

# Prof. Emilio Sacchetti

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### Interview-based assessment of cognition in schizophrenia: Applicability of the Schizophrenia Cognition Rating Scale (SCoRS) in different phases of illness and settings of care.

ARTICLE in SCHIZOPHRENIA RESEARCH · MARCH 2013

Impact Factor: 4.43 · DOI: 10.1016/j.schres.2013.02.035.

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ratings (and probably standard neuropsychological assessments) may be affected by symptom severity, or setting of care, or both, with a substantial reduction in their validity and predictive value.

#### **Role of funding source**

Funding for this study was partially provided by the Health Authority of the Lombardia Region (project TR11).

#### **Contributors**

AV designed the study, reviewed the data and statistical analyses, and wrote the paper; GD and LDP participated in the design of the study, choice of assessment scales, data analysis and review of the methodology of scale completion by the centers; SB, GD, AG and RP followed patients in the rehabilitative intervention and completed patients' assessment; RSEK reviewed the methodology and results of the study and participated in the revision of the paper; ES participated in the design of the study and revision of manuscript. All authors contributed to and have approved the final manuscript.

#### **Conflict of interest**

In the past 3 years, Antonio Vita has received funding for research, advisory board membership and sponsored lectures from: Astra Zeneca Pharmaceuticals, Bristol-Myers Squibb, Eli Lilly, Janssen-Cilag, Lundbeck, Pfizer, Sanofi, Servier, and Stroder. He is not a shareholder in any of these corporations.

Emilio Sacchetti has received funding for research, advisory board membership and sponsored lectures from: Angelini, AstraZeneca Pharmaceuticals, Bristol-Myers Squibb, Dainippon Sumitomo Pharma, Eli Lilly, Glaxo SmithKline, Janssen-Cilag, Lundbeck, Pfizer, Rottapharm, Servier, and Stroder. He is not a shareholder in any of these corporations.

Richard Keefe reports that he currently or in the past 3 years has received investigator-initiated research funding support from Allon, AstraZeneca, Novartis, National Institute of Mental Health, GlaxoSmithKline, Department of Veteran's Affairs, Novartis, PsychoGenics, and the Singapore National Medical Research Council. He currently or in the past 3 years has received honoraria, served as a consultant, or advisory board member for Abbott, Amgen, Astellas, Asubio, BiolineRx, Boehringer-Ingelheim, BrainCells, Bristol-Myers Squibb, Eli Lilly, EnVivo, Helicon, Lundbeck, Mitsubishi, Novartis, Orion, Otsuka, Pfizer, Roche, Sanofi-Aventis, Shire, Solvay, Sunovion, Takeda, Targacept, and Zinfandel. Dr. Keefe receives royalties from the Brief Assessment of Cognition in Schizophrenia (BACS) testing battery and the MATRICS Battery (BACS Symbol Coding). He is also a shareholder in NeuroCog Trials, Inc. Duke University holds the copyright for the SCoRS, and licenses are issued by NeuroCog Trials, Inc. There is currently no license fee to use the SCoRS.

No declaration of interest by the other Authors.



Prim Care Companion J Clin Psychiatry, 2008; 10(6): 457–461.

PMCID: PMC2644481

## Immediate and 8-Month Impact of a Medical Educational Course for General Practitioners on Knowledge About Schizophrenia and Its Treatment: Results of a 3-Phase Study From Brescia, Italy

Cesare Turrina, M.D., Paolo Valsecchi, M.D., Alessandra Mosca, M.D., Giovanni Parrinello, M.D., Erminio Tabaglio, M.D., Ovidio Brignoli, M.D., and Emilio Sacchetti, M.D.

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### Abstract

Go to: 

#### Objective:

To test the efficacy of a training course on the diagnosis and treatment of schizophrenia, tailored for the general practitioner.

[...]

learn more about schizophrenia. Comparison of those who stayed and those who left did not show significant differences in mean age or years of practice, although more women participated in the final evaluation. However, sex was included in the multivariate analyses.

A further step in our study will be to fully evaluate patients who are thought by GPs to be in the early stage of schizophrenia. This will provide a tool for interaction between primary care doctors and psychiatrists that involves discussion of “real-life” patients so that different conditions for teaching may be tested.<sup>13</sup>

### Footnotes

Go to: 

This study was supported by a grant (Project 153) from the Health Authority of the Lombardia Region, Italy.

The authors thank all of the doctors who participated in the training and the follow-up sessions.

Dr. Turrina has received funding for sponsored lectures from Boehringer-Ingelheim. Dr. Sacchetti has received funding for research, advisory board participation, and/or sponsored lectures from Abbott, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, InnovaPharm, Pfizer, Janssen, and Wyeth. Drs. Valsecchi, Mosca, Parrinello, Tabaglio, and Brignoli report no additional financial or other relationship relevant to the subject of this article.

