UISP sportpertutti
Discipline Orientali

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"I PROCESSI COGNITIVI NELLE ARTI MARZIALI"

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Porto Antico, GENOVA

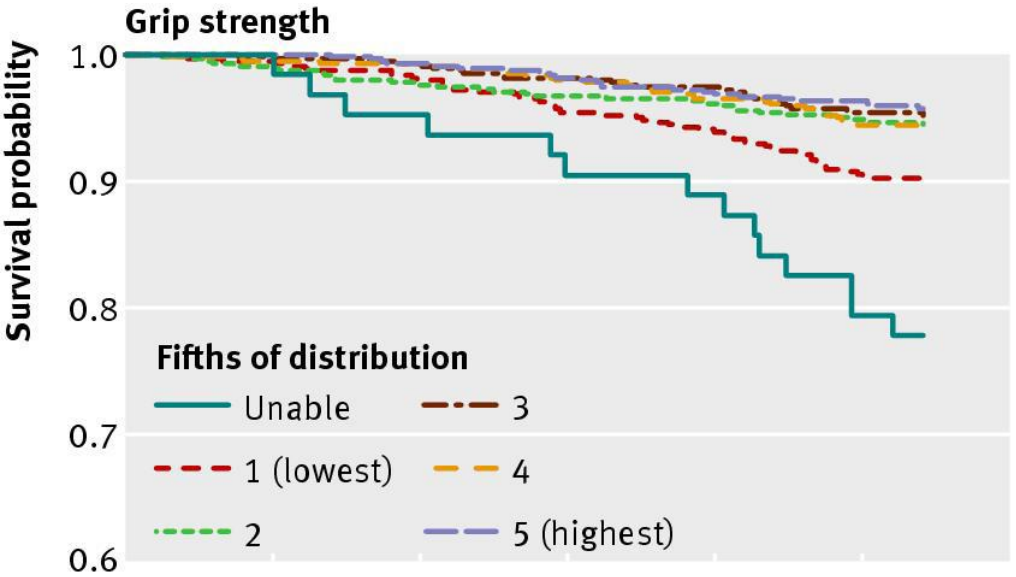
sabato 21 APRILE 2018

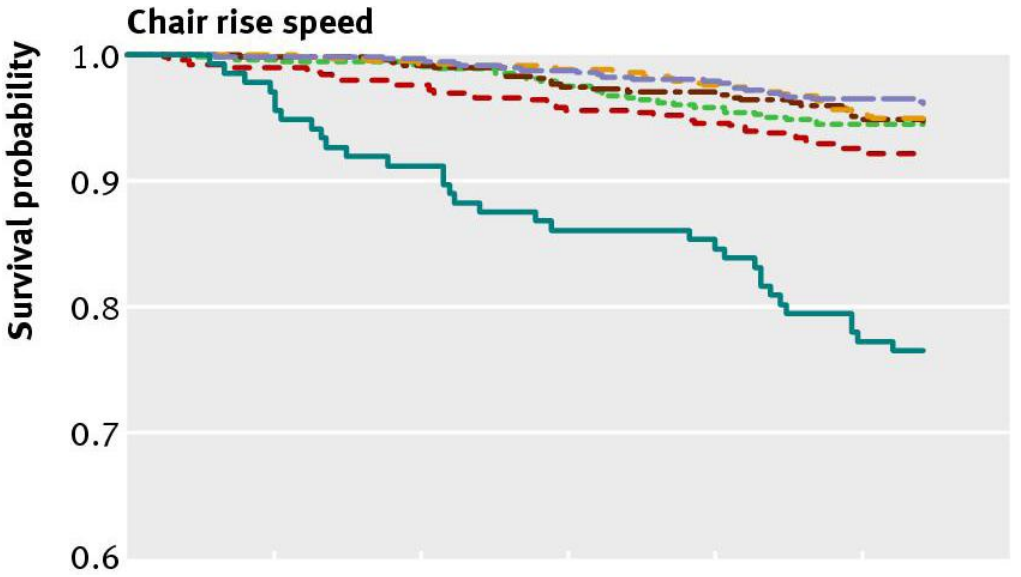
1948-2018 UISP sportpertutti 70 anni per il futuro

La prevenzione per le malattie degenerative della mente

Ernesto Palummeri, geriatra, Coordinatore Rete Demenze Regione Liguria

Rachel Cooper et al, BMJ, 2014



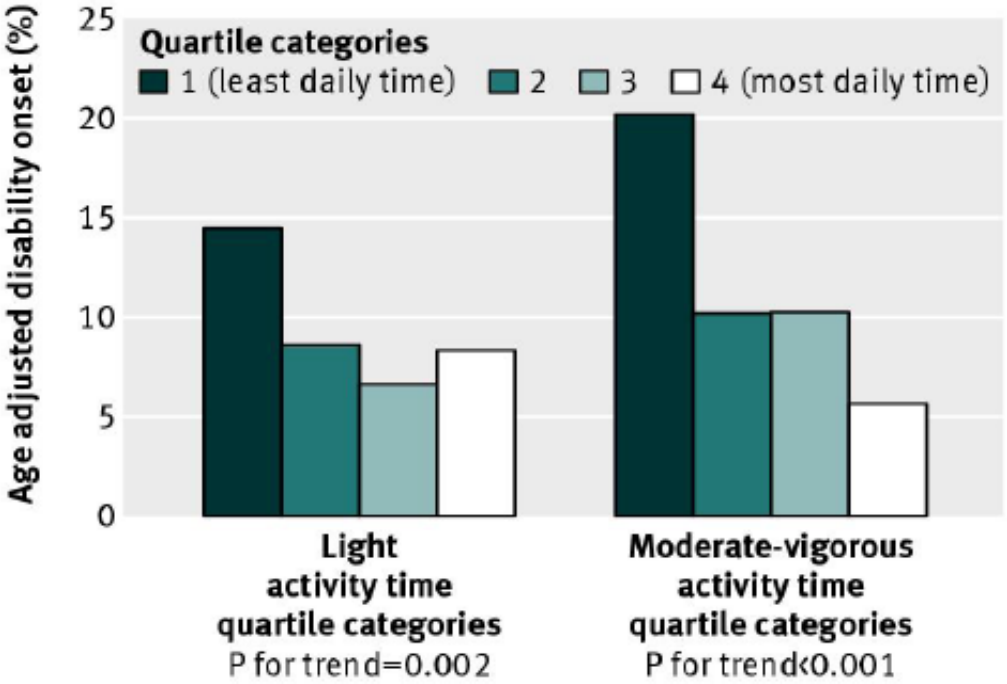


No.= 2766 (M=1355; F=1411)

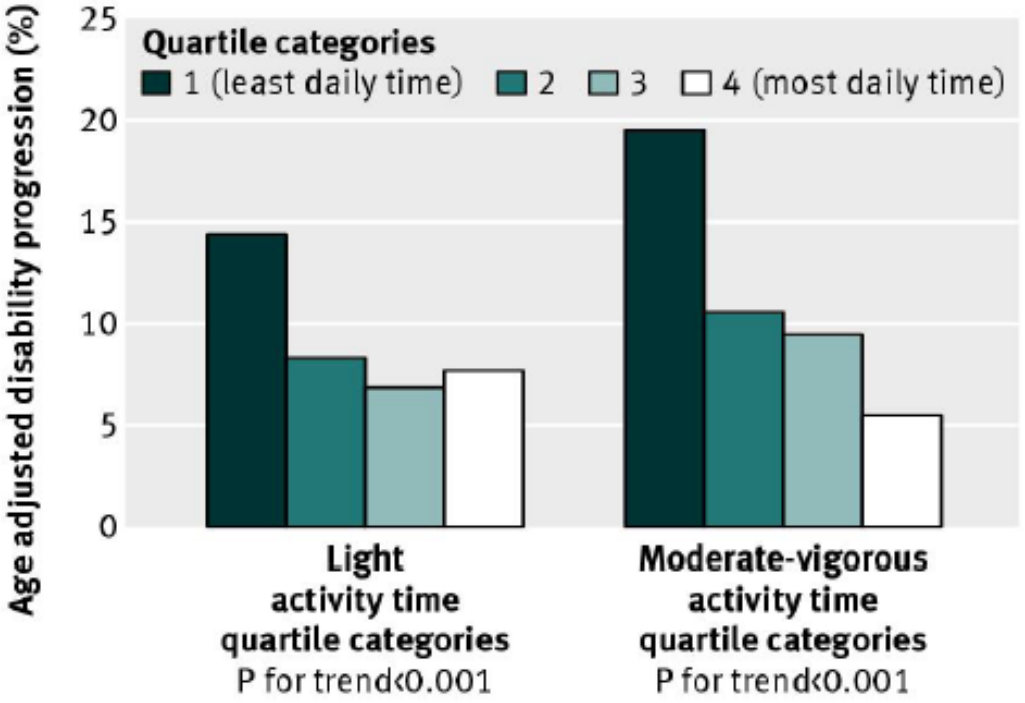
Relation of physical activity time to incident disability in community dwelling adults with or at risk of knee arthritis: prospective cohort study

