



Con il patrocinio di

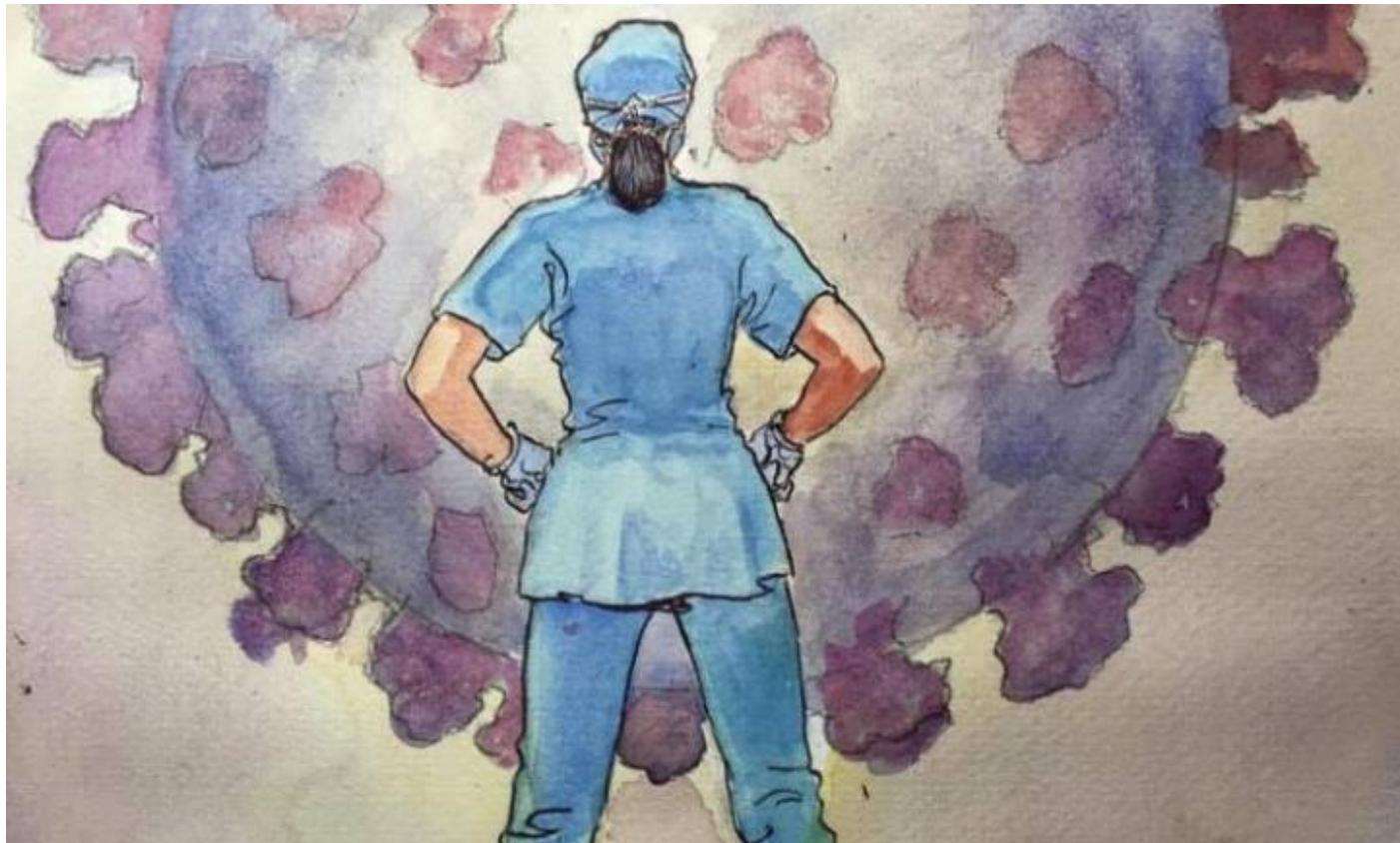


Newsletter Scientifica

COVID 19 & MEDICAL HUMANITIES

"Il forse è la parola più bella del vocabolario italiano. Perché apre delle possibilità, non certezze. Perché non cerca la fine, ma va verso l'infinito"

Anonimo



Disegno ad acquerello di Milo Manara tratto da "Lockdown Heroes" - Feltrinelli Comics, luglio 2020

Questa newsletter 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!

