



XIII congresso nazionale

simeu

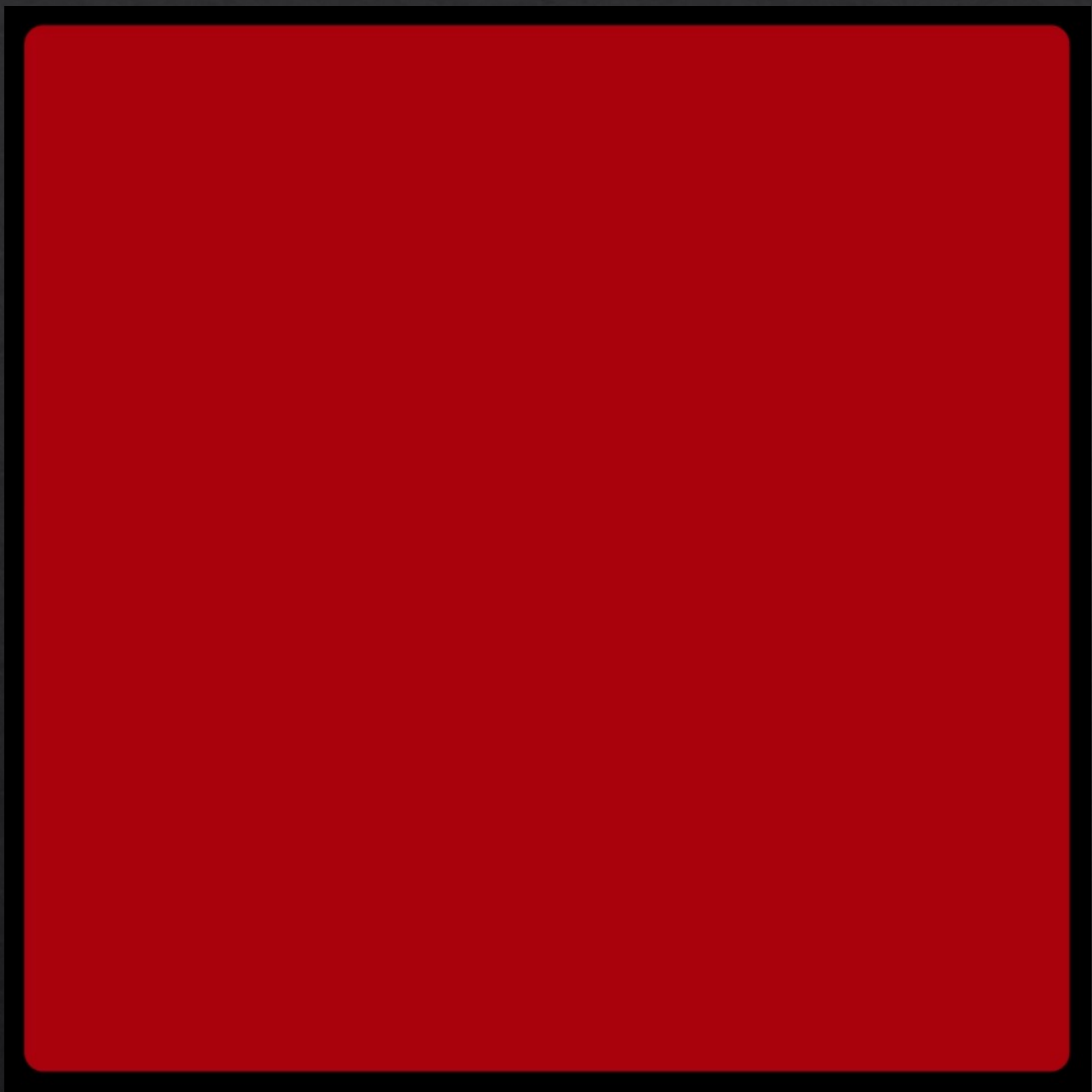
GENOVA 30 MAG - 1 GIU 2024



#MEU #GOLDENmedicine #emergenza #urgenza #GOLDENdoctors

**Le differenze esistono, anche in MEU
Gruppo di studio SIMEU sulle differenze di genere
nelle patologie tempo dipendenti**

E.Pontoni



Medicina delle Differenze in Dipartimento di Emergenza?





