

In occasione della XXX Giornata Mondiale Alzheimer  
e dell' XI Mese Mondiale Alzheimer

La Regione Emilia - Romagna organizza il convegno:

# LE DEMENZE: ATTUALITA' E PROSPETTIVE

*Dal piano nazionale e  
regionale al fondo  
per l' Alzheimer*



**Un problema emergente: le demenze ad esordio giovanile**



SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA  
Azienda Ospedaliero - Universitaria di Modena  
Policlinico

**Annalisa Chiari**  
*Centro Neurologia Cognitiva  
Ospedale Civile di Baggiovara (MO)*



**UNIMORE**  
UNIVERSITÀ DEGLI STUDI DI  
MODENA E REGGIO EMILIA

# Epidemiologia: incidenza

DOI: 10.1002/alz.12695

FEATURED ARTICLE

Alzheimer's & Dementia®  
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

## Global incidence of young-onset dementia: A systematic review and meta-analysis

Stevie Hendriks<sup>1</sup>  | Kirsten Peetoom<sup>1</sup> | Christian Bakker<sup>2,3</sup> | Raymond Koopmans<sup>2</sup> |  
Wiesje van der Flier<sup>4</sup> | Janne Papma<sup>5</sup> | Frans Verhey<sup>1</sup> | Young-Onset Dementia  
Epidemiology Study Group | Marjolein de Vugt<sup>1</sup> | Sebastian Köhler<sup>1</sup> 

**Results:** Sixty-one articles were included. Global age-standardized incidence rates increased from 0.17/100,000 in age 30 to 34 years, to 5.14/100,000 in age 60 to 64 years, giving a global total age-standardized incidence rate of 11 per 100,000 in age 30 to 64. This corresponds to 370,000 new YOD cases annually worldwide. Heterogeneity was high and meta-regression showed geographic location significantly influenced this heterogeneity.

# Epidemiologia: prevalenza

JAMA Neurology | **Original Investigation**

JAMA Neurology September 2021

## Global Prevalence of Young-Onset Dementia A Systematic Review and Meta-analysis

Stevie Hendriks, MSc; Kirsten Peetoom, PhD; Christian Bakker, PhD; Wiesje M. van der Flier, PhD; Janne M. Papma, PhD; Raymond Koopmans, PhD; Frans R. J. Verhey, MD, PhD; Marjolein de Vugt, PhD; Sebastian Köhler, PhD; and the Young-Onset Dementia Epidemiology Study Group

**CONCLUSIONS AND RELEVANCE** This systematic review and meta-analysis found an age-standardized prevalence of YOD of 119.0 per 100 000 population, although estimates of the prevalence in low-income countries and younger age ranges remain scarce. These results should help policy makers organize sufficient health care for this subgroup of individuals with dementia.

# Epidemiologia: in Emilia Romagna

Received: 25 February 2022

Revised: 13 July 2020

Accepted: 24 July 2020

DOI: 10.1002/alz.12177

Alzheimer's & Dementia®  
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

## RESEARCH ARTICLE

# Epidemiology of early onset dementia and its clinical presentations in the province of Modena, Italy

Annalisa Chiari<sup>1</sup> | Giulia Vinceti<sup>1,2,3</sup> | Giorgia Adani<sup>2,3</sup> | Manuela Tondelli<sup>4</sup> |  
Chiara Galli<sup>4,6</sup> | Luigi Fiondella<sup>1,2</sup> | Manuela Costa<sup>5</sup> | Maria A. Molinari<sup>4</sup> |  
Tommaso Filippini<sup>2,3</sup> | Giovanna Zamboni<sup>1,2,3,8</sup> | Marco Vinceti<sup>2,7</sup>

- CDCD Neurologia Modena e Carpi
- Centri MD, MND
- Rete provinciale demenze
- Retrospektivo 2006-2016
- Prospettico 2017-2019

- 157 retrospektivi, 101 prospettivi
- 68 riferiti da altri centri
- 200 valutati
- 58 revisione cartelle
- 38.4% diagnosi precoce

**Results:** In the population age 30 to 64, incidence was **13.2 per 100,000/year**, based on 160 new cases from January 2016 to June 2019, and prevalence **74.3 per 100,000** on June 30, 2019. The most frequent phenotypes were the amnesic variant of AD and behavioral variant of FTD.

### Prevalenza per patologia

Clinical diagnosis	N	%	M/F
Total	258	100	123/135
AD	113	43.8	36/77
FTD spectrum	78	30.2	44/34
Vascular dementia	24	9.3	16/8
Lewy body dementia	9	3.5	5/4
Leukoencephalopathy	7	2.7	5/2
Parkinson disease dementia	7	2.7	6/1
Alcoholic dementia	4	1.5	3/1
Cerebral amyloid angiopathy	3	1.2	2/1
Dementia in Huntington disease	3	1.2	2/1
NOS	10	3.9	4/6

