



Con il patrocinio di

ORDINE DELLE
PROFESSIONI
INFERMIERISTICHE DI
BIELLA

COVID 19 & MEDICAL HUMANITIES

Newsletter Scientifica

"La verità non ha ora, è di tutti i momenti, specialmente dei momenti in cui ci sembra inopportuna"
Albert Schweitzer



Jean Dubuffet - "Grand Jazz Band" - December 1944 (New Orleans) MOMA NY.

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!

Contatti:

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Per info corsi aziendali e supporto webinar

015.1515.3218

biblioteca@3bi.info

Per appuntamenti e ricerche bibliografiche

015.1515.3132

I numeri di queste Newsletter sono visibili e scaricabili dal sito aziendale cliccando [qui](#)

Newsletter



Pagina Pensieri Circolari

Pagina Fondazione 3Bi

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Vi segnaliamo nella home page del portale della BVS-P, la sezione in "PRIMO PIANO" dedicata alla documentazione prodotta dalle istituzioni ed arricchita dal contributo di materiali ed articoli prodotti dalle più autorevoli riviste medico scientifiche internazionali sul Covid-19. Per consultarla non è necessaria l'iscrizione; le risorse sono completamente ad accesso libero.



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

Editorial

Lancet Infect Dis. 2021 Jan 15;S1473-3099(21)00008-6. doi: 10.1016/S1473-3099(21)00008-6. Online ahead of print.

An exceptional vaccination policy in exceptional circumstances

PMID: 33460564 DOI: 10.1016/S1473-3099(21)00008-6

Just as hope for relief from the COVID-19 pandemic brightened in December, with emergency use approval for vaccines following phase 3 trials and the start of immunisation programmes, unprecedented numbers of cases, hospital admissions, and deaths have been recorded, including in countries such as Germany and Japan that were previously celebrated for their public health response. Predictions that the northern hemisphere winter would be a difficult time for control of COVID-19, as is typically the case with respiratory viral diseases, have proved to be correct. Emergence in South Africa and the UK of new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) that are substantially more transmissible, has added to concerns that health services will be overwhelmed.

Alarm over the rapid rise in cases led to an unexpected policy twist in the UK on Dec 30: on top of a third national lockdown, the chief medical officers of the four nations of the UK announced that the second dose of vaccines against SARS-CoV-2 should be given at up to 12 weeks after the first dose rather than the recommended interval of 3–4 weeks, on the basis of advice from the Joint Committee on Vaccination and Immunisation (JCVI). While supplies of vaccine remain limited, the JCVI recommends “initially prioritising delivery of the first vaccine dose as this is highly likely to have a greater public health impact in the short term and reduce the number of preventable deaths from COVID-19”.



Curr Opin Cardiol. 2020 Dec 30; Publish Ahead of Print. doi: 10.1097/HCO.0000000000000838. Online ahead of print.
Cardiovascular implications and complications of the coronavirus disease-2019 pandemic: a world upside down

Antonis S Manolis 1, Theodora A Manolis, Antonis A Manolis, Helen Melita
 PMID: 33395080 DOI: 10.1097/HCO.0000000000000838

Abstract

Purpose of review: The new pandemic of coronavirus disease-2019 (COVID-19) has produced a global tumult and has overburdened national health systems. We herein discuss the cardiovascular implications and complications of this pandemic analyzing the most recent data clustered over the last several months.

Recent findings: COVID-19 afflicts the cardiovascular system producing acute cardiac injury in 10-20% of cases with mild disease but in greater than 50-60% in severe cases, contributing to patients' demise. Other cardiovascular complications include arrhythmias, heart failure, pulmonary embolism and shock. Off-label therapies are being trialed with their own inherent cardiovascular risks, while supportive therapies currently dominate, until more specific and effective antiviral therapies and vaccinations become available. A controversial issue relates to the safety of drugs blocking the renin-angiotensin system as an angiotensin-converting enzyme (ACE) homologue, ACE2, serves as the receptor for viral entry into host cells. However, to-date, no harm has been proven for these drugs.

Summary: In the cardiovascular system, COVID-19 can induce acute cardiac injury, arrhythmias, heart failure, pulmonary embolism, shock and death, whereas anti-COVID therapies also confer serious cardiovascular side-effects. Ongoing extensive efforts focus on specific vaccines and antivirals. Meanwhile, cardiovascular risk factors and diseases should be jointly controlled according to current evidence-based guidelines.