Ministero della Salute

Piano per l'applicazione e la diffusione della Medicina di Genere

(in attuazione dell'articolo 3, comma 1, Legge 3/2018)

Il presente Piano, predisposto ai sensi dell'articolo 3, comma 1 della Legge *11 gennaio 2018 n. 3*, si propone di fornire un indirizzo coordinato e sostenibile per la diffusione della Medicina di Genere mediante divulgazione, formazione e indicazione di pratiche sanitarie che nella ricerca, nella prevenzione, nella diagnosi e nella cura tengano conto delle differenze derivanti dal genere¹, al fine di garantire la qualità e l'appropriatezza delle prestazioni erogate dal Servizio Sanitario Nazionale (SSN) in modo omogeneo sul territorio nazionale.

Razionale



This text, **Sex and Gender in Acute Care Medicine**, is the first to organize women's health care issues as they pertain to emergency practice. The scoop of the book is broad and will, I believe, help us understand the differences between men and women as we diagnose and treat their acute illnesses and injuries.

This book will stimulate us to identify gaps in our knowledge, to ask questions, and to find answers (Edited by A.J.Mc Gregor, E.K. Choo, B.M. Becker, Cambridge, 2016)

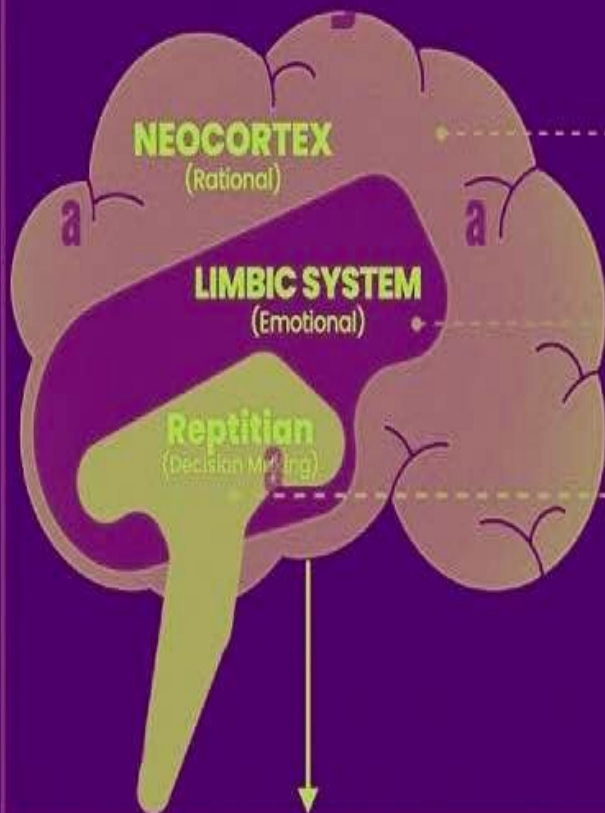
THE GOLDEN CIRCLE AND THE BRAIN

Simon Sinek

Human Brain

Start with WHY

Golden Circle



OUTCOMES

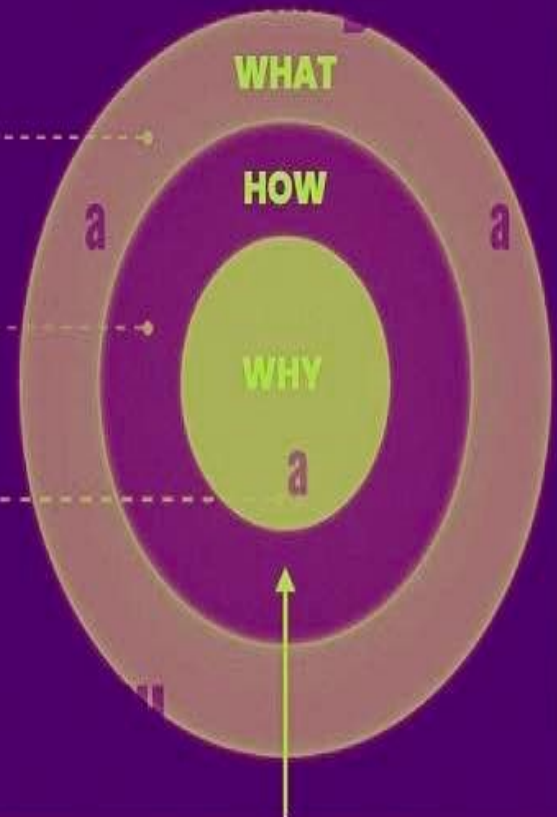
Results or tangible Manifestation of our Why,
What you want to achieve.

