

NEW PERSPECTIVES IN REHABILITATION OF PATIENTS WITH METABOLIC CONDITIONS

NOVE MOŽNOSTI REHABILITACIJE PACIENTOV S PRESNOVNIMI MOTNJAMI

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Abstract

Given the rates of persons with disabilities or post-acute conditions who are also obese, it appears of importance for PRM specialists to familiarise themselves with the principles in rehabilitation of metabolic conditions. Obesity is a chronic condition often associated with multiple comorbidities that can have disabling consequences. Most research on obesity treatment has focused on life-style modification, pharmacological treatment and on bariatric surgery. Unfortunately, with severe obesity being chronic and disabling, such “weight centred” approach has excluded those patients with advanced disease stage (with established/end stage organ damage, significant/severe psychopathology and functional limitations) who are either poor candidates for surgery or in whom weight loss alone (especially in sarcopenic obesity) is unlikely to significantly reverse quality-of-life reduction and disability. If advanced-stage obesity represents a disabling disease in a multidimensional perspective, a multidisciplinary and integrated rehabilitative approach is required. According to current guidelines, the management of severe obesity in a rehabilitative setting should be multidisciplinary and characterised by the integration of nutritional, physical/functional rehabilitation, psycho-educational, and rehabilitative nursing interventions in relation to the clinical complexity of obesity. The intensity of the rehabilitative interventions should depend on the level of severity and comorbidities, frailty of the psychological status, degree of disability and quality of life of the patient. The rehabilitative setting must be structurally adequate to the needs of patients with excess body mass in terms of availability of bariatric lifting and transferring aids. The existing recommendations in rehabilitation of patients with obesity, the current rehabilitation perspectives and the new adjuvant treatment options will be discussed.

Key words:

severe obesity; quality of life; disability; multidisciplinary rehabilitation; guidelines

Povzetek

Glede na razširjenost debelosti med osebami z zmanjšanimi zmožnostmi ali subakutnimi stanji, je za specialiste fizičalne in rehabilitacijske medicine pomembno, da se seznanijo z načeli rehabilitacije pri presnovnih boleznih. Debelost je kronično stanje, ki je pogosto povezano s številnimi sočasnimi obolenji, ki imajo lahko za posledico zmanjšane zmožnosti. Večina raziskav na področju zdravljenja debelosti se osredotoča na spremembo življenjskega sloga, zdravljenje z zdravili ali kirurško zmanjšanje želodca. Žal pa je huda debelost kronična in močno zmanjuje človekove zmožnosti, zato s tovrstnim »na težo osredotočenim« pristopom izločimo paciente z napredovano boleznjijo (z začetnimi ali dokončnimi poškodbami organov, znatnimi ali hudimi duševnimi težavami in funkcionalnimi omejitvami), ki bodisi niso primerni za kirurški poseg bodisi pri njih samo zmanjšanje teže (zlasti pri sarkopenični debelosti) najbrž ne bo zaustavilo zmanjševanja kakovosti življenja oziroma zmožnosti. Če je napredovana debelost bolezen, ki povzroča zmanjšanje zmožnosti v več razsežnostih, je potreben multidisciplinaren in integriran pristop k rehabilitaciji. V skladu s trenutnimi smernicami mora biti obravnava hude debelosti v rehabilitacijski ustanovi multidisciplinarna in mora združevati prehransko, telesno oziroma funkcionalno in psihološko-pedagoško rehabilitacijo ter rehabilitacijsko zdravstveno nego v skladu s klinično kompleksnostjo debelosti. Intenzivnost rehabilitacijskih ukrepov je odvisna od stopnje debelosti in sočasnih obolenj, psihološke krhkosti, stopnje zmanjšanja zmožnosti in kakovosti življenja pacienta. Rehabilitacijsko okolje mora ustrezati potrebam pacientov s preveliko telesno maso z vidika razpoložljivosti pomagal za dviganje trebuha in premikanje. Predavanje bo obravnavalo obstoječa priporočila za rehabilitacijo pacientov z debelostjo, nove možnosti na tem področju in nove oblike dopolnilnega zdravljenja.

Ključne besede:

huda debelost; kakovost življenja; zmanjšane zmožnosti; multidisciplinarna rehabilitacija; smernice