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2. Lewin TJ, Carr VJ. Rates of treatment of schizophrenia by general practitioners: a pilot study. *Med J Aust*. 1998;168:166–169. [[PubMed](#)]

## Incidence of diabetes in a general practice population: a database cohort study on the relationship with haloperidol, olanzapine, risperidone or quetiapine exposure

Emilio Sacchetti<sup>a</sup>, Cesare Turrina<sup>b</sup>, Giovanni Parrinello<sup>c</sup>, Ovidio Brignoli<sup>d</sup>, Giovanni Stefanini<sup>e</sup> and Giampiero Mazzaglia<sup>f</sup>

The present study aimed to estimate the incidence of diabetes in general practice patients who were treated with haloperidol, olanzapine, risperidone or quetiapine monotherapy and in subjects who were not exposed to antipsychotics. The design was a retrospective, up to 2 years, cohort study, with age-, sex- and length of observation-matching between subjects who were exposed and not exposed to antipsychotic drugs. Data were taken from the Health Search database, which contains information from 550 Italian general practitioners. Participants comprised 2071 subjects taking haloperidol, 266 taking olanzapine, 567 taking risperidone and 109 taking quetiapine, in addition to 6026 age- and sex-matched subjects who were not using antipsychotic drugs during the period of observation. Inclusion was limited to initially non-diabetic and antipsychotic drug-free individuals. The main outcome measure was the incidence of drug-treated diabetes. After age and sex correction by Cox regression analysis, the four groups treated with antipsychotics significantly differed from untreated subjects in hazard ratios for diabetes. The ratios for the haloperidol, olanzapine, risperidone and quetiapine groups were 12.4 (95% confidence interval 6.3–24.5).

compared to each other. *Int Clin Psychopharmacol* 20:33–37 © 2005 Lippincott Williams & Wilkins.

*International Clinical Psychopharmacology* 2005, 20:33–37

**Keywords:** Cohort study, database, diabetes incidence, haloperidol, olanzapine, risperidone, quetiapine

<sup>a</sup>Chair of Psychiatry, Brescia University School of Medicine, Brescia, <sup>ab</sup>University Psychiatric Unit, Brescia University School of Medicine and Brescia Spedali Civili, Brescia, <sup>ac</sup>Department of Mental Health, Brescia Spedali Civili, Brescia, <sup>ad</sup>Brescia University and EULO Centre on Behavioural and Neurodegenerative Disorders, <sup>ae</sup>Unit of Medical Statistics, Brescia University School of Medicine and <sup>af</sup>Italian College of General Practitioners, Firenze, Italy.


**Conflict of interest:** This study was not supported by a dedicated grant. The Health Authority of the Lombardia Region has partly supported the study with a grant (Project 153). In the past 5 years, Professor Sacchetti has received funding for research, advisory board memberships and sponsored lectures from Abbott Laboratories, AstraZeneca Pharmaceuticals, Bristol-Myers Squibb, Eli Lilly and Company, GSK, InnoFarma, Pfizer Inc., Janssen Pharmaceutica, Wyeth. He is not a shareholder in any of these corporations.

Correspondence and requests for reprints to Professor E. Sacchetti, Chair of Psychiatry, Brescia University School of Medicine and the EULO Centre on Behavioural and Neurodegenerative Disorders, Spedali Civili, P. le Spedali Civili 1, 25123 Brescia, Italy.  
Tel: +39 030 399 5233; fax: +39 030 338 4089;  
e-mail sacchetti@master.cci.unibs.it

Eventi organizzati:

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*June 11<sup>th</sup>, 2015*

Aim of the Congress is to present the most updated research results on the treatment of different psychiatric conditions as schizophrenia, major depression, bipolar disorder and anxiety disorders. Moreover, some specific issues relevant to treatment will be addressed.

Among these will be analyzed:

- the clinical management of treatment-resistant schizophrenia and treatment-resistant depression;
- lifestyles and wellness in schizophrenia and mood disorders;
- the recognition of pathological outcomes of gaming and other addictive behaviors as well as the biological bases and principles of treatment of pathological gambling: the impact of adult ADHD on psychiatric services;
- the issue of personalized treatment in psychiatry, also from the genetic perspective;
- the social and economic correlates of suicide in Europe

*Emilio Sacchetti*

*Alberto Siracusano*

*Antonio Vita*

[...]