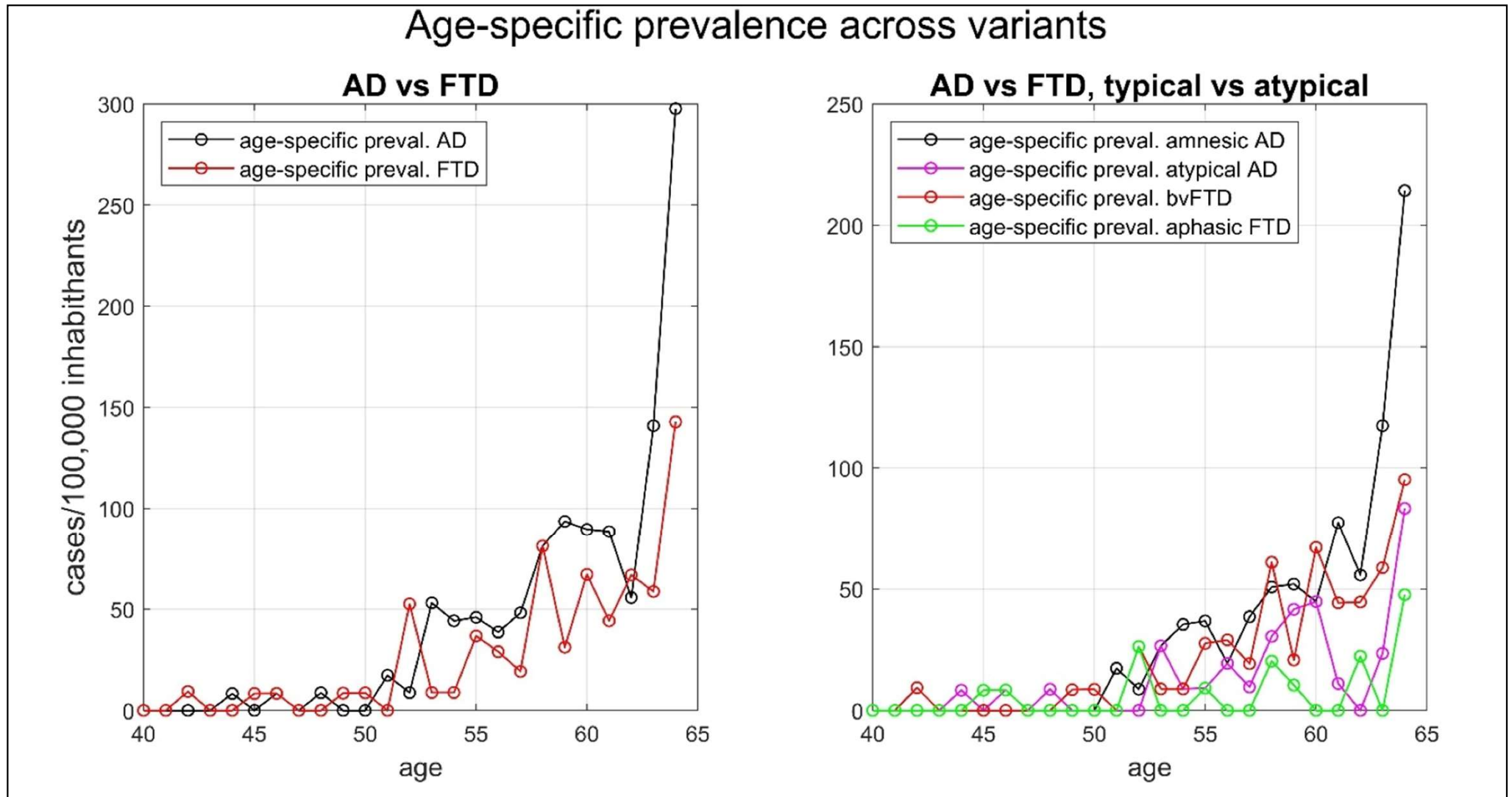
# Prevalenza delle diverse presentazioni cliniche di AD e FTD

**TABLE 4** AD and FTD presentations: crude incidence (period January 1, 2016 to June 30, 2019) and crude prevalence on census day (June 30, 2019) per 100,000 persons 30 to 64 years of age

Clinical subtypes	Prevalent clinical subtypes N (%)	Prevalence on June 30, 2019	Incident clinical subtypes N (%)	Incidence (January 1, 2016-June 30, 2019)
AD	113 (100)	32.6	61 (100)	5.0
Amnesic	77 (68.1)	22.2	45 (73.8)	3.7
Posterior cortical atrophy (PCA)	8 (7.1)	2.3	2 (3.3)	0.16
Logopenic variant (lvPPA)	20 (17.8)	5.8	10 (16.4)	0.8
Behavioral/dysexecutive	4 (3.5)	1.2	/	/
NOS	4 (3.5)	1.2	4 (6.5)	0.3
FTD SPECTRUM	78 (100)	22.5	52 (100)	4.3
Behavioral variant (bvFTD)	49 (62.8)	14.1	32 (61.5)	2.6
Semantic variant (svPPA)	11 (14.1)	3.2	9 (17.3)	0.74
Non-fluent primary progressive aphasia (nfvPPA)	2 (2.6)	0.6	2 (3.8)	0.16
FTD-ALS	6 <sup>a</sup> (7.7)	1.7	4 <sup>b</sup> (7.7)	0.32
Corticobasal syndrome (CBS)	5 (6.4)	1.4	2 (3.8)	0.16
Progressive supranuclear palsy (PSP)	4 (5.1)	1.2	3 (5.9)	0.25
NOS	1 (1.3)	0.3	/	/

