence to recommend folic acid supplementation to reduce the risk of hypertension.

- **INTROITO DI FOLATO nella prevenzione della PERDITA DI UDITO:**

Additional studies are needed before folate supplementation can be recommended for the purpose of preventing hearing loss.

Unless there is a specific indication, however, **we do not suggest multivitamin supplementation for primary prevention of chronic diseases** in people with adequate dietary intake because of insufficient evidence of effectiveness.

However, **many patients wish to take multivitamins based on their own belief systems;** we advise that clinicians not struggle against that practice as long as there is no absolute contraindication for an individual patient. Other experts disagree and would recommend more strongly against such supplements.

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**IL SUPPORTO delle VITAMINE nella PREVENZIONE della
DEMENZA**

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Wolters Kluwer

Prevention of dementia

Authors: Daniel Press, MD, Michael Alexander, MD

Section Editors: Steven T DeKosky, MD, FAAN, FACP, FANA, Kenneth E Schmader, MD

Deputy Editor: Janet L Wilterdink, MD

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: May 2020. | This topic last updated: Jan 23, 2018.

- **L'esercizio fisico in giovane-media età** può diminuire il rischio di sviluppare una demenza in età avanzata;
- Pazienti con diagnosi di Demenza: minor esercizio fisico nei 9 anni precedenti la diagnosi: **correlazione inversa**
- Studi successivi su **dieta mediterranea**; unica evidenza: **miglioramento outcome cardiovascolare**

- We encourage all patients, especially those with early dementia and those with risk factors for dementia, **to maintain or increase physical activity and exercise** as long as there are no contraindications. Similarly, we encourage cognitive leisure activities and social interaction for as long as these are feasible. However, we recognize that these lifestyle factors remain unproven as a means of preventing dementia. (See ['Lifestyle and activity'](#) above.)
- Mediterranean-style diets that are high in fruits, vegetables, whole grains, beans, nuts, and seeds and include olive oil as an important source of fat have been associated with a variety of health benefits, including **reduced cardiovascular risk** which may directly or indirectly **reduce dementia risk**. High-quality evidence of a preventive effect of dietary interventions on cognitive impairment and dementia remains lacking, however. (See ['Dietary modifications'](#) above.)

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**IL SUPPORTO delle VITAMINE nel TRATTAMENTO della
DEMENZA**UpToDate®

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Treatment of dementia

Authors: Daniel Press, MD, Michael Alexander, MD**Section Editors:** Steven T DeKosky, MD, FAAN, FACP, FANA, Kenneth E Schmader, MD**Deputy Editor:** Janet L Wilterdink, MDAll topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: May 2020. | This topic last updated: Jun 19, 2019.

SUMMARY AND RECOMMENDATIONS

The following recommendations are based upon our clinical practice given the existing evidence on therapies for dementia:

- For patients with newly diagnosed Alzheimer disease (AD) dementia, we suggest a trial of a cholinesterase inhibitor ([Grade 2A](#)). We also suggest a cholinesterase inhibitor in most patients with newly diagnosed dementia with Lewy bodies (DLB), vascular dementia (VaD), and Parkinson disease (PD) dementia ([Grade 2C](#)). The choice among [donepezil](#), [galantamine](#), and [rivastigmine](#) can be based upon ease of use, individual patient tolerance, cost, and clinician and patient preference, as efficacy appears to be similar. (See ["Cholinesterase inhibitors in the treatment of Alzheimer disease"](#).)