The Steering Committee would like to express their gratitude to the Companies that supported, with an unrestricted grant, the:

**BRIXIA INTERNATIONAL CONFERENCE**  
OPEN ISSUES IN THE CLINICAL AND THERAPEUTIC MANAGEMENT OF  
MAJOR PSYCHIATRIC DISORDERS

June, 11<sup>th</sup> – 13<sup>th</sup> 2015  
Brescia, Italy

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# Terzo incontro

## Psicoterapia, Psicofarmacoterapia, Trattamenti integrati

**Roma 18/20 novembre 2010**  
**Ergife Palace Hotel - Via Aurelia, 619**

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Giovedì 18 novembre		Giovedì 18 novembre	
<b>Venerdì 19 novembre</b>		<b>Venerdì 19 novembre</b>	
Ore 9,00-10,30	LETTURA GUIDA 5 Psychopharmacology in pregnancy and breastfeeding S. Lisoni (ISA)	Ore 16,15-17,45	PERCORSI DI STUDIO Depressione resistente Coordinatore: A. Siracusano (Roma) con il contributo educativo di <b>ES (IA)</b>
Ore 10,15-11,15	LETTURA GUIDA 6 Will neurobiology influence the practice of psychotherapy? G. Galvani (ISA)		Depressione di Genere Coordinatore: M. Bassi (Milano)
Ore 11,15-11,45	FRUSA		Trattamento farmacologico del Disturbo Bipolare Coordinatore: E. Sacchetti (Milano) con il contributo educativo di <b>British Myer Squibb</b>
Ore 11,45-12,45	INCONTRO DI STUDIO Con il contributo educativo di <b>ES Lilly</b>		I tempi della terapia: continuità e discontinuità dei trattamenti con antipsicotici Coordinatore: G. Maccarola (Napoli)
Ore 12,45-13,30	FRUSA		Linee guida per il trattamento della Schizofrenia: tra evidenze ed esperienze Coordinatore: A. Rossi (Napoli)
Ore 13,30-14,30	LETTURA GUIDA 7 Implicito e esplicito funzionamento nella relazione psichiatrica M. Ammaniti (Roma)	Ore 18,00-19,00	LETTURA GUIDA 9 Long term treatment of Bipolar Disorder H. Grunze (DK)
Ore 14,45-15,45	LETTURA GUIDA 8	Ore 19,15-20,15	INCONTRO SPECIALE

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## 2<sup>nd</sup> Brixia International Conference

Newer vs older pharmacological  
treatments for schizophrenia and  
mood disorders:  
Selected areas of strength and weakness

Brescia, 13 - 15 March 2008

[...]



## >> FINAL PROGRAMME

Nowadays, the pharmacological armamentarium available for the treatment of schizophrenia and mood disorders comprises several drugs, some that date back to about fifty years ago and others that have been developed only in the last years or that are currently under development. This fact offers to clinicians and researchers in the field the unique opportunity to improve the therapeutic approaches in order to respond to patient needs. Each of these drugs is characterized by points of strength and weakness both per se and in relation to the patient clinical and personal features. The aim of this meeting is to critically discuss and compare newer vs. older antipsychotics, antidepressants and mood stabilizers in selected therapeutic areas and to underline their difference and applications. To this purpose the pharmacological profile of old and new drugs for the treatment of schizophrenia and mood disorders will be critically examined, with an eye on the factors that with time induced in some cases, the replacement of older drugs. Furthermore, the evidence supporting the development of newer mechanisms will be briefly analyzed, outlining some of the possible future breakthroughs in this field of neuropsychopharmacology.

The criteria for the use or the non-use of specific drugs in selected conditions such as first episode schizophrenia, the short- or long-term treatment of schizophrenia or mood disorders, refractory and anxious depression will be discussed according to the clinical evidences available from the numerous studies conducted in the last years with the aim to reach remission.

Obviously, one of the major objective of the comparison between newer vs. older drugs will be their tolerability and the safety profile. In this regard, particular attention will be paid to the metabolic and cardio- cerebrovascular risk of both antidepressant and antipsychotic drugs since the early identification of these side effects and their prevention/treatment are of great importance for patients' clinical management to both reduce risks and improve treatment compliance.



Emilio Sacchetti



Giorgio Racagni

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Sanofi-Aventis  
Wyeth

Homepage : Schizofrenia

## Letture consigliate schizofrenia

Conoscere la schizofrenia e i disturbi psicotici e capirne i sintomi può aiutare a convivere con essi.

Sono di seguito elencati alcuni testi che potreste trovare interessanti e utili nell'aiutarvi ad imparare di più sul vivere con la schizofrenia e i disturbi psicotici.

La consultazione dei suddetti testi non può in nessun caso sostituirsi alla visita del Vostro medico.

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[...]