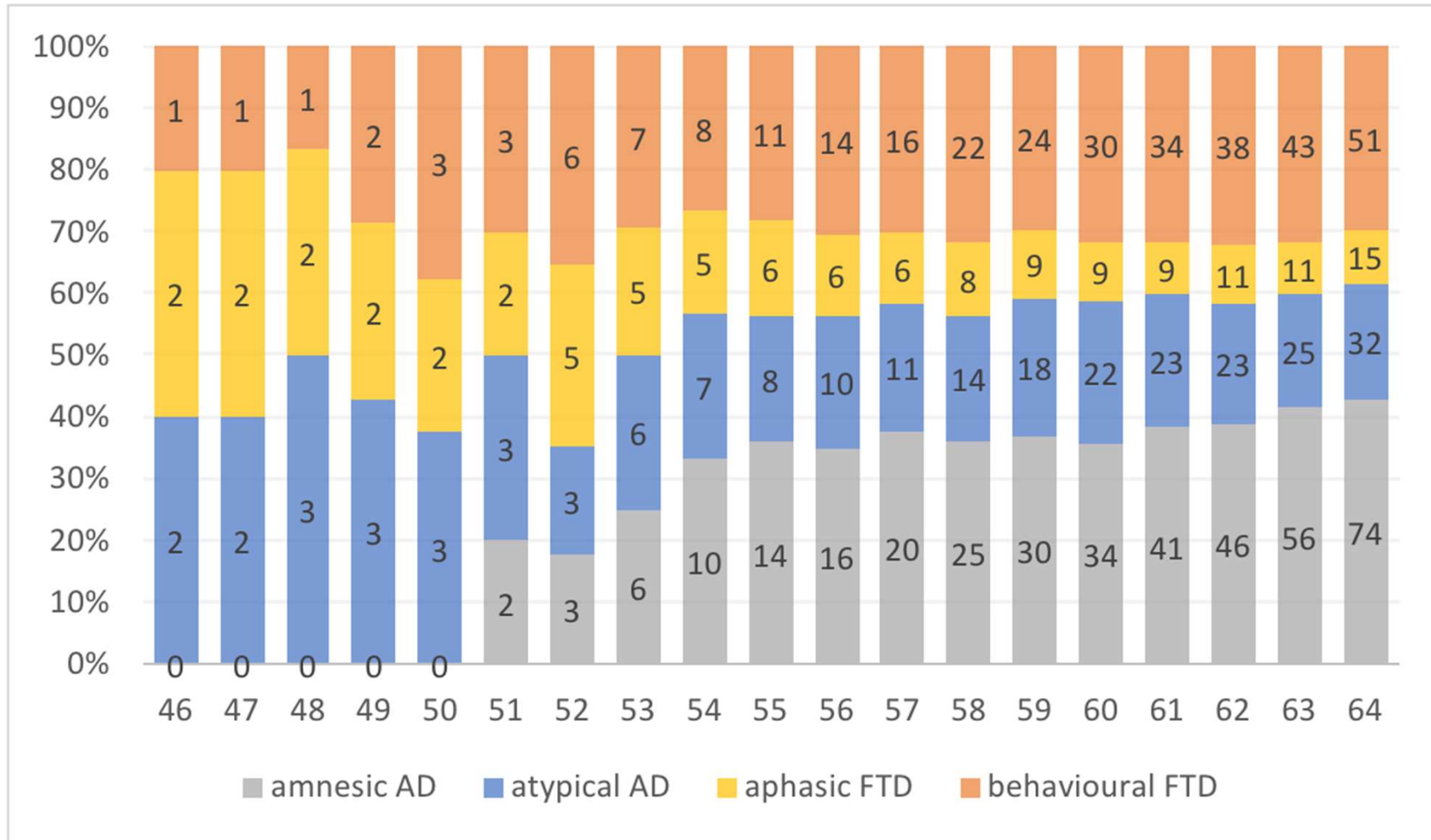
Come si comportano le varianti cliniche di AD e FTD all'aumentare dell'età?

# Come si comportano le varianti cliniche di AD e FTD all'aumentare dell'età?





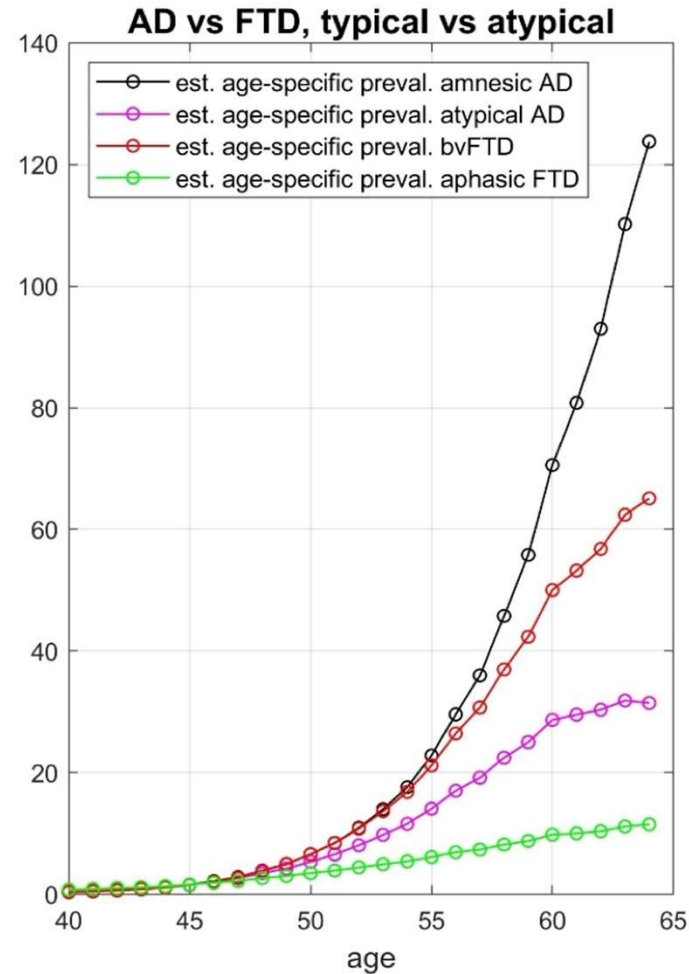
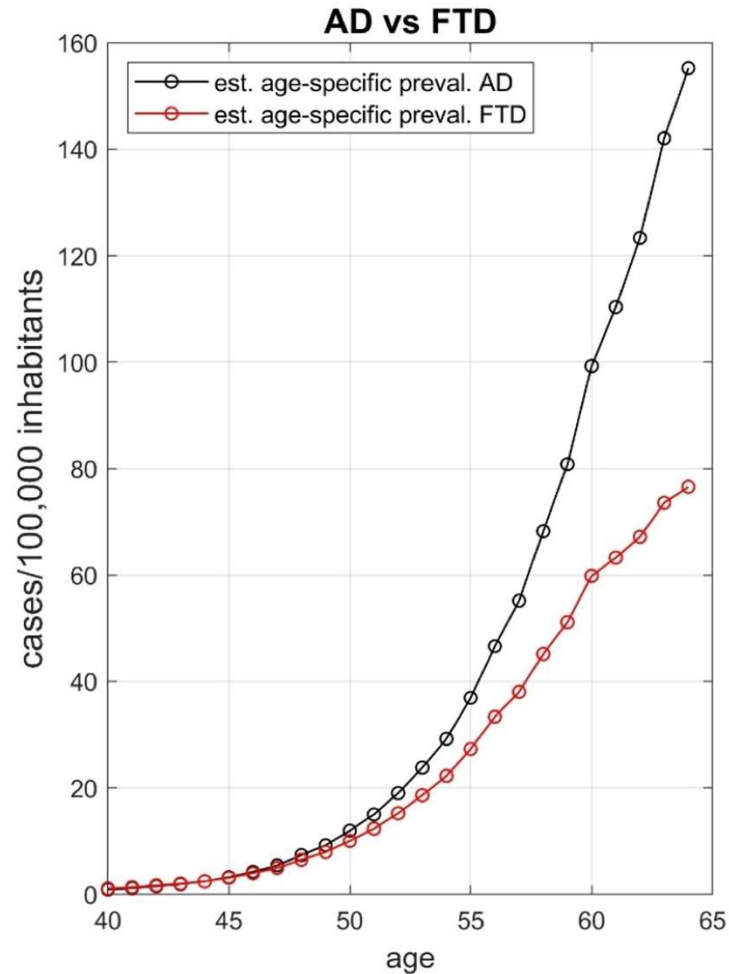
# Come si comportano le varianti di AD e FTD all'aumentare dell'età?



