

Etica della terminalità nella SLA

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JAMA Neurology | Original Investigation

Secular Trends of Amyotrophic Lateral Sclerosis in the Piemonte and Valle d'Aosta Registers

Adriano Chiò, MD; Gabriele Mora, MD; Cristina Stefania Cammarosano, MD, PhD; Antonio Imai; Maurizio Grassano, MD; Fabrizio Pisano, MD; I. Valle d'Aosta Register for ALS (PARALS)

Figure 2. Incidence Rates by Age Groups and Sex

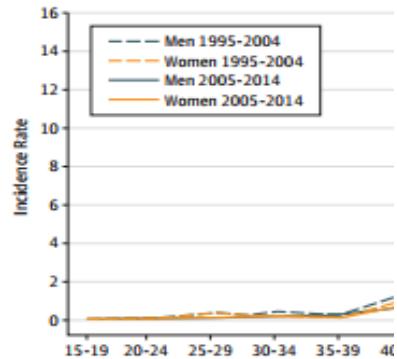
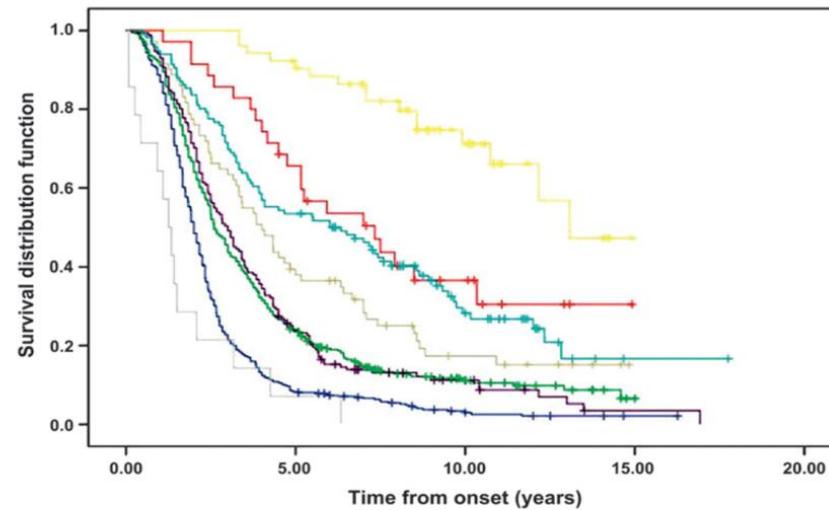


Figure 3 Tracheostomy free survival, according to amyotrophic lateral sclerosis (ALS) phenotype. Yellow, PUMN; red, PLMN; light blue, pyramidal ALS; grey, flail arm; violet, classic ALS; green, flail leg; blue, bulbar; cyan, respiratory. Crosses are censored patients. PLMN, pure lower motor neuron phenotype; PUMN, pure upper motor neuron phenotype.

