INTRODUCTION

In Trieste there are approximately 6000 people with a form of cognitive impairment. Approximately 10 have a first examination and diagnosis in just the 3rd catchment District. Many evidences in Literature show that the management of a person with Cognitive Impairment needs a multidisciplinary and integrated approach; our way of working, indeed, takes place in a network with the participation of various professionals (psychologist, psychiatrist, neurologist, nurses, civil associations).

A merely clinic approach based on a medical/psychological assessment, test administration and drug prescription doesn’t prevent clinical relapses nor symptoms remission; moreover, these actions don’t stop the disease worsening according with the latest findings, having anyway a negative outcome and with consequences on patients’ families patterns and particularly on the care-giver. Because of this, chronic Diseases with dementia need a different approach and an organized alliance between Families and the Community. Because of this, the 3rd catchment district has developed a Mobile Daily Centre that aims to promote health, abilities and socialization giving the possibilities for these people to stay in a social context, giving an answer to the need of people affected by cognitive impairment to attend their daily life places. Professionals and Volunteers organize 4 times a week a tour in the City.

AIMS

Evaluating the impact of the Mobile Daily Centre on Quality of Life of people with Cognitive Impairment, paying particular attention to the impact on the number of Hospitalizations and Institutionalizations.

METHODS

A Retrospective Observational Study has been conducted for the period between 01.01.2012 and 30.04.2014 on people in charge to the MDC. The sample comprehends the elder users attending the MDC of the 3rd catchment District. We have considered socio-demographic variables such as age, gender, care-givers; clinical variables such as psychopharmacotherapy and acetylcholinesterase inhibitors drugs; rates of hospitalization, number of admissions to the first aid unit and of interventions of the MDC.

All the users have a first assessment at the catchment’s Dementia diagnosis centre made by various professionals, such as nurses, geriatrician, psychologist; a psychiatric consultation and follow-up when needed are done.

RESULTS

30 patients are still alive (out of 42); hospitalization rates were the following:

1. In a Hospital Unit
2. In a Hospital Unit AND nursing home care
3. In just nursing rehabilitation and care home (2 with a rehabilitation purpose, I as a "relief" admittance)
4. In a Hospital Unit AND nursing home

CONCLUSIONS

MDC, in these small numbers, has shown to reduce the number of improper institutionalizations while guaranteeing to the elder people to maintain their abilities and socialization and to their caregivers periods of relief. Moreover, it promotes social inclusion and de-stigmatization. It lets to avoid proper institutionalizations in various institutions, while having a better compliance to treatments delivered on the catchment area or at home and not in First Aid Units or Psychiatric Emergency Units, lowering symptoms such as restlessness, confusion and disorientation. These are reflected on the Community Mental Health Centers, with less load and ability to organize the job with more rationality.

These results suggest that more territorial work and further studies should be done, deepening the “mobile” way of working intended as an involvement of many Agencies on the Territory and bound to the Community, letting to manage the crisis in environments known to the person with Cognitive Impairment.