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AZIENDA SANITARIA LOCALE DI BIELLA

FONDAZIONE 3Bi biblioteca biomedica biellese

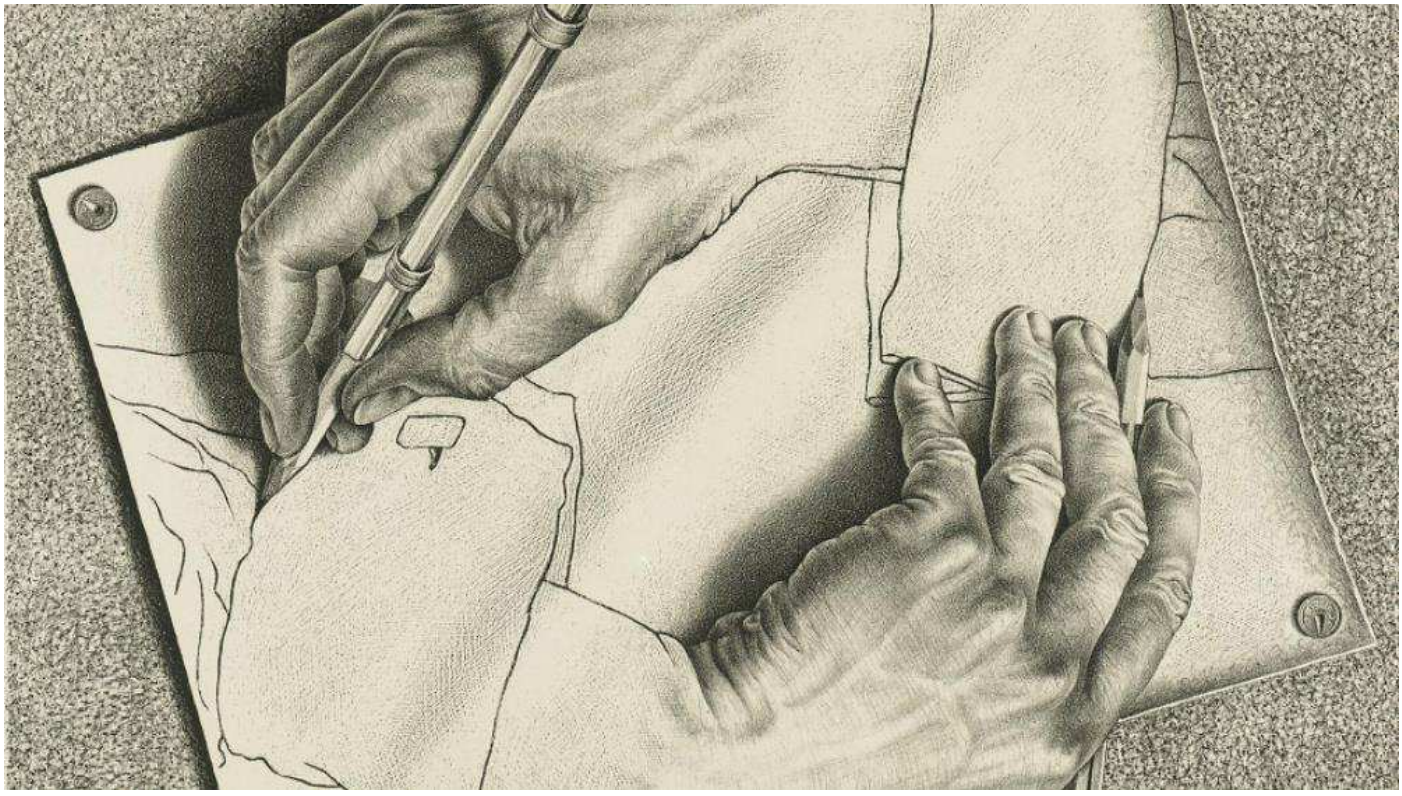
Con il patrocinio di

ORDINE DELLE PROFESSIONI INFERMIERISTICHE DI BIELLA

COVID 19 & MEDICAL HUMANITIES
Newsletter Scientifica

"Spesso la comprensione di una domanda è più importante e decisiva delle sue possibili risposte"

U. Galimberti



M.Escher, Mani che disegnano (1948)

Questa newsletter settimanale, redatta dal Servizio Formazione e Sviluppo Risorse Umane della ASL BI in collaborazione con la Biblioteca Biomedica 3Bi, si rivolge ai professionisti sanitari impegnati nella fase di emergenza Covid-19.