Dorothy D Dunlop, et al, BMJ, 2014

Age adjusted percentage of incident disability according to quartile categories of light physical activity and moderate-vigorous physical activity (n=1680)



Age adjusted percentage of disability progression according to quartile categories of light physical activity and moderate-vigorous physical activity (n=1814)



Attività leggera 199<cont.accel/min<2020
Attività moderata/vigorosa >=2020 cont.accel.min

JAMA Internal Medicine | Original Investigation

Association of "Weekend Warrior" and Other Leisure Time Physical Activity Patterns With Risks for All-Cause, Cardiovascular Disease, and Cancer Mortality

Gary O'Donovan, PhD; I-Min Lee, ScD; Mark Hamer, PhD; Emmanuel Stamatakis, PhD

Table 2. Cox Proportional Hazards Regression for Associations Between Physical Activity Pattern and Mortality[a]

Physical Activity Pattern[b]	No. of Events	Mortality, HR (95% CI)		
		All-Cause	CVD	Cancer
No. of events	NA	8802	2780	2526
Adjusted for age and sex				
Inactive	39 947	1 [Reference]	1 [Reference]	1 [Reference]
Insufficiently active	14 224	0.61 (0.57-0.65)	0.56 (0.49-0.64)	0.77 (0.68-0.86)
Weekend warrior	2341	0.60 (0.51-0.70)	0.53 (0.39-0.72)	0.70 (0.54-0.91)
Regularly active	7079	0.56 (0.50-0.62)	0.51 (0.41-0.63)	0.69 (0.57-0.82)
Fully adjusted[c]				
Inactive	39 947	1 [Reference]	1 [Reference]	1 [Reference]
Insufficiently active	14 224	0.69 (0.65-0.74)	0.63 (0.55-0.72)	0.86 (0.77-0.96)
Weekend warrior	2341	0.70 (0.60-0.82)	0.60 (0.45-0.82)	0.82 (0.63-1.06)
Regularly active	7079	0.65 (0.58-0.73)	0.59 (0.48-0.73)	0.79 (0.66-0.94)

BMJ

BMJ 2014;348:g2804 doi: 10.1136/bmj.g2804 (Published 29 April 2014)

EDITORIALS

Inactivity, disability, and death are all interlinked

If you must watch a lot of television, move during commercial breaks—every little helps

