

CONFERENCE JOURNAL

ama nutri cresci

DOES THE COMMUNICATION
ABOUT NUTRITION
BEFORE, DURING, AFTER
PREGNANCY WORK?
WHO, HOW, WHEN
SHOULD COMMUNICATE IT



October 19th 2015



Extended Abstracts

S. Elahi

C. Finzi

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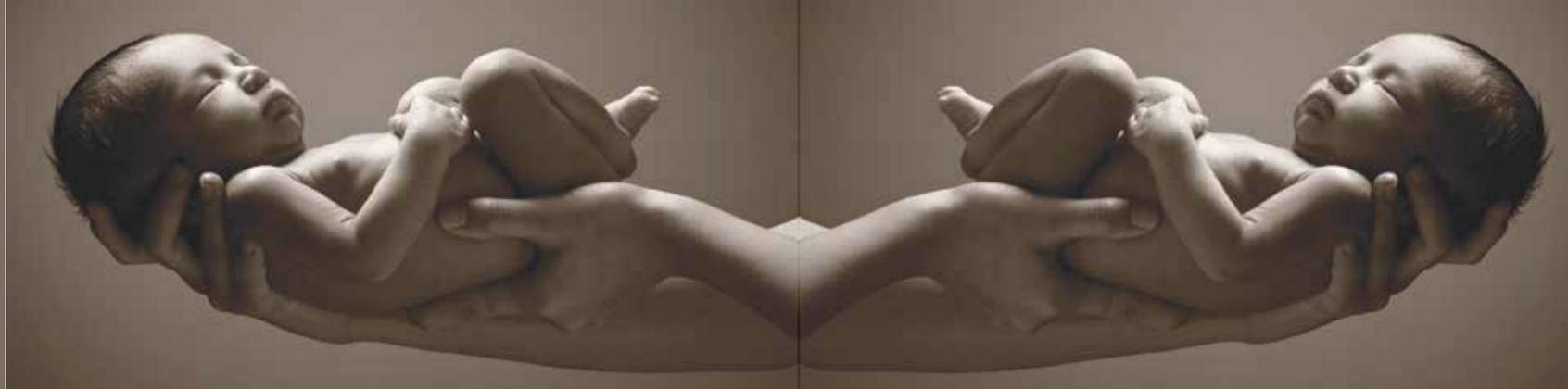
ITALIA



SIGO

SOCIETÀ ITALIANA
DI GINECOLOGIA E OSTETRICIA

conceived by **Sabino Maria Frassà**



INDEX

Introduction	pag 3
Fondazione Giorgio Pardi	pag 4
The Protagonists	pag 6
Extended Abstracts	pag 9
Effectiveness of nutrition communication before, during and after pregnancy: the italian case	pag 10
Fondazione Giorgio Pardi e AstraRicerche (C. Finzi)	
Communicating Nutrition: A Strategic Approach	pag 14
S. Elahi	
The role of pharmaceutical companies in communicating the importance of maternal and infant nutrition. The case of folic acid	pag 15
E. Grossi	
Communicating the importance of maternal and infant nutrition to young people	pag 16
M. Hanson	
Communicating the importance of nutrition to improve children's diet and nutrition: Malawi's case and effectiveness	pag 17
M.B. Krawinkel	
Brain Drain: the Italian Case	pag 18
The Cramum Prize	pag 21
With the support of Gynefam Folic	pag 23

designed by Valentina Venturi

INTRODUCTION

Our children are our future. Further studies show how parents' nutrition and lifestyle deeply condition the health and quality of life of the newborn baby. In fact, in addition to the genetic component, it is evident that nutritional factors influence the expression of genes through "epigenetic" mechanisms, which are maintained throughout life.

The focus on the major difficulties in the world in terms of maternal and neonatal malnutrition is the basis of the collaboration between the Italian Pavilion and ama nutri cresci, the communication campaign promoted by the Giorgio Pardi Foundation. Thanks to experts, coming from all over the World, we organised an international scientific conference, which complete the past conference "NUTRITION RELATED PREGNANCY OUTCOMES' AROUND THE WORLD".

The aim of this new workshop is to reflect about the effectiveness of nutrition communication before, during and after pregnancy.

Irene Cetin



Principal Scientific Coordinator

Sabino Maria Frassà



Director



FONDAZIONE GIORGIO PARDI



The Giorgio Pardi Foundation is a non profit organization. It was born in 2008 to carry on the work that Giorgio Pardi's School had started.

The Giorgio Pardi Foundation aims to support the best people of the young generation in Italy, with particular attention to young doctors and researchers in the maternal and neonatal field. Giorgio Pardi indeed always supported and worked to launch a new generation of doctors and researchers who share his "holistic" **vision of discipline, which is expressed in the motto** Knowledge, Know-how, know how to be.

The foundation's task is to attract new generations, not only supporting their admission in the research field, but creating the background for an interesting and worldly competitive Italian research. Our Country hardly attracts first-rate graduated people and experts in clinical research because of the modest economical remuneration. The "short term contract" would not be a problem if it represented the first step of a career based on the achievement of results and on meritocracy.

The Foundation wants to make the research in the obstetrician-gynaecological field more competitive by supporting Worldwide Researchers and Researches. It means an improvement not only as for scientific equipments and /or convenience goods, but mainly by recruiting and supporting the best clinical and translational researchers.



Giorgio Pardi (Pavia, April 6th, 1940 – May 1st, 2007) was an Italian doctor, professor and scientist. He worked actively at the obstetrical research in Italy, improving the qualification levels and starting a new generation of obstetricians who shared his view about the branch. Known for his research on maternal and fetal metabolism and the development of the fetus, his studies have helped to identify the optimal time of delivery and decisively improved the prognosis of underdeveloped fetuses.