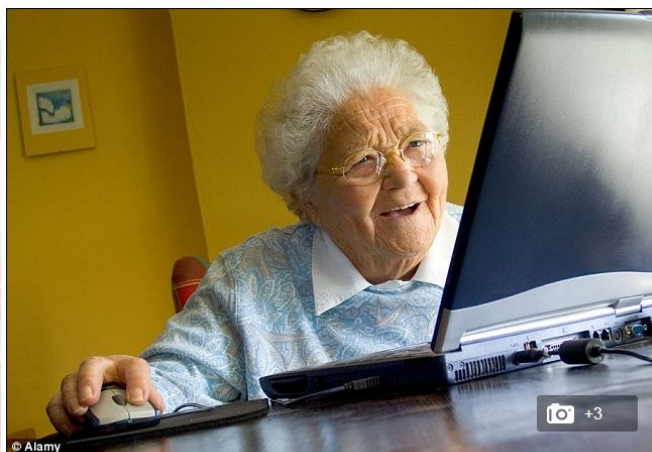
- In patients with mild to moderate AD who are interested in seeking therapy with vitamins, we suggest supplementation with [vitamin E](#) (2000 international units daily) ([Grade 2C](#)). The benefits of vitamin E are likely to be modest and could be offset by combination therapy with [memantine](#). Vitamin E is not recommended for other forms of dementia or for the prevention of AD. (See ["Vitamin E"](#) above.)

DIAGNOSI PRECOCE ?

MailOnline

News

15-minute online test for dementia: DIY memory quiz detects early signs of Alzheimer's in people as young as 50



© Alamy

Early warning: Anyone aged over 50 will be able to use the 15-minute online test to spot signs of Alzheimer's development

FOOD FOR THE BRAIN COGNITIVE FUNCTION TEST

STATI CARENZIALI IN NUTRIZIONE UMANA - SITUAZIONI CLINICHE CARENZIALI

BMJ

BMJ 2011;342:d3732 doi: 10.1136/bmj.d3732

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OBSERVATIONS

MEDICINE AND THE MEDIA

An early warning for Alzheimer's disease?

A website purports to help users identify the extent of their cognitive impairment, but **Margaret McCartney** says that patients need better evidence before paying for the recommended vitamin supplements

Evidence to Practice

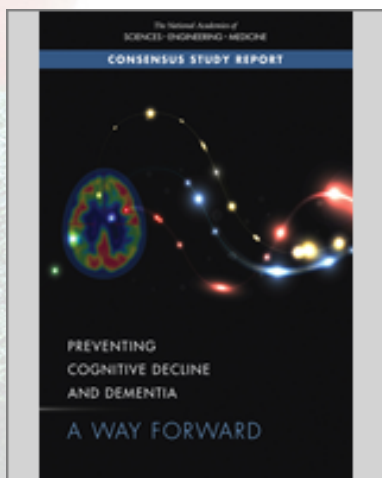
Modifiable Risk Factors and Prevention of Dementia

What Is the Latest Evidence?

Kristine Yaffe, MD

JAMA Internal Medicine Published online December 18, 2017

Sono recentemente stati pubblicati 2 importanti lavori che permettono di fare il punto della situazione e fare alcune considerazioni:



PREVENTING COGNITIVE DECLINE AND DEMENTIA

A WAY FORWARD

The National Academies Press. doi: <https://doi.org/10.17226/24782>. 2017.

Dementia prevention, intervention, and care



Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta, Sergi G Costafreda, Jonathan Huntley, David Ames, Clive Ballard, Sube Banerjee, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Eric B Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