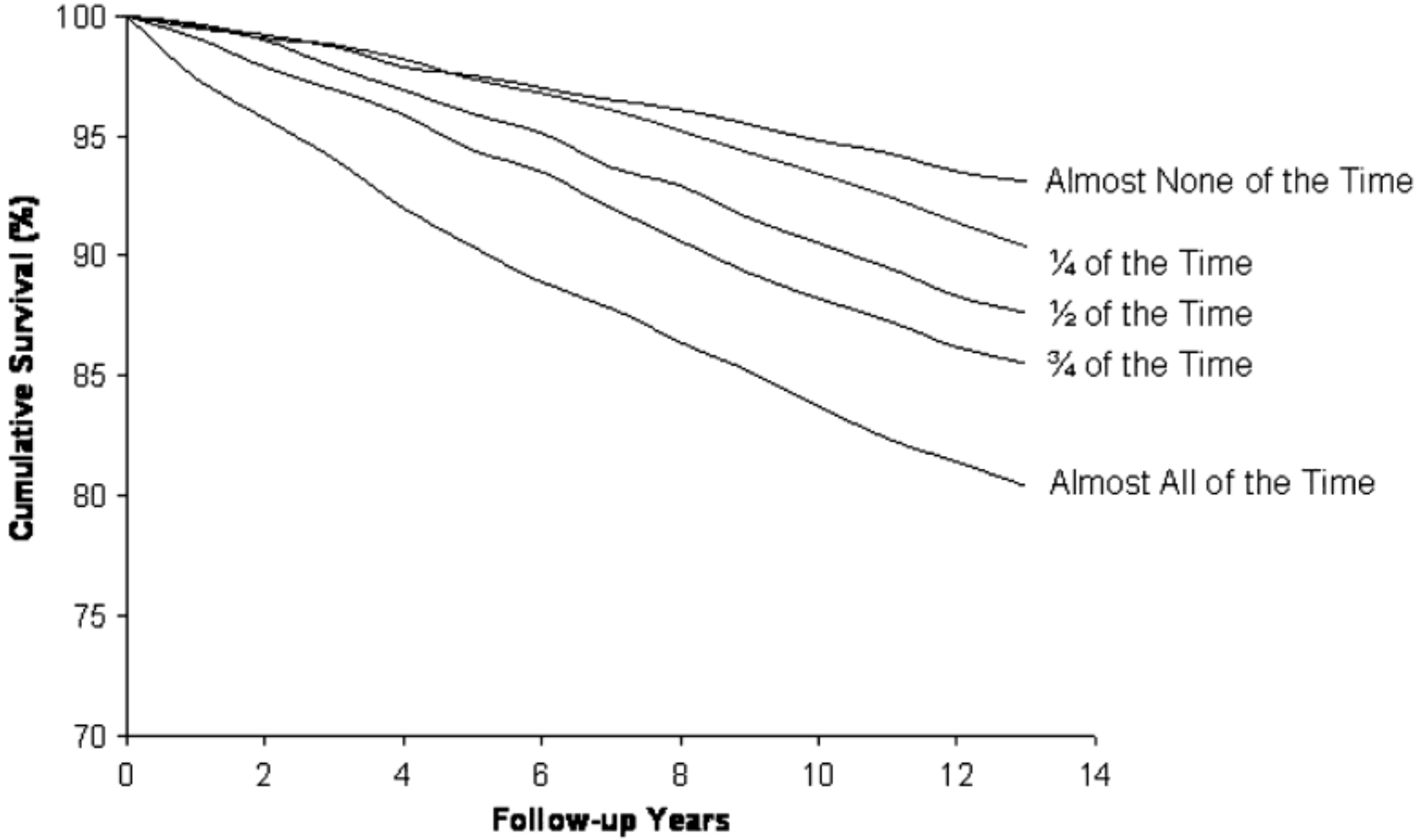
Elizabeth Badley *professor*

Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto, ON, Canada, M5S 1A8

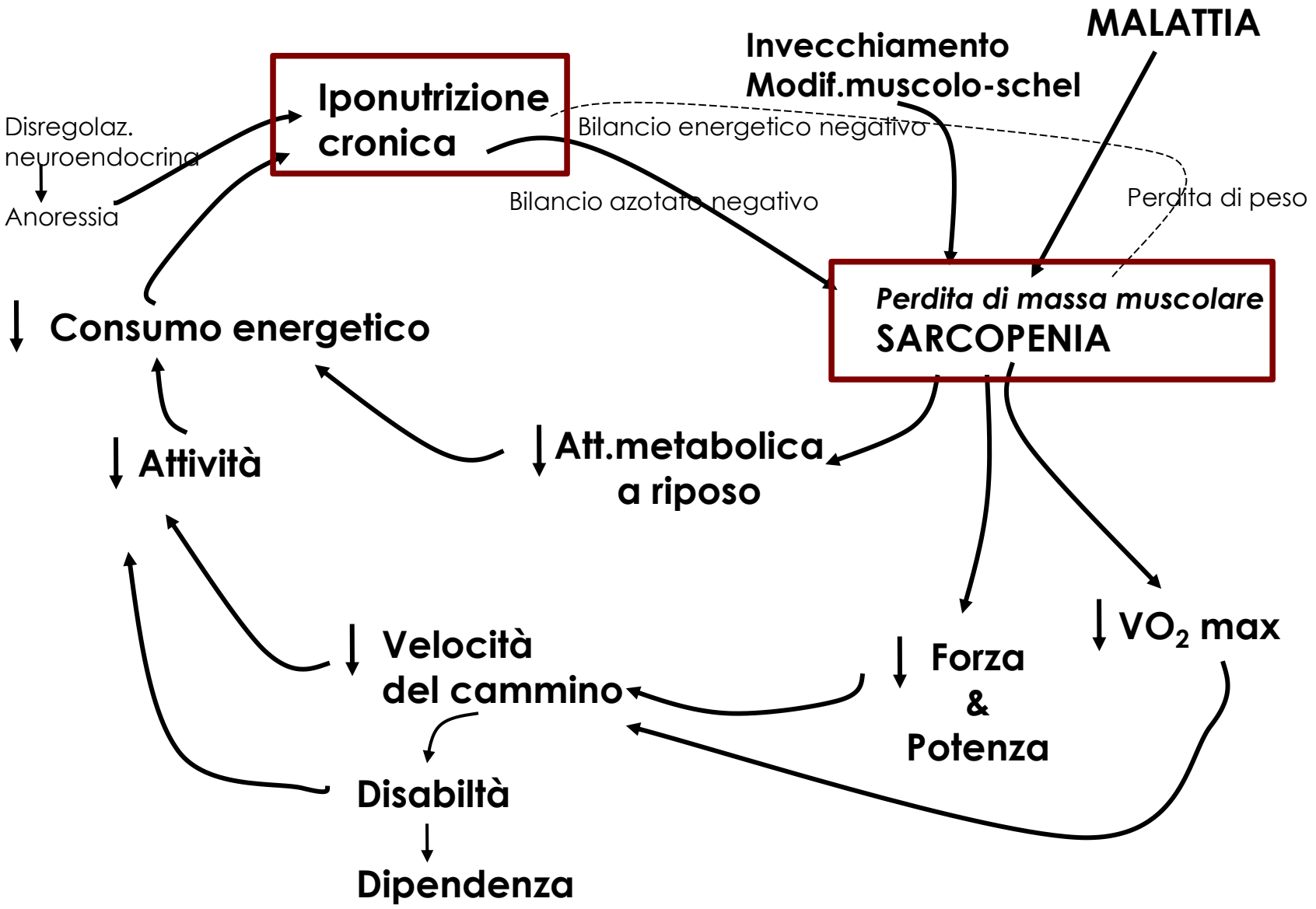
Sitting Time and Mortality from All Causes, Cardiovascular Disease, and Cancer

PETER T. KATZMARZYK[1], TIMOTHY S. CHURCH[1], CORA L. CRAIG[2], and CLAUDE BOUCHARD[1]

[1]Pennington Biomedical Research Center, Baton Rouge, LA; and [2]Canadian Fitness and Lifestyle Research Institute, Ottawa, Ontario, CANADA



Il ciclo della fragilità fisica

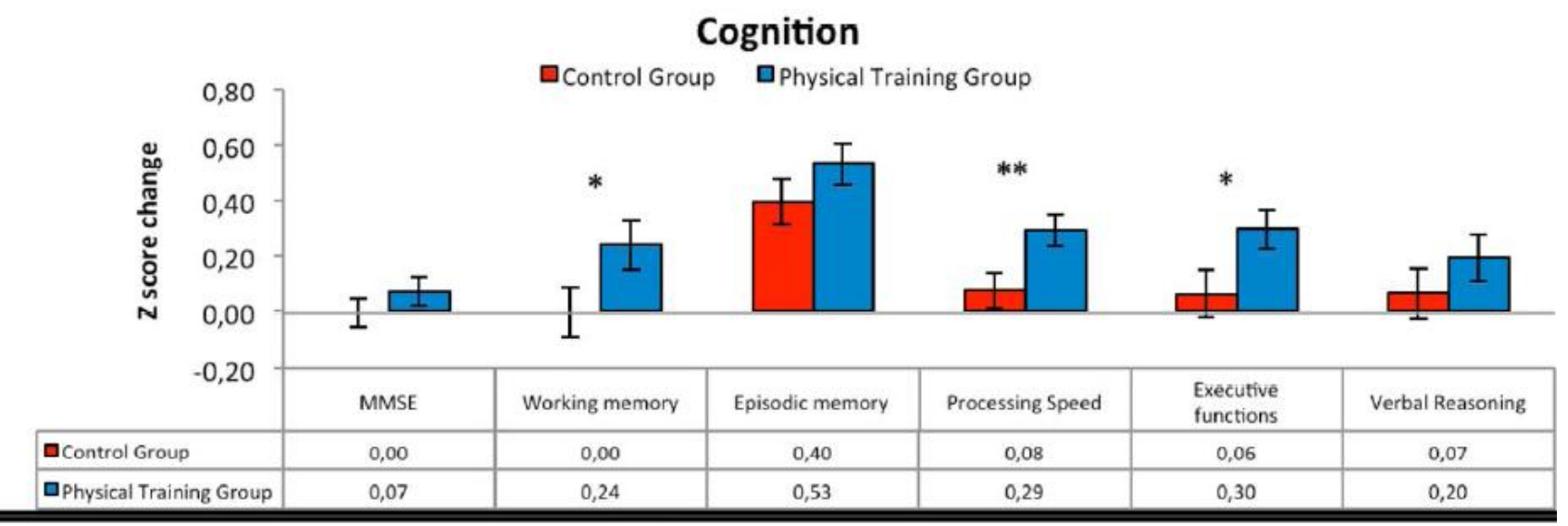


L.Fried & J.Walston, 1998

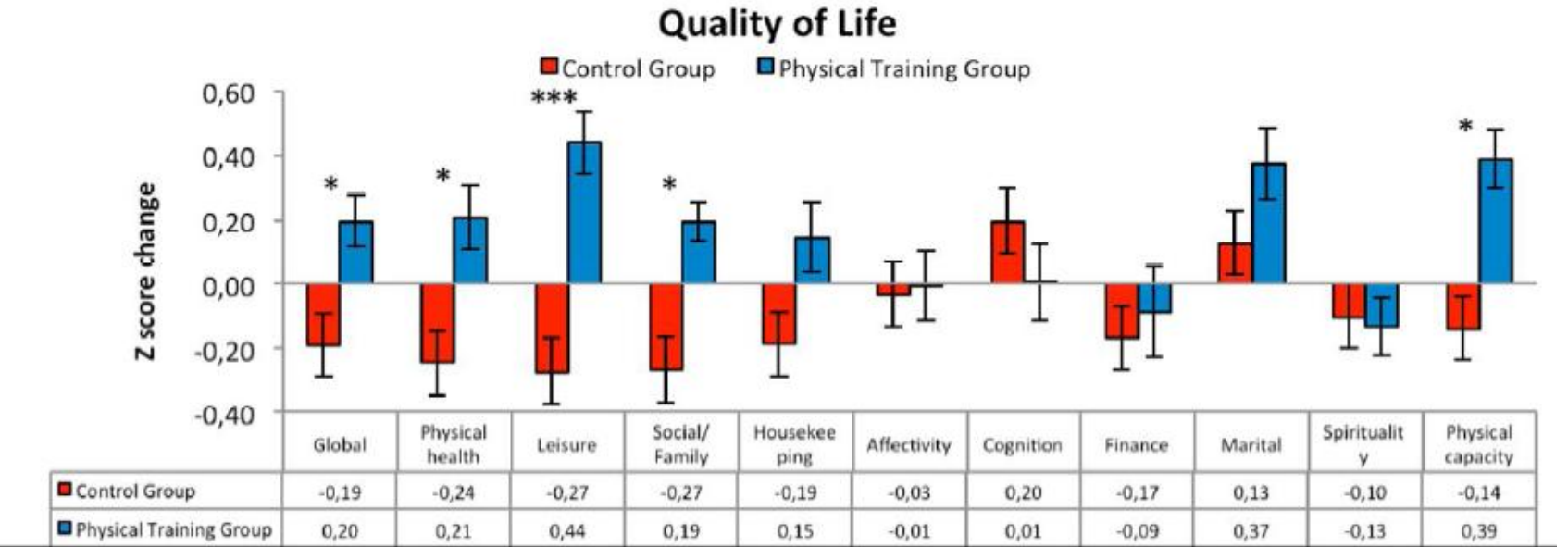
Benefits of Physical Exercise Training on Cognition and Quality of Life in Frail Older Adults

