

**Webinar  
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# ANTIMICROBICO-RESISTENZA: CURE E AMBIENTE Edizione 2020

## COVID-19 e la trasformazione del sistema per contrastare l'infezione

12 giugno 2020  
ore 14:30 - 18:00

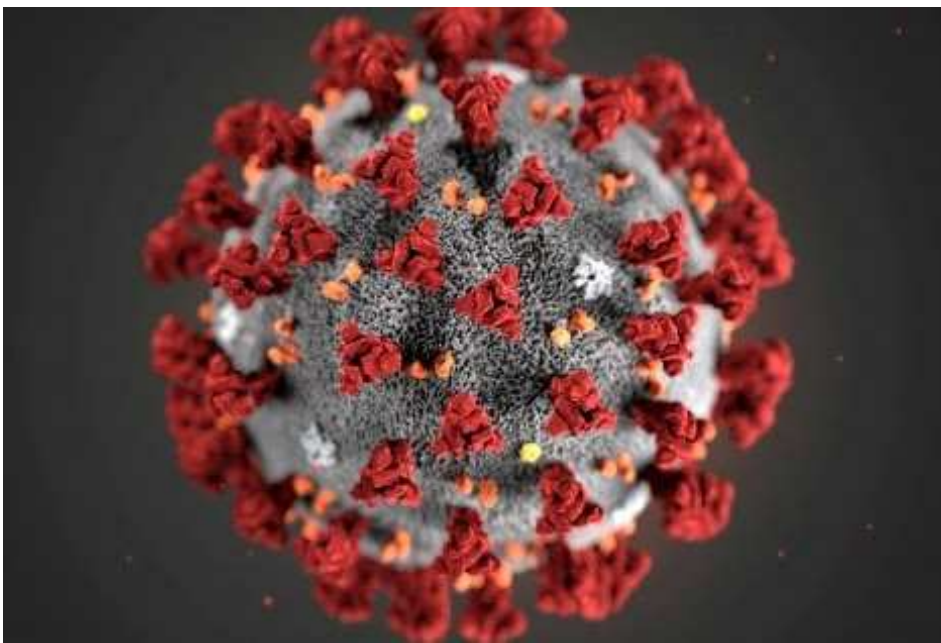
**Con il patrocinio di**



Regione Toscana



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## The neglected epidemic of chronic disease

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67454-5  
See [Comment](#) page 1512  
See [Series](#) page 1578

The reduction of chronic disease is not a Millennium Development Goal (MDG). While the political fashions have embraced some diseases—HIV/AIDS, malaria, and tuberculosis, in particular—many other common conditions remain marginal to the mainstream of global action on health. Chronic diseases are among these neglected conditions.

Chronic diseases represent a huge proportion of human illness. They include cardiovascular disease (30% of projected total worldwide deaths in 2005), cancer (13%), chronic respiratory diseases (7%), and diabetes (2%). Two risk factors underlying these conditions are key to any population-wide strategy of control—tobacco use and obesity. These risks and the diseases they engender are not the exclusive preserve of rich nations. Quite the contrary.<sup>1</sup> Chronic diseases are a larger problem in low-income settings. Research into chronic diseases in resource-poor nations remains embryonic. But what evidence there is<sup>2,3</sup> shows just how critical it will be to intervene early in the epidemic's course. There is an unusual opportunity before us to act now to prevent the needless deaths of millions. Do we have the insight and resolve to respond?

With a new series of articles,<sup>4-7</sup> for which we thank the superb efforts of Robert Beaglehole, *The Lancet* aims to fill a gap in the global dialogue about disease. It is a surprising and important gap, one that health workers

and policymakers can no longer afford to ignore. The call by Kathleen Strong and colleagues<sup>4</sup> for the world to set a target to reduce deaths from chronic disease by 2% annually—to prevent 36 million deaths by 2015—deserves to be added to the existing eight MDGs.

Without concerted and coordinated political action, the gains achieved in reducing the burden of infectious disease will be washed away as a new wave of preventable illness engulfs those least able to protect themselves. Let this series be part of a new international commitment to deny that outcome.