Fedeli alla filosofia che ha animato l'agire del nostro Servizio, la newsletter Covid 19 & Medical Humanities affianca alle risorse bibliografiche e agli articoli tratti dalle principali fonti istituzionali e scientifiche alcuni contributi che fanno riferimento alle discipline umanistiche.

Crediamo nel valore generato dall'integrazione dei saperi e ci auguriamo che la pubblicazione incontri il vostro gradimento.

Buona lettura!

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I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando qui

Newsletter

Pagina Pensieri Circolari

Pagina Fondazione 3BI

Comitato Redazionale

VI SEGNALIAMO che sul portale della BVS-P nella sezione TEMI → OPEN ACCESS potrete consultare tutte le novità sul tema "Open Access" (OA). Per OA si intende l'accesso libero e senza barriere al sapere scientifico. L'Open Access mira a favorire la condivisione e la crescita della conoscenza scientifica attraverso il libero accesso ai risultati della ricerca, senza le restrizioni previste dalle licenze commerciali tradizionali e dal costo dei periodici.

bvs-p

Per ricercare la letteratura internazionale

La Biblioteca Virtuale per la Salute - Piemonte è uno strumento di supporto all'attività degli Operatori della sanità piemontese. La BVS-P offre periodici elettronici e banche dati agli operatori della sanità piemontese per consentire loro di ricercare progressi e significati nella letteratura scientifica, sui temi della salute e dell'ambiente. Inoltre si propone di promuovere la medicina basata sulle evidenze, e di contribuire alla formazione nel campo della ricerca bibliografica e della valutazione critica della letteratura scientifica.

Articoli Consigliati

N Engl J Med. 2020 Dec 3. doi: 10.1056/NEJMc2032195. Online ahead of print.

Durability of Responses after SARS-CoV-2 mRNA-1273 Vaccination

Alicia T Widge 1, Nadine G Rouphael 2, Lisa A Jackson 3, Evan J Anderson 2, Paul C Roberts 4, Mamodikoe Makhene 4, James D Chappell 5, Mark R Denison 5, Laura J Stevens 5, Andrea J Pruijssers 5, Adrian B McDermott 4, Britta Flach 4, Bob C Lin 4, Nicole A Doria-Rose 4, Sijy O'Dell 4, Stephen D Schmidt 4, Kathleen M Neuzil 6, Hamilton Bennett 7, Brett Leav 7, Mat Makowski 8, Jim Albert 8, Kaitlyn Cross 8, Venkata-Viswanadh Edara 2, Katharine Floyd 2, Mehul S Suthar 2, Wendy Buchanan 4, Catherine J Luke 4, Julie E Ledgerwood 4, John R Mascola 4, Barney S Graham 4, John H Beigel 4, mRNA-1273 Study Group

PMID: 33270381 DOI: 10.1056/NEJMc2032195

To The Editor: We recently reported the results of a phase 1 trial of a messnger RNA vaccine, mRNA-1273, to prevent infection with SARSCoV-2; those interim results covered a period of 57 days after the first vaccination.1,2 Here, we describe immunogenicity data 119 days after the first vaccination (90 days after the second vaccination) in 34 healthy adult participants in the same trial who received two injections of vaccine at a dose of 100 µg. The injections were received 28 days apart. The recipients were stratified according to age (18 to 55 years, 56 to 70 years, or ≥71 years), and the assays used have been described previously(1,2). At the 100-µg dose, mRNA-1273 produced high levels of binding and neutralizing antibodies that declined slightly over time, as expected, but they remained elevated in all participants 3 months after the booster vaccination. Binding antibody responses to the spike receptor–binding domain were assessed by enzyme-linked immunosorbent assay. At the day 119 time point, the geometric mean titer (GMT) was 235,228 (95% confidence interval [CI], 177,236 to 312,195) in participants 18 to 55 years of age, 151,761 (95% CI, 88,571 to 260,033) in those 56 to 70 years of age, and 157,946 (95% CI, 94,345 to 264,420) in those 71 years of age or older (Fig. 1).