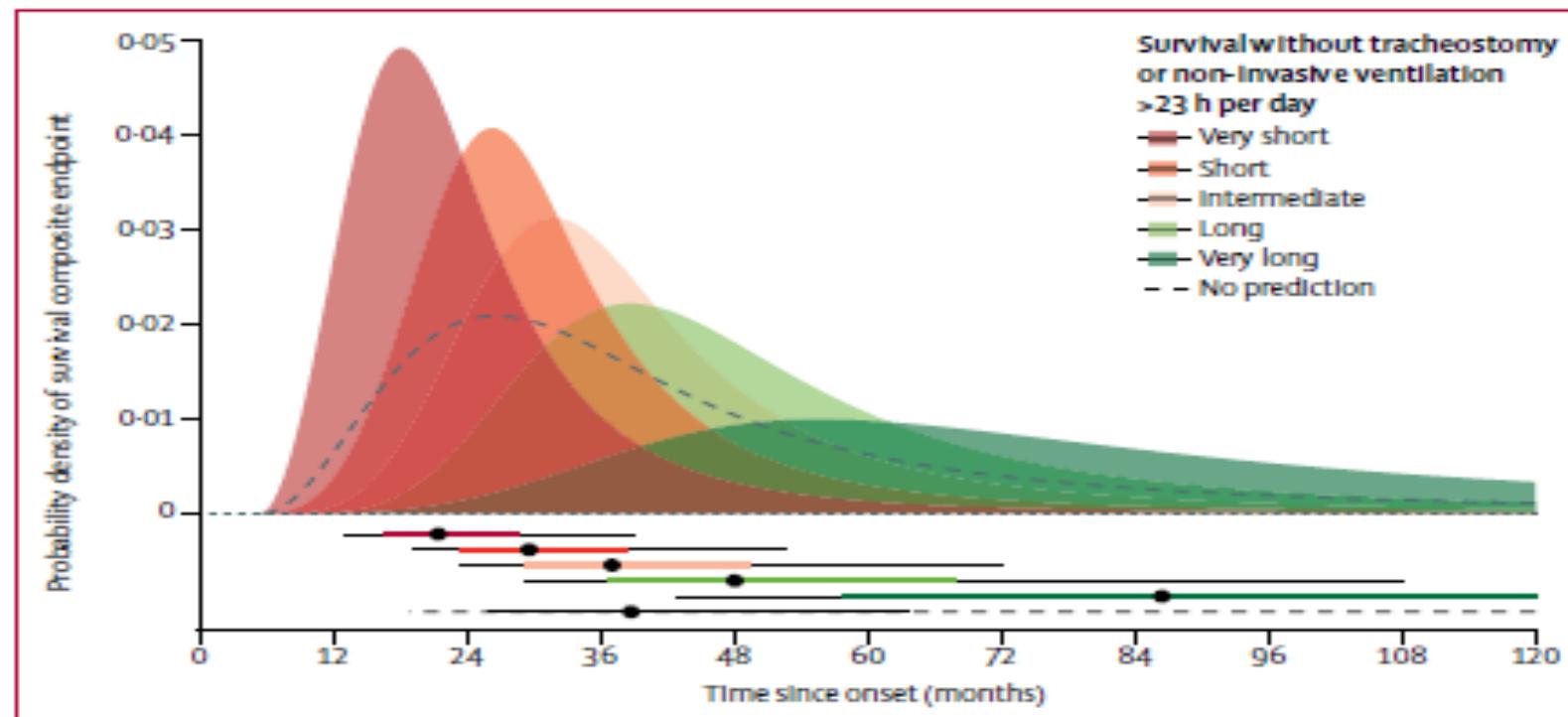


**Prognosis for patients with amyotrophic lateral sclerosis:
development and validation of a personalised prediction model**



Henk-Jan Westeneng, Thomas PA Debray, Anne E Visser, Ruben P A van Eijk, James PK Rooney, Andrea Calvo, Sarah Martin, Christopher J McDermott, Alexander G Thompson, Susana Pinto, Xenia Kobelova, Angela Rosenbom, Beatrice Stubendorff, Helma Sommer, Bas M Middelkoop, Annelot M Dekker, Joke J F A van Vugt, Wouter van Rheenen, Alice Vajda, Mark Heverin, Mbombe Kazoka, Hannah Hollinger, Marta Gromicho, Sonja Körner, Thomas M Ringer, Annekathrin Rödiger, Anne Gunke, Christopher E Shaw, Annelien L Bredenoord, Michael A van Es, Philippe Corcia, Philippe Couratier, Markus Weber, Julian Grosskreutz, Albert C Ludolph, Susanne Petri, Mamede de Carvalho, Philip Van Damme, Kevin Talbot, Martin R Turner, Pamela J Shaw, Ammar Al-Chalabi, Adriano Chiò, Orla Hardiman, Karel G M Moons, Jan H Veldink, Leonard H van den Berg

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ORIGINAL ARTICLE



Prognostic communication in amyotrophic lateral sclerosis: findings from a Nationwide Italian survey

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Outcomes of Prognostic Communication in ALS patients



- **Positive**
- **Negative**
- Personalized clinical management and improved follow up.
- Increased awareness and understanding of the disease.
- Enhanced planning (particularly end-of-life planning).
- Potential negative impact (patient/caregiver's inability to manage prognostic information).
- Unreliability of model outcome (individual variability).

Frequency of Requests for Prognostic Discussion

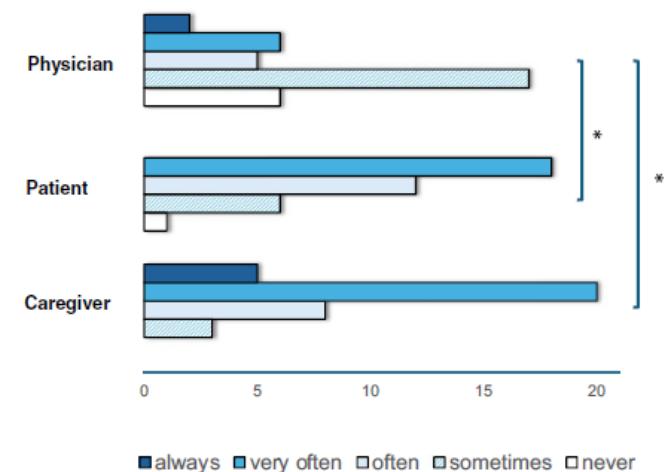


Fig. 1 Graph showing the frequency of requests for prognostic discussion of physicians, patients and caregivers. Patients and caregivers request prognostic discussion more frequently than physicians (*): $p < 0.05$

