



Ente Ospedaliero Cantonale

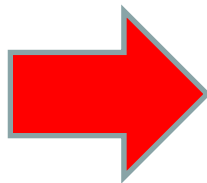
# DIVENTARE PROTAGONISTA DEL CAMBIAMENTO DOPO IL PERCORSO ONCOLOGICO

GIOTI 12.11.2015, Dr.ssa S.Mauri



**lega ticinese contro il cancro**

Cure oncologiche multimodali ( chirurgia, radioterapia, chemioterapia, ...) = aumento della sopravvivenza, ma anche di effetti collaterali ed esiti, che riducono le capacità fisiche e psichiche dei pazienti



normale ripresa lavorativa e sociale  
compromessa



# Quali sono i disturbi rilevati?



- **Astenia**
- **Decondizionamento fisico/sarcopenia**
- **Neuropatia periferica sensomotoria**
- **Disturbi della nutrizione**
- Disturbi ormonali (menopausa, andropausa,...)
- Umore alterato (ansia, depressione, ....)
- Problemi sociali ( perdita del ruolo, insicurezza,...)
- Problemi lavorativi (incapacità lavorativa, licenziamento,...).

**TABLE 2.** Current Unmet Need Themes: Frequency and Codebook Description (n = 1514)

Unmet Need Domain	n	%	Codebook Description
1. Physical	578	38.2	Needs and issues experienced in or affecting the body, including pain, symptoms, sexual dysfunction, and care of body (such as diet, exercise, and rest).
2. Financial	307	20.3	Needs related to money, insurance, and the affordability of needed services and products.
3. Education/information	295	19.5	Needs related to unanswered questions and the lack of knowledge regarding what to expect as a cancer survivor, follow-up care, self-care, cancer and health research, and cancer risks, causes, and prevention.
4. Personal control	249	16.4	Needs related to an individual's ability to maintain autonomy in terms of the physical self (sexual function, evacuation, and ambulation) and the social self (disclosure about cancer and ability to make plans and socialize). Also includes wishes to return to "normal" and finding a "new normal."
5. System of care	235	15.5	Needs related to the health care system, including constraints and flaws that affect early detection, diagnosis, treatment, follow-up care, continuity of care, and inadequate response from health care providers.
6. Resources	209	13.8	Needs related to availability and access to supplies, equipment, therapies and medications (including alternative and complementary), and transportation services.
7. Emotions/mental health	207	13.7	Needs related to psychological issues, including fear (recurrence, new cancers, death, and dying), depression, anxiety, and negative feelings (mistrust toward body, anger, and guilt).
8. Social support	193	12.7	Needs related to psychosocial and interpersonal issues, including intimacy, access to support groups, opportunities to use one's own experiences to help others, and participation in social situations
9. Societal	151	10.0	Needs revealed from respondents' commentary about conditions and issues related to society's response to cancer, including social norms, discrimination, misinformation, policies, and resource allocation (insurance coverage).
10. Communication	129	8.5	Needs related to discourse (talking) and information exchange (explaining) about cancer and cancer experience with others (including survivor and doctor and survivor and family/friends/employers) and among medical providers.
11. Provider relationship	124	8.5	Needs related to trust in health care providers, including decision-making, follow-through, follow-up, and support.
12. Cure	53	3.5	Needs related to a wish for a cure for cancer and hopes of effective treatments for self and others.
13. Body image	53	3.5	Needs related to negative perception of body, including feeling unattractive and/or ashamed and loss of trust in body.
14. Survivor identity	47	3.1	Pertains to the respondent either explicitly identifying or not identifying as a cancer survivor because the respondent does not like the term "survivor" or feels that he or she has not reached a specific milestone to be called a survivor (eg, not still in treatment or living a specific number of years since the diagnosis).
15. Employment	35	2.3	Needs pertaining to maintaining or obtaining a source of income that is appropriate given the cancer experience.
16. Existential	9	0.6	Needs pertaining to attaining peace in life and spirituality and making sense or meaning of the cancer experience.





# Ma si può rimediare???



# Astenia

- Origine multifattoriale ( farmaci, radioterapia, anemia,..)
- Presente nel 50-90% dei pazienti, invalidante
- Generalmente reversibile



Migliora con l'attività fisica e non con il riposo!