The Lancet Published:December 08, 2020 - DOI:https://doi.org/10.1016/S0140-6736(20)32661-1

Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK

Alison M Lawrie, Alice Lelliott, Vincenzo Libri, Patrick J Lillie, Raburn Mallory, Ana V A Mendes, Eveline P Milan, Angela M Minassian, Alastair McGregor, Hazel Morrison, Yama F Mujadidi, Anusha Nana, Peter J O'Reilly, Sherman D Padayachee, Ana Pittella, Emma Plested,Katrina M Pollock, Maheshi N Ramasamy, Sarah Rhead, Alexandre V Schwarzbold, Nisha Singh, Andrew Smith, Rinn Song, Matthew D Snape, Eduardo Sprinz, Rebecca K Sutherland, Richard Tarrant, Emma C Thomson, M Estée Török, Mark Toshner, David P J Turner, Johan Vekemans, Tonya L Villafana, Marion E E Watson, Christopher J Williams, Alexander D Douglas*, Adrian V S Hill*, Teresa Lambe*, Sarah C Gilbert*,Andrew J Pollard* on behalf of the Oxford COVID Vaccine Trial Group†

Summary: Background A safe and efficacious vaccine against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), if deployed with high coverage, could contribute to the control of the COVID-19 pandemic. We evaluated the safety and efficacy of the ChAdOx1 nCoV-19 vaccine in a pooled interim analysis of four trials.

Methods This analysis includes data from four ongoing blinded, randomised, controlled trials done across the UK, Brazil, and South Africa. Participants aged 18 years and older were randomly assigned (1:1) to ChAdOx1 nCoV-19 vaccine or control (meningococcal group A, C, W, and Y conjugate vaccine or saline).

Participants in the ChAdOx1 nCoV-19 group received two doses containing 5×10^{10} viral particles (standard dose; SD/SD cohort); a subset in the UK trial received a half dose as their first dose (low dose) and a standard dose as their second dose (LD/SD cohort). The primary efficacy analysis included symptomatic COVID-19 in seronegative participants with a nucleic acid amplification test-positive swab more than 14 days after a second dose of vaccine. Participants were analysed according to treatment received, with data cutoff on Nov 4, 2020. Vaccine efficacy was calculated as 1−relative risk derived from a robust Poisson regression model adjusted for age. Studies are registered at ISRCTN89951424 and ClinicalTrials.gov, NCT04324606, NCT04400838, and NCT04444674. Findings Between April 23 and Nov 4, 2020, 23 848 participants were enrolled and 11636 participants (7548 in the UK 4088 in Brazil) were included in the interim primary efficacy analysis. In participants who received two standard doses, vaccine efficacy was 62·1% (95% CI 41·0–75·7; 27 [0·6%] of 4440 in the ChAdOx1 nCoV-19 group vs 71 [1·6%] of 4455 in the control group) and in participants who received a low dose followed by a standard dose, efficacy was 90·0% (67·4–97·0; three [0·2%] of 1367 vs 30 [2·2%] of 1374; pinteraction=0·010). Overall vaccine efficacy across both groups was 70·4% (95·8% CI 54·8–80·6; 30 [0·5%] of 5807 vs 101 [1·7%] of 5829). From 21 days after the first dose, there were ten cases hospitalised for COVID-19, all in the control arm; two were classified as severe COVID-19, including one death. There were 74341 person-months of safety follow-up (median 3·4 months, IQR 1·3–4·8):175 severe adverse events occurred in 168 participants, 84 events in the ChAdOx1 nCoV-19 group and 91 in the control group. Three events were classified as possibly related to a vaccine: one in the ChAdOx1 nCoV-19 group, one in the control group, and one in a participant who remains masked to group allocation.