Francis Langlois,[1,2] Thien Tuong Minh Vu,[2,3] Kathleen Chassé,[2] Gilles Dupuis,[1,4] Marie-Jeanne Kergoat,[2] and Louis Bherer[1,2]

The Journals of Gerontology: Series B, Volume 68, Issue 3, 1 May 2013, Pages 400–404



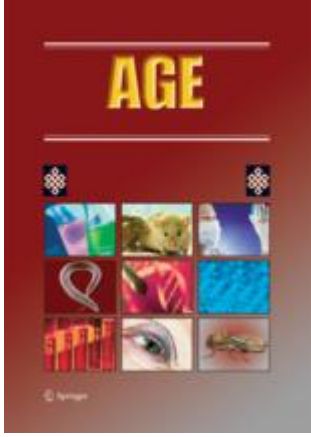
	MMSE	Working memory	Episodic memory	Processing Speed	Executive functions	Verbal Reasoning
Control Group	0,00	0,00	0,40	0,08	0,06	0,07
Physical Training Group	0,07	0,24	0,53	0,29	0,30	0,20



	Global	Physical health	Leisure	Social/ Family	Housekeeping	Affectivity	Cognition	Finance	Marital	Spirituality	Physical capacity
Control Group	-0,19	-0,24	-0,27	-0,27	-0,19	-0,03	0,20	-0,17	0,13	-0,10	-0,14
Physical Training Group	0,20	0,21	0,44	0,19	0,15	-0,01	0,01	-0,09	0,37	-0,13	0,39

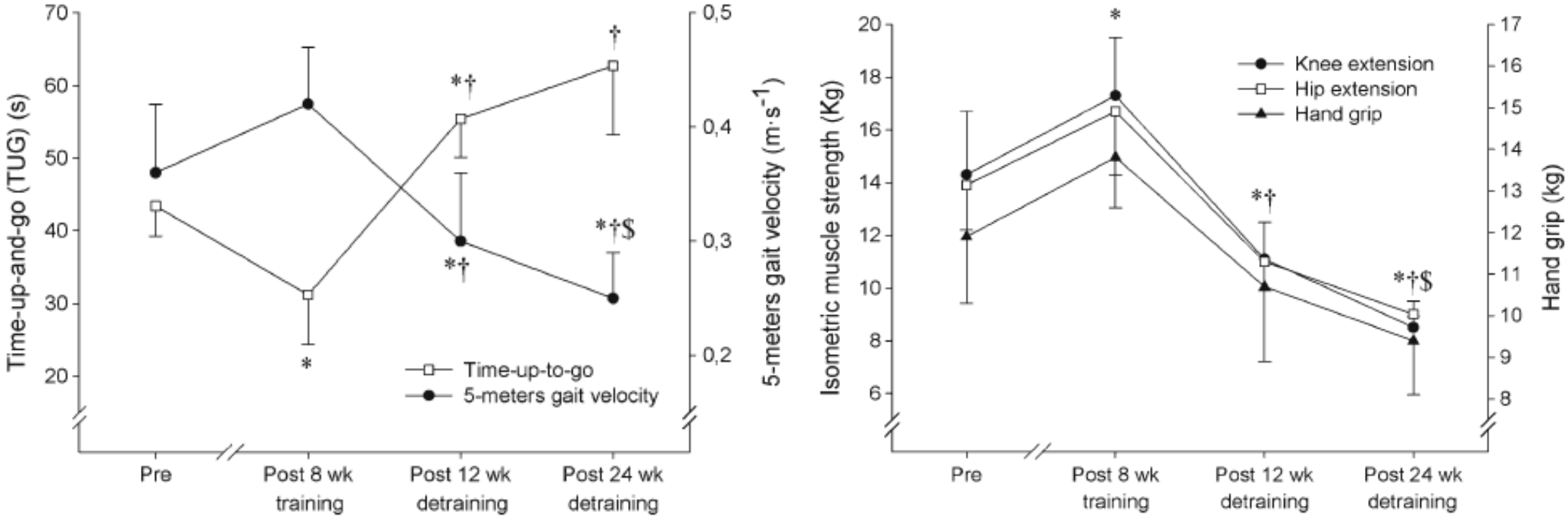
The physical exercise-training program consisted of 2 weeks of 1-h exercise session 3 days a week. Training was conducted in subgroups of 3 to 5 participants to ensure adequate supervision. Each session included 10 min of warm up exercises (stretching and balancing), 10–30 min of aerobic workout, and 10 min of strength training, followed by 10 min of cool down exercises. The intensity and duration of the aerobic exercises were increased individually, using the modified Borg Rating of Perceived Exertion scale (0–10) to reach moderate to hard intensity

Positive effects of resistance training in frail elderly patients with dementia after long-term physical restraint



Eduardo L. Cadore · Ana B. Bays Moneo · Marta Martinez Mensat · Andrea Rozas Muñoz · Alvaro Casas-Herrero · Leocadio Rodriguez-Mañas · Mikel Izquierdo

Multicomponent exercise program: 4 weeks of walking, balance and cognitive exercises, followed by 4 weeks of resistance exercise performed twice weekly



A significant reduction was also observed in the incidence of falls (P<0.01). No changes were observed in the intervention group in the BI score, MMSE, dual-task performance.

Physical activity and enhanced fitness to improve cognitive function in older people without known cognitive impairment (Review)