PROCESS

Action we take, what you do, Habits, System, Routine

IDENTITY

Intrinsic Motivation, Wordview, Belies, Purpose, Cause,
Self-Image who you wish to become, why you do it,
Drivindg force behind everything we do.



THE GOLDEN CIRCLE AND THE I.M.E.U

When differences matter

Human Brain

Start with WHY

Golden Circle



Ruolo. Talento. Passione. Idee. Identità

Irene Cara
Claudia Sara Cimmino
Pierangela Con
Fabio De Iaco
Andrea Fabbri
Anna Maria Ferrari
Catia Morellato
Cristiano Perani
Daniela Pierluigi
Paolo Pinna Parpaglia
Elisa Pontoni
Maria Pia Ruggieri
Maria Luisa Ralli
Antonio Voza
Sonia Zoanetti



Go red for women



**More women
die from heart
disease than
from all forms
of cancer
combined.**



**Every
minute a
woman
dies
from
heart
disease.**



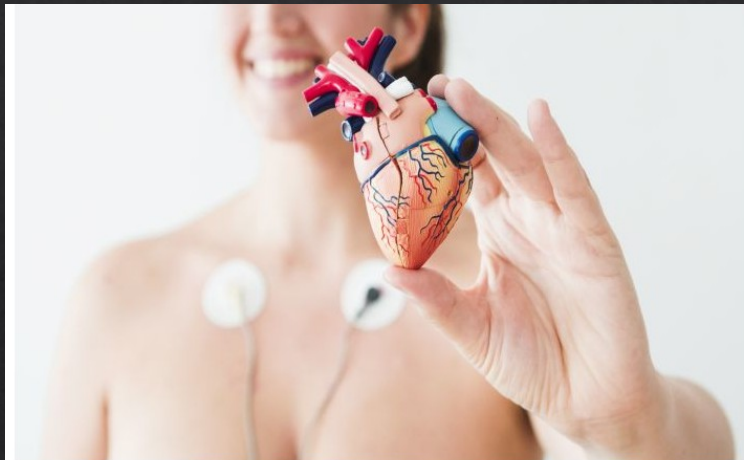
1 in 3

**women's deaths
in the United
States are
caused by heart
disease.**



Consapevolezza

Giornata internazionale della donna: 8 marzo 2024



“Diverse nel cuore” un elogio all’imperfezione diagnostica del femminile

Feb 14, 2024 | Professioni

Un progetto sviluppato da Simeu che coinvolge i Ps italiani con l'obiettivo di superare i limiti di molti studi scientifici che hanno descritto le malattie concentrandosi prevalentemente, talora esclusivamente, su casistiche di un solo sesso



Risultati

Step	Improvement			Model			Correct Class %	Variable
	Chi-square	df	Sig.	Chi-square	df	Sig.		
1	11.192	1	.001	11.192	1	.001	65.3%	IN: PA_140
2	6.055	1	.014	17.247	2	.000	66.9%	IN: Retrosternale
3	4.882	1	.027	22.129	3	.000	66.9%	IN: I_ETA50
4	4.238	1	.040	26.367	4	.000	68.6%	IN: I_inflaResp

Grazie!