At his death (2007) his wife, Nicoletta Corbella, established the Giorgio Pardi Foundation, becoming the President.

Other members of the Board of Directors are: Guido Venturini, Enrico Ferrazzi (Vice President), Massimo Candiani, Irene Cetin, Maria Maddalena Ferrari, Federico Finzi, Anna Maria Marzoni, Greta Nasi. Members of Board of Auditors: Umberto Tracanella (President), Elena De Marziani, Carlo Savernini. General Secretary: Sabino Maria Frassà.

FGP-SRI'S PARTNERSHIP

The Giorgio Pardi Foundation shares with the Society for Reproductive Investigation (SRI) the mission to advance reproductive and women's health care through outstanding basic, translational, and clinical science and by training and mentoring future generations of investigators. Since 2009 the Giorgio Pardi Foundation have been funding scientific awards, providing a means for the SRI to acknowledge the importance of the scientific work of its members in order to sustain future research work by the recipients. The scope of the awards is to recognize their effort and to support further research in the field of fetal medicine and placental function. A committee selects presentations dedicated to this topic. Each awardee receives a plaque and a check.

ama nutri cresci

The Giorgio Pardi Foundation funded the Ama Nutri Cresci project, too. The project was conceived in 2011 by Sabino Maria Frassà to advise future mom and dad in a scientific and simple way "before, during and after pregnancy" with a particular focus on nutrition and lifestyle.

The project has been launched in 2011 on the occasion of the 4th anniversary of Professor Giorgio Pardi's passing. The Foundation will always remember the Professor, working to give a better future to the new generations of researchers, mothers or children.

Sabino Maria Frassà could rely on the Scientific Coordination of Irene Cetin (Luigi Sacco Hospital & Università degli Studi di Milano), Paola Viganò (San Raffaele Hospital) and Silvio Abati (San Paolo Hospital & Università degli Studi di Milano).



THE PROTAGONISTS



Massimo Candiani

Full Professor in Obstetrics and Gynecology at the University San Raffaele in Milano. Head of Obstetrics and Gynecology, Department of Clinical Sciences, San Raffaele Hospital, Milano.



Irene Cetin

Full Professor in Obstetrics and Gynecology at the University of Milano. Head of Obstetrics and Gynecology, Department of Clinical Sciences, Luigi Sacco University Hospital, Milano.



Shirin Elay

Principal, NormannPartners. She started her professional career as an architect. Today she applies that practical understanding of the creative process to build scenarios for the future as a tool for strategic change, with a particular interest in complex issues with multiple dimensions and stakeholders. Shirin led the world-class European Patent Office scenarios (www.epo.org/scenarios) and has worked with CDP, Electricité de France, Imperial College, Lloyds TSB, London First, Shell, Siemens, Open AIR [African Innovation Research] network, UNAIDS, and UEG amongst others.



Maria Maddalena Ferrari

Gynecologist at Luigi Mangiagalli Institute, Department of Women's Health, Child and Newborn of Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico.



Enrico Ferrazzi Full

Professor in Obstetrics and Gynecology at the University of Milano. Head of Obstetrics and Gynecology, Department of Clinical Sciences, V. Buzzi University Hospital, Milano.



Cosimo Finzi

CEO of AstraRicerche; he prefers to be called "researcher" than "CEO" as he perceives that is his real job. He is able to manage researches both about market and social trends, and with different methodologies. He also leads the new services development in AstraRicerche, which is a relevant part of his working pleasure. In the last years AstraRicerche and Cosimo Finzi have carried out some researches about maternity, women's health, healthy lifestyle.



Sabino Maria Frassà

Graduated at Bocconi University. He was awarded by Italian Government among the best 500 Italian-graduates in 2008. He has been working on CSR (corporate social responsibility) and PPP (private-public partnership) projects for the last 7 years. In 2011 he was appointed General Secretary of the Giorgio Pardi Foundation. In 2012 he invented "ama nutri cresci" and the Cramum Prize.



Enzo Grossi

Medical scientist and researcher with long lasting experience in Clinical and Pharmaceutical Medicine, applied mathematics and informatics. The experience has been gained in Hospital, University and Pharmaceutical Company (Bracco SpA) settings from 1975 to the present date. Presently E.Grossi acts as Scientific Advisor at the Italian Pavilion at Expo Milano 2015 and at the Bracco Foundation. He is the Scientific Director at "Villa Santa Maria" in Tavernerio.



Mark Hanson

is one of the leaders in the field of developmental origins of health and disease (DOHaD). He is British Heart Foundation Professor of Cardiovascular Science and Director of the Institute of Developmental Sciences in the University of Southampton's Faculty of Medicine. He is current President and a founder of the International DOHaD Society. He is the co-author of several popular science books including *Mismatch* (Oxford University Press, 2006) and *Fat, Fate and Disease* (Oxford University Press, 2012). He has published 14 books, 56 book chapters, 116 reviews and 239 original papers, and made numerous appearances in print, radio and TV media.



Anna Maria Marconi

Associate Professor in Obstetrics and Gynecology at the University of Milano. Head of Obstetrics and Gynecology, Department of Clinical Sciences, San Paolo University Hospital, Milano.



Michael B. Krawinkel

Professor of Human Nutrition/International Nutrition & Pediatrics at the University of Giessen, Germany. Postgraduate Training in surgery (1978) and paediatrics (1979/80 and 1983-90) in the universities of Bonn and Kiel, Germany. From 2011 he is Member of the Advisory Board of 'Misereor e.V.', Aachen, Germany.

Its research focus is on micronutrient deficiencies, childhood malnutrition, diet and diabetes mellitus type II, diet and breast cancer, improving complementary feeding of children, longterm parenteral nutrition of children and adolescents; research cooperations with FAO, AVRDC, giz and pontifical missionary childhood of Germany.