Angevaren M, Aufdemkampe G, Verhaar HJJ, Aleman A, Vanhees L

THE COCHRANE COLLABORATION®

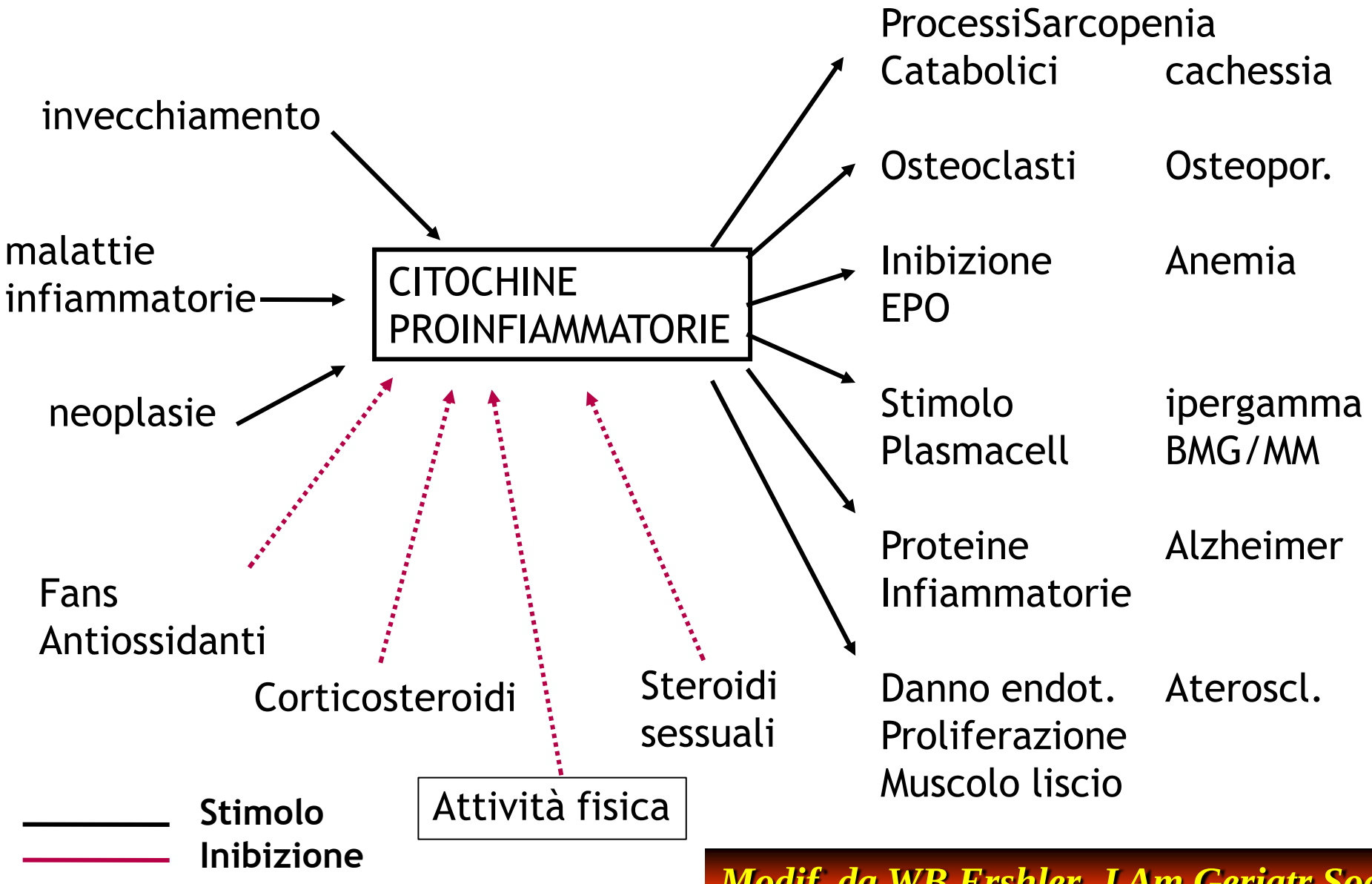
Overall appraisal of existing strategies for the prevention of cognitive decline

Intervention	Strength of evidence
Physical activity	+++
Treatment of vascular risk factors	+++
Dietary modification	++
Treatment of MDD	++
Cognitive retraining	++
Stress reduction	++
Immunomodulators	+
Brain stimulation	+

+++, moderate; ++, low; +, very low; MDD, major depressive disorder.

G. Rakesh et al., Ther Adv Chron Dis, 2017

Citochine proinfiammatorie e fragilità



Modif. da WB Ershler, J Am Geriatr Soc, 2003

THE GERONTOLOGICAL SOCIETY OF AMERICA®

Journal of Gerontology: MEDICAL SCIENCES
2006, Vol. 61A, No. 11, 1166–1170

Exercise: An Active Route to Healthy Aging

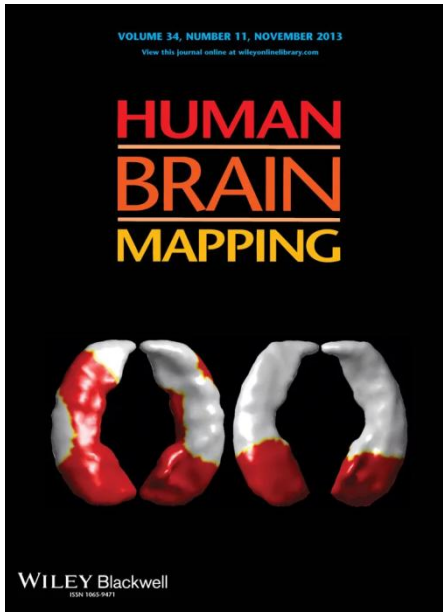
Aerobic Exercise Training Increases Brain Volume in Aging Humans

Stanley J. Colcombe,[1] Kirk I. Erickson,[1] Paige E. Scalf,[1] Jenny S. Kim,[1] Ruchika Prakash,[1] Edward McAuley,[2] Steriani Elavsky,[2] David X. Marquez,[2] Liang Hu,[2] and Arthur F. Kramer[1]

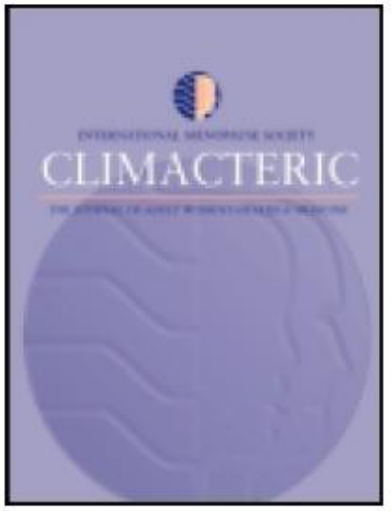
[1]Beckman Institute & Department of Psychology and [2]Department of Kinesiology, University of Illinois, Urbana.

The Influence of Aerobic Fitness on Cerebral White Matter Integrity and Cognitive Function in Older Adults: Results of a One-Year Exercise Intervention

Michelle W. Voss,[1]* Susie Heo,[2,3] Ruchika S. Prakash,[4] Kirk I. Erickson,[5] Heloisa Alves,[2,3] Laura Chaddock,[2,3] Amanda N. Szabo,[6] Emily L. Mailey,[6] Thomas R. Wójcicki,[6] Siobhan M. White,[6] Neha Gothe,[6] Edward McAuley,[6] Bradley P. Sutton,[3,7] and Arthur F. Kramer[2,3]



CLIMACTERIC 2015;18:678–689



Individually modifiable risk factors to ameliorate cognitive aging: a systematic review and meta-analysis