Percorso per la realizzazione di un documento di consenso su prevenzione e gestione delle MCV nelle donne

Con il presente Documento Italiano di Consenso Intersocietario si vuole riunire, non solo le principali società scientifiche cardiologiche, ma anche numerose altre società scientifiche presenti sul territorio italiano, a cui appartengono professionisti che intervengono abitualmente nel percorso di prevenzione e cura delle MCV femminili. Il fine è la redazione di un documento comune, con indirizzo eminentemente pratico, a cui poter dare la più ampia diffusione, con l'intento di compiere un significativo passo in avanti nella cura della salute femminile.

A.R.C.A. individua nelle tre principali Società Cardiologiche generaliste (A.N.M.C.O., S.I.C. e A.R.C.A.) e nell'I.S.S. i componenti che sovrintenderanno ai lavori formando un Comitato Tecnico-Scientifico (CTS); nel CTS entreranno a far parte alcuni esperti indipendenti invitati.

Il CTS concorda che i gruppi avranno mediamente 4 componenti e, considerando dei limiti numerici fissati per motivazioni organizzative, si è stabilito di invitare a partecipare ai lavori le seguenti Società Scientifiche: FADOI (Federazione delle Associazioni dei Dirigenti Ospedalieri Internisti), GISEG (Gruppo Italiano Salute e Genere), SID (Società Italiana di Diabetologia), SIGO (Società Italiana di Ginecologia e Ostetricia), SIIA (Società Italiana dell'Ipertensione Arteriosa), SIMEU (Società Italiana della Medicina di Emergenza – Urgenza), SIMG (Società Italiana di Medicina Generale), SIPREC (Società Italiana per la Prevenzione Cardiovascolare), SIT (Società Italiana di Telemedicina).



Totem

Le figure sono in legno di larice che sono stati
scelti per la loro resistenza e per la loro
capacità di resistere alle intemperie. Le
figure sono state scolpite in modo da
rappresentare le forme delle montagne e
dei fiumi della regione. Le figure sono
state scolpite in modo da rappresentare
le forme delle montagne e dei fiumi della
regione. Le figure sono state scolpite in
modo da rappresentare le forme delle
montagne e dei fiumi della regione.