Paola Vigano'

is the Coordinator of the Assisted Reproductive Technology Laboratory at the San Raffaele Scientific Institute, Milan. She has published over 190 peer-reviewed papers, review articles and book chapters and has about 4000 citations.

CONFERENCE JOURNAL

Conceived by **Sabino Maria Frassà**

Scientific Coordinator: **Massimo Candiani | Irene Cetin | Maria Maddalena Ferrari | Enrico Ferrazzi | Enzo Grossi | Anna Maria Marconi**

Faculty: **Shirin Elahi | Cosimo Finzi | Enzo Grossi | Mark Hanson | Ellen Muehlhoff | Michael B. Krawinkel**



SCIENTIFIC EDUCATION FUTURE (2015)

18-19 November, Uso ed Abuso degli Antibiotici in Ginecologia e Ostetricia (A.M. Marconi) Milano

3-5 December, 18th SIMP National Congress (I. Cetin, G.C. Di Renzo), Assisi. The Giorgio Pardi Foundation will award the best 4 abstracts submitted by under 36 y.o. researchers.



EXTENDED ABSTRACTS

EFFECTIVENESS OF NUTRITION COMMUNICATION BEFORE, DURING AND AFTER PREGNANCY: THE ITALIAN CASE

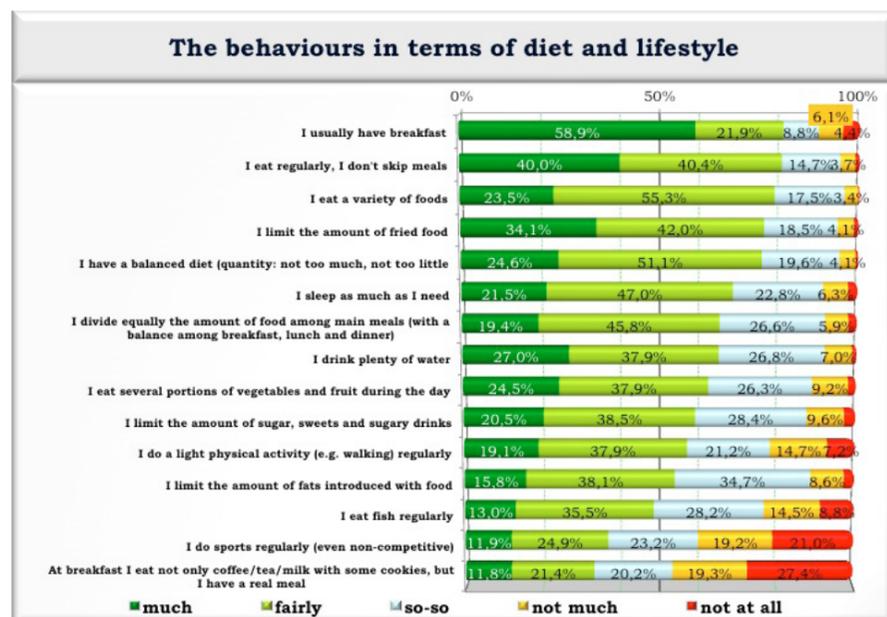
Cosimo Finzi, Enrico Finzi
AstraRicerche

Sabino Maria Frassà
Fondazione Giorgio Pardi

Thanks to: *Cristiana Berti, Irene Cetin, Maria Maddalena Ferrari, Enrico Ferrazzi, Arianna Loreti, Anna Maria Marconi, Paola Viganò*

THE RESEARCH PROJECT

AstraRicerche, an institute for social research and marketing, has carried out a two-fold research project on behalf of Fondazione Giorgio Pardi: in April and May 2015, a series of questions was put to a sample group of Italian women between the ages of 18 and 42 (grouped by age, geographical area and size of the town where they live) and a selection of women already in touch with the foundation and its partners (an additional 592 interviewees). The following focuses on the national representative sample.



NUTRITION AND HEALTHY WAYS OF LIVING: THE CURRENT SITUATION

The subject of nutrition and healthy lifestyles was raised in the first instance, before turning to the subjects of pregnancy and breastfeeding, asking the interviewees to refer to their own current situations. Fewer than two out of three interviewees were a normal weight (based on their BMI (Body Mass Index)), 23.8% were overweight (of which 6.1% were obese) and 10.5% underweight (at varying levels).

The shortcomings of this group of 18-42 year-old Italian women are numerous: only 58.9% confirm that they always have breakfast, 40.0% that they do not skip meals, 34.1% that they limit significantly their intake of fried food, 27.0% that they drink plenty of water; the figure drops to below 25% for those who achieve a balance across meals (24.6%), for those who eat lots of fruit and vegetables (24.5%), and for those who eat a healthy variety of foods (23.5%). Only 21.5% confirm that they get the sleep that they need, 19.1% that they do regular light physical exercise (only 11.9% talk about doing 'sport' regularly). The figures increase significantly if one considers the responses qualified by 'fairly' (though still not even two-thirds of the sample group eat enough fruit and vegetables, limit their intake of fats, practise sport or physical activity, or regularly eat fish – and in this last case under 50%).

The consumption of alcohol is widespread, but the frequency of consumption varies greatly: at least once a week 11.6% consume strong alcohol, and 32.5% consume light alcohol, 37.2% wine; 37.9% drink fizzy drinks at least once a week, and 40.7% drink industrially-produced fruit juices.

The figures for smoking are, as always, worrying (23.5% are smokers, of whom a third smoke 1-2 cigarettes per day, and a sixth more than 10).