Review

J Hepatol. 2021 Jan;74(1):168-184. doi: 10.1016/j.jhep.2020.09.031. Epub 2020 Oct 8.

COVID-19: Discovery, diagnostics and drug development

Tarik Asselah, David Durantel, Eric Pasmant, George Lau, Raymond F Schinazi
 PMID: 33038433 PMCID: PMC7543767 DOI: 10.1016/j.jhep.2020.09.031

Abstract

Coronavirus disease 2019 (COVID-19) started as an epidemic in Wuhan in 2019, and has since become a pandemic. Groups from China identified and sequenced the virus responsible for COVID-19, named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and determined that it was a novel coronavirus sharing high sequence identity with bat- and pangolin-derived SARS-like coronaviruses, suggesting a zoonotic origin. SARS-CoV-2 is a member of the Coronaviridae family of enveloped, positive-sense, single-stranded RNA viruses that infect a broad range of vertebrates. The rapid release of the sequence of the virus has enabled the development of diagnostic tools. Additionally, serological tests can now identify individuals who have been infected. SARS-CoV-2 infection is associated with a fatality rate of around 1-3%, which is commonly linked to the development of acute respiratory distress syndrome (ARDS), likely resulting from uncontrolled immune activation, the so called "cytokine storm". Risk factors for mortality include advanced age, obesity, diabetes, and hypertension. Drug repurposing has been used to rapidly identify potential treatments for COVID-19, which could move quickly to phase III. Better knowledge of the virus and its enzymes will aid the development of more potent and specific direct-acting antivirals. In the long term, a vaccine to prevent infection is crucial; however, even if successful, it might not be available before 2021-22. To date, except for intravenous remdesivir and dexamethasone, which have modest effects in moderate to severe COVID-19, no strong clinical evidence supports the efficacy of any other drugs against SARS-CoV-2. The aim of this review is to provide insights on the discovery of SARS-CoV-2, its virology, diagnostic tools, and the ongoing drug discovery effort.

Keywords: Coronavirus; Drug repurposing; Pathogenesis; Remdesivir; SARS-CoV-2.



Sci Total Environ. 2021 Jan 15;752:141946. doi: 10.1016/j.scitotenv.2020.141946. Epub 2020 Aug 25.

Mapping community-level determinants of COVID-19 transmission in nursing homes: A multi-scale approach

Margaret M Sugg 1, Trent J Spaulding 2, Sandi J Lane 2, Jennifer D Runkle 3, Stella R Harden 4, Adam Hege 5, Lakshmi S Iyer 6

PMID: 32889290 PMCID: PMC7446707 DOI: 10.1016/j.scitotenv.2020.141946

Abstract

Deaths from the COVID-19 pandemic have disproportionately affected older adults and residents in nursing homes. Although emerging research has identified place-based risk factors for the general population, little research has been conducted for nursing home populations. This GIS-based spatial modeling study aimed to determine the association between nursing home-level metrics and county-level, place-based variables with COVID-19 confirmed cases in nursing homes across the United States. A cross-sectional research design linked data from Centers for Medicare & Medicaid Services, American Community Survey, the 2010 Census, and COVID-19 cases among the general population and nursing homes. Spatial cluster analysis identified specific regions with statistically higher COVID-19 cases and deaths among residents. Multivariate analysis identified risk factors at the nursing home level including, total count of fines, total staffing levels, and LPN staffing levels. County-level or place-based factors like per-capita income, average household size, population density, and minority composition were significant predictors of COVID-19 cases in the nursing home. These results provide a framework for examining further COVID-19 cases in nursing homes and highlight the need to include other community-level variables when considering risk of COVID-19 transmission and outbreaks in nursing homes.

Keywords: COVID-19; Multilevel models; Nursing homes; Spatial analysis.

Intensive Crit Care Nurs. 2021 Feb;62:102967. doi: 10.1016/j.iccn.2020.102967. Epub 2020 Oct 28.

Impact of COVID-19 on nursing time in intensive care units in Belgium

Arnaud Bruyneel, Maria-Cécilia Gallani, Jérôme Tack, Alain d'Hondt, Sébastien Canipel, Stéphane Franck, Pascal Reper, Magali Pirson

PMID: 33162312 PMCID: PMC7598359 DOI: 10.1016/j.iccn.2020.102967

Abstract.