*Richard Horton*

*The Lancet*, London NW1 7BY, UK

- 1 Yusuf S, Hawken S, Öunpuu S, on behalf of the INTERHEART study group. Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (The INTERHEART study). *Lancet* 2004; **364**: 937–52.
- 2 Sorensen G, Gupta PC, Pednekar MS. Social disparities in tobacco use in Mumbai, India: the roles of occupation, education, and gender. *Am J Public Health* 2005; **95**: 1003–08.
- 3 Pampel FC. Patterns of tobacco use in the early epidemic stages: Malawi and Zambia, 2000–2002. *Am J Public Health* 2005; **95**: 1009–15.
- 4 Strong K, Mathers C, Leeder S, Beaglehole R. Preventing chronic diseases: how many lives can we save? *Lancet* 2005; **366**: 1578–82.
- 5 Epping-Jordan JE, Galea G, Tukuitonga C, Beaglehole R. Preventing chronic diseases: taking stepwise action. *Lancet* 2005; published online Oct 5. DOI:10.1016/S0140-6736(05)67342-4.
- 6 Reddy KS, Shah B, Varghese C, Ramadoss A. Responding to the threat of chronic diseases in India. *Lancet* 2005; published online Oct 5. DOI:10.1016/S0140-6736(05)67343-6.
- 7 Wang L, Kong L, Wu F, Bai Y, Burton R. Preventing chronic diseases in China. *Lancet* 2005; published online Oct 5. DOI:10.1016/S0140-6736(05)67344-8.



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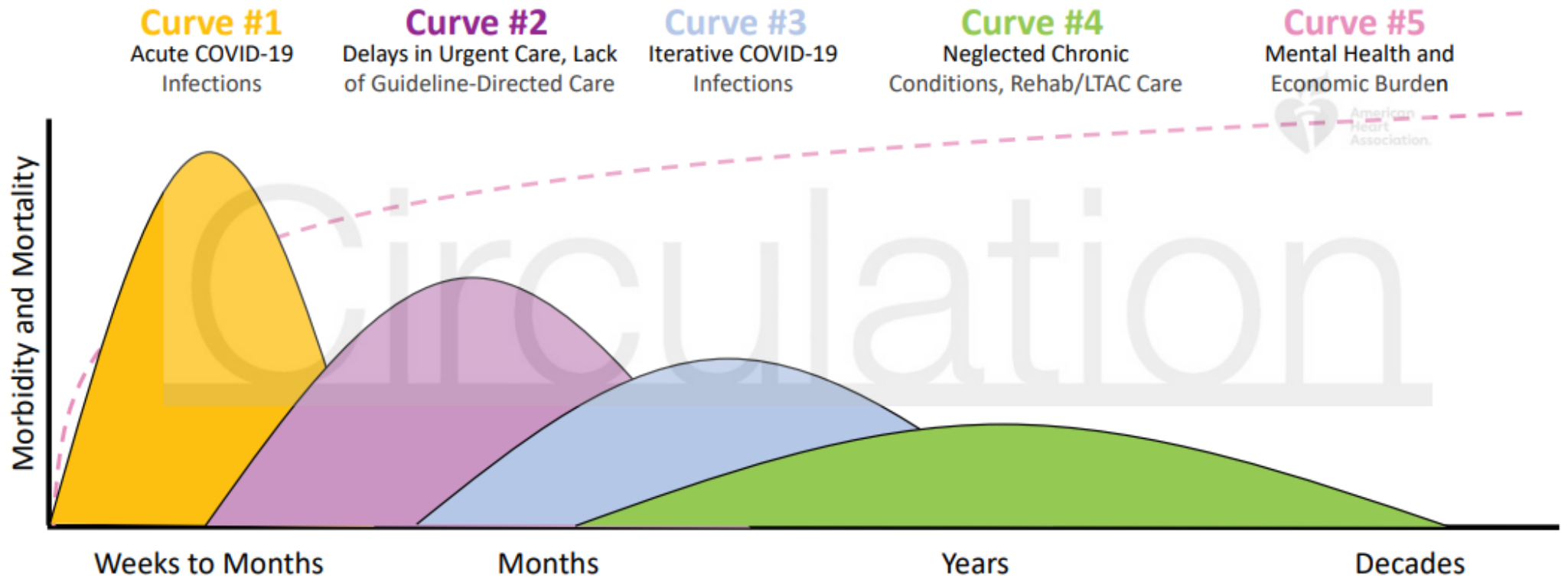


Review

## Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis

Zhaohai Zheng, M.D.<sup>a,b,1</sup>, Fang Peng, B.D.<sup>a,1</sup>, Buyun Xu, M.D.<sup>a</sup>, Jingjing Zhao, M.D.<sup>a,b</sup>, Huahua Liu, M.D.<sup>c</sup>, Jiahao Peng, M.D.<sup>d</sup>, Qingsong Li, B.D.<sup>e</sup>, Chongfu Jiang, B.D.<sup>e</sup>, Yan Zhou, M.D.<sup>a</sup>, Shuqing Liu, M.D.<sup>a,f</sup>, Chunji Ye, M.D.<sup>a</sup>, Peng Zhang, M.D.<sup>a</sup>, Yangbo Xing, M.D.<sup>a</sup>, Hangyuan Guo, M.D., Ph.D.<sup>a</sup>, Weiliang Tang, M.D.<sup>a,\*</sup>

*... comorbidities such as hypertension, diabetes, cardiovascular disease, and respiratory diseases could also greatly affect the prognosis of the COVID-19*