Overview of recommended actions

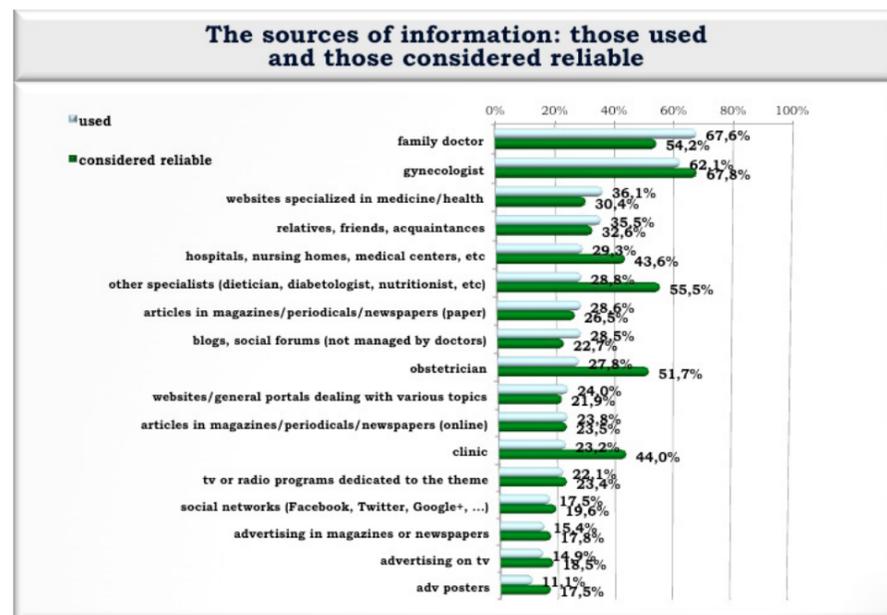
	Aware of	Fundamental	Fundamental + rather important	Done during pregnancy
to limit the amount of fried foods	59.1%	21.5%	68.6%	91.1%
to drink two liters of water a day	58.4%	27.8%	73.1%	85.7%
to limit the amount of sugar, sweets and sugary drinks	56.2%	25.0%	70.4%	90.6%
obesity and overweight decrease your chances to get pregnant	51.7%	26.5%	68.7%	76.0%
to have a diet rich in vitamin D and calcium	46.6%	34.5%	78.0%	84.9%
to do a moderate exercise	46.1%	18.2%	62.2%	76.3%
to divide more equally the food amounts among the main meals (giving an equal importance to breakfast, lunch and dinner)	35.0%	17.0%	59.7%	86.7%
to spend time outdoor	34.5%	15.6%	51.9%	84.7%
to wash their hands more often	33.7%	17.5%	56.9%	90.6%
to introduce more snacks/light meals during the day	28.9%	11.4%	45.1%	80.5%
to eat more fish during breastfeeding	23.6%	12.5%	50.9%	71.4%



AT THE GYNAECOLOGIST'S

Less than 40% of the sample of women aged 18-42 go regularly to the gynaecologist (39.3%: of these 6 out of 10 go at least once a year); 39.8% go only when there is a problem, 9.4% have gone only once, 11.5% never (but this rises to 28% in women aged 18-24). Most choose to go to a 'private' gynaecologist (72.9%), compared to the 'public' gynaecologist (41.8%), while only very few use free services, or services paid for by their insurance.

A visit to the gynaecologist is associated with a strong sense of its preventive value (which is somewhat at odds with the notable insufficient regularity of visits), and of the importance not only for the genital-reproductive area, but for the overall health of the woman. The overriding limiting factor is cost, followed by lack of structures in place and – not insignificant – by the sense of embarrassment.



PREGNANCY

More than four out of ten women (40.4%) had been pregnant previously; only 35.8% ruled out a pregnancy in the future or did not want to respond to that particular question: the 'subject' of pregnancy was relevant to a great proportion of the sample group.

THE GUIDELINES

The study took account of whether the 21 directives had been taken on board by the women interviewed, and to what extent. We then tried to understand how much the attitudes/behaviour of the women (including those who were pregnant) had changed as a result of their awareness of these directives. Of the 21 directives only 7 were taken on board by 75% of the women interviewed, namely the advice on smoking, alcohol, medicine, regular visits to the gynaecologist, preference for breastfeeding, healthy diet, and weight control.

Meanwhile another 7 of these important directives were practically unknown to 25% of the interviewees, namely those on Vitamin D and calcium, the need for moderate physical exercise and fresh air, balanced meals, a 'reasonable' intake of snacks, and washing hands. In particular only 23.6% knew about the importance of eating fish during pregnancy and during the breastfeeding period.

But what actually happened during their pregnancies? The women thought that overall they had been very mindful of these directives, with the exception of the following: avoiding being overweight, doing moderate physical exercise, and eating more fish (71.4%).

FIVE SHORT FILMS

Five short films were made in which doctors advise on the themes of the mediterranean diet, obesity, the use of folic acid, Omega 3, and Vitamin D (always in reference to pregnancy and to the periods immediately preceding and following, including breastfeeding). All five films were successful in terms of their clarity (around 92%) and for their reliability (around 90%); the information provided was taken to be true (between 88.5% and 90.3%) and was able to engage the audience and make the subject matter interesting (80.3%-86.1%). The capacity for influencing the personal choices of the interviewees was also very great but with varying success rates: from 78.4% with regard to the mediterranean diet, to 85.9% with regard to Omega 3 and Vitamin D.



