

LECTURE PRESENTATION

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Neurological and rehabilitative problems in the demented elderly person and the web integrated organization of social and health service

M locco

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Dementia in the third age is a real problem in the sub-system of Rehabilitation, inside the social-health system. Possible solutions are not to be found by creating a single structure, but by forming an integrated web of rehabilitation and welfare services that satisfy the whole range of the elderly and demented person's needs as much as possible, as well as the needs of the family in which this person lives.

In a rehabilitative context, outpatient clinics and inpatient clinics are predictable, but functional structures that don't force people to reach them, but are the structures themselves that reach people where they live are also predictable. We are talking about ADI and similar structures.

Each of these structures has his logic and his reason to exist, but much more in the integrated web context, in which clear borders don't exist, but instead there are smooth and constant communications able to permit a closely spaced succession of aid in real continuity related to the gradually changing needs.

Rehabilitation intervention must be of the global type, based on neurological and neuro-cognitive evaluation of the ill person, but also on all the other elements related to body structures and body functions, on the evaluation of the activity of the ill person and on his residual capacity of participation, and on the evaluation of the environment in which the ill person lives.

Rehabilitation intervention can and must be directed at the patient, without any doubt, with the aim of limiting the cognitive and the functional decline, that the pathology induces, but also and above all to the autonomy and self-sufficiency of the patient. For this reason, the rehabilitation intervention is also directed at the

family and the care-givers, and as much at the environment in which the patient and his family life takes place. This kind of intervention will be educative, supportive, but also looking for those "alternative and off-setting functional solutions" for the existing deficits, also through the utilization of the aids and the environmental modifications.

For all these reasons, the team working with elderly demented people must be supported by the real contribution of the physician and the physiotherapist, but also of the OT and the "educator", and must work in connection with the social-field operators and the other health-operators (neurologist, neuro-psychologist, nurse), including "MMG" and geriatrician.

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