Interpretation ChAdOx1 nCoV-19 has an acceptable safety profile and has been found to be efficacious against symptomatic COVID-19 in this interim analysis of ongoing clinical trials.

Funding UK Research and Innovation, National Institutes for Health Research (NIHR), Coalition for Epidemic Preparedness Innovations, Bill & Melinda Gates Foundation, Lemann Foundation, Rede D'Or, Brava and Telles Foundation, NIHR Oxford Biomedical Research Centre, Thames Valley and South Midland's NIHR Clinical Research Network, and AstraZeneca.

N Engl J Med. 2020 Dec 2. doi: 10.1056/NEJMoa2023184. Online ahead of print.

Repurposed Antiviral Drugs for Covid-19 - Interim WHO Solidarity Trial Results

WHO Solidarity Trial Consortium; Hongchao Pan 1, Richard Peto 1, Ana-Maria Henao-Restrepo 1, Marie-Pierre Preziosi 1, Vasee Sathiyamoorthy 1, Quarraisha Abdool Karim 1, Marissa M Alejandria 1, César Hernández García 1, Marie-Paule Kieny 1, Reza Malekzadeh 1, Srinivas Murthy 1, K Srinath Reddy 1, Mirta Roses Periago 1, Pierre Abi Hanna 1, Florence Ader 1, Abdullah M Al-Bader 1, Almonther Alhasawi 1, Emma Allum 1, Athari Alotaibi 1, Carlos A Alvarez-Moreno 1, Sheila Appadoo 1, Abdullah Asiri 1, Pål Aukrust 1, Andreas Barratt-Due 1, Samir Bellani 1, Mattia Branca 1, Heike B C Cappel-Porter 1, Nery Cerrato 1, Ting S Chow 1, Najada Como 1, Joe Eustace 1, Patricia J García 1, Sheela Godbole 1, Eduardo Gotuzzo 1, Laimonas Griskevicius 1, Rasha Hamra 1, Mariam Hassan 1, Mohamed Hassany 1, David Hutton 1, Irmansyah Irmansyah 1, Ligita Jancoriene 1, Jana Kirwan 1, Suresh Kumar 1, Peter Lennon 1, Gustavo Lopardo 1, Patrick Lydon 1, Nicola Magrini 1, Teresa Maguire 1, Suzana Manevska 1, Oriol Manuel 1, Sibylle McGinty 1, Marco T Medina 1, María L Mesa Rubio 1, Maria C Miranda-Montoya 1, Jeremy Nel 1, Estevao P Nunes 1, Markus Perola 1, Antonio Portolés 1, Menaldi R Rasmin 1, Aun Raza 1, Helen Rees 1, Paula P S Reges 1, Chris A Rogers 1, Kolawole Salami 1, Marina I Salvadori 1, Narvina Sinani 1, Jonathan A C Sterne 1, Milena Stevanovikj 1, Evelina Tacconelli 1, Kari A O Tikkinen 1, Sven Trelle 1, Hala Zaid 1, John-Arne Røttingen 1, Soumya Swaminathan 1

PMID: 33264556 DOI: 10.1056/NEJMoa2023184

Abstract: Background: World Health Organization expert groups recommended mortality trials of four repurposed antiviral drugs - remdesivir, hydroxychloroquine, lopinavir, and interferon beta-1a - in patients hospitalized with coronavirus disease 2019 (Covid-19).

Methods: We randomly assigned inpatients with Covid-19 equally between one of the trial drug regimens that was locally available and open control (up to five options, four active and the local standard of care). The intention-to-treat primary analyses examined in-hospital mortality in the four pairwise comparisons of each trial drug and its control (drug available but patient assigned to the same care without that drug). Rate ratios for death were calculated with stratification according to age and status regarding mechanical ventilation at trial entry.