COMMUNICATING NUTRITION: A STRATEGIC APPROACH

Shirin Elahi

Principal, NormannPartners

Perinatal nutrition matters and communicating this to today's children can have transformative impact on their offspring tomorrow. However, there are many challenges to be overcome. Within the medical world, there are numerous different professional associations communicating countless messages, each according to their own interests. There are also many other stakeholders pushing contradictory information—food and drink producers, as well as alcohol and tobacco manufacturers. There is a wide variety of channels over which nutrition messages are transmitted—from blogs and peer-to-peer internet sites, radio and TV; from schools, friends and family to specialist medical advice. The situation differs between urban and rural environments, adding further complexity. The result is an information avalanche—too much information, much of it unnecessary, coming from too many stakeholders, much of it inconsistent or incorrect. Each personal recipient of the communicated message has different needs, and their criteria of what matters will depend on their health, time, environmental and financial resources. There is no one-size-fits-all message that will work for each one, and today, communication has moved from a mode of 'tell me' to 'show me' to 'involve me'. Today's messages require an interactive mode to obtain traction and be heard. The scenarios method offers a unique approach to communicate dynamically and to make sense of an overwhelming amount of complexity. It also allows communication of true uncertainty, giving recipients of the messages a more active role in making decisions. Drawing on examples of scenarios projects for organisations such as UNAIDS and UEG, we will discuss how vast amounts of complex information can be structured so that they not only reach, but also engage with the intended audience. Equipped with this information, the recipients are then able to understand the options they have together with the advantages and disadvantages of the nutritional and behavioural choices they can make. Once there is clarity regarding the essential facts, other pieces of useful information can be supplemented to assist the decision-making process. The result is then a potential outcome where individuals can be truly involved: able to make up their own minds and adapt their behavior to suit their specific needs and wants.

THE ROLE OF PHARMACEUTICAL COMPANIES IN COMMUNICATING THE IMPORTANCE OF MATERNAL AND INFANT NUTRITION. THE CASE OF FOLIC ACID

Enzo Grossi

Scientific Advisor Italian Pavillon EXPO 2015

At present many evidences from observational studies supports the concept that Folic Acid (FA) supplementation before and during pregnancy can reduce the risk of all congenital malformations, neural tube defects (NTD) in primis, and probably prematurity, fetal growth retardation and pre-eclampsia.

Since approximately **50% of pregnancies are unintended, women of reproductive age should be aware of the importance of folic acid**. Despite the widespread commitment of public health authorities and government agencies to promote this knowledge among women, **the awareness of the benefits of folic acid before conception and during pregnancy is generally low also in developed countries**, although knowledge levels were associated with education and household income.

The recommendation that women should take folic acid supplements just before and during early pregnancy is not being followed by many women and offers an opportunity for NTD prevention, especially among women who are at a higher risk because they have had a previous pregnancy affected by an NTD.

Health care professionals play an influential role in promoting folic acid knowledge among women of childbearing age. In this context pharmaceutical industry, which has in health care providers its natural target, plays a critical role.

Pharma industry has a well known capability to influence physician attitude by means of detailed scientific information. This implies that, even without direct consumer publicity, pharma industry has a potential to change women attitude and awareness through family physicians and gynecologists action. Unfortunately there is a lot of controversy about the role of pharma industry in health care communication. The problem is that for historical reasons there is a widespread skepticism to consider drug industry as a potential unbiased health care provider and to accept as a privileged partner for health prevention campaigns. Taking Italy as a reference country in the 2012-2014 period, also thanks to the effort of pharma industry in promoting the rationale use of folic acid supplements during pregnancy, the number of prescriptions of FA supplements coming from gynecologists is steadily increased. In 2014, according to IMS data base, we reached over **600.000 prescription rate(+ 34% vs 2012)**, a figure which implies a substantial coverage of existing pregnancies.

Unfortunately no data are available for the use of folic acid supplements before conception. In the future, there is the hope that an open and widespread **alliance among all stakeholders** involved in the fight against neural tube defects involving **pharma industry as partner** will further improve data collection and per-conception coverage, ensuring a better control of NTD. Examples of promotional campaigns on FA supplements carried out by Merck company and Bracco company in Germany and Italy will be described.



COMMUNICATING THE IMPORTANCE OF MATERNAL AND INFANT NUTRITION TO YOUNG PEOPLE

Mark Hanson

University of Southampton and NIHR Nutrition Biomedical Research Centre, University Hospital Southampton, UK

Recent research has revealed that maternal (and to an extent paternal) nutrition and health behaviours in the pre-conceptional period and in pregnancy can have effects on fetal development and on the longer-term health of the offspring. These effects operate in all pregnancies to a greater or lesser degree, being most pronounced at the extremes as is seen in babies which have a low or a high birthweight, with maternal malnutrition, obesity or diabetes. The effects are most important for the risk of later non-communicable disease, because the developmental processes which respond to aspects of maternal nutrition can affect the way the offspring is able to respond later to challenges such as the modern unhealthy diet and sedentary lifestyle.

We need to communicate this new information to adolescents and young adults, the future parents, to enlist their help in promoting health for the next generation and reducing the burden of non-communicable diseases in many countries. However this presents a challenge. This group of the population frequently do not access health care, sometimes until pregnancy is well advanced; nor are these issues adequately taught in schools, and the rapid changes in diet and lifestyle mean that most parents do not understand the issues. Various groups are now trying to address these issues. In this talk, I will discuss two ongoing schemes which offer great promise. The first, LifeLab, involves a novel educational programme for adolescents using a dedicated classroom in a teaching hospital in Southampton UK. By exposure to ongoing research, contact with biomedical researchers, and hands-on experiments it aims to promote health literacy around the theme of Me, My Health and My Children's Health. The second, Jom Mama, aims to promote healthy lifestyle in newly married Malaysian couples through community health workers and a personalised e-health platform, and involves collaboration between the Ministry of Health, academia and the private sector. The implications of these schemes will be discussed.

COMMUNICATING THE IMPORTANCE OF NUTRITION TO IMPROVE CHILDREN'S DIET AND NUTRITION: MALAWI'S CASE AND EFFECTIVENESS

Michael B. Krawinkel

University of Giessen, Germany, Universities of Bonn and Kiel, Germany, member of the Advisory Board of 'Misereor e.V.', Aachen, Germany

Ellen Muehlhoff

FAO

Malawi has a high burden of chronic undernutrition with 47.8 percent of children under 5 years being stunted according to the National Demographic and Health Survey of 2010. Major causes of stunting include inadequate complementary feeding and care practices such as low dietary diversity and poor quality foods.