P. Lehert, P. Villaseca, E. Hogervorst†, P. M. Maki‡ and V. W. Henderson***

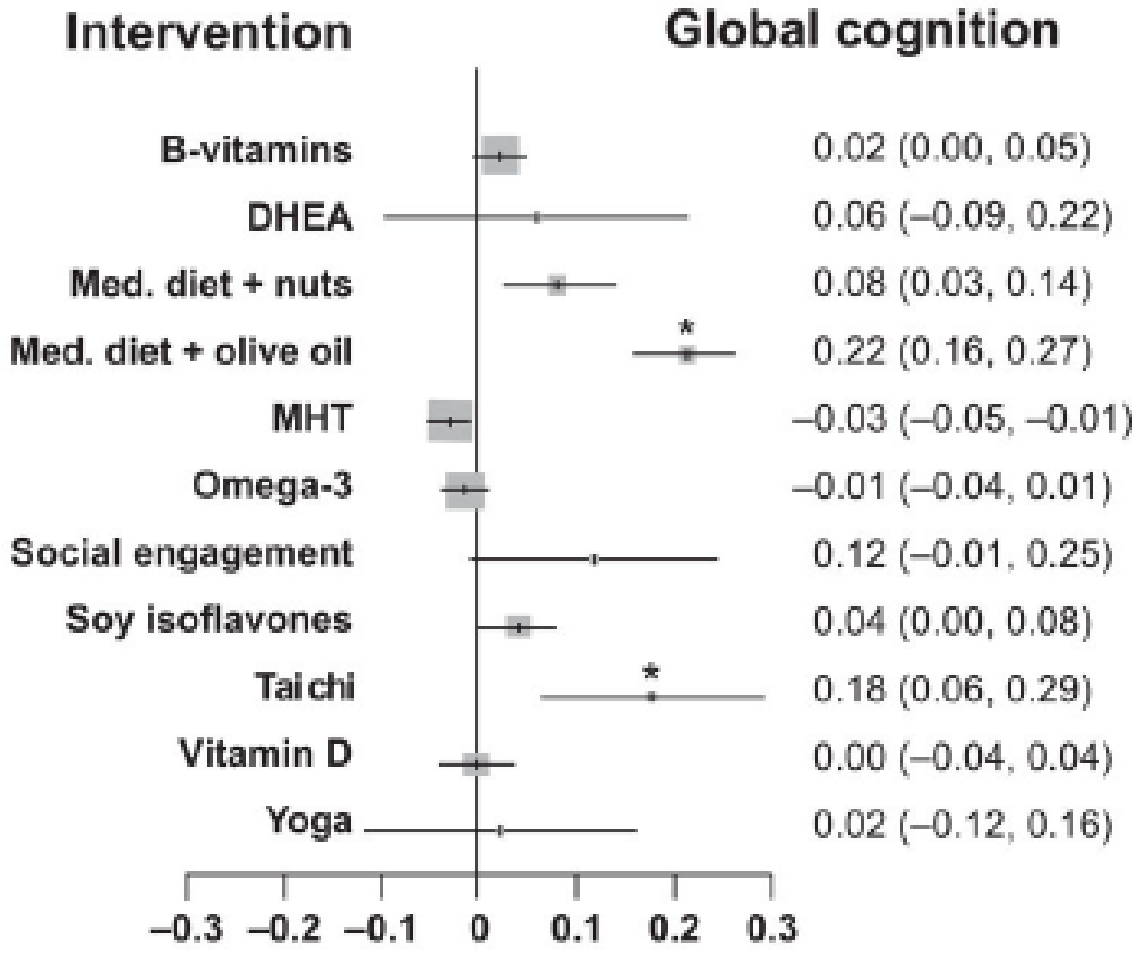
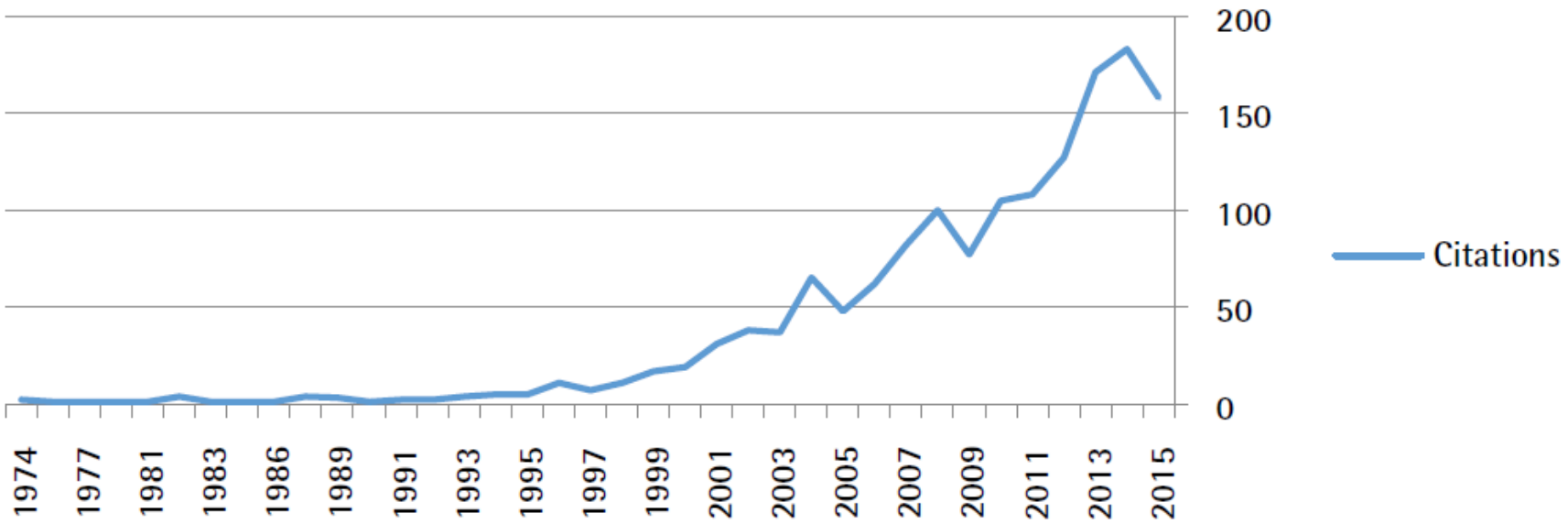


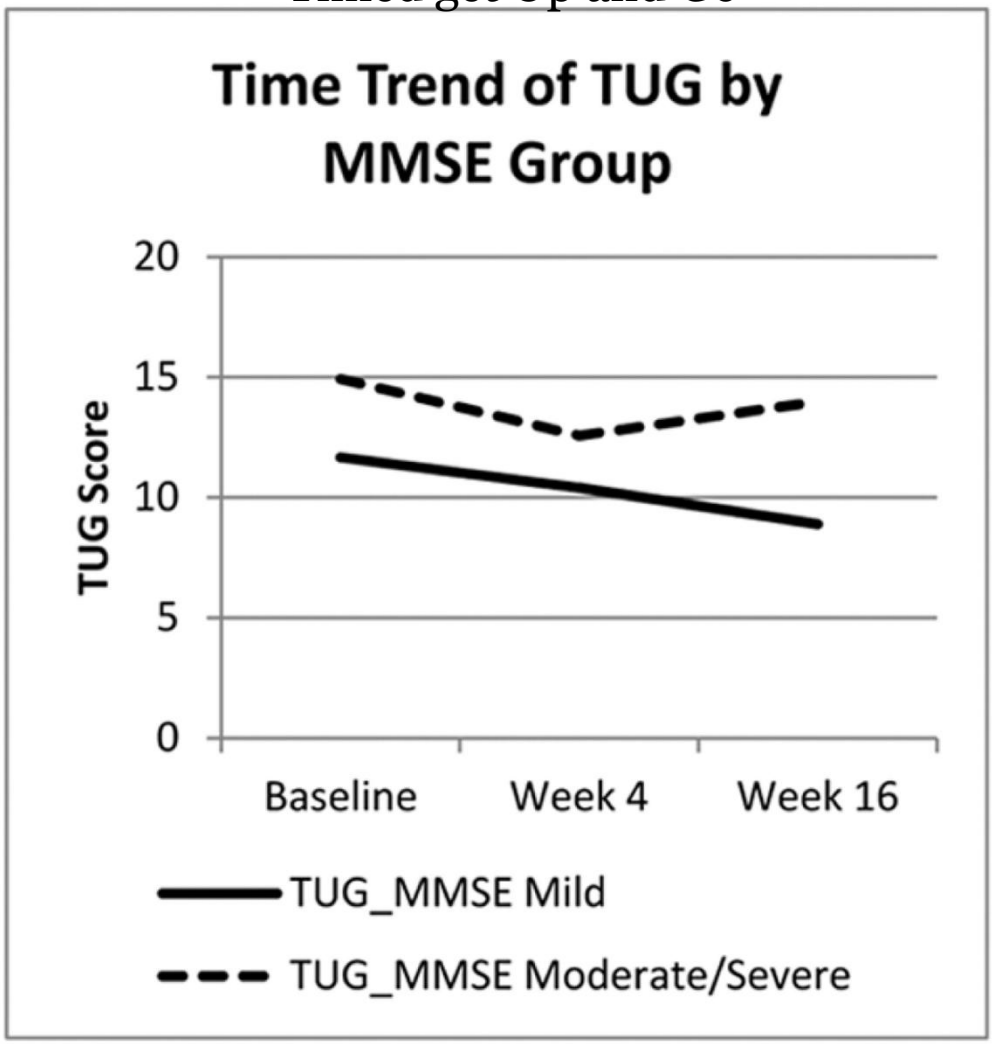
Figure 1. PubMed tai chi article citations by year: *January 1974 to October 2015.*



