



# Complicanze cardiache dell' ipertiroidismo

*gestione nei diversi setting assistenziali*

**perché?**

# ***setting assistenziali***

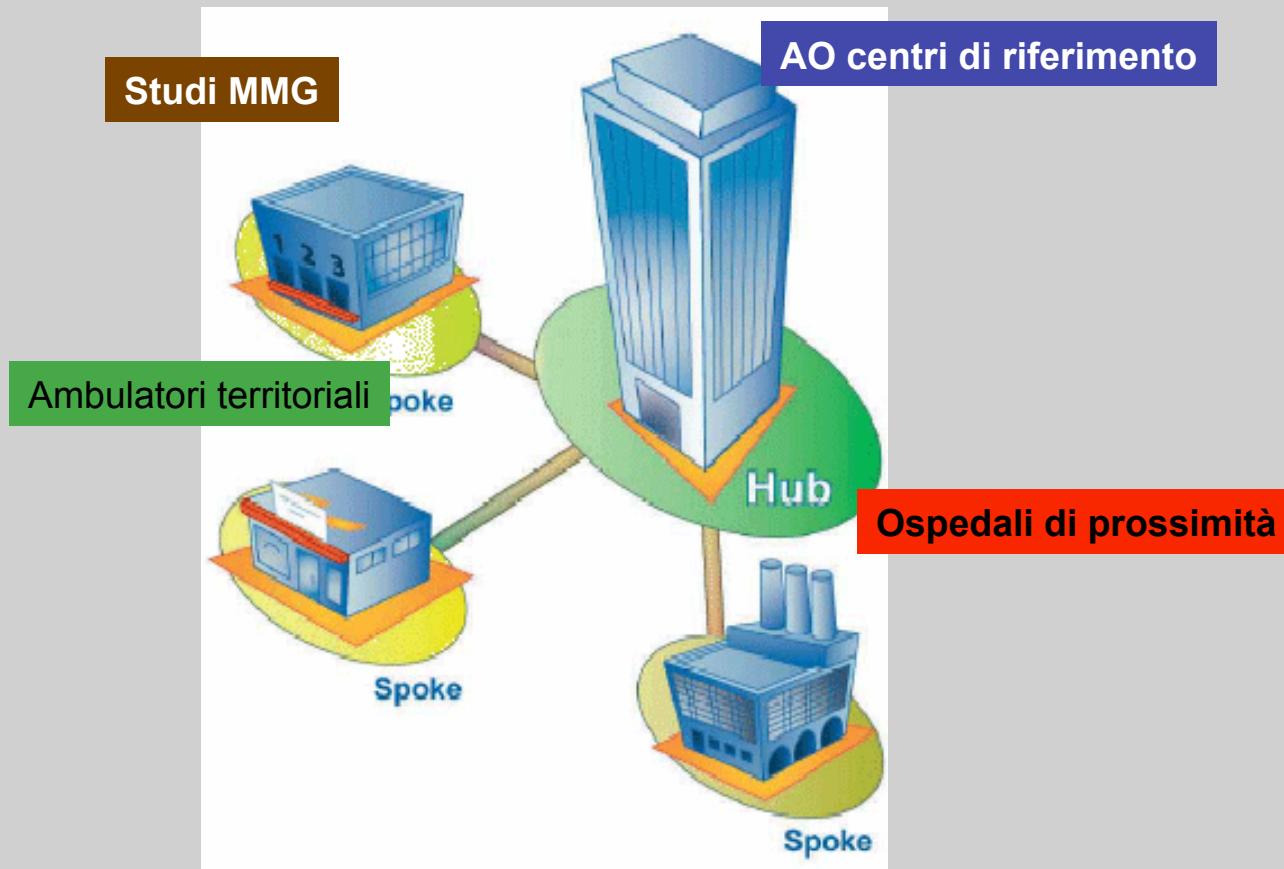
- Ambulatorio MMG
- Ambulatorio specialistico territoriale
- Ambulatorio specialistico ospedaliero
- Day Service
- Day Hospital
- Ricovero ordinario specialistico (“a gestione diretta”)
- Ricovero ordinario interspecialistico (“consulenza”)



**INTEGRAZIONE fra le SPECIALIZZAZIONI**

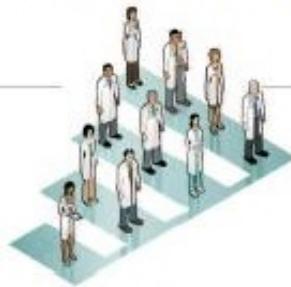
# La medicina del futuro

## RETI INTEGRATE DI SERVIZI a varia complessità strutturale ed organizzativa



# superare “le mura” tra UO SPECIALISTICHE

## L'OSPEDALE BASATO SUL MODELLO PER “intensità di cura”



### COMPETENZA E INTEGRAZIONE DEI PROFESSIONISTI

Area Funzionale = livello ottimale per **principali funzioni gestionali** (gestione Letti o “bed management”, gestione risorse),

**Responsabile di Area**

**Infermiere Coordinatore di Area.**

Unità operativa = **funzioni di linea professionale**

(garanzia e sviluppo delle competenze cliniche, presidio dei percorsi e di una pratica evidence-based).