The "Kupitiitsa Patsogolo Kadyetsedwe Koyenela Ka Ana" ("Let us Improve Child Feeding") program disseminated tested, culturally acceptable, and feasible practices. The program aimed at reduce stunting among children under 2 years of age through diversified complementary feeding and improved health practices. Mothers and other household members giving care to young children learned how a diversified diet based on locally available foods combined with good hygiene and health practices can prevent malnutrition and illness.

A food security program, supported by the Food and Agriculture Organization of the UN (FAO) through the Malawi Ministry of Agriculture, encouraged the production of seasonal foods including diversified staples, vegetables, fruits, legumes, and nuts as well as animal source foods (mice, insects, eggs, goat milk, small fish, etc.). Participants also received agricultural inputs to increase food availability at household level: families got enabled to apply the knowledge and skills gained during practical learning sessions.

Nutrition education was designed as a series of ten nutrition education sessions targeting mothers with children aged 6-18 months. The information, education, and communication (IEC) materials include dietary diversity, food preparation, water, sanitation, and hygiene as well as danger signs of childhood diseases.

A research team from the Justus Liebig University (JLU) in Giessen accompanied the programme in Malawi to assess the effectiveness of the intervention on children's dietary intake, micronutrient status and growth. The study design included quantitative and qualitative methods, e.g. focus group discussions (FGD), interviews, observations, and blood samples as well as anthropometry.

The presentation will provide an overview of the intervention and research with a focus on the nutrition education. It will provide results on changes in Height-for-Age Z-score (HAZ), breastfeeding practices, and the World Health Organization's indicators minimum dietary diversity (MDD), minimum meal frequency (MMF) and minimum acceptable diet (MAD).

An impact of the nutrition education on children's dietary diversity and nutritional status could be demonstrated.



BRAIN DRAIN: THE ITALIAN CASE

SUMMARY OF THE STUDY CARRIED OUT BY ASTRARICERCHE FOR FONDAZIONE GIORGIO PARDI

Cosimo Finzi, Enrico Finzi, Simona Mastrantuono

AstraRicerche

Sabino Maria Frassà

Fondazione Giorgio Pardi

The state of the basic and medical research in Italy – for what concerns gynecology, neonatology, pediatrics, biology, embryology, biotechnology – is mostly perceived as negative, when not dramatic. Too often the young are not selected, valued, motivated and, most of all, they are not supported. The direct consequences are brain-drain; no coming back to Italy; abandonment of the research, with an enormous waste of talent and possibilities; the choice of going on with the research but being compelled to do collateral activities to support themselves; the personal and professional discomfort due to a lack of motivation and support from the environment and even being demotivated perceiving Italy as a Country with no place for meritocracy. **Public and private funding** - provided by companies and (to the same degree) by associations/foundations - **are crucial**.

These are the main results of the **survey** carried out in mid-2014 by AstraRicerche, the institute that was asked by Fondazione Giorgio Pardi to interview a sample of **552** researchers (66% women; 19% 24- 29 y.o., 23% 30-34 y.o., 22% 35-45 y.o., 36% over46; 46% gynecologists; 23% pediatricians; 10% neonatologists, 16% biologists/embryologists/biotechnologists, 5% doctors with other specializations; 29% without scientific publications in the last two years, 26% with 1-2 publications, 23% with 3-5, 23% with 6 or more).

The young who want to do basic or clinic research in Italy have to face **several serious problems**; the following chart shows that the interviewees, **in their personal experience**, had to deal with a dramatic lack of funding, both private and public, with a span of time too extended to guarantee their professional growth, with bureaucratic and administrative difficulties, with a deficit of meritocracy worsened by a lack of incentives and opportunities, by low or null incomes, by a persistent condition of uncertainty and instability of their professional status.

THE ITALIAN CONTEXT FOR A YOUNG WHO WANTS TO DO RESEARCH: PERSONAL EXPERIENCE

Our Country is perceived as **particularly backward** if compared to others with regard to professional growth and career advancement (87%), incomes (85%), appreciation of merit (83%),

access to funding (78%), notoriety/visibility in the research world (70%).

38% of the sample had one or more **experiences of research abroad**, for two main reasons: the wish to have an international experience before returning to Italy (60%) and the possibility of better growth opportunities abroad (49%). Other key elements, even if less relevant, were: the perceived weakness of the Italian system in their specific field of expertise (22%), the fear or the certainty of a lack of meritocracy in Italy (22%), the better earning opportunities found abroad (17%) or specific personal reasons (such as personal relationships: 11%). Moreover, 18% studied partly abroad and were therefore favored to go on doing research there.

75% of the interviewees had **experiences in research** also or – for a larger part – **only in Italy**; half of them totally for free, supporting themselves either with the help of their families or with collateral jobs (e.g. doing clinical work for fellow doctors). The **results** are often **very negative**, as 30% of them aren't currently doing any research work, 39% keep working in research without any support, 14% are doing research with an adequate support/funding in Italy and 8% abroad.