Results: At 405 hospitals in 30 countries, 11,330 adults underwent randomization; 2750 were assigned to receive remdesivir, 954 to hydroxychloroquine, 1411 to lopinavir (without interferon), 2063 to interferon (including 651 to interferon plus lopinavir), and 4088 to no trial drug. Adherence was 94 to 96% midway through treatment, with 2 to 6% crossover. In total, 1253 deaths were reported (median day of death, day 8; interquartile range, 4 to 14). The Kaplan-Meier 28-day mortality was 11.8% (39.0% if the patient was already receiving ventilation at randomization and 9.5% otherwise). Death occurred in 301 of 2743 patients receiving remdesivir and in 303 of 2708 receiving its control (rate ratio, 0.95; 95% confidence interval [CI], 0.81 to 1.11; P = 0.50), in 104 of 947 patients receiving hydroxychloroquine and in 84 of 906 receiving its control (rate ratio, 1.19; 95% CI, 0.89 to 1.59; P = 0.23), in 148 of 1399 patients receiving lopinavir and in 146 of 1372 receiving its control (rate ratio, 1.00; 95% CI, 0.79 to 1.25; P = 0.97), and in 243 of 2050 patients receiving interferon and in 216 of 2050 receiving its

control (rate ratio, 1.16; 95% CI, 0.96 to 1.39; P = 0.11). No drug definitely reduced mortality, overall or in any subgroup, or reduced initiation of ventilation or hospitalization duration.
Conclusions: These remdesivir, hydroxychloroquine, lopinavir, and interferon regimens had little or no effect on hospitalized patients with Covid-19, as indicated by overall mortality, initiation of ventilation, and duration of hospital stay. (Funded by the World Health Organization; ISRCTN Registry number, ISRCTN83971151; ClinicalTrials.gov number, NCT04315948.).

BMJ Open Resp Res: first published as 10.1136/bmjresp-2020-000692 on 4 November 2020
doi.org/10.1136/bmjresp-2020-000692

CPAP management of COVID-19 respiratory failure: a first quantitative analysis from an inpatient service evaluation

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Abstract: Objective To evaluate the role of continuous positive air pressure (CPAP) in the management of respiratory failure associated with COVID-19 infection. Early clinical management with limited use of CPAP (3% of patients) was compared with a later clinical management strategy which had a higher proportion of CPAP use (15%).
Design Retrospective case-controlled service evaluation for a single UK National Health Service (NHS) Trust during March–June 2020 designed and conducted solely to estimate the effects of current care.
Setting The acute inpatient unit in Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, a medium-sized English NHS Trust.
Participants 206 patients with antigen confirmed COVID-19 disease and severe acute respiratory syndrome admitted between 17 March 2020 and 3 April 2020 for the early group (controls), and between 10 April 2020 and 11 May 2020 for the late group (cases). Follow-up for all cases was until 11 June by which time all patients had a final outcome of death or discharge. Both groups were composed of 103 patients. Cases and controls were matched by age and sex.
Outcome measure The outcome measure was the proportion of patients surviving at time t (time from the positive result of COVID-19 test to discharge/death date). The predictors were CPAP intervention, intubation, residence in care homes and comorbidities (renal, pulmonary, cardiac, hypertension and diabetes). A stratified Cox proportional hazard for clustered data (via generalised estimating equations) and model selection algorithms were employed to identify the effect of CPAP on patients' survival and the effect on gas exchange as measured by alveolar arterial (A-a) gradient and timing of CPAP treatment on CPAP patients' survival.
Results CPAP was found to be significantly (HR 0.38, 95% CI 0.36 to 0.40) associated with lower risk of death in patients with hospital stay equal to, or below 7 days. However, for longer hospitalisation CPAP was found to be associated with increased risk of death (HR 1.72, 95% CI 1.40 to 2.12). When CPAP was initiated within 4 days of hospital admission, the survival probability was above 73% (95% CI 53% to 99%). In addition, lower A-a gradient was associated with lower risk of death in CPAP patients (HR 1.011, 95% CI 1.010 to 1.013). The selected model (best fit) was stratified by sex and clustered by case/control groups. The predictors were age, intubation, hypertension and the residency from care homes, which were found to be statistically significantly associated with patient's death/discharge.
Conclusions CPAP is a simple and cost-effective intervention. It has been established for care of other respiratory disorders but not for COVID-19 respiratory failure. This evaluation establishes that CPAP as a potentially viable treatment option for this group of patients during the first days of hospital admission. As yet there is limited availability of quantitative research on CPAP use for COVID-19. Whist this work is hampered by both the relatively small sample size and retrospective design (which reduced the ability to control potential confounders), it represents evidence of the significant benefit of early CPAP intervention. This evaluation should stimulate further research questions and larger study designs on the potential benefit of CPAP for COVID-19 infections. Globally, this potentially beneficial low cost and low intensity therapy could have added significance economically for healthcare provision in less developed countries.