Zamboni et al, submitted

# Come si comportano le varianti di AD e FTD all'aumentare dell'età?

Estimated age-specific prevalence



$$F(x) \approx D + \frac{A - D}{\left[1 + \left(\frac{x}{C}\right)^B\right]^E}$$

- A controls the inferior asymptote.
- B refers to the steepness of the curve.
- C is related to the inflection point
- D controls the superior asymptote.
- E is the asymmetry factor.

Zamboni et al, submitted

(adjusted R-squared = 0.9679)

# YOD: un percorso complesso



# YOD: un percorso complesso

*La difficoltà diagnostica*



# YOD: un percorso complesso

## *La difficoltà diagnostica*



Journal of Alzheimer's Disease 88 (2022) 229–239  
DOI 10.3233/JAD-220215  
IOS Press

## Pre-Diagnostic Symptoms of Young-Onset Dementia in the General Practice up to Five Years Before Diagnosis

Stevie Hendriks<sup>a</sup>, Kirsten Peetoom<sup>a</sup>, Huibert Tange<sup>b</sup>, Marloes A. van Bokhoven<sup>b</sup>,  
Wiesje M. van der Flier<sup>c,d</sup>, Christian Bakker<sup>e,f,g</sup>, Janne M. Papma<sup>h</sup>, Raymond Koopmans<sup>e,f</sup>,  
Frans Verhey<sup>a</sup>, Sebastian Köhler<sup>a</sup> and Marjolein de Vugt<sup>a,\*</sup>

**Results:** Cognitive symptoms were more common in people with YOD 5 years before diagnosis, affective symptoms 4 years before diagnosis, social symptoms 3 years, behavioral symptoms 2 years, and daily functioning disturbances 1 year before diagnosis. The ROC-curve suggested that reporting two or more symptom categories at the GP gave the best trade-off between sensitivity (85%) and specificity (77%), for the highest percentage of correctly diagnosed persons.

**Conclusion:** This study showed people with YOD present differently than people without YOD. However, it may still be difficult for GPs to use these symptom categories to distinguish people with YOD, since the symptoms also occur in people with other diseases. A combination of reported symptom categories increases the probability of an underlying cause of YOD.

# YOD: un percorso complesso

## La difficoltà diagnostica



### Time to diagnosis in young-onset dementia as compared with late-onset dementia

D van Vliet <sup>1</sup>, M E de Vugt, C Bakker, Y A L Pijnenburg, M J F J Vernooij-Dassen, R T C M Koopmans, F R J Verhey

Psychol Med. 2013 Feb;43(2):423-32.

**Table 2.** Estimated duration (years) from symptom onset to diagnosis for each dementia subtype and test statistics for the differences between young- and late-onset AD and VaD

Diagnosis	YOD		LOD		Total	
	Mean (s.d.)	n	Mean (s.d.)	n	Mean (s.d.)	n
All	4.4 (3.1)	235	2.8 (2.1) <sup>a</sup>	167	3.8 (2.8)	402
AD	4.2 (3.0)	139	3.0 (2.2) <sup>b</sup>	122	3.6 (2.7)	261
FTD	6.4 (3.6)	29	3.3 (2.1)	3	6.1 (3.5)	32
VaD	3.9 (2.7)	35	2.2 (1.8) <sup>c</sup>	33	3.1 (2.4)	68
Other	4.1 (3.3)	32	3.4 (1.3)	9	4.0 (3.0)	41