Arrivederci a venerdì
23 aprile!

Contatti:

rosa.introcaso@aslbi.piemonte.it
Per info corsi aziendali e supporto webinar
015.1515.3218

biblioteca@3bi.info
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015.1515.3132

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Newsletter



Pagina Pensieri Circolari



Pagina Fondazione 3BI

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Dott. NICOLÒ ERRICA - Medico ASL BI e Consigliere Ordine dei Medici di Biella

Questa settimana Vi segnaliamo che nella sezione RISORSE - BANCHE DATI del portale della BVS-P è presente:

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uno dei più grandi database di riferimento sui farmaci, tossicologia, malattie, cure acute e medicina alternativa. Fornisce agli operatori sanitari un supporto decisionale clinico sui trattamenti.

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Per ricercare
la letteratura internazionale

a 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.

Anaesthesia. 2021 Mar 30. doi: 10.1111/anae.15475. Online ahead of print.

The effect of respiratory activity, non-invasive respiratory support and facemasks on aerosol generation and its relevance to COVID-19

N M Wilson, G B Marks, A Eckhardt, A M Clarke, F P Young, F L Garden, W Stewart, T M Cook, E R Tovey

PMID: 33784793 DOI: 10.1111/anae.15475

Abstract: Respirable aerosols (< 5 µm in diameter) present a high risk of SARS-CoV-2 transmission. Guidelines recommend using aerosol precautions during aerosol-generating procedures, and droplet (> 5 µm) precautions at other times. However, emerging evidence indicates respiratory activities may be a more important source of aerosols than clinical procedures such as tracheal intubation. We aimed to measure the size, total number and volume of all human aerosols exhaled during respiratory activities and therapies. We used a novel chamber with an optical particle counter sampling at 100 l.min⁻¹ to count and size-fractionate close to all exhaled particles (0.5-25 µm). We compared emissions from ten healthy subjects during six respiratory activities (quiet breathing; talking; shouting; forced expiratory manoeuvres; exercise; and coughing) with three respiratory therapies (high-flow nasal oxygen and single or dual circuit non-invasive positive pressure ventilation). Activities were repeated while wearing facemasks. When compared with quiet breathing, exertional respiratory activities increased particle counts 34.6-fold during talking and 370.8-fold during coughing ($p < 0.001$). High-flow nasal oxygen 60 at l.min⁻¹ increased particle counts 2.3-fold ($p = 0.031$) during quiet breathing. Single and dual circuit non-invasive respiratory therapy at 25/10 cm.H₂O with quiet breathing increased counts by 2.6-fold and 7.8-fold, respectively (both $p < 0.001$). During exertional activities, respiratory therapies and facemasks reduced emissions compared with activities alone. Respiratory activities (including exertional breathing and coughing) which mimic respiratory patterns during illness generate substantially more aerosols than non-invasive respiratory therapies, which conversely can reduce total emissions. We argue the risk of aerosol exposure is underappreciated and warrants widespread, targeted interventions.

Keywords: aerosol-generating procedure; airborne; nosocomial; particles.



JAMA Psychiatry. 2021 Mar 26. doi: 10.1001/jamapsychiatry.2021.0500. Online ahead of print.

How COVID-19 Affects the Brain

Maura Boldrini, Peter D Canoll, Robyn S Klein

PMID: 33769431 DOI: 10.1001/jamapsychiatry.2021.0500

Abstract: COVID-19 has resulted in more than 120 million cases and 2.6 million deaths to date. Respiratory and gastrointestinal symptoms are accompanied by short- and long-term neuropsychiatric symptoms (NPs) and long-term brain sequelae.