Indicazioni AIFA in merito ai trattamenti utilizzabili nei pazienti COVID-19 (versione scaricabile)

Principi di gestione dei casi COVID-19 nel setting domiciliare

Il presente documento comprende alcune raccomandazioni sul trattamento farmacologico domiciliare dei casi lievi ed una panoramica generale delle **LINEE DI INDIRIZZO AIFA** sulle principali categorie di farmaci utilizzabili in questo setting.

J Am Med Dir Assoc. 2020 Nov 19; S1525-8610(20)30975-0.

Changes in Advance Care Planning for Nursing Home Residents During the COVID-19 Pandemic

Ping Ye 1, Liam Fry 2, Jane Dimmitt Champion 3

PMID: 33290730 PMCID: PMC7674113 DOI: 10.1016/j.jamda.2020.11.011

Abstract: Objective: Describe the care preference changes among nursing home residents receiving proactive Advance Care Planning (ACP) conversations from health care practitioners during the COVID-19 pandemic.
Design: Retrospective chart review.
Setting and participants: Nursing home residents (n = 963) or their surrogate decision makers had at least 1 ACP conversation with a primary health care practitioner between April 1, 2020, and May 30, 2020, and made decisions of any changes in code status and hospitalization preferences.
Methods: Health care practitioners conducted ACP conversations proactively with residents or their surrogate decision makers at 15 nursing homes in a metropolitan area of the southwestern United States between April 1, 2020, and May 30, 2020. ACP conversations reviewed code status and goals of care including Do Not Hospitalize (DNH) care preference. Resident age, gender, code status, and DNH choice before and after the ACP conversations were documented. Descriptive data analyses identified significant changes in resident care preferences before and after ACP conversations.
Results: Before the most recent ACP discussion, 361 residents were full code status and the rest were Out of Hospital Do Not Resuscitate (DNR). Of the individuals with Out of Hospital DNR, 188 residents also chose DNH. After the ACP conversation, 88 residents opted to change from full code status to Out of Hospital DNR, thereby increasing the percentage of residents with Out of Hospital DNR from 63% to 72%. Almost half of the residents decided to keep or change to the DNH care option after the ACP conversation.
Conclusion and implications: Proactive ACP conversations during COVID-19 increased DNH from less than a quarter to almost half among the nursing home residents. Out of Hospital DNR increased by 9%. It is important for all health care practitioners to proactively review ACP with nursing home residents and their surrogate decision makers during a pandemic, thereby ensuring care consistent with personal goals of care and avoiding unnecessary hospitalizations.
Keywords: Advance care planning; COVID-19; nursing home.

A tutti i giovani raccomando

A tutti i giovani raccomando:
aprite i libri con religione,
non guardateli superficialmente,
perché in essi è racchiuso
il coraggio dei nostri padri.
E richiudeteli con dignità
quando dovete occuparvi di altre cose.
Ma soprattutto amate i poeti.
Essi hanno vangato per voi la terra
per tanti anni, non per costruivi tombe,
o simulacri, ma altari.
Pensate che potete camminare su di noi
come su dei grandi tappeti
e volare oltre questa triste realtà
quotidiana.