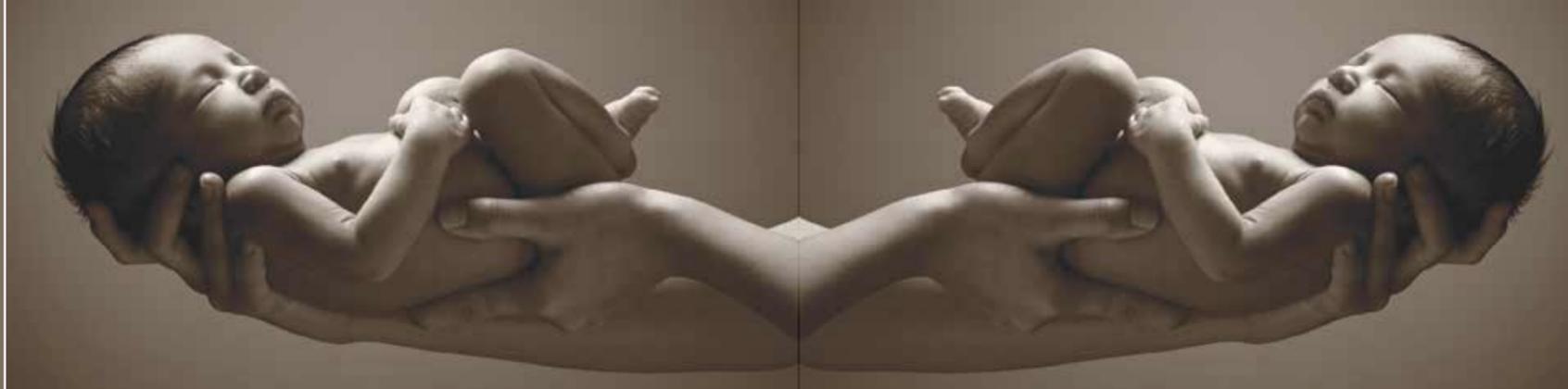
Overall, those who are still doing research thanks to an **external support** get it **mostly** (63%) **from public funding**, whereas the minority (37%) are divided into two groups: those who are supported by no profit associations/foundations and those who are supported by private subjects (mainly companies). Considering past and present overall, one third of the sample never received any funding or support or reward in order to do research in Italy, 36% received one or two, 16% from three to five, the remaining 15% six or more. Moreover, only in 7% of cases the received support was aimed at the return to Italy of researchers who were working abroad.

About returning to Italy, 14% of those who are **currently doing research abroad** have no intention to come back to Italy at all, 12% are sure to come back some day, 67% would come back to Italy only if they could have opportunities similar to those existing abroad (7% don't express any opinion).

Those who received a **support** do a **very positive overall evaluation**: 65% say it favored their own professional growth; 61% say it was the sine qua non condition to start or to keep on their research activity; 57% benefitted from the connection with people who were - and often are - benchmark in their professional path; a minority of 33% admit they were allowed an economic self-sufficiency. Overall, 35% of those who got a support/funding are enthusiast; 34% are fairly satisfied; 31% are mainly or totally dissatisfied.

Despite limitations, the researchers who benefitted from funding/ support **to do research in Italy** see this **help** as absolutely **essential**: 39% say that – without this support – they would have given up research and would have tried to find a different work; 38% would have done research in this Country but doing other collateral activities to support themselves; 20% would have had to emigrate to do research abroad; finally, 3% would not have been able to come back to Italy, which they did instead having got some help.

Doing basic or clinical research in our Country is certainly extremely difficult: according to almost the whole sample, a **dramatic change in the current 'pattern' would be crucial**; they also suggest – in response to an 'open-ended' question – some possible interventions. As we see from the following table, the two main suggestions concern the introduction of meritocratic choices and an increase of



the public funding; then, the streamlining of bureaucracy, specific policies to enhance the role of the young (including a better remuneration), more transparency and controls on projects and assignments, measures to stimulate private funding, the battle against 'short term contracts', etc.

THE PRIORITY INTERVENTIONS IN FAVOR OF THE RESEARCH OPPORTUNITIES IN ITALY

TO MAKE MERITOCRATIC CHOICES	53.1%
TO INCREASE PUBLIC FUNDING	49.0%
TO SIMPLIFY THE BUREAUCRACY	14.9%
TO INCREASE THE INCOMES OF THE RESEARCHERS	12.2%
TO INVEST ON YOUNG (EDUCATION, VALORIZATION, SPECIFIC FUNDING AND SCHOLARSHIPS)	12.0%
TO INCREASE TRANSPARENCY AND CONTROLS ON PROJECTS AND ASSIGNMENTS	10.8%
TO STIMULATE PRIVATE FUNDING	9.7%
TO GUARANTEE STABILITY AT THE EXPENSE OF TEMPORARY WORK	6.9%
TO CHANGE THE RULES TO HAVE ACCESS TO UNIVERSITY	2.7%

CRAMUM PRIZE

CRAMUM PRIZE - supporting the best young artists in Italy

The Giorgio Pardi Foundation, together with the Cramum association, Comune di Milano, Città Metropolitana di Milano, Edicola Italiana, Veneranda Fabbrica del Duomo di Milano, supports the best young artists working in Italy, putting them all over the World side by side with acclaimed artists.

OLTRE - Beyond the Foreground

During the Art Market Budapest 2015 (October 2015), together with the *Italian Institute of Culture of Budapest* the *Giorgio Pardi Foundation* presented the international contemporary art exhibition **OLTRE - Beyond the Foreground** (curated by Sabino Maria Frassà).

The exhibition, patronized by the *Ludwig Museum of Budapest*, will be hold again in Italy in Milan (23 October, Museum Boschi di Stefano), Ivrea (Garda Museum) and Rome (Accademy of Hungary in Rome). Thanks to the 40 artworks exhibited, the visitor will be able to go BEYOND national borders, appearance and "the foreground", as we see from the subtitle chosen by the exhibition's.

The exhibition links together young artists with acclaimed internationa living artists:

- Hungarian Artists: Endre Tót, Szilárd Cseke, Andi Kacziba, Zoltán Tombor, Dávid Merényi, Beáta Székely, Kamília Kard.
- Italian Artists: Alberto di Fabio, Eva Sorensen, Elisabeth Scherffig, HH LIM, Franco Mazzucchelli, Paolo Peroni, Daniele Salvalai, Francesca Piovesan, Eracle Dartizio, Raffaele Penna.