Lancet 2017; 390: 2673-734

STATI CARENZIALI IN NUTRIZIONE UMANA - SITUAZIONI CLINICHE CARENZIALI

Dementia

Gill Livingston, Andrew S
Alistair Burns, Jiska Cohe
Kenneth Rockwood, Eliza

	Relative risk for dementia (95% CI)	Prevalence	Communality	PAF	Weighted PAF*
Early life (age <18 years)					
Less education (none or primary school only)	1.6 (1.26–2.01)	40.0%	64.6%	19.1%	7.5%
Midlife (age 45–65 years)					
Hypertension	1.6 (1.16–2.24)	8.9%	57.3%	5.1%	2.0%
Obesity	1.6 (1.34–1.92)	3.4%	60.4%	2.0%	0.8%
Hearing loss	1.9 (1.38–2.73)	31.7%	46.1%	23.0%	9.1%
Later life (age >65 years)					
Smoking	1.6 (1.15–2.20)	27.4%	51.1%	13.9%	5.5%
Depression	1.9 (1.55–2.33)	13.2%	58.6%	10.1%	4.0%
Physical inactivity	1.4 (1.16–1.67)	17.7%	26.6%	6.5%	2.6%
Social isolation	1.6 (1.32–1.85)	11.0%	45.9%	5.9%	2.3%
Diabetes	1.5 (1.33–1.79)	6.4%	70.3%	3.2%	1.2%