Introduction: The COVID-19 pandemic has had a significant impact on nursing practice in intensive care unit and consequently, on workload.

Objective: To assess the nurse-patient ratio required by COVID-19 patients and to identify the factors that influence nursing in this context.

Design: This study was a retrospective observational study that evaluated the ratio using the Nursing Activities Score (NAS).

Setting: Three Belgian French-speaking hospitals, including five ICUs. Patients included COVID-19 and non-COVID-19 patients.

Measurements and main results: The study included 95 COVID-19 patients and 1604 non-COVID-19 patients (control group) resulting in 905 and 5453 NAS measures, respectively. The NAS was significantly higher among the COVID-19 patients than in the control group ($p = <0.0001$). In the COVID-19 group, these higher scores were also observed per shift and uniformly across the three hospitals. COVID-19 patients required more time in the activities of monitoring and titration ($\chi^2 = 457.60$, $p = <0.0001$), mobilisation ($\chi^2 = 161.21$, $p = <0.0001$), and hygiene ($\chi^2 = 557.77$, $p = <0.0001$). Factors influencing nursing time measured by NAS in the COVID-19 patients were age <65 years old ($p = 0.23$), the use of continuous venovenous hemofiltration ($p = 0.002$), a high APACHE II score ($p = 0.006$) and patient death ($p = 0.002$). A COVID-19 diagnosis was independently associated with an increase in nursing time (OR = 4.8, 95% CI:3.6-6.4).

Conclusions: Patients hospitalised in the ICU due to COVID-19 require significantly more nursing time and need an average ratio of almost 1:1.

Keywords: Coronavirus; Intensive care unit; Nursing activities score; Workload.



Thromb Haemost. 2021 Jan 20. doi: 10.1055/a-1366-9656. Online ahead of print.

Prevalence and Predictors of Venous Thromboembolism or Mortality in Hospitalized COVID-19 Patients

Stuart Lance Cohen, Eugenia Ganos, Matthew A Barish, Saurav Chatterjee, Nina Kohn, Martin Lesser, Dimitrios Giannis, Kevin Coppa, Jamie Hirsch, Thomas McGinn, Mark Goldin, Alex Spyropoulos
PMID: 33472255 DOI: 10.1055/a-1366-9656

Abstract

Objectives: To identify the prevalence and predictors of VTE or mortality in hospitalized COVID-19 patients.

Methods: A retrospective cohort study of adult COVID-19 patients admitted to an integrated health care network in the New York metropolitan region between March 1, 2020 and April 27, 2020. The final analysis included 9407 patients with an overall VTE rate of 2.9% (2.4% in the medical ward and 4.9% in the ICU) and a VTE or mortality rate of 26.1%. Most patients received prophylactic-dose thromboprophylaxis. Multivariable analysis showed significantly reduced VTE or mortality with Black race, history of hypertension, angiotensin converting enzyme/angiotensin receptor blockers use, and initial prophylactic anticoagulation. It also showed significantly increased VTE or mortality with age 60 years or greater, Charlson Comorbidity Index (CCI) of 3 or greater, patients on Medicare, history of heart failure, history of cerebrovascular disease, body mass index greater than 35, steroid use, anti-rheumatologic medication use, hydroxychloroquine use, maximum D-dimer 4 times or greater than the upper limit of normal (ULN), ICU level of care, increasing creatinine, and decreasing platelet counts.

Conclusion: In our large cohort of hospitalized COVID-19 patients, the overall in-hospital VTE rate was 2.9% (4.9% in the ICU) and a VTE or mortality rate of 26.1%. Key predictors of VTE or mortality included advanced age, increasing CCI, history of cardiovascular disease, ICU level of care, and elevated maximum D-dimer with a cutoff at least 4 times the ULN. Use of prophylactic-dose anticoagulation but not treatment-dose anticoagulation was associated with reduced VTE or mortality.

Ophthalmic Res. 2021 Jan 20. doi: 10.1159/000514573. Online ahead of print.

Ocular pathology and occasionally detectable intraocular SARS-CoV-2 RNA in five fatal COVID-19 cases

Aja Reinhold, Alexandar Tzankov, Matthias Matter, Daniela Mihic-Probst, Hendrik P N Scholl, Peter Meyer
PMID: 33472206 DOI: 10.1159/000514573

Abstract

Introduction In December 2019, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic broke out. The virus rapidly spread globally, resulting in a major world public-health crisis. The major disease manifestation occurs in the respiratory tract. However further studies documented other systemic involvement.

