



INTRODUCTION

From the beginning the Don Gnocchi Foundation provided direct assistance in care, rehabilitation and social integration of underage war-maimed youth and of children affected by poliomyelitis thereafter. In keeping with the social and epidemiological changes affecting the population and the new needs emerging, the Foundation first expanded its assistance to the care of patients of all ages with motor disabilities, then to the care of the elderly, prevalently persons who are not self-sufficient and, lastly, to terminal oncology patients.

The Don Gnocchi Foundation is now operating in 29 Centres in 10 different districts in Italy. The services it offers are accredited through the National Health Service and cover a capacity of about 3,500 hospital and day-hospital admissions.

Among the Centres for elderly in need of assistance (called RSA in Italy) of the Foundation, the Palazzolo Institute is the largest and the most important one. It hosts 700 elderly people affected by serious physical and psychological pathologies, high comorbidity and frailty. In this context the problem of death is almost daily.

AIM OF THE STUDY

The relationship between relatives of the elderly with Alzheimer's Disease and operators of a specialistic unit for the care of dementia appears sometimes extremely complex. It's not always easy or possible to establish a useful and detailed exchange of information that can favor the best management of the old subject with dementia, especially as far as the control of behavioral disturbs.

The aim of this work was to value the qualitative level of cares in the elderly with dementia, guests of the unit called "Arcobaleno" (Rainbow Unit), with the involvement of their relatives, looking to develop new strategies of collaboration finalized to improve the assistance.

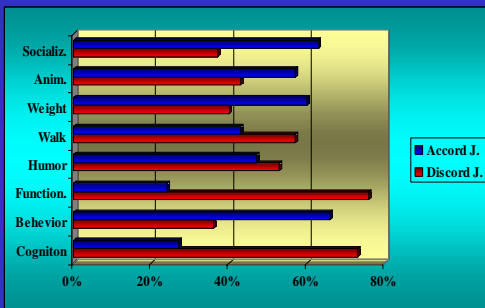
RESULTS (2)

Later on we studied the obtained data through these scales taking into consideration the judgments expressed by relatives and we found one statistically meaningful difference (p < .0000), only for functionality abilities. (Diagram 2)

We also compared relative's judgments to weight, socialization and animation- entertainment activities, always considering the relative's judgment with the judgment of Unit Rainbow's staff. We founded a meaningful difference (p < .0000) only about the animation-entertainment activities. (Diagram 3)

At last we considered all the opinions of relatives compared with the opinions from our evaluations tests and some aspects of the Unit Rainbow's staff, distinguishing two groups based on according or disaccordant judgments. (Diagram 4).

DIAGRAM 4: comparison between the judgments (according or disaccordant) of the relatives and the Unit Rainbow's staff about the general conditions of patients.



Arcobaleno Unit

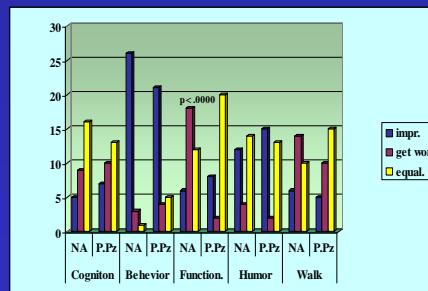


RESULTS (1)

Through the comparison of the evaluation's scales the first observation (T0), that it has always coincided with the income of the patient in the unit and after three months (T3), we founded a statistically meaningful improvement (p < .0002) only for behavioral disease scale's (N.P.I.).

Instead the scales about cognitive impairment, depression and postural gait (M.M.S.E., Barthel, Cornel and Tinetti) didn't give statistically differences. (Diagram 1)

DIAGRAM 2: comparison between scales of appraisal and judgments expressed from relatives of patients of the Unit Rainbow.



METHODS

In this work we considered the data of the elderly with Alzheimer's Disease with the main evaluation's scales normally used in the Rainbow Unit (especially Mini Mental State Evaluation (M.M.S.E.), Neuropsychiatric Inventory (N.P.I.), Barthel Index, Cornel Scale, Tinetti Index) and administered to all the thirty elderly with Alzheimer's Disease, host of the unit, in the period between 10/01/05 and 05/31/06.

Usefull observations and critical judgments by the relatives have collected using a specific questionnaire, characterized from several questions regarding the point of view of relatives about some aspects like cognitive impairment, behavior, weight, feeding, socialization and other general aspects.

First of all we elaborated the data to compare the evaluation's scales at the beginning and, approximately, after three months; later on it has executed a correlation between the scales and the opinions expressed by relatives of the elderly with Alzheimer's Disease, about cognitive impairment, behavior, functional ability, humor and deambulation. Subsequently we also considered three more parameters about variation of weight, socialization and animation. The statistics analysis of the data has executed by the t test of Student.

DIAGRAM 1: comparison between the scales of appraisal of the patients, host in the Unit Rainbow, executed after three months.

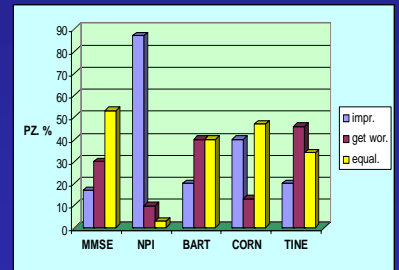
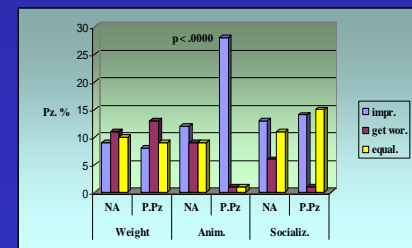


DIAGRAM 3: comparison between the judgments of the relatives and the Unit Rainbow's staff about weight, socialization and animation.



CONCLUSIONS

The outcomes of this work suggested that the use of multidimensional assessment might improve management and mediate the psychophysical decline of persons with dementia. The ambient inside of an Alzheimer Unit helped the reduction of behavioral disorders in the elderly with dementia. Indeed, the other performance indices remained relatively stable over time, as compared to the decline expected by the natural progression of disease.

We also wanted use a questionnaire to understand the quality of life of patients with Alzheimer's Disease through the opinions of their caregivers-family members. We founded some discordant judgments especially concerning cognitive aspects, functional aspects and deambulation. The reason of this discrepancy between the Unit Rainbow's staff evaluation and relatives can depend on multiple factors; we used a multidimensional assessment with specific tests who may help to understand better the variations regarding specific patient's changes.



These results could considered particularly useful to improve communication and information between relatives and Unit Rainbow's staff. In the project "P.A.N.A.M.A." we also wanted: to give an opportunity for both the people with dementia and their their caregivers-family members to optimize the patient's therapy, lowering the burden of care and providing moral support for the family by a trained staff, to create a database of all data, to program courses for the Unit Rainbow's staff, to create self-care groups, to give a strong psychological support and to organize meeting between relatives and Unit Rainbow's staff.