Data are relative risk (95% CI) or %. Total weighted PAF adjusted for communality=35.0%. PAF=population attributable fraction. *Weighted PAF is the relative contribution of each risk factor to the overall PAF when adjusted for communality.

Table 1: Potentially modifiable risk factors for dementia



Lancet 2017; 390: 2673–734

Dementia prevention, intervention, and care



Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta, Sergi G Costafreda, Jonathan Huntley, David Ames, Clive Ballard, Sube Banerjee, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Eric B Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

Lancet 2017; 390: 2673-734

RACCOMANDARE:

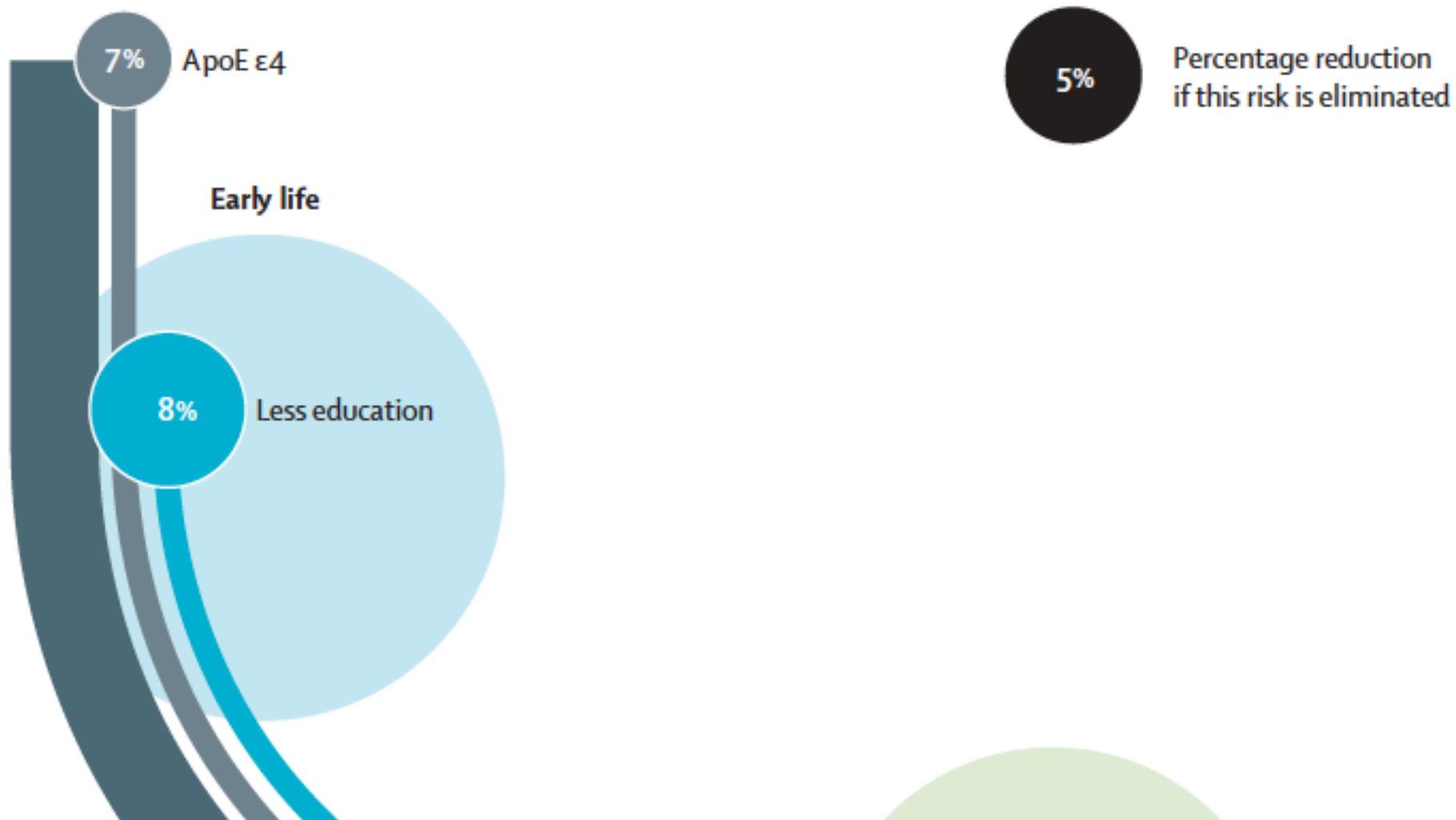
- Trattamento dell'ipertensione in giovane età (45-65) e nell'anziano senza demenza(>65)
- Favorire l'educazione nei bambini
- Favorire l'attività fisica e l'impegno sociale
- Ridurre/abolire il fumo
- Trattare l'ipoacusia, la depressione, il diabete e l'obesità dementia cases.