This study investigate histopathologic eye changes in post-mortem material of Coronavirus Disease 2019 (COVID-19) patients. Methods Sections of formalin-fixed, paraffin-embedded eyes from 5 patients (10 eyes) who died of COVID-19 at the University Hospital in Basel were included. Gross examination and histological evaluation were performed by three independent ophthalmopathologists. Immunohistochemical staining was performed using antibodies against fibrin, cleaved caspase 3 and ACE-2. Five enucleated eyes of patients not infected with SARS-CoV-2 served as control group.

All cases have been studied for presence of SARS-CoV-2 RNA by means of RT-PCR and RNA in situ hybridization. The choroidal vessels of one case were analyzed with electron microscope. Results Ophthalmopathologically, eight eyes from four patients displayed swollen endothelial cells in congested choroidal vessels. No further evidence of specific eye involvement of SARS-CoV-2 was found in any of the patients. In the eight eyes with evidence of changes due to SARS-CoV-2, immunohistochemical staining demonstrated fibrin microthrombi, apoptotic changes of endothelial and inflammatory cells. In control eyes, ACE-2 was detectable in the conjunctiva, cornea, retina and in the choroidea, and displayed significantly lower amounts of stained cells as in COVID-19 eyes. SARS-CoV-2 RNA was detectable in both bulbi of 2/5 patients, yet in situ hybridization failed to visualize viruses. Electron microscopy showed no significant results due to the artifacts. Discussion/Conclusion As already described in other organs of COVID-19 patients, the ophthalmological examination revealed-microthrombi, i.e. hypercoagulation and vasculopathy most probably due to endothelial damage. A possible viral spread to the endothelial cells via ACE-2 provides one pathophysiological explanation. The expression of ACE-2 receptors in the conjunctiva hints towards its susceptibility to infection. To what extend eyes function are disrupted by SARS-CoV-2 is subject to further studies, especially in the clinic.



Contano i legami

Non sai bene se la vita è viaggio,
se è sogno, se è attesa,
se è un piano che si svolge
giorno dopo giorno
e non te ne accorgi
se non guardando all'indietro.
Non sai se ha senso.
In certi momenti il senso non conta.
Contano i legami.

Jorge Luis Borges



Jorge Luis Borges e il suo micio, Beppo

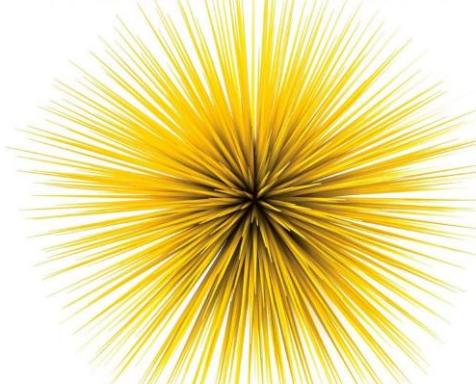


I WEBINAR DI PENSIERI CIRCOLARI TORNANO SU FACEBOOK!

Ogni giovedì, dal 7 gennaio al 4 febbraio, alle ore 18.00, i webinar di Pensieri circolari verranno trasmessi **in diretta sulla pagina Facebook "Pensieri circolari"**.

Un ottimo modo per rivedere gli interessanti interventi dei relatori, commentandoli in diretta con la community di medicina narrativa.

FABRIZIO BENEDETTI



LA SPERANZA È UN FARMACO

Come le parole possono vincere la malattia

MONDADORI

Estratto da: "La Speranza è un farmaco".

(...) Oggi la scienza ci dice che le parole sono delle potenti frecce che colpiscono precisi bersagli nel cervello, e questi bersagli sono gli stessi dei farmaci che la medicina usa nella routine clinica. Le parole innescano gli stessi meccanismi dei farmaci, e in questo modo si trasformano da suoni e simboli astratti in vere e proprie armi che modificano il cervello e il corpo di chi soffre. E' questo il concetto chiave che sta emergendo, e recenti scoperte lo dimostrano: le parole attivano le stesse vie biochimiche di farmaci come la morfina e l'aspirina, ma visto che nel corso dell'evoluzione sono nate prima le parole e poi i farmaci, è più corretto dire che i farmaci attivano gli stessi meccanismi delle parole. Con il linguaggio primitivo degli ominidi, è iniziata quell'interazione sociale di empatia, compassione, fiducia e speranza. Tutto ciò avviene nel cervello umano, dove un insieme di molecole costituisce una vera e propria farmacia interna attivata dalla relazione tra individui. (...)