Usefulness of the ENCALS prognostic model for Physicians, Patients, and Caregivers

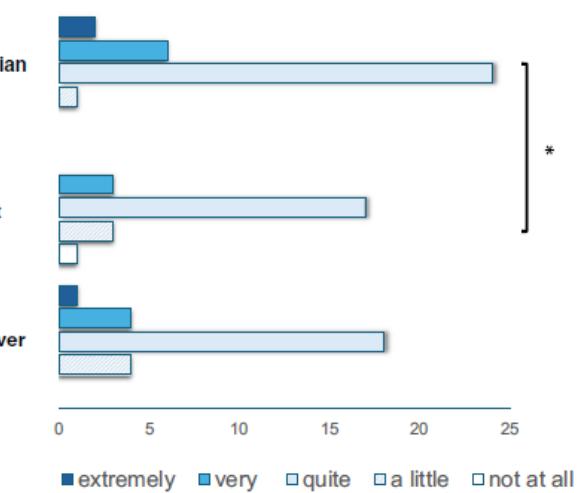


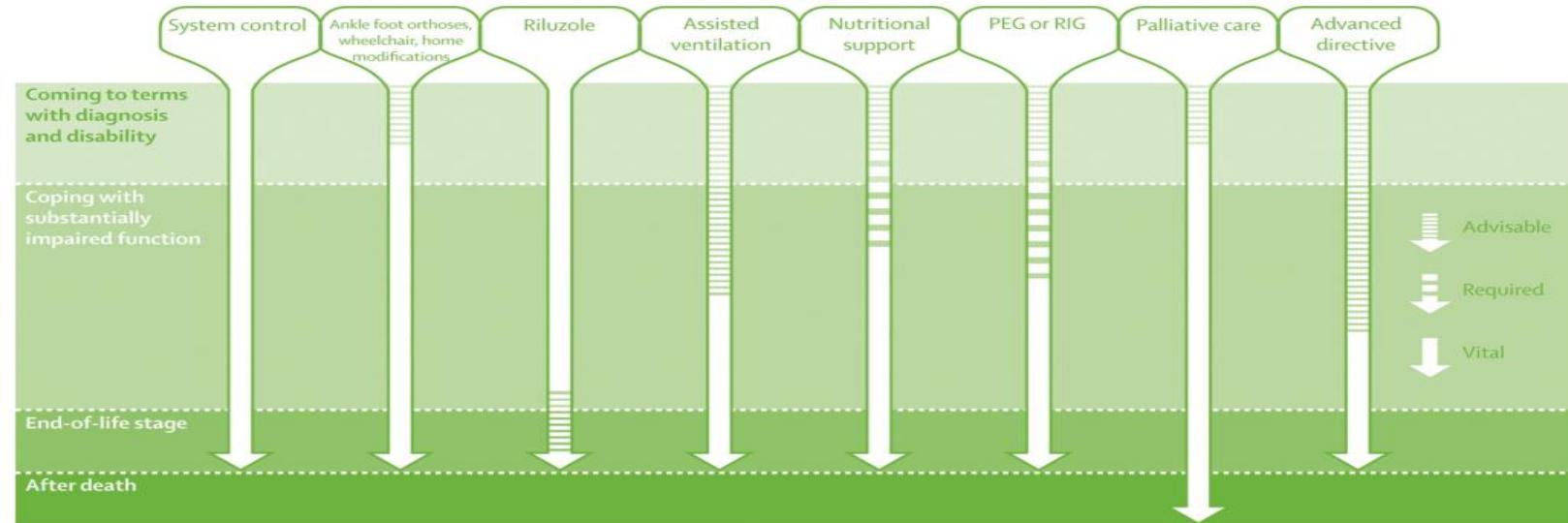
Fig. 2 Graph depicting the perceived usefulness of the ENCALS prognostic model for physicians, patients, and caregivers. The model was considered more useful for physicians compared to patients (significant, *: $p < 0.05$), and caregivers

Problematiche neurologiche di interesse palliativo nella SLA

- Dolore/disturbi sensitivi
- Nutrizione
- Comunicazione
- Motilità
- Problematiche associate alla motilità
- Correlati psicologici/psichiatrici

- Fine vita

La SLA come modello di cure simultanee



Radunovic et al, Lancet Neurology 2007

SLA: paradigma di scelte

- Comunicare la diagnosi e la prognosi
- Prescrivere terapie 'disease modifying' (riluzolo)
- La PEG/CVC
- La ventilazione non invasiva(NIV)/tracheostomia
- Controllo dei sintomi e qualità della vita
- Decisioni di fine vita, pianificazione condivisa delle cure (PCC)
- Il luogo di cura e di fine vita
- Le sperimentazioni cliniche
- Le terapie non convenzionali



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Grazie