Some patients present with anosmia, cognitive and attention deficits (ie, brain fog), new-onset anxiety, depression, psychosis, seizures, and even suicidal behavior.^{1,2} These present before, during, and after respiratory symptoms and are unrelated to respiratory insufficiency,¹ suggesting independent brain damage. Follow-ups conducted in Germany and the United Kingdom found post-COVID-19 NPs in 20% to 70% of patients, even in young adults, and lasting months after respiratory symptoms resolved,¹ suggesting brain involvement persists.

Entering through angiotensin-converting enzyme 2 receptors,² SARS-CoV-2 can damage endothelial cells leading to inflammation, thrombi, and brain damage. Moreover, systemic inflammation leads to decreased monoamines and trophic factors and activation of microglia, resulting in increased glutamate and N-methyl-d-aspartate (NMDA)³ and excitotoxicity (Figure). These insults induce new-onset or re-exacerbation of preexisting NPs.

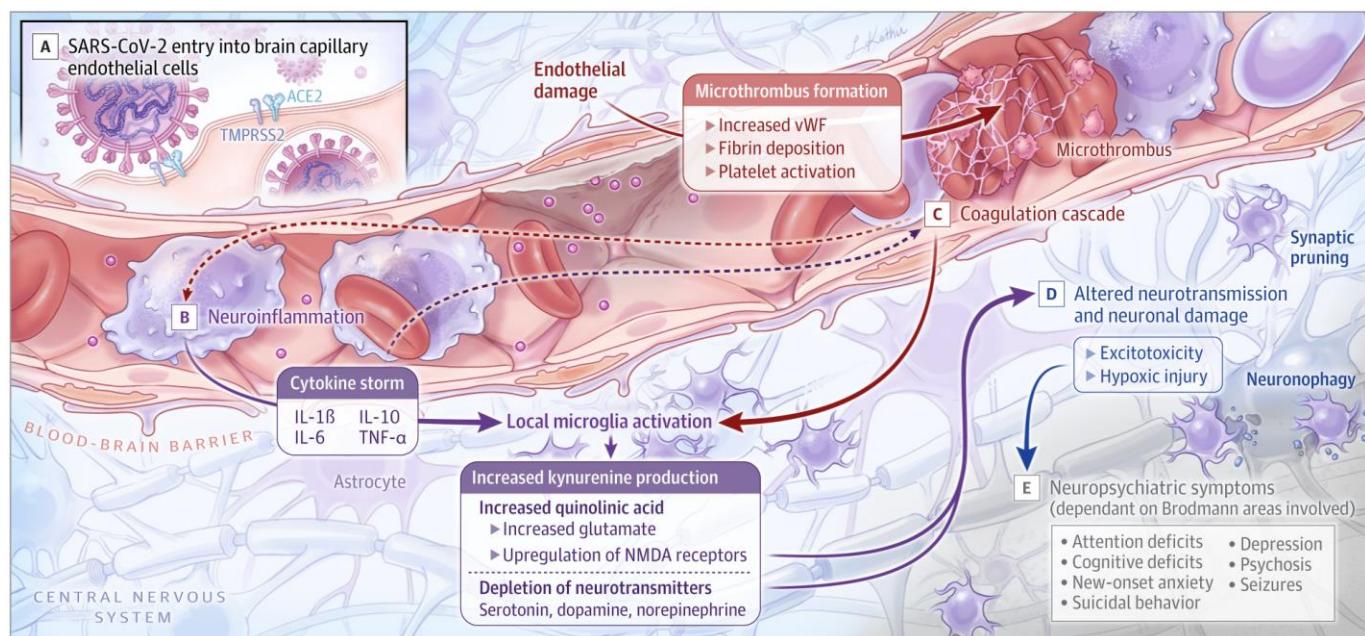


Figure. Brain Vascular Injury, Neurotransmitter System Dysfunction, Thrombotic Events, Neuronal Damage

J Clin Nurs. 2021 Mar;30(5-6):e13-e15. doi: 10.1111/jocn.15504. Epub 2020 Oct 6.