# YOD: un percorso complesso

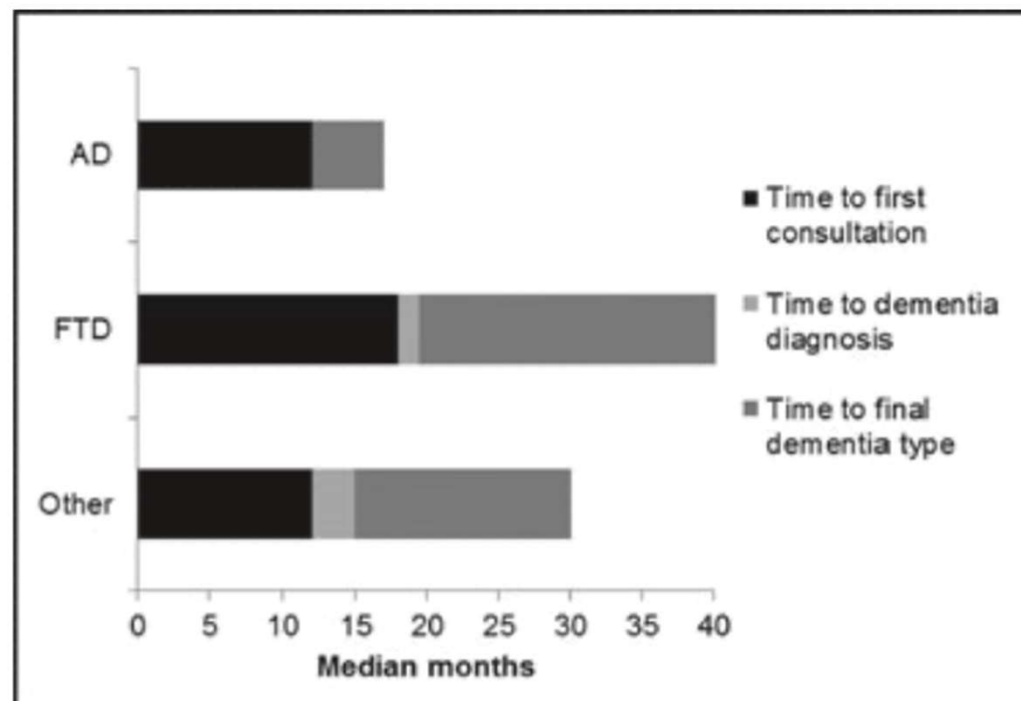
## La difficoltà diagnostica



### Time to diagnosis in young-onset dementia and its determinants: the INSPIRED study

Brian Draper<sup>1,2</sup>, Monica Cations<sup>1,3</sup>, Fiona White<sup>1</sup>, Julian Trollor<sup>4,5</sup>, Clement Loy<sup>6</sup>, Henry Brodaty<sup>1,2,4</sup>, Perminder Sachdev<sup>1,4,7</sup>, Peter Gonski<sup>8</sup>, Apo Demirkol<sup>9</sup>, Robert G. Cumming<sup>6</sup> and Adrienne Withall<sup>3</sup>

*Int J Geriatr Psychiatry* 2016



AD = Alzheimer's disease

FTD = frontotemporal dementia

**Figure 1** Dementia types, time to consultation and dementia diagnosis.

# YOD: un percorso complesso

## La difficoltà diagnostica



### Time to Diagnosis in Young Onset Alzheimer's Disease: A Population-Based Study from Central Norway

Journal of Alzheimer's Disease 82 (2021)

*M. Kvello-Alme et al. / Time to Diagnosis in Young Onset Alzheimer's Disease*

Onset to diagnosis

5.5 years

Onset - first visit to GP

3.4 years

First visit to GP - referral to hospital - first visit at hospital

7.5 months 2.8 months

First visit at hospital - recognition of dementia symptoms - diagnosis

2.8 months 1 year

MRI: 4.3 Lp: 8.3

CERAD: 6.5

Number of contacts at hospital before diagnosis

5.4



# YOD: un percorso complesso

## La difficoltà diagnostica



### How long does it take to diagnose young-onset dementia? A comparison with late-onset dementia

A. Chiari<sup>1</sup> · M. Tondelli<sup>2,3</sup> · C. Galli<sup>1,3</sup> · C. Carbone<sup>2</sup> · L. Fiondella<sup>2</sup> · S. Salemmè<sup>2</sup> · G. Vinceti<sup>1,2</sup> · R. Bedin<sup>2</sup>  
M. A. Molinari<sup>1</sup> · G. Zamboni<sup>1,2</sup>

Neurological Sciences

<https://doi.org/10.1007/s10072-022-06056-1>

	All patients	YOD	LOD	<i>p</i> value of comparison YOD vs LOD
<i>N</i>	168	95	73	
Female sex (%)	59.5%	60 (63%)	40 (55%)	<i>P</i> =0.342
Education, years	8.67 (4.1)	9.34 (4.1)	7.74 (3.8)	<i>P</i> = <b>0.016</b>
Age at symptoms onset	65.4 (8.4)	59.6 (4.2)	73.4 (5.7)	<i>P</i> < <b>0.001</b>
Age at disease diagnosis	68.4 (8.1)	63.6 (4.8)	75.9 (5.6)	<i>P</i> < <b>0.001</b>
MMSE at disease diagnosis	22.04 (4.3)	21.7 (4.9)	22.3 (3.4)	<i>P</i> =0.395
Psychiatric comorbidity	11.3%	26.7%	12.5%	<i>P</i> =0.249

Time to disease diagnosis (months)	36.9 (31.5)	<b>41.8 (36.7)</b>	30.6 (21.4)	<i>P</i> = <b>0.022</b>
Time to first assessment (months)	23.9 (21.2)	<b>28.4 (24)</b>	17.8 (14.8)	<i>P</i> = <b>0.001</b>
Time of diagnostic workup (months)	13.0 (23.02)	<b>13.2 (26.5)</b>	12.8 (17.4)	<i>P</i> =0.907

Living alone, %	21.4%	18.9	24.7%	<i>P</i> =0.449
Retired, %	93.4%	88.3%	100%	<i>P</i> = <b>0.003</b>
Retirement due to cognitive impairment, %	15%	25.5%	1.4%	<i>P</i> < <b>0.001</b>
Caregiver gender female, %	49.4%	40%	61.6%	<i>P</i> = <b>0.004</b>
Caregiver education	10.9 (4.21)	10.71 (4.0)	11.3 (4.4)	<i>P</i> =0.363
Disease diagnosis				
AD	58.9%	56%	61.6%	<i>P</i> =0.635
FTD	16.7%	23.2%	8.2%	<i>P</i> = <b>0.012</b>
VAD	8.3%	8.4%	8.2%	<i>P</i> =1
LBD	8.3%	3.2%	15.1%	<i>P</i> = <b>0.009</b>
Other dementias	7.8%	9.2	6.9%	<i>P</i> =0.389

# YOD: un percorso complesso

## La difficoltà diagnostica



### How long does it take to diagnose young-onset dementia? A comparison with late-onset dementia

A. Chiari<sup>1</sup> · M. Tondelli<sup>2,3</sup> · C. Galli<sup>1,3</sup> · C. Carbone<sup>2</sup> · L. Fiondella<sup>2</sup> · S. Salemmè<sup>2</sup> · G. Vinceti<sup>1,2</sup> · R. Bedin<sup>2</sup>  
M. A. Molinari<sup>1</sup> · G. Zamboni<sup>1,2</sup>

Neurological Sciences

<https://doi.org/10.1007/s10072-022-06056-1>

**Table 2** Univariable linear regression analyses (*time to disease diagnosis* as dependent variable) across all patients (in bold the significant variables)