G.Dirindin, Racconti di terra e di fiume, Pordenone, 2024

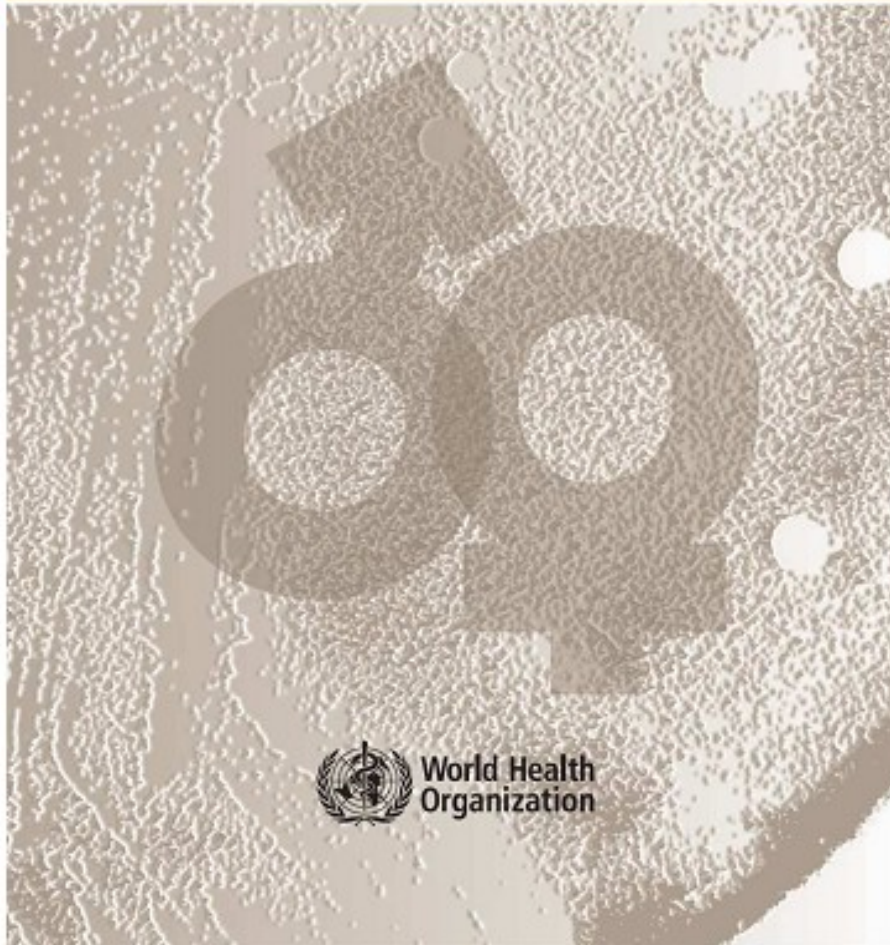
The 2030 World Sepsis Declaration

Despite huge strides in improving awareness and delivery of care since the 2012 **World Sepsis Declaration**, sepsis remains one of the most common and least-recognized illnesses in both the developed and developing world. Sepsis arises when the body's response to an infection injures its own tissues and organs. It may lead to shock, multiple organ failure, disability and death, especially if not recognized early and treated promptly. The Global Burden of Disease Sepsis Report published in January 2020 estimated that 49 million patients suffer sepsis every year, with 11 million of those dying. This burden is significantly higher than the number of lives lost to cancer or coronary disease. Sepsis can affect anyone as a consequence of infection, but globally young children suffer most.

Worldwide, a person dies from sepsis every 2.8 seconds. If we are to deliver on the UN Sustainable Development Goal (SDG) 3 for Good Health and Well-Being¹ (most particularly those targets around reduction of maternal, child, and neonatal mortality and non-communicable disease burden as well as the target to achieve universal, accessible health coverage), it is now imperative that we address the burden of sepsis in both HICs and LMICs.

Despite its remarkable incidence, sepsis is practically unknown to the public.

Addressing sex and gender in epidemic-prone infectious diseases



BIOLOGICAL SEX DIFFERENCES

Fundamental differences between males and females exist at every biological level, from that at the organism as a whole, to organs and organs systems, to individual cells.

These biological differences are complex, and may confer advantages either to males or females depending on the infectious agent.

Commentary

Does gender affect the outcome of community-acquired *Staphylococcus aureus* bacteraemia?

E. Tacconelli*, F. Foschi

Infectious Diseases, Internal Medicine I, DZIF Centre, University Hospital of Tübingen, Tübingen, Germany

Sex and gender play an active role in the incidence and outcomes of major infectious diseases, including malaria, tuberculosis, human immunodeficiency virus infection, hepatitis, and influenza [1]. Both biological differences (e.g. hormonal cycles and cellular immune-mediated responses) and cultural, behavioural and socio-economic differences are important determinants of course and outcome of infectious diseases [1]. Given this background, we read with great interest the study by Smit *et al.* exploring gender differences in outcomes of *Staphylococcus aureus* bacteraemia in northern Denmark [2]. The authors used population-based medical registers to analyse the outcome of community-acquired *S. aureus* bacteraemia in 2638 adult patients between 2000 and 2011 [2]. The results, which had been adjusted for co-morbidities and age, suggest that gender has a significant impact on all-cause 30-day mortality with women having a 30% higher risk than men [2].



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Clinical Microbiology and Infection

journal homepage: www.clinicalmicrobiologyandinfection.com



Commentary

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E. Tacconelli*, F. Foschi

Infectious Diseases, Internal Medicine I, DZIF Centre, University Hospital of Tübingen, Tübingen, Germany

One possible explanation for the increased mortality observed in women of all ages is the gender difference in healthcare-seeking behaviour resulting in women delaying hospital presentation and so reaching the emergency room in a more advanced stage than men. In a recent meta-analysis including more than 40 million individuals visiting general practitioners, we found that women are 27% more likely to receive a prescription for antibiotics than men [20]. It is therefore possible to speculate that greater access to antibiotic therapy by general practitioners may delay attending the hospital and receiving subsequent care.