Research nurses rising to the challenges of COVID-19

Fiona Maxton, Philip Darbyshire, David R Thompson

PMID: 32956523 PMCID: PMC7646263 DOI: 10.1111/jocn.15504

Abstract: Covid-19 has profoundly changed the landscape of clinical nursing research and the profile of research nurses in hospitals and health services. For the purposes of this article, we define “research nurses” as a broad group of nurses within health services and universities who have a major research remit as part of their role. They may be clinical research nurses employed by health services or funded/supported by National Institute for Health Research (NIHR, UK) or similar bodies, nurse researchers or academics employed by universities or specialist nurses who have dual roles or joint appointments with a large research component. Processes and protocols once deemed to be sclerotically immune to change have been streamlined almost overnight. Empires and silos that were once accepted as solidified examples of “just how the world is” have dissolved in favour of unprecedented levels of collaboration and cooperation across disciplines, sites and even countries. Permissions and authorisations that would once have taken months are now happening in days or weeks. Ethics consideration and other approvals are being expedited. As one research nurse observed: “Now, we’re getting information on a Monday and by Thursday we’re opening the study and recruiting patients” (O’Neill, 2020).

Cerebrovasc Dis. 2021 Mar 30;1-8. doi: 10.1159/000514562. Online ahead of print.

Clinical Outcome of Acute Ischemic Strokes in Patients with COVID-19

Julie Calmettes, Roxane Peres, Bruno Goncalves, David Varlan, Guillaume Turc, Michael Obadia, Clotilde Nardin, Elodie Meppiel, Thomas De Broucker, Mikael Mazighi, Aicha Lyoubi.

PMID: 33784669 DOI: 10.1159/000514562

Abstract:

Introduction: Acute ischemic stroke (AIS) and thrombotic events (TEs) were reported in patients with COVID-19. Clinical outcome of AIS in the course of COVID-19 remains unknown. We compared early clinical outcome and mortality of COVID-positive (+) patients admitted for AIS with COVID-negative (-) ones. We hypothesized that COVID+ patients would have poorer clinical outcomes and present a higher rate of TEs and mortality compared with COVID- ones.

Methods: In this multicentric observational retrospective study, we enrolled patients over 18 years old admitted for AIS in 3 stroke units of the Parisian region during lockdown from March 17, 2020, to May 2, 2020. COVID-19 status as well as demographic, clinical, biological, and imaging data was collected retrospectively from medical records. Poor outcome was defined as modified Rankin score (mRS) 3-6 (3-6) at discharge. We also compared TE frequency and mortality rate through a composite criterion in both groups.

Results: Two hundred and sixteen patients were enrolled; mean age was 68 years old, and 63% were male. Forty patients were CO-VID+ (18.5%) and 176 were COVID-. Obesity was statistically more frequent in the COVID+ group (36 vs. 13% p < 0.01). The percentage of patients with mRS (3-6) at discharge was higher in the COVID+ group compared with the COVID- group (60 vs. 41%, p = 0.034). The main predictor of presenting a mRS (3-6) at discharge was high NIHSS score at admission (OR, CI 95%: 1.325, 1.22-1.43). Mortality rate was higher in the COVID+ group (12 vs. 3.4%, p = 0.033) as well as TE frequency (15 vs. 2.8%, p < 0.01).

Conclusion: In this study, patients with AIS infected by SARS-CoV-2 showed a poorer early outcome than COVID- ones. However, when compared to other factors, COVID-19 was not a significant predictor of poor outcome. Vascular morbidity and mortality rates were significantly higher in the COVID+ group compared with the COVID- group.

Keywords: Acute ischemic stroke; COVID-19; Outcome.