Dementia prevention, intervention, and care



Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta, Sergi G Costafreda, Jonathan Huntley, David Ames, Clive Ballard, Sube Banerjee, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Eric B Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

Lancet 2017; 390: 2673-734





Midlife

9%

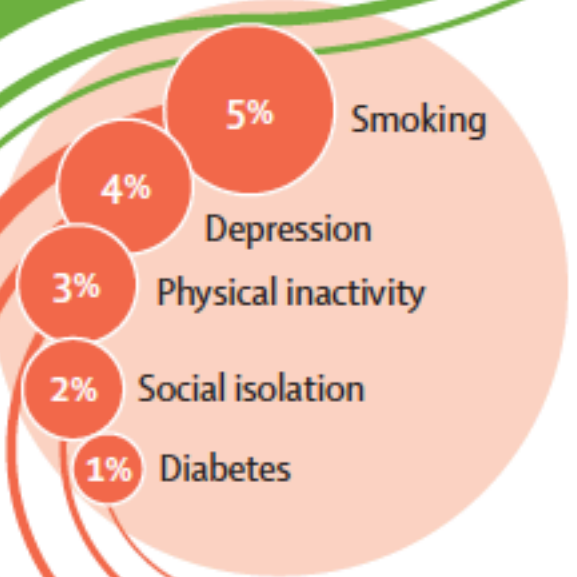
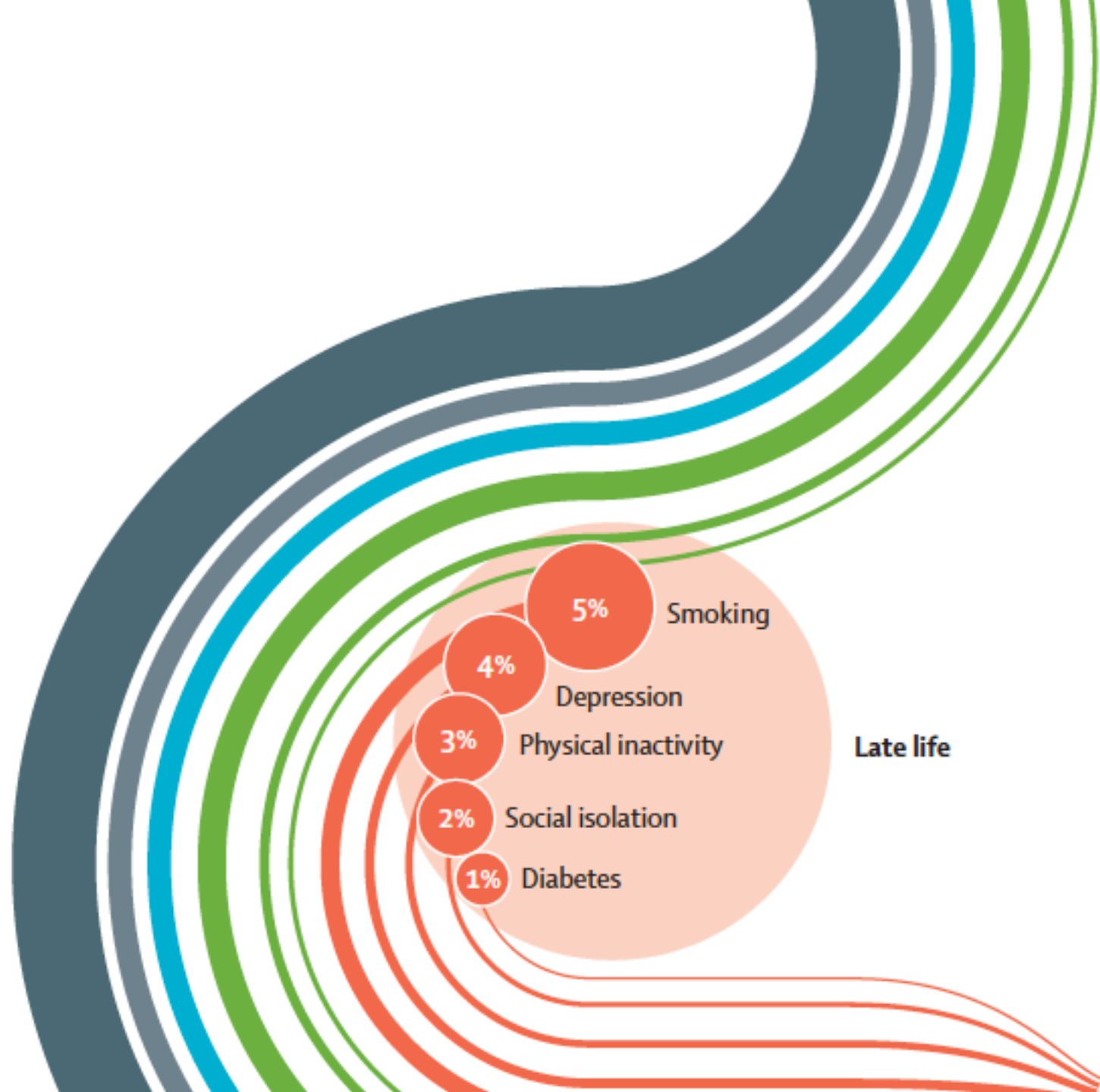
Hearing loss