**Direttore UO**

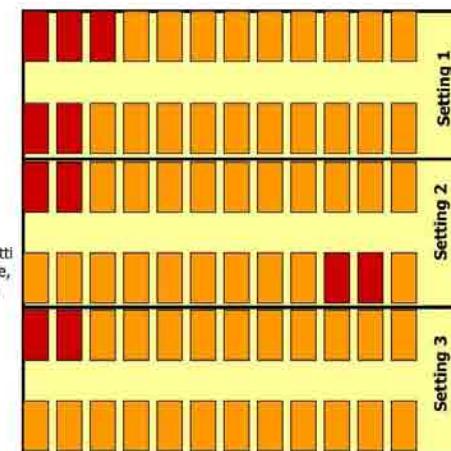
**Coordinatore infermieristico**



**Direttore UO**

- "Professionale"
- Qualità
- Competenze

La UO ha un numero di letti come riferimento, flessibile, distribuiti tra i vari setting.



**Infermiere  
Coordinatore di  
Setting**  
- + assistenza!

**Resp.Area**  
-“Gestionale”  
-Integrazione

**Inf.Coord.Area**  
-gestionale  
-risorse, letti

**Area funzionale**

**“integrazione  
é  
comunicazione  
efficace”**

# Comunicazione in Medicina

COMMENTARY

JAMA, March 16, 2011—Vol 305, No. 11

## Physician Communication in the 21st Century To Talk or to Text?

Leora I. Horwitz, MD

Allan S. Detsky, MD, PhD



Rispetto del punto di vista dell'altro

# cosa?

 Wolters Kluwer  
Health



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## Cardiovascular effects of hyperthyroidism

### Author

Irwin Klein, MD

### Section Editor

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- **Fast heart rate (tachycardia).** The cause of an increased heart rate at rest in hyperthyroidism is not clear. The diagnosis of Inappropriate Sinus Tachycardia (IST) is often considered if other arrhythmias such as PVCs, ventricular tachycardia, or atrial fibrillation are present in a patient with atrial fibrillation and no clear cause.
- **Systolic hypertension.** The forceful contraction of the heart and the peripheral vessels reduces the diastolic blood pressure and increases the systolic blood pressure.
- **Heart failure.** Hyperthyroidism itself can cause heart failure. If heart failure is present, worsening of heart failure with hyperthyroidism is common.
- **Angina and worsening of angina.** Angina attacks occur especially in women; this appears to be related to the increase in the frequency of worsening symptoms with hyperthyroidism.
- **Pulmonary hypertension.** Pulmonary hypertension is a common finding in hyperthyroidism. Pulmonary artery pressure may be normal or even reverse with treatment of the hyperthyroidism. A marked increase in pulmonary vascular resistance observed in the systemic circulation is associated with hyperthyroidism.

## IPERTIROIDISMO

e

•Tachiaritmia

•Angina

•Ipertensione polmonare

• Occult hyperthyroidism is a common cause of hypertension. It is important to rule out occult hyperthyroidism with blood tests before making the diagnosis. Hyperthyroidism can also produce a host of symptoms, so it is important to rule out hyperthyroidism in a patient with hypertension.

• Increased relaxation in the blood vessels is another symptom of hyperthyroidism.

• On the other hand, if pre-existing heart disease is present, it may worsen with hyperthyroidism.

• Hyperthyroidism can cause myocardial ischemia, which can lead to heart attack. Patients with coronary artery disease often experience a marked increase in chest pain when they have a heart attack.

• Hypertension is a common symptom in patients with hyperthyroidism. The systolic blood pressure may be as high as 30 to 50 mmHg. These changes are usually associated with an inpatient decline in pulmonary vascular resistance.

# chi?

- 
- Cappelli
  - De Biase
  - Deandrea
  - Limone
  - Piantoni
  - Tiratterra
  - Triggiani

# come?

- Presentazione delle sessione 5 min –  
**Giammarco**

I parte - 40 min (tolleranza fino a 45)  
Endocrinologo e Cardiologo: ipertiroidismo e aritmia

Conduce L. Piantoni

Discussants: M. Deandrea, L. De Biase

- II parte - 50 min (tolleranza fino a 55)

Endocrinologo e Cardiologo: ipertiroidismo e dolore toracico

Conduce V. Giammarco -

V. Triggiani - relazione introduttiva - 10 min

Discussants: C. Cappelli, F. Tiraterra

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Take-home messages P. Limone  
10 min (toleranza fino 15 min)

# “standard” & “assolo”

## MY FUNNY VALENTINE

from GINGER MILLS

1

Is by LORENZ HART  
RICHARD RODGERS



G7/B9

rit.

P

a tempo



way our