	All patients
Sex	$P=0.892$
Caregiver sex	$P=0.179$
Patient education	$P=0.584$
Caregiver education	$P=0.715$
Living alone	$P=0.665$
Age of onset	$P = \mathbf{0.001} (\beta = -\mathbf{0.256})$
YOD/LOD	$P = \mathbf{0.022} (\beta = \mathbf{0.178})$
Coexisting depression	$P=0.706$
Time to first assessment	$P < \mathbf{0.001} (\beta = \mathbf{0.670})$
Time of diagnostic workup	$P < \mathbf{0.001} (\beta = \mathbf{0.737})$
AD	$P=0.144$
FTD	$P=0.689$
LBD	$P=0.311$
VaD	$P=0.969$
Other diagnoses	$P=0.637$

**Table 3** Univariable linear regression analyses (*time to first assessment* as dependent variable) across all patients (in bold the significant variables)

	All patients
Sex	$P=0.564$
Caregiver sex	$P=0.954$
Patient education	$P=0.581$
Caregiver education	$P=0.549$
Living alone	$P=0.082$
Age of onset	$P = \mathbf{0.001} (\beta = -\mathbf{0.312})$
YOD/LOD	$P = \mathbf{0.001} (\beta = \mathbf{0.246})$
Coexisting depression	$P = \mathbf{0.042} (\beta = \mathbf{0.222})$
Diagnosis	
AD	$P=0.076$
FTD	$P=0.724$
LBD	$P=0.109$
VaD	$P=0.204$
Other diagnoses	$P=0.731$
Language presentation	$P = \mathbf{0.031} (\beta = \mathbf{0.168})$

# YOD: un percorso complesso

*L'impatto sociale*



# YOD: un percorso complesso

## L'impatto sociale



**Health and Social Care** in the community

ORIGINAL ARTICLE

**Work-related experiences of people living with young-onset dementia in Japan**

Satomi Ikeuchi MEd, RN, PHN , Shizuko Omote PhD, RN, PHN, Koji Tanaka PhD, RN, PHN, Rie Okamoto PhD, RN, PHN, Yuko Morikawa PhD, MD, Osamu Iritani PhD, MD

First published: 06 September 2020 | <https://doi.org/10.1111/hsc.13157>

«Participants were able to continue working by letting others know about their illness and seeking support.... thanks to the support of work colleagues and medical and healthcare professionals who understand YOD»

Young- and Late-Onset Dementia: A Comparative Study of Quality of Life, Burden, and Depressive Symptoms in Caregivers

J Geriatr Psychiatry Neurol. 2021

[Nathália R. S. Kimura, MSc](#)  , [José Pedro Simões, PhD](#), [...], and [Marcia C. N. Dourado, PhD](#) 

## Children and young people's experience of parental dementia: A systematic review

Ilaria Chirico  | Giovanni Ottoboni | Marco Valente | Rabih Chattat

*Int J Geriatr Psychiatry.* 2021;36:975–992.

# YOD: un percorso complesso

## L'impatto sociale



Dementia and  
Geriatric Cognitive  
Disorders Extra

### Research Article

Dement Geriatr Cogn Disord Extra 2021;11:189–197  
DOI: 10.1159/000516585

## Determinants of Caregiver Burden in Early-Onset Dementia

Annalisa Chiari<sup>a</sup> Barbara Pistoresi<sup>b</sup> Chiara Galli<sup>a,c</sup> Manuela Tondelli<sup>a,c</sup>  
Giulia Vinceti<sup>a,d,e</sup> Maria Angela Molinari<sup>c</sup> Tindara Addabbo<sup>b</sup>  
Giovanna Zamboni<sup>a,d,e,f</sup>

	$\beta$	$\beta^*$	<i>p</i> values
Disease duration	-0.46	-0.27	0.000
Diagnostic delay	4.50	0.18	0.017
BPSD (NPI)	1.62	0.32	0.000
Children, <i>n</i>	-17.08	-0.25	0.000
Born ER	-23.20	-0.17	0.024
Caregiver sex	60.77	0.44	0.000
Caregiver age	-1.67	-0.31	0.002
Spouse caregiver	55.18	0.36	0.000
Caregiver sex × spouse caregiver	-39.93	-0.027	0.058
Financial distress	14.25	0.28	0.001
Days off work	-3.14	-0.15	0.000

# YOD: un percorso complesso

*Fine vita e mortalità*



# YOD: un percorso complesso

## *Fine vita e mortalità*

doi:10.1093/brain/awp248

Brain 2010; 133; 300–306 | 300

**BRAIN**

A JOURNAL OF NEUROLOGY

## Semantic dementia: demography, familial factors and survival in a consecutive series of 100 cases

John R. Hodges,<sup>1,2</sup> Jo Mitchell,<sup>2</sup> Kate Dawson,<sup>2</sup> Maria Grazia Spillantini,<sup>2</sup> John H. Xuereb,<sup>3</sup> Paul McMonagle,<sup>3</sup> Peter J. Nestor<sup>2</sup> and Karalyn Patterson<sup>4</sup>

## Comparing survival and mortality in patients with late-onset and young-onset vascular dementia

M.J. Yoo,<sup>1</sup> Matthew Kang,<sup>1,2,3</sup> Paraskevi Tsoukra,<sup>4</sup> Zhibin Chen,<sup>5</sup> Sarah Farrand,<sup>1</sup> Wendy Kelso,<sup>1</sup> Andrew Evans,<sup>6</sup> Dhamidhu Eratne,<sup>1,2</sup> Mark Walterfang,<sup>1,2,7</sup> Dennis Velakoulis,<sup>1,2</sup> and Samantha M. Loi<sup>1,2</sup>

*International Psychogeriatrics* (2023), 35:9, 519–527

## Genetic predictors of survival in behavioral variant frontotemporal degeneration

Carrie Caswell, MS, Corey T. McMillan, PhD, Sharon X. Xie, PhD, Viviana M. Van Deerlin, MD, PhD, EunRan Suh, PhD, Edward B. Lee, MD, PhD, John Q. Trojanowski, MD, PhD, Virginia M.-Y. Lee, PhD, David J. Irwin, MD, Murray Grossman, MD, EdD, and Lauren M. Massimo, PhD

*Neurology*® 2019;93:e1707-e1714. doi:10.1212/WNL.0000000000008387



## Survival in memory clinic cohort is short, even in young-onset dementia

Rhodus-Meester HFM, Tijms BM, Lemstra AW, et al. *J Neurol Neurosurg Psychiatry* 2019;**90**:726–728.