2%

Hypertension

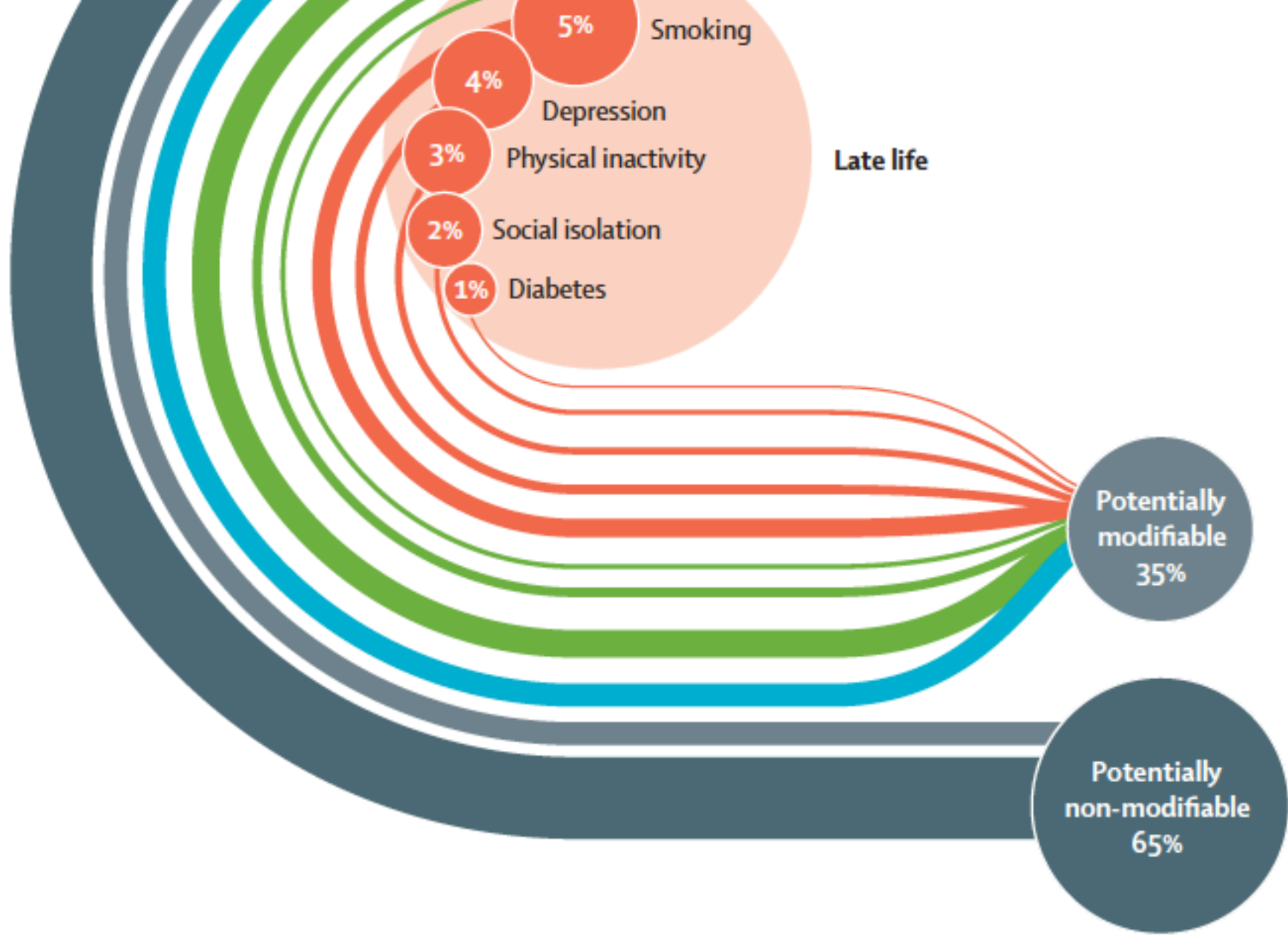
1%

Obesity



Late life

Potentially



Evidence to Practice

Modifiable Risk Factors and Prevention of Dementia

What Is the Latest Evidence?

Kristine Yaffe, MD

JAMA Internal Medicine Published online December 18, 2017

Sono recentemente stati pubblicati 2 importanti lavori che permettono di fare il punto della situazione e fare alcune considerazioni:

- Visti i grandi numeri, anche ***piccole riduzioni percentuali*** possono avere un impatto significativo
- Molte di queste strategie sono ***efficaci*** anche per la ***riduzione delle malattie cardiovascolari e metaboliche***
- La maggior parte sono ***strategie*** economicamente ***poco dispendiose***

**Fondamentale il ruolo del MMG nel
supporto ai corretti STILI DI VITA**



GRAZIE PER L'ATTENZIONE