*«Cancer-related fatigue: a practical review, M.P.Campos, Miami, Annals of Oncology 22; 1273-1279, 2011».*



# Decondizionamento/sarcopenia

- Causata da inattività prolungata
- Corticosteroidi (muscolatura prossimale degli arti)



Allenamento cardiovascolare intenso + forza



# Neuropatia periferica

- Causata da farmaci neurotossici (platinanti, taxani, bortezomib, derivati della vinca,...)
- Generalmente reversibile
- Spesso causa di cadute fra gli anziani
- Neurolettici e alcuni antidepressivi diminuiscono la componente algica



Agopuntura diminuisce il tempo di recupero  
(indicazione riconosciuta)

Allenamento intensivo



## Exercise program improves therapy-related side-effects and quality of life in lymphoma patients undergoing therapy

F. Streckmann<sup>1,2</sup>, S. Kneis<sup>1,2</sup>, J. A. Leifert<sup>3</sup>, F. T. Baumann<sup>5</sup>, M. Kleber<sup>1</sup>, G. Ihorst<sup>1,4</sup>, L. Herich<sup>6</sup>, V. Grüssinger<sup>1</sup>, A. Gollhofer<sup>2</sup> & H. Bertz<sup>1\*</sup>

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- Allenamento bisettimanale supervisionato
- Pausa di 24h dopo la chemio
- Durata 1h, divisa in:
  - Allenamento aerobico di resistenza: cicloergo o tappeto al 70% MHR inizio e fine sessione
  - Allenamento sensomotorio: 4 esercizi di stabilizzazione della postura, 3 serie da 20"
  - Allenamento forza: 4 esercizi di resistenza di 1'





# Risultati/1

- Pazienti beneficiano del programma allenamento
- Miglioramento della neuropatia periferica:
  - Possibile effetto rigenerativo del SMT sulle fibre nervose
  - Plasticità del sistema nervoso (aumento della densità dei recettori, attivazione dei neuroni efferenti tramite aumento del metabolismo, abbassamento della soglia di eccitabilità, induzione dell'effetto di apprendimento soprasspinale).

# Risultati/2

- L'allenamento dell'equilibrio: migliorando l'equilibrio, la sensibilità profonda e la marcia, si contribuisce ad aumentare la mobilità.
- Punti di forza:
  - primo studio randomizzato su neuropatia ed equilibrio in pazienti onco
  - riguarda tutte le fasi della terapia
  - non eventi avversi

# Disturbi della nutrizione/1

- Spesso dieta disequilibrata: limitata da disgeusia, nausea, mucosite, ...
- Carenze vitamine e oligoelementi, ipoalbuminemia
- Sovrappeso e obesità durante le cure possono peggiorare (CAVE: steroidi) e favorire una sindrome metabolica
- Calo ponderale e cachessia (tumori ORL, GI)



## Definizione di Sindrome Metabolica

### Caratteristiche

Obesità

Valori pressori

Dislipidemia

Glicemia

Per la diagnosi

### NCEP ATP III

Circonferenza alla vita  
>102 cm negli uomini e  
> 88 cm nelle donne

Terapia antipertensiva  
e/o PA > 130/85 mmHg

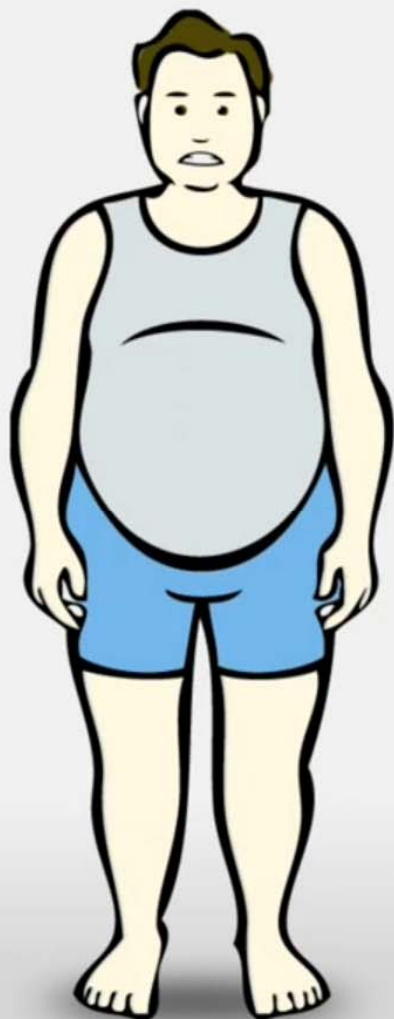
Trigliceridi > 150 mg/dL,  
colesterolo HDL < 40 mg/dL negli  
uomini e < 50 mg/dL nelle donne