Differences in sepsis management of male and female patients may account for the difference in mortality risk. Inequity in quality of care among sexes at ICU admission has been reported [3,21]. Vertical inequity has been described in patients with myocardial infarction or neurological bleeding. Men had lower APACHE II scores than women, suggesting that disease severity admission criteria for women were more stringent than for men and horizontal inequity can occur [22]. Pietropaoli *et al.* reported that

Medicina delle differenze: Diversi nella sepsi



13 September



stroke

eikoh hosoe

Stroke in women : when gender matters

**Quentin Thomas¹, Valentin Crespy², Gauthier Duloquin^{1,2}, Mané Ndiaye¹,
Marie Sauvart¹, Yannick Béjot^{1,2}, Maurice Giroud^{1,2}**

Short title : stroke in women, a review of literature

Demenze

Donna paziente e caregiver

Diverso invecchiamento del cervello
femminile e maschile

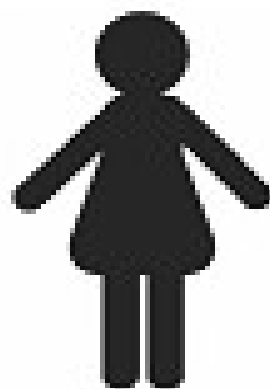
Malattia Alzheimer più frequente nella
donna

Morbo di Parkinson più frequente
nell'uomo



Rita Hayworth

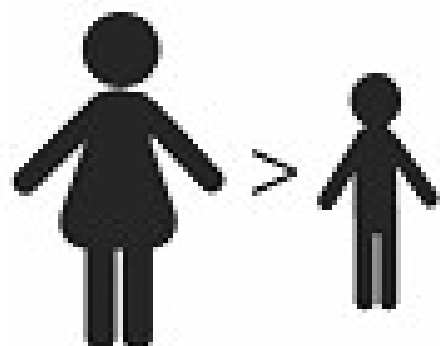
History of APOs:
Pre-term Delivery
Gestational Hypertension
Pre-eclampsia/ Eclampsia
Fetal Growth Restriction



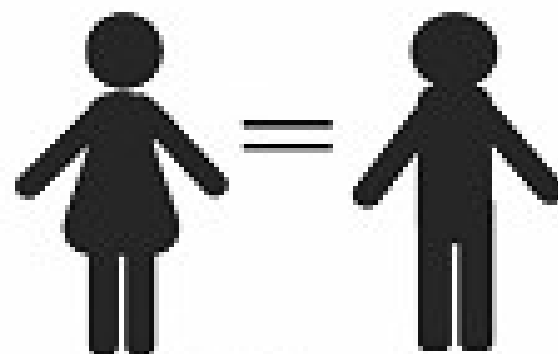
Early/ Late Menarche
Early Menopause
Oral Contraceptives w/ Estrogen
Oral MHT
Parity (≥ 5 live births)
GAHT for transwomen



STROKE RISK



Diabetes
Hypertension
Obesity
Atrial Fibrillation
Migraine w/ Aura



Physical Activity



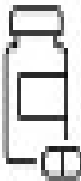

Risk factors 	Diagnosis 	Treatment 	Outcomes 
<div data-bbox="50 404 233 544"></div> <div data-bbox="243 404 465 594">Differences in prevalence of risk factors</div> <div data-bbox="40 682 198 876"></div> <div data-bbox="243 682 484 872">Differences in strength of the risk factors</div> <div data-bbox="65 991 131 1219"></div> <div data-bbox="185 953 484 1219">Sex specific risk factors (APO, early menopause, hormonal factors)</div>	<div data-bbox="552 411 639 586"></div> <div data-bbox="681 454 909 572">Less complete evaluations</div> <div data-bbox="552 739 639 958"></div> <div data-bbox="687 796 929 986">More likely diagnosed with stroke mimic</div>	<div data-bbox="1006 368 1097 586"></div> <div data-bbox="1122 404 1392 639">Less likely given IV rtPA; more likely given endovascular thrombectomy</div> <div data-bbox="987 801 1103 986"></div> <div data-bbox="1141 782 1392 1043">Under-representation of women in trials</div>	<div data-bbox="1470 411 1547 572"></div> <div data-bbox="1580 444 1856 568">Larger number of deaths per year</div> <div data-bbox="1470 782 1547 939"></div> <div data-bbox="1580 801 1846 925">Higher disability after stroke</div>

Figure 5. Central Illustration, the impact of sex and gender on stroke.