N Engl J Med. 2021 Mar 24. doi: 10.1056/NEJMc2100362. Online ahead of print.

New SARS-CoV-2 Variants - Clinical, Public Health, and Vaccine Implications

Salim S Abdoor Karim, Tulio de Oliveira

PMID: 33761203 DOI: 10.1056/NEJMc2100362

TO THE EDITOR: Across the world, there are multiple variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (Covid-19). SARS-CoV-2 variants have been classified by the Centers for Disease Control and Prevention (CDC) as variants of interest, variants of concern, and variants of high consequence. Three new variants¹ that have rapidly become dominant within their countries have aroused concerns: B.1.1.7 (also known as VOC-202012/01), 501Y.V2 (B.1.351), and P.1 (B.1.1.28.1).

The B.1.1.7 variant (23 mutations with 17 amino acid changes) was first described in the United Kingdom on December 14, 2020; the 501Y.V2 variant (23 mutations with 17 amino acid changes) was initially reported in South Africa on December 18, 2020; and the P.1 variant (approximately 35 mutations with 17 amino acid changes) was reported in Brazil on January 12, 2021. By February 22, 2021, the B.1.1.7 variant had been reported in 93 countries, the 501Y.V2 variant in 45, and the P.1 variant in 21.¹ All three variants have the N501Y mutation, which changes the amino acid asparagine (N) to tyrosine (Y) at position 501 in the receptor-binding domain of the spike protein. The 501Y.V2 and P.1 variants both have two additional receptor-binding-domain mutations, K417N/T and E484K.



Lancet Haematol. 2021 Mar 31;S2352-3026(21)00073-9. doi: 10.1016/S2352-3026(21)00073-9. Online ahead of print.

COVID-19 vaccines for patients with haematological conditions

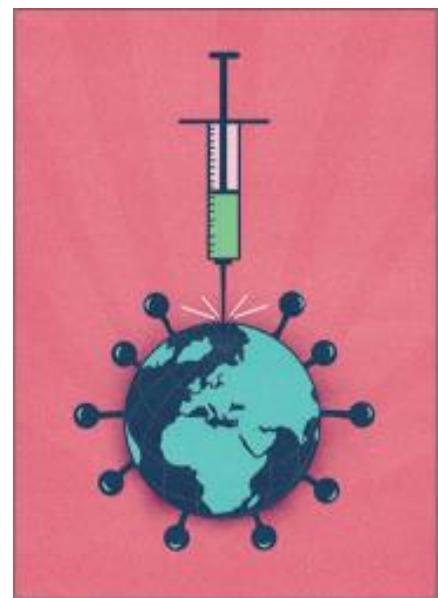
Clare Sun, Christopher Pleyer, Adrian Wiestner

PMID: 33811822 DOI: 10.1016/S2352-3026(21)00073-9

Abstract: Patients with haematological conditions have been disproportionately affected by the COVID-19 pandemic. A pooled meta-analysis of 3377 predominantly hospitalised patients with haematological malignancies and COVID-19 reported a mortality rate of 34% (95% CI 28–39). Advanced age (≥ 60 years) and non-White race were identified as risk factors for death. Mortality rate varied on the basis of the type of malignancy: 53% of patients with acquired bone marrow failure syndromes, 41% of patients with acute leukaemias, 32% of patients with lymphomas, 31% of patients with chronic lymphocytic leukaemia, and 34% of patients with myeloproliferative neoplasms.

To place these data in perspective, the mean 30-day rate of mortality or referral to hospice was 11.8% (SD 2.5%) in a cohort study of 38517 adults admitted to hospital with COVID-19 in the USA. The trajectory of COVID-19 in patients with benign haematological conditions such as haemoglobinopathy, haemophilia, pre-existing arterial or venous thromboembolism, and autoimmune cytopenia is relatively unknown, but as in the general population, is influenced by age and comorbidities.