Received: 14 December 2022 | Accepted: 4 April 2023

DOI: 10.1002/gps.5913

RESEARCH ARTICLE

Geriatric Psychiatry WILEY

## Survival in Huntington's disease and other young-onset dementias

Samantha M. Loi<sup>1,2</sup> | Paraskevi Tsoukra<sup>3</sup> | Emily Sun<sup>1</sup> | Zhibin Chen<sup>4</sup> | Pierre Wibawa<sup>1</sup> | Maria di Biase<sup>2</sup> | Sarah Farrand<sup>1</sup> | Dhamidhu Eratne<sup>1,2,5</sup> | Wendy Kelso<sup>1</sup> | Andrew Evans<sup>6</sup> | Mark Walterfang<sup>1,2,5</sup> | Dennis Velakoulis<sup>1,2</sup>

## How Do Persons with Young and Late Onset Dementia Die?

Carola Roßmeier<sup>a,1</sup>, Julia Hartmann<sup>a,1</sup>, Lina Riedl<sup>a</sup>, Bianca Dorn<sup>a</sup>, Julia Fischer<sup>a</sup>, Florentine Hartmann<sup>a</sup>, Silvia Egert-Schwender<sup>b</sup>, Victoria Kehl<sup>c</sup>, Helga Schneider-Schelte<sup>d</sup>, Ralf J. Jox<sup>e</sup>, Andreas Dinkel<sup>f</sup> and Janine Diehl-Schmid<sup>a,g,\*</sup>

Journal of Alzheimer's Disease 81 (2021) 843–852  
DOI 10.3233/JAD-210046  
IOS Press

# YOD: un percorso complesso

*Fine vita e mortalità*



Received: 25 February 2022 | Revised: 13 July 2020 | Accepted: 24 July 2020  
DOI: 10.1002/alz.12177

**RESEARCH ARTICLE**

**Epidemiology of early presentations in the p... and its clinical... ia, Italy**

**Annalisa Chiari<sup>1</sup> | Giulia Vinc... | Manuela Tondelli<sup>4</sup> |  
Chiara Galli<sup>4,6</sup> | Luigi Fiondella... | Maria A. Molinari<sup>4</sup> |  
Tommaso Filippini<sup>2,3</sup> | Giovanna Zamboni<sup>1,2,3,8</sup> | Marco Vinceti<sup>2,7</sup>**



Alzheimer's & Dementia®  
THE JOURNAL OF THE ALZHEIMER'S ASSOCIATION

## DATI PRELIMINARI

	Tutti (Media anni, DS)	M (n=54)	F (n=45)
<b>Età al decesso</b>	67.7 (5.6)	68.9 (5.5)	68.9 (5.5)
<b>Durata di malattia</b>	8.8 (4.0)	8.1 (4.1)	9.7 (3.7)
<b>Sopravvivenza dalla dg</b>	5.6 (3.4)	4.9 (3.2)	6.4 (3.5)
	<b>AD</b>	<b>FTD</b>	
<b>Durata di malattia</b>	10.7 (3.5)	7.8 (3.2)	
<b>Sopravvivenza dalla dg</b>	7.1 (3.4)	4.9 (3.2)	



# YOD: un percorso complesso

## *Modelli organizzativi*



# YOD: un percorso complesso

## Modelli organizzativi



### Younger people in dementia care: A review of service needs, service provision and models of good practice

A. M. Beattie, G. Daker-White, J. Gilliard & R. Means

Aging Ment Health. 2002

### Reimagining Postdiagnostic Care and Support in Young-Onset Dementia

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JAMDA 23 (2022) 261–265

### Needs-appropriate services for people with young onset dementia: The perspectives of healthcare professionals

Dementia  
2021, Vol. 20(8) 2725–2745

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# YOD: un percorso complesso

## Modelli organizzativi



This block contains a collage of various dementia-related resources:

- DementiaUK**: Logo and contact information (0800 888 6678).
- Amsterdam UM**: Logo of the University of Amsterdam.
- Dementia Australia**: Website header for the Younger Onset Dementia Hub, featuring the headline "I have younger onset dementia" and a description: "Dementia Australia has partnered with people living with younger onset dementia, their families and carers to create an online hub - containing information and resources specific to younger onset dementia." Below this are four image-based sections: "About younger onset dementia", "Understanding your diagnosis", "Support services and programs", and "Living well with dementia".
- Netherlands**: Partially visible text "Young-ons Netherland".
- 2021-2**: A date range indicator.

This block contains a collage of regional healthcare logos and text:

- REGIONE DEL VENETO**: Logo of the Veneto Region.
- Il Percorso Diagnostico Terapeutico**: Text indicating a diagnostic and therapeutic pathway.
- ARS LIGURIA**: Logo of the Liguria Region.
- REGIONE LIGURIA**: Logo of the Liguria Region.
- SALUTE LAZIO**: Logo of the Lazio Region, including the text "SISTEMA SANITARIO REGIONALE".
- CDCC diagnostico-specialistici: ospedalieri o universitari, a cui fanno riferimento i casi di demenza giovanile**: Text describing specialized diagnostic centers for young-onset dementia.