APO indicates adverse pregnancy outcomes; IV rtPA, intravenous recombinant tissue plasminogen activator. Biologic sex is shown in red, gender in blue, combined in purple.

Road map 2025



Luigi Ghirri



[illegible]

Diversi nell'ictus



Brief Report

A Comparative Gender Analysis of Injury Characteristics, Treatments and Outcomes among Persons Seeking Emergency Care in Kigali, Rwanda

Lise Mumporeze ^{1,2}, Chantal Uwamahoro ², Doris Uwamahoro ², Aly Beeman ², Destry Jensen ², Oliver Young Tang ³, Enyonam Odoom ⁴ , Spandana Jarmale ³ , Stephanie C. Garbern ⁴, Catalina González Marqués ⁵, Andrew Stephen ³ and Adam R. Aluisio ^{4,*}

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² Department of Anaesthesia, Emergency Medicine and Critical Care, College of Medicine & Health Sciences, University of Rwanda, Kigali, KG 11, Rwanda

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Abstract: In high-income nations, gender has been associated with injury characteristics. This study evaluated injury epidemiology and care based on gender at the Centre Hospitalier Universitaire de Kigali in Rwanda. Patients presenting to the emergency department with acute injuries were prospectively enrolled from 27 January–28 June 2020, and descriptive statistics were performed with comparisons between males and females. Of 601 patients, 25.6% were female and 74.4% were male. There were gender differences in the mechanism of injury, with females more likely to be injured in falls (43.5% versus 23.0%, $p = 0.001$); meanwhile, males were more likely to suffer road traffic accidents (52.6% versus 39.6%, $p = 0.006$). The severity of injury was similar between genders based on the mean Kampala Trauma Score (14.4 versus 14.7, $p = 0.09$). Females were more likely to have been transported by prehospital services (87.7% versus 72.9%, $p = 0.001$), and less likely to receive acute treatment during the first six hours of care (67.5% versus 78.1%, $p = 0.009$). There was no significant difference in mortality between females and males (2.0% versus 1.3%, $p = 0.568$). This study highlights differences in the epidemiology and care between males and females presenting for emergency injury care in Rwanda. These findings can inform future research and developments in gender-centered healthcare delivery.



Citation: Mumporeze, L.; Uwamahoro, C.; Uwamahoro, D.; Beeman, A.; Jensen, D.; Tang, O.Y.; Odoom, E.; Jarmale, S.; Garbern, S.C.; González Marqués, C.; et al. A Comparative Gender Analysis of Injury Characteristics, Treatments and Outcomes among Persons Seeking

A person's silhouette is formed by a dense cloud of small, light-colored particles, possibly dust or pollen, against a dark, textured background. The person is in a dynamic, slightly crouched pose, with arms extended forward and legs bent. The overall aesthetic is ethereal and futuristic.

THE **E.V.A.** INITIATIVE

EQUAL VEHICLES FOR ALL

A black and white photograph of a person holding a large red flower in a field under a cloudy sky. The person is seen from behind, standing in a field with a line of trees in the distance. The sky is filled with large, dramatic clouds.

GIORNATA MONDIALE ONU IN MEMORIA DELLE VITTIME DELLA STRADA

RICORDARE PER CAMBIARE

3^a Domenica di Novembre

Diversi nel trauma



Nan Goldin

Consapevolezza



The medical and scientific understanding of the significant effect that sex and gender has in health and disease has evolved, and we must evolve along with it...

The historical lack of consistency in including sex in analyses limits the generalizability of many past research findings and their applicability to clinical practice for both men and women



Grazie.E.Pontoni

Federico Garolla