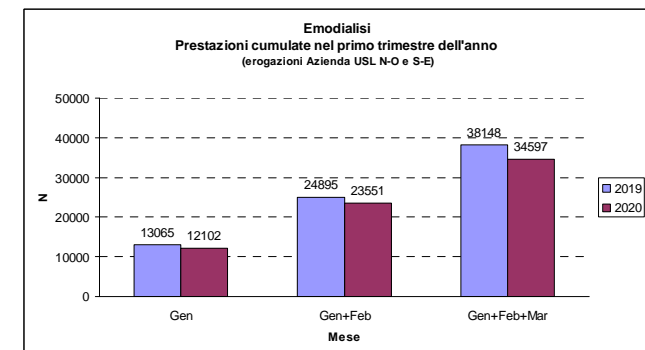
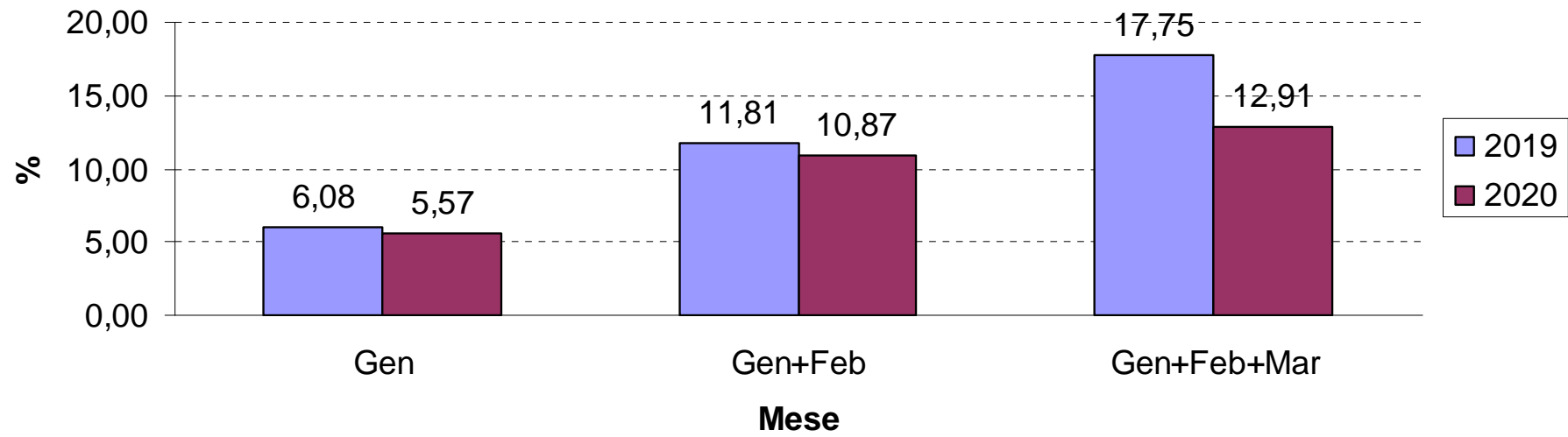
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> *Circulation*. 2020 May 5. doi: 10.1161/CIRCULATIONAHA.120.047901. Online ahead of print.

## Surfing the Waves of the COVID-19 Pandemic As A Cardiovascular Clinician

Payal Kohli <sup>1</sup>, Salim S Virani <sup>2</sup>

**Percentuale di diabetici con almeno una misurazione  
dell'emoglobina glicata  
nel primo trimestre dell'anno 2020 vs 2019  
(Azienda USL d residenza N-O e S-E)**





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<b>Malattia cronica</b>	<b>OR</b>
Ipertensione	2,72
Diabete	3,68
Malattia cardiovascolare	5,19

# La struttura specifica del PNC

## I macro-processi di gestione della persona con malattia cronica

Il Piano, nella declinazione degli obiettivi specifici e delle linee di intervento, ha utilizzato una metodologia che, disegnando il percorso del malato cronico suddiviso in fasi, ne descrive gli aspetti peculiari e le macroattività, proponendo uno o più obiettivi con le relative linee di intervento e i risultati attesi.



*Ministero della Salute*

Dipartimento della programmazione e dell'ordinamento del SSN  
Direzione Generale della Programmazione

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## Chronic care model

*Le tecnologie della sanità digitale (eHealth) possono risultare di grande supporto nell'implementazione di modelli di gestione della cronicità basati sul Chronic Care Model (CCM).*

*E' possibile ipotizzare un modello concettuale di CCM "rafforzato" dalle tecnologie eHealth (eCCM)*

*che, non solo preveda un contributo della eHealth sulla messa in azione di ogni componente del CCM,*

*ma possa fornire un supporto fondamentale nell'ambito dell'educazione e della formazione del paziente*

The Model of Innovative Care and Chronic Conditions (ICCC)