Authorised COVID-19 vaccines are safe and effective in the general population. Given the high case fatality rate among patients with haematological conditions, prioritisation of COVID-19 vaccines for this group might appear straightforward. However, common to these vaccines is the exclusion of immunocompromised people from landmark phase 3 randomised controlled trials. Relevant exclusion criteria included the use of immunosuppressive or immunomodulatory agents, immunoglobulin or blood products, asplenia, and autoimmune conditions such as immune thrombocytopenic purpura. Most patients with haematological conditions, therefore, would have been ineligible for these trials. Until COVID-19 vaccines have been rigorously studied in this group, one must examine available data on the immune response to COVID-19 infection and non-COVID-19 vaccines to inform clinical practice and expectations.



Infect Dis Rep. 2021 Mar 20;13(1):251-258. doi: 10.3390/idr13010028.

How to Treat COVID-19 Patients at Home in the Italian Context: An Expert Opinion

Davide Roberto Donno, Ignazio Grattagliano, Alessandro Rossi, Pierangelo Lora Aprile, Gerardo Medea, Erik Lagolio, Guido Granata, Nicola Petrosillo, Claudio Cricelli

PMID: 33804737 DOI: 10.3390/idr13010028

Abstract: The impact of the coronavirus disease (COVID-19), caused by the novel coronavirus SARS-CoV-2, continues to be widespread, with more than 100 million cases diagnosed in more than 220 countries since the virus was first identified in January 2020. Although patients with mild to moderate forms of COVID-19 could be efficiently managed at home, thus reducing the pressure on the healthcare system and minimizing socio-psychological impact on patients, no trial has been proposed, conducted, or even published on COVID-19 home therapy to date. These expert opinions provide indications on the therapeutical at home management of COVID-19 patients, based on the evidence from the literature and on current guidelines.

Keywords: COVID-19; COVID-19 management; SARS-CoV-2; general practice; home care; primary care.





PRESSAPPOCO

Prende in mano oggetti scompagnati – una pietra, una tegola rotta, due fiammiferi bruciati, il chiodo arrugginito del muro di fronte, la foglia entrata dalla finestra, le gocce che cadono dai vasi annaffiati, quel filo di paglia che ieri il vento portò sui tuoi capelli, – li prende e là nel suo cortile costruisce pressappoco un albero. In questo “pressappoco” sta la poesia. La vedi?

Ghannis Ritsos

*da Testimonianze, seconda serie, 1964-1965
Traduzione di Nicola Crocetti*

Tratto da “Kafka sulla spiaggia”

(...) Qualche volta il destino assomiglia a una tempesta di sabbia che muta incessantemente la direzione del percorso. Per evitarlo cambi l'andatura. E il vento cambia andatura, per seguirti meglio. Tu allora cambi di nuovo, e subito di nuovo il vento cambia per adattarsi al tuo passo. Questo si ripete infinite volte, come una danza sinistra col dio della morte prima dell'alba. Perché quel vento non è qualcosa che è arrivato da lontano, indipendente da te. È qualcosa che hai dentro. Quel vento sei tu. Perciò l'unica cosa che puoi fare è entrarci, in quel vento, camminando dritto, e chiudendo forte gli occhi per non far entrare la sabbia. Attraversarlo, un passo dopo l'altro. Non troverai sole né luna, nessuna direzione, e forse nemmeno il tempo. Soltanto una sabbia bianca, finissima, come fosse fatta di ossa polverizzate, che danza in alto nel cielo. Devi immaginare questa tempesta di sabbia.

Poi, quando la tempesta sarà finita, probabilmente non saprai neanche tu come hai fatto ad attraversarla e a uscirne vivo. Anzi, non sarai neanche sicuro se sia finita per davvero. Ma su un punto non c'è dubbio. Ed è che tu, uscito da quel vento, non sarai lo stesso che vi era entrato. Sì, questo è il significato di quella tempesta di sabbia. (...)