Italian Institute of Culture in Budapest



Una novità nell'integrazione alimentare per la gravidanza. Gynefam Folic, il multivitaminico e multiminerale con il metabolita attivo dell'Acido Folico.

L'apporto di folati è fondamentale per il benessere della gestante. **Essi intervengono infatti nelle reazioni di sintesi degli acidi nucleici, delle proteine e degli amminoacidi, nell'eritropoiesi e nella regolazione della sintesi/eliminazione dell'omocisteina.**

Tutti questi fenomeni sono particolarmente intensi durante la gravidanza: per tale motivo l'apporto di folati deve essere adeguato e costante per tutta la durata della stessa.

Gli integratori multivitaminici-multiminerali per la **gravidanza devono perciò contenere una dose significativa di folati, pari a 400 mcg al giorno.**

Il metabolismo dei folati è tuttavia complesso: i folati alimentari e l'acido folico di sintesi monoglutammico devono essere assorbiti e successivamente metabolizzati, prevalentemente a livello epatico, **nella forma attiva, il 5-metiltetraidrofolato, che rappresenta l'unico tipo di folato che viene trasportato all'interno di cellule e tessuti.**

Per la prima volta è oggi disponibile un integratore, Gynefam Folic, che contenga 5MTHF sale di glucosamina  **in sostituzione dell'acido folico monoglutammico.**

Tale forma di folato ha le seguenti caratteristiche:

- il suo assorbimento **non è modificato o ridotto dall'assunzione contemporanea di farmaci, alimenti o bevande**
- consente di **mantenere un adeguato livello di folato circolante e intraeritrocitario anche in caso di malassorbimento (obesità, celiachia, malattie intestinali croniche, esiti di chirurgia bariatrica)**
- garantisce un **adeguato apporto di folato anche nei soggetti portatori di mutazioni dell'enzima MTHF riduttasi**, che possono determinare una ridotta metabolizzazione dei folati alimentari e dell'acido folico di sintesi e quindi una inadeguata disponibilità della sua forma attiva
- esplica **un'azione efficace sulla folatemia e sul folato intraeritrocitario a dosi equimolari (400 mcg) rispetto all'acido folico di sintesi monoglutammico (400 mcg)**
- entra immediatamente **come forma attiva nel metabolismo della metionina e quindi nel controllo dei livelli di omocisteina**
- è **immediatamente e totalmente biodisponibile**
- **non comporta il rischio di mascherare gli effetti di un contemporaneo deficit di vitamina B12**
- è **l'unico tipo di folato che attraversa la barriera ematoencefalica**

Il 5MTHF di Gynefam Folic è presente **come sale di glucosamina, sostanza normalmente presente nell'organismo** e che si forma durante il metabolismo glicidico. **E' una sostanza necessaria per la produzione dei glicosaminoglicani, molecole coinvolte nella formazione e riparazione di cartilagini e di altri tessuti.**

Questa formula innovativa, brevettata e certificata, è inoltre altamente solubile in acqua, **in modo significativamente maggiore rispetto al folinato di calcio e inoltre possiede anche una maggiore stabilità a lungo termine.**

Gynefam Folic costituisce dunque un prodotto innovativo, l'unico a contenere 400 mcg di 5MTHF sale di glucosamina, oltre alle dosi raccomandate dei principali oligoelementi e vitamine (vitamine del gruppo B, vitamina D, iodio, ferro, fluoro, selenio, rame, zinco, magnesio, calcio ed omega 3).

Gynefam Folic è quindi un integratore in grado di sopperire in modo adeguato alle aumentate necessità nutrizionali della donna per tutta la gravidanza.

Gynefam Folic è inoltre disponibile sia nella confezione **da 1 mese (30 capsule) che da 3 mesi (90 capsule).**

Elena Casolati
Direzione Medica Effik Italia



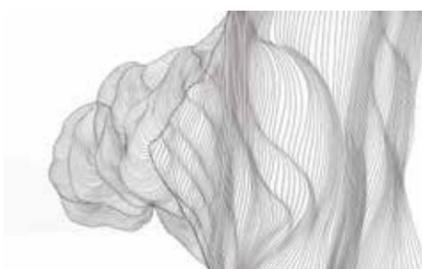
Andi Kacziba
Viola Project I, 2015



Daniele Salvalai
Frammento, 2015



Francesca Piovesan
"Impressioni", 2014



Eva Sørensen
Untitled, 1972

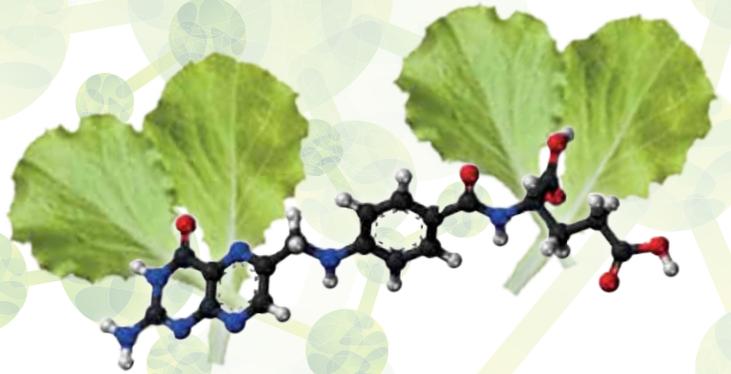
INNOVAZIONE IN GRAVIDANZA

Gynefam Folic

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LA FORMA
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DELL'ACIDO FOLICO⁽¹⁾



1 mese

3 mesi



(1) EFSA Panel on Food Additives and Nutrient Sources added to Food (ANS) "Scientific Opinion on (6S)-5-methyltetrahydrofolic acid, glucosamine salt as a source of folate added for nutritional purposes to food supplements" - EFSA Journal 2013;11:3358