A.Merini – da “La vita facile"
Bompiani, 2001

Estratto da libro: **"Unità Covid. Riscoprirsi medici".**

Bruna

Bruna è uno spettacolo. 91 anni, ma dà molti punti alla maggior parte di noi. Ridiamo alle sue battute. Non è mai invadente, ma è simpaticissima. Ci racconta della sua famiglia, della sua vita. Cinquant'anni a condurre strutture nella montagna dei nostri appennini. Sa come va la vita. Si discorre di tutto. Se le si fanno dei complimenti se li prende volentieri e scherza anche su quelli. È solo un po' sorda per cui ti guarda intensamente e un po' corrucciata, ma se la conosci si capisce che lo fa per non perdersi le parole, per capire bene, e al termine della frase le si distende il volto e risponde con un gran volto sereno, magari anche ilare.
Racconta della sua vita, della sua famiglia, soprattutto di suo figlio. Oramai, dopo tanti giorni, siamo amici, e qualche volta si permette di andare anche sopra le righe: «Come andiamo oggi?» «Per me bene. Ma quei cinesi se la possono prendere nel culo». Ci coglie di sorpresa e scoppiamo a ridere. Marco e Maria Teresa, gli infermieri presenti alla scena mi guardano come a chiedersi se sia possibile. Peccato che certi rapporti siano destinati a non proseguire. Ma non per questo sono parentesi effimere.
Un incontro è per sempre; anche quando è fugace, se ha un solo accento di verità, rimane, e in questa condizione molto peculiare e che è propria della medicina – di essere cioè assieme per recuperare la salute – è più facile che il rapporto sia vero, che ne emerga la radice profonda. Anche questo è un aspetto affascinante del nostro lavoro.

Giorgio Bordin, *direttore sanitario del Piccole Figlie Hospital di Parma, è immunologo e reumatologo.*

I webinar di Pensieri Circolari

Con l'incontro di giovedì 10 dicembre si è concluso il primo ciclo dei webinar di medicina narrativa organizzati nell'ambito del Convegno Pensieri Circolari.
Una serie di cinque incontri si sono susseguiti fin da ottobre, per accompagnare virtualmente i medici, gli psicologi, i formatori e tutti gli interessati al tema in un viaggio attraverso la narrazione dell'esperienza della malattia. Con un totale di circa 400 iscritti, i neonati webinar di Pensieri Circolari si sono rivelati un prodotto formativo efficace e coinvolgente. Numerosi i riscontri positivi da parte dei discenti e le richieste per una nuova edizione non si sono fatte attendere.
Lo staff del Convegno è dunque già a lavoro per preparare un altro ciclo, da attendersi per il 2021.
L'invito, per chi desidera rimanere aggiornato, è di seguire la Pagina Facebook Pensieri Circolari, oltre a quello di iscriversi alla Newsletter della S.S. Formazione e Sviluppo Risorse Umane ASL BI.

Link su Convegno Pensieri Circolari:
https://www.vocieimmaginidicura.it/ambienti-narrativi/

AZIENDA SANITARIA LOCALE DI BIELLA — Pensieri circolari — Hospital Narrative Network — iraclia — SIMeN

VOCE anch'io.
Dispositivi narrativi e di ascolto reciproco per elaborare l'esperienza vissuta nell'emergenza Covid-19, soffermandosi su temi essenziali della nostra vita professionale.

AZIENDA SANITARIA LOCALE DI BIELLA

WEBINAR YouTube

Un appuntamento periodico di condivisione ed elaborazione dell'esperienza.

Prossimo appuntamento online sulla piattaforma "GoToMeeting"

17 Dicembre 2020
dalle 17.00 alle 18.30

Per info e collegamento alla piattaforma:
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La complessità del progresso
Mauro Ceruti

https://www.youtube.com/watch?v=45Y99qgTGEc

Vaccino Anti Covid19: "Le ragioni della scienza, le preoccupazioni dei cittadini"
https://www.youtube.com/watch?v=Hf8L8vBY7QY