Haruki Murakami (村上 春樹 Murakami Haruki; Kyoto, 12 gennaio 1949) è uno scrittore, traduttore e accademico giapponese.

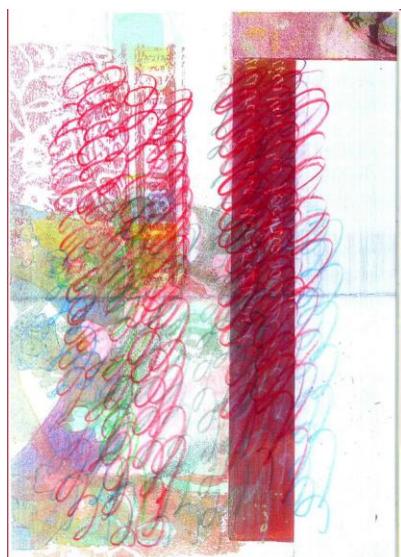
WEBINAR
YouTube



Pandemia: come cambia il mondo, come cambiamo noi

Isabella Conti intervista Umberto Galimberti

<https://www.youtube.com/watch?v=JPWw4TWE3xI>



Fondazione Cassa di Risparmio di Biella

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"ESSERE MATITA È SEGRETA AMBIZIONE"

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sabato 8 maggio ore 10.00 - 11.00 Andrea Vitali <i>"Sull'arte di far sorridere e la cura"</i>	mercoledì 19 maggio ore 17.30 - 18.30 Davide Mencarelli <i>"Sulla salvezza nella scrittura: approccio letterario e approccio terapeutico"</i>
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AZIENDA SANITARIA LOCALE DI BIELLA

Medicina e letteratura da sempre sono unite dal comune amore per l'uomo e dal desiderio di studiarlo e conoscerlo a fondo, sia nel corpo sia nella mente. È per questo, forse, che i rapporti tra medicina e scrittura letteraria sono molto antichi. Tra coloro che hanno lasciato una traccia profonda nel panorama culturale del novecento italiano ricordiamo qui Carlo Levi e Mario Tobino. Che cosa alimenta questo virtuoso connubio tra letteratura e medicina?

Queste e altre domande guideranno gli incontri con Andrea Vitali, medico e scrittore tra i più apprezzati e prolifici del panorama letterario italiano e Daniele Mencarelli, poeta e romanziere, vincitore lo scorso anno della settima edizione del Premio Strega Giovani.

Per iscrizioni: www.formazionesanitapiemonte.it - codice ECM: **38119**



MASTER EXECUTIVE
METODOLOGIE E PRATICHE NARRATIVE
NEI CONTESTI DI CURA

TORINO

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Il 14 Maggio 2021 scadono le iscrizioni alla terza edizione del Master Executive in **METODOLOGIE E PRATICHE NARRATIVE NEI CONTESTI DI CURA**, proposto dal COREP in collaborazione con ASL BI - Azienda Sanitaria di Biella e patrocinato dal Dip. di Filosofia e Scienze dell'Educazione dell'Università degli Studi di Torino.

Il corso è pensato per **professionisti operanti in ambito sanitario** (infermieri e altri operatori sanitari, medici, psicologi, educatori, ecc.) che siano interessati ad acquisire competenze e professionalità nell'ambito della medicina narrativa e delle pratiche narrative al servizio della cura.

Il **Master Executive** mira a formare un esperto nella progettazione, realizzazione e gestione di interventi basati sull'applicazione delle pratiche narrative nei contesti socio-sanitari e socio-educativi e intende promuovere conoscenza delle **Medical Humanities**, conoscenza delle **teorie sul pensiero narrativo e della disciplina riflessiva**, **competenze in merito all'utilizzo di determinati strumenti** e di pratiche improntate alla narrazione di sé, **competenze nella progettazione, gestione e valutazione di interventi di social marketing** attraverso le pratiche narrative.

Maggiori info al link: <http://www.masterpratichenarrative.it/>