Fabrizio Benedetti è professore di Fisiologia umana e Neurofisiologia all'Università di Torino e dirige il Centro ipossia di Plateau Rosà. Tra i massimi esperti mondiali dell'effetto placebo, ha pubblicato per Oxford University Press *Placebo Effects* (vincitore nel 2009 del Medical Book Award della British Medical Association, pubblicato in Italia con il titolo *L'effetto placebo. Breve viaggio tra mente e corpo*, Carocci, seconda edizione 2018).

Vi segnaliamo la sezione online "NOI E LORO" del quotidiano

LA STAMPA

in cui potrete ascoltare gratuitamente interessanti **podcast**
<https://www.lastampa.it/salute/dossier/noi-e-loro>

Questa settimana vi suggeriamo l'ascolto di:



TERZA PUNTATA

Vaccini



LADY MARY MONTAGU: LA VACCINAZIONE ANTIVAIOLA - PHILIP ROTH: NEMESI

Lettura di Neri Marcorè

00:15:30



Siamo lieti di invitarvi a prender parte al webinar "**CURA DI SÉ E CURA DELL'ALTRO. La pratica educativa come pratica di cura**".

Il seminario online si terrà **ven 5 feb 2021**, dalle ore **14.30** alle ore **17.30** e vedrà esperti del mondo dell'Educazione e della Salute tracciare una disamina di alcuni temi che concorrono a delineare una Cultura della Cura intesa come *promozione di una vita buona e in salute*.

La partecipazione è gratuita. Link per l'iscrizione: <https://attendee.gotowebinar.com/register/1685679280544330511>

Per ogni ulteriore utile informazione contattare la segreteria di Pensieri Circolari al n° **015 15153218**.



Convegno online

CURA DI SÉ E CURA DELL'ALTRO

La pratica educativa come pratica di cura

RAZIONALE E DESTINARI

"La cura è la dimensione essenziale della vita umana perché senza cura l'esistenza non può fiorire".

Luisina Mortari

La Scuola, insieme a tutte le istituzioni educative, è chiamata a collaborare per sostenere, sviluppare, valorizzare e rinnovare una cultura della cura di sé e dell'altro. Il convegno intende mettere in evidenza come pratiche educative centrate su contributi artistico-espressivi diversi (letteratura, cinema, fotografia, pittura, ecc.) possano consentire di esplorare pedagogicamente il tema della cura evidenziandone gli elementi essenziali, le forme e gli ambiti nei quali la relazione di cura può costituirsì a fondamento di ogni pratica di promozione della salute e di future opportunità di cittadinanza attiva.

Il Convegno è rivolto a insegnanti e professionisti di area psico-sociale, educativa e sanitaria.



Paul Klee - Senecio - Kunstmuseum

DIRIGENTI SCOLASTICI PROMOTORI DEL CONVEGNO

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Gianluca SPAGNOLO, I.I.S. G. e Q. Sella Biella

VENERDÌ 5 FEBBRAIO 2021
ore 14.30 - 17.30
online

PROGRAMMA

Avvio dei lavori e saluti delle autorità,
con l'intervento del **Ministro On. Lucia Azzolina**.

Interventi:

Vincenzo ALASTRA

Responsabile Formazione e Sviluppo R. U. ASL Bi e
Prof. di Psicodinamica delle Relazioni - Università di Torino
Complessità della cura

Maria Luisa IAVARONE

Prof. Ordinario di Pedagogia generale e sociale -
Università degli Studi di Napoli "Parthenope"
Potere, volere, curare.
Per un progetto di benessere educativamente sostenibile

Federico BATINI

Prof. Associato di Pedagogia Sperimentale - Università degli Studi di Perugia
*Storie e letture ad alta voce per la crescita,
l'apprendimento, la cura di sé, degli altri, del mondo*

Simone GIUSTI

Prof. di Didattica della Letteratura Italiana - Università degli Studi di Siena
*Per il verso giusto. La lettura della poesia
e la comunicazione in ambito socio-educativo*

Presentazione del Protocollo di intesa:

[Laboratorio permanente Cura di sé e cura dell'altro](#)

Con la collaborazione scientifica di:



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