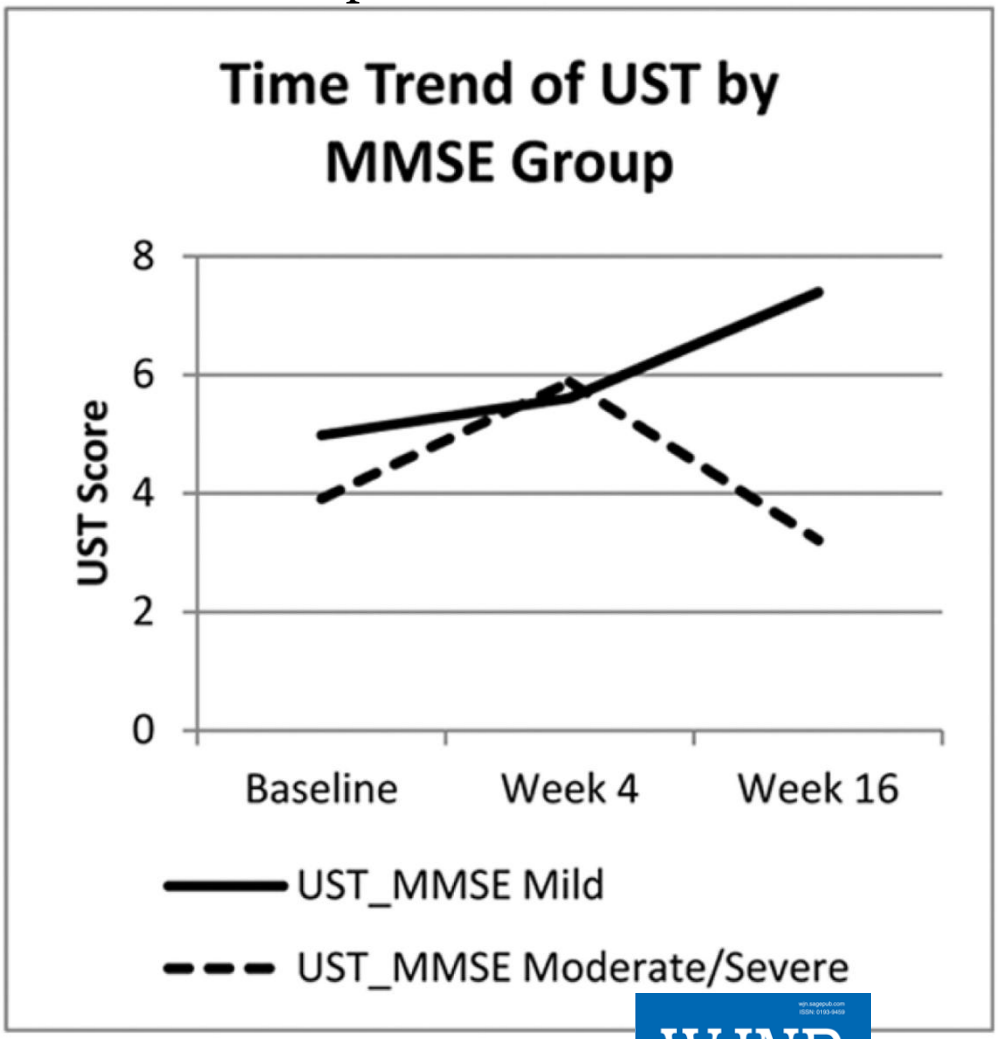
Patricia Huston & Bruce McFarlane, Can Fam Phys, 2016

Tai Chi e rischio di caduta in soggetti affetti da demenza

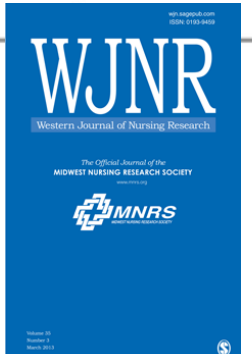
Timed get Up and Go



Unipedal Stance Time



L Yao et al,. West J Nurs Res, 2013



Effect of Tai Chi on Cognitive Performance in Older Adults: Systematic Review and Meta-Analysis

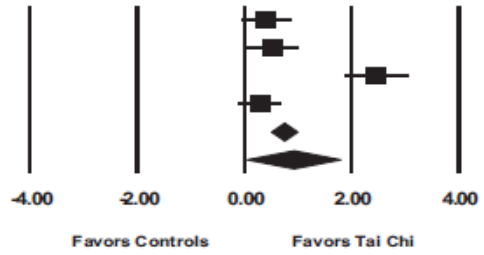
Peter M. Wayne, PhD,[†] Jacquelyn N. Walsh, BS,[*†] Ruth E. Taylor-Piliae, PhD, RN,[‡] Rebecca E. Wells, MD, MPH,[§] Kathryn V. Papp, PhD,[†‖] Nancy J. Donovan, MD,[#*†] and Gloria Y. Yeh, MD, MPH[††]*

COGNITIVELY HEALTHY

A

Executive Function: Tai Chi vs Controls

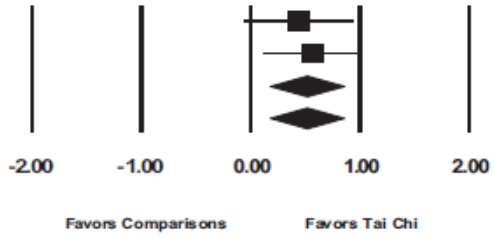
Model	Study name	Comparison		Hedges's g	Lower limit	Upper limit	p-Value
	Lavretsky, 2011	Health Ed	TMT-A	0.408	-0.067	0.883	0.092
	Mortimer, 2012	Controls	Combined	0.529	0.017	1.041	0.043
	Nguyen, 2012	Controls	Combined	2.458	1.850	3.066	0.000
	Taylor-Piliae, 2010	Controls	Combined	0.296	-0.120	0.711	0.163
Fixed				0.728	0.484	0.972	0.000
Random				0.904	0.026	1.781	0.043



B

Executive Function: Tai Chi vs Active Comparisons

Model	Study name	Comparison		Hedges's g	Lower limit	Upper limit	p-Value
	Mortimer, 2012	Walking	Combined	0.439	-0.068	0.946	0.090
	Taylor-Piliae, 2010	Western Exercise	Combined	0.565	0.109	1.021	0.015
Fixed				0.509	0.170	0.848	0.003
Random				0.509	0.170	0.848	0.003



Effect of Tai Chi on Cognitive Performance in Older Adults: Systematic Review and Meta-Analysis

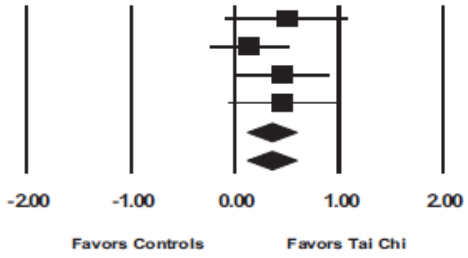
Peter M. Wayne, PhD,[†] Jacquelyn N. Walsh, BS,[*†] Ruth E. Taylor-Piliae, PhD, RN,[‡] Rebecca E. Wells, MD, MPH,[§] Kathryn V. Papp, PhD,[†‖] Nancy J. Donovan, MD,[#*†] and Gloria Y. Yeh, MD, MPH[††]*

COGNITIVELY IMPAIRED

C

Global Cognition: Tai Chi vs Controls

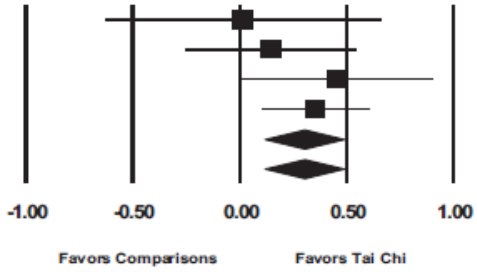
Model	Study name	Comparison	Outcome	Statistics for each study: Hedges's g	Lower limit	Upper limit	p-Value
	Burgener, 2008	Support Group	MMSE	0.496	-0.104	1.096	0.105
	DeChamps, 2010	Usual Care	MMSE	0.140	-0.253	0.533	0.484
	Cheng, 2012	Controls	MMSE	0.459	0.002	0.917	0.049
	Tsai, 2012	Controls	MMSE	0.451	-0.077	0.978	0.094
Fixed				0.346	0.108	0.584	0.004
Random				0.346	0.108	0.584	0.004