# YOD: un percorso complesso

## *Modelli organizzativi*



**Linee di Indirizzo per l'Organizzazione del  
Percorso Diagnostico Terapeutico Assistenziale  
della Persona con Demenza ad Esordio Precoce  
nelle Aziende Sanitarie dell'Emilia-Romagna**

Delibera Num. 2062 del 06/12/2021

# YOD: un percorso complesso

## Modelli organizzativi



<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Piacenza</p>	<p><b>Percorso Diagnostico Terapeutico Socio Assistenziale (PDTA-S) per le Persone con disturbi Cognitivi e Demenza</b></p>	Codice	
		Versione	1
		Del	21/12/2021
		Pag.	1/24

<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Modena</p>	<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Ospedaliero-Universitaria di Modena</p>	<p>Ospedale di Sassuolo s.p.a.</p>
<p><i>Percorso diagnostico terapeutico assistenziale per le Persone con Disturbi Cognitivi e Demenza</i></p>		
Pag. 1 di 34	DI.DCD	Rev. 0 del BOZZA

<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Modena Azienda Ospedaliero-Universitaria di Modena</p>	<p><b>Percorso Diagnostico Terapeutico Assistenziale per i pazienti con Disturbi Cognitivi e Demenze ad esordio precoce</b></p>
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<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Piacenza</p> <p>Dipartimento di cure Primarie</p>	<p><b>ISTRUZIONE OPERATIVA Presenza in carico del paziente con Demenza ad Esordio Precoce (EOD)</b></p>	IO	
		Vers	01
		Del	
		Pag.	1/15

<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Bologna</p> <p>Istituto delle Scienze Neurologiche Istituto di Ricovero e Cura a Carattere Scientifico</p>	<p>POLICLINICO DI SANTORSOLA</p> <p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Ospedaliero-Universitaria di Bologna</p>
<p><b>PDTAI del paziente affetto da demenza</b></p>	
<p>Percorso Diagnostico Terapeutico Assistenziale Interaziendale</p>	
<p><b>PDTAI 012</b></p>	

<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale di Parma Azienda Ospedaliero-Universitaria di Parma</p>	<p><b>PDTA INTERAZIENDALE DEMENTE E EOD (DEMENTE AD ESORDIO GIOVANILE)</b></p>	REV. N. 00
		DEL
		01 DICEMBRE 2021

<p>SERVIZIO SANITARIO REGIONALE EMILIA-ROMAGNA Azienda Unità Sanitaria Locale della Romagna</p>	<p><b>PERCORSO DIAGNOSTICO TERAPEUTICO ASSISTENZIALE DELLE PERSONE CON DEMENZA</b></p>
<p>DIREZIONE SANITARIA</p>	

# YOD: un percorso complesso

*Siamo a buon punto?*

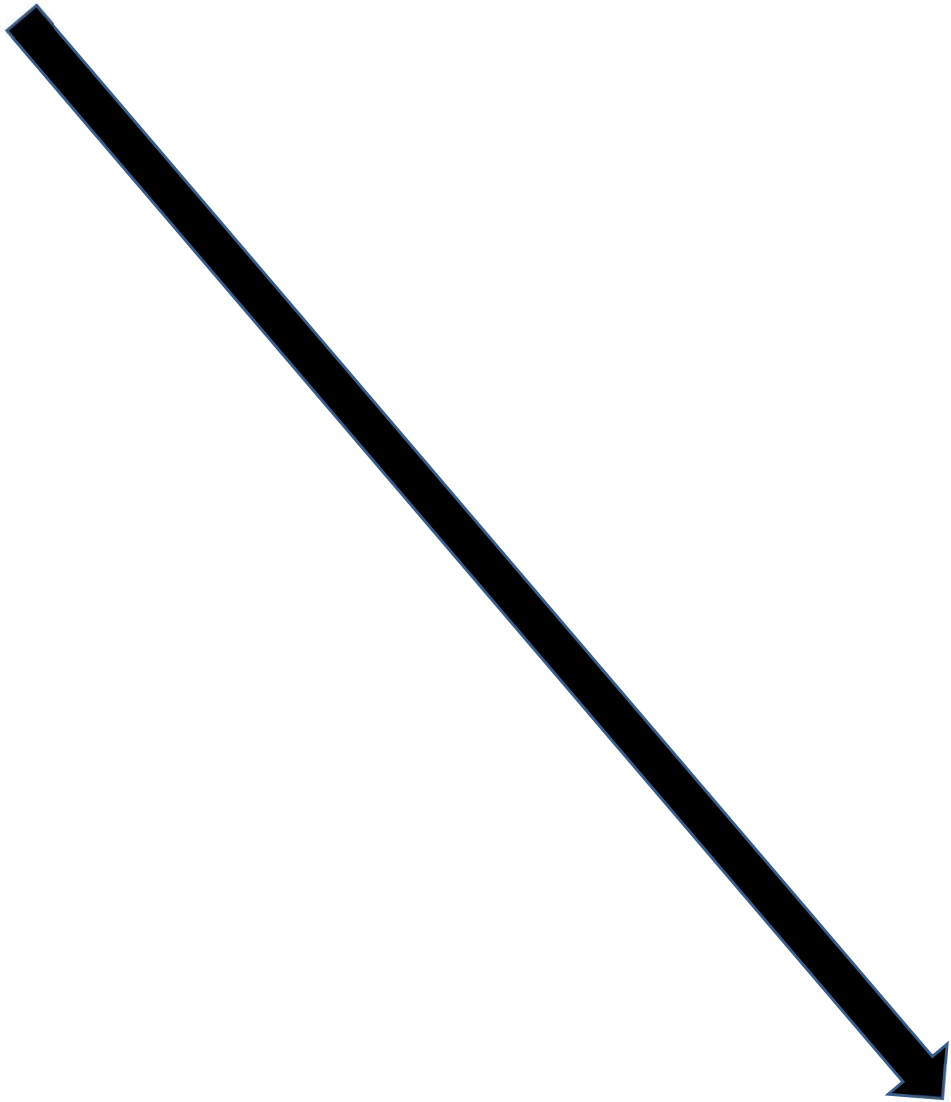


# YOD: un percorso complesso

*Siamo a buon punto?*



*«purtroppo mio marito rientra tra quelle demenze prima dei 65 anni **non ho avuto nessuna informazione** su questo possibile progetto anzi **viviamo nell'abbandono più completo**»*



GRAZIE