Glicemia a digiuno > 110 mg/dL

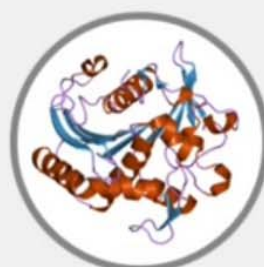
3 criteri



# THE METABOLIC SYNDROME



HEART DISEASE



LIPID PROBLEMS



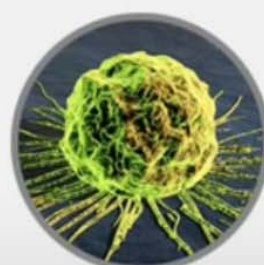
HYPERTENSION



TYPE 2 DIABETES



DEMENTIA



CANCER



POLYCYSTIC  
OVARIAN  
SYNDROME



NON-ALCOHOLIC  
FATTY LIVER  
DISEASE



# Disturbi della nutrizione/2



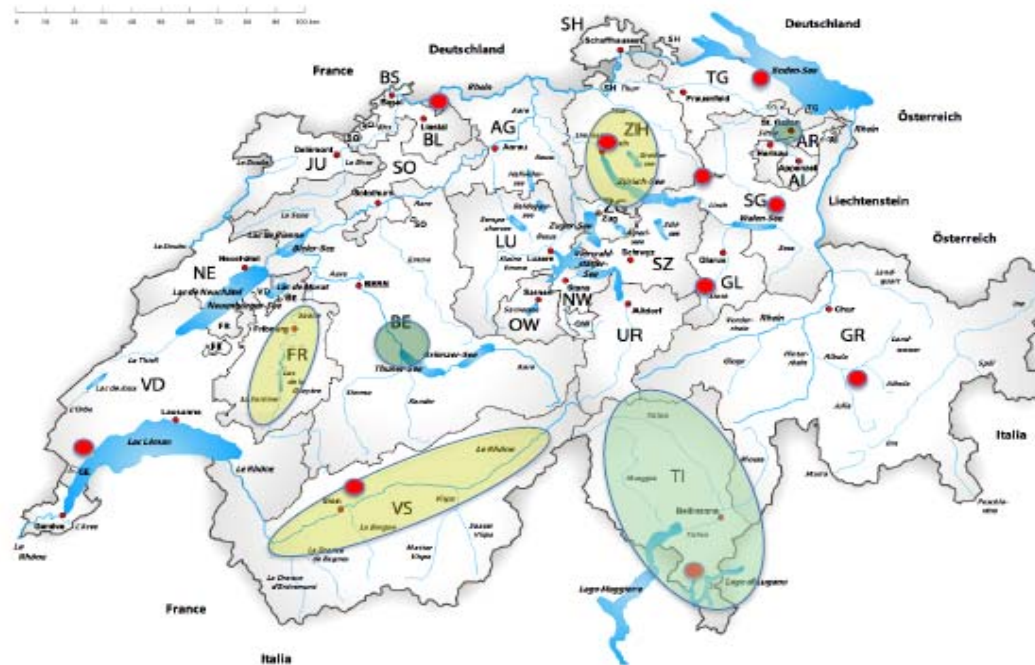
Consulto dietista: dieta personalizzata ed equilibrata, secondo preferenze del paziente e le linee guida internazionali.






Ma come è possibile accedere a simili attività???



# Carte des projets en Suisse



-  von der Krebsliga Schweiz unterstützte ambulante Projekte / onkologische Rehabilitation
-  private Projekte / onkologische Rehabilitation
-  stationäre und ambulante Angebote / onkologische Rehabilitation

Fondements de la réadaptation oncologique, S.Eberhard, 12.6.15 Berna