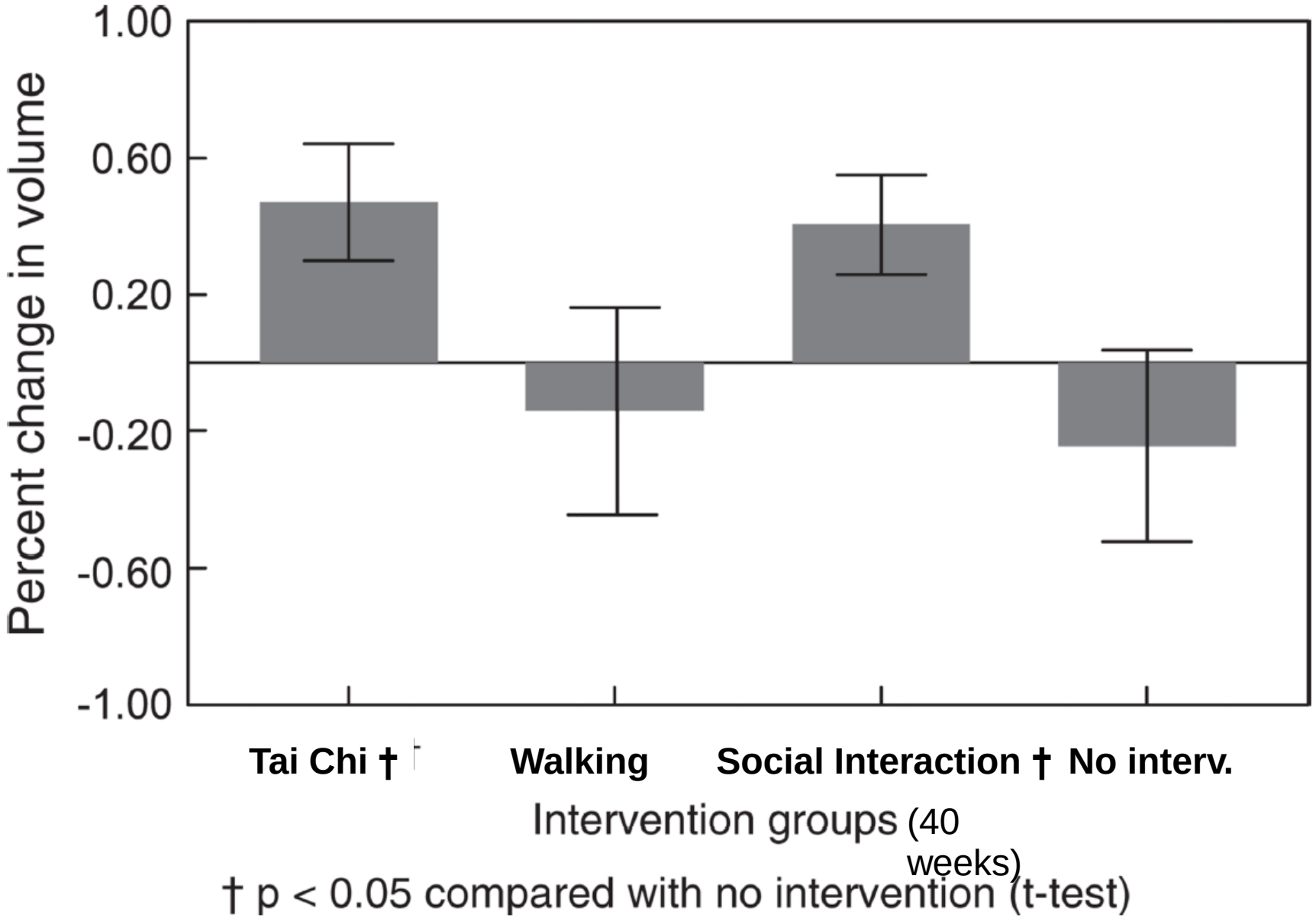


D

Global Cognition: Tai Chi vs Active Comparisons

Model	Study name	Comparison	Outcome	Statistics for each study: Hedges's g	Lower limit	Upper limit	p-Value
	DeChamps, 2009	Cognition-Action Ex	MMSE	0.015	-0.633	0.663	0.963
	DeChamps, 2010	Cognition-Action Ex	MMSE	0.145	-0.261	0.551	0.485
	Cheng, 2012	Mahjong	MMSE	0.456	0.002	0.910	0.049
	Lam, 2012	Stretch/Toning Ex	MMSE	0.356	0.101	0.611	0.006
Fixed				0.300	0.113	0.486	0.002
Random				0.300	0.113	0.486	0.002





Improvements also were observed in several neuropsychological measures in the Tai Chi group,

J A Mortimer et al., J.Alzheimers Dis, 2012

Table 2. Tai chi research: *Summary of evidence from 120 systematic reviews and recent clinical trials; there is very little evidence for italicized conditions.*

EXCELLENT EVIDENCE OF BENEFIT	GOOD EVIDENCE OF BENEFIT	FAIR EVIDENCE OF BENEFIT WITH MIXED RESULTS	PRELIMINARY EVIDENCE OF BENEFIT	EVIDENCE OF NO DIRECT BENEFIT
GENERAL HEALTH AND FITNESS BENEFITS				
Balance,[161-173] • 10 systematic reviews Aerobic capacity[159,174-178] • 5 systematic reviews	Strength[159,178-182] • 2 systematic reviews	Well-being[69,183-185] • 4 systematic reviews Sleep[186-191] • 2 systematic reviews	Flexibility[163,173,178,182] • 1 systematic review *Immune capacity*[192] *Kidney function*[121,193,194]	NA

Patricia Huston & Bruce McFarlane, Can Fam Phys, 2016

Table 2. Tai chi research: *Summary of evidence from 120 systematic reviews and recent clinical trials; there is very little evidence for italicized conditions.*

EXCELLENT EVIDENCE OF BENEFIT	GOOD EVIDENCE OF BENEFIT	FAIR EVIDENCE OF BENEFIT WITH MIXED RESULTS	PRELIMINARY EVIDENCE OF BENEFIT	EVIDENCE OF NO DIRECT BENEFIT
		SPECIFIC CONDITIONS		
Preventing falls[6-19] • 14 systematic reviews Osteoarthritis[25-38] • 10 systematic reviews Parkinson disease[39-53] • 8 systematic reviews COPD rehabilitation[54-59] • 6 systematic reviews Improving cognitive capacity[62-68] • 5 systematic reviews	Depression[69-77] • 8 systematic reviews Cardiac rehabilitation[78-88] • 6 systematic reviews Stroke rehabilitation[89-95] • 5 systematic reviews Cognitive impairment and dementia[65,98] • 2 systematic reviews	Quality of life for cancer patients[100-107] • 7 systematic reviews Fibromyalgia[108-114] • 4 systematic reviews Hypertension[117-121] • 4 systematic reviews Osteoporosis[122-126] • 3 systematic reviews	Stroke prevention[127] • 1 systematic review Anxiety[69,129] • 2 systematic reviews Low back pain[130-133] • 1 systematic review Postoperative arm mobility in breast cancer patients[134] • 1 systematic review *Multiple sclerosis*[135-138] *Schizophrenia*[139,140] *PTSD*[141,142] *Attention deficit disorder*[143,144] *After brain and spinal cord injury*[146,147]	Diabetes (eg, HbA_{1c})[149-153] • 4 systematic reviews Rheumatoid arthritis[154-157] • 3 systematic reviews Chronic heart failure[158-160] • 2 systematic reviews

Patricia Huston & Bruce McFarlane, Can Fam Phys, 2016

Genova, Il vecchio porto: fine del XIX secolo

Grazie per l'attenzione!