

Brescia 14/12/2018

Giornata della salute mentale

# Il Neonato, i suoi sensi, l'ambiente e la plasticità cerebrale : nuove sfide per lo sviluppo



**E. Fazzi**

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Brescia





## **Fino agli anni settanta**

**il neonato era considerato :**

- Neurologicamente immaturo**  
(spinale – mesencefalico )
- Cognitivamente incapace di atti volontari**  
( sottocorticale)
- Emotivamente chiuso in una barriera protosensoriale**  
( “autismo fisiologico”)

# Competenze del neonato

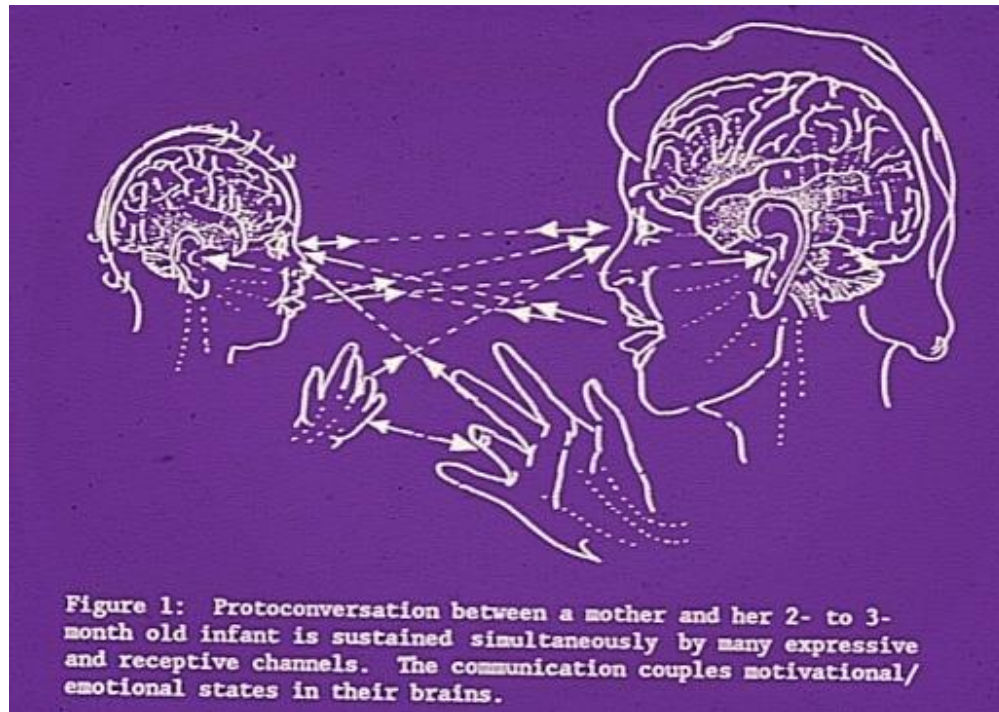
- Motorie**
- Sensoriali**
- Cognitive**
- Relazionali**



**Competenze legate all'ontogenesi dello sviluppo della vita di relazione e delle funzioni adattive.**

**Sensi da vicino**  
**Tatto, gusto, olfatto**

**Sensi da lontano**  
**Vista e udito**



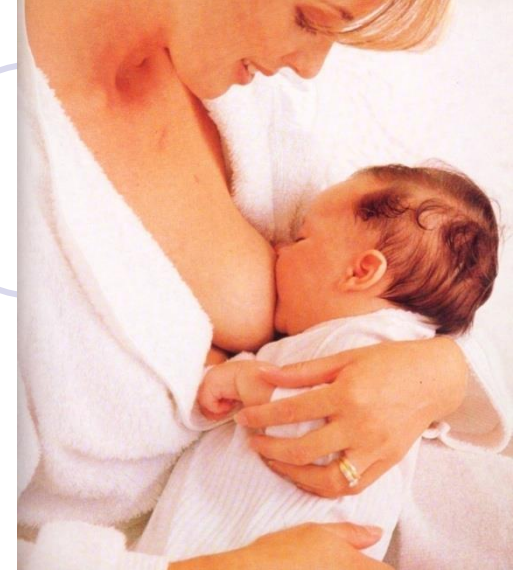
# Gusto e Olfatto



# Gusto e Olfatto

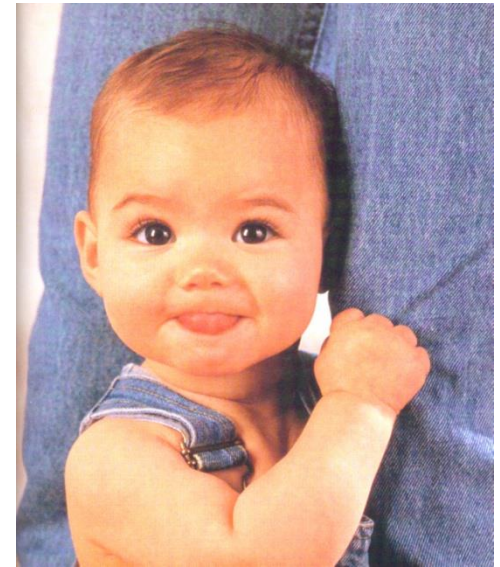
## “Sensi prossimali”:

- Sensi chimici, massima specificità nelle primissime fasi della vita extrauterina
- Papille gustative appaiono dall' ottava settimana di gestazione e dalla quattordicesima il gusto è formato
- fondamentali per mettere in atto le competenze di attaccamento e di nutrimento, necessità primarie per il mantenimento della specie.



# Gusto e Olfatto

- Sensi protettivi
- Primitivamente coinvolti in attività come suzione, alimentazione e riconoscimento dei famigliari rispetto agli estranei
- Alla nascita espressioni facciali esprimono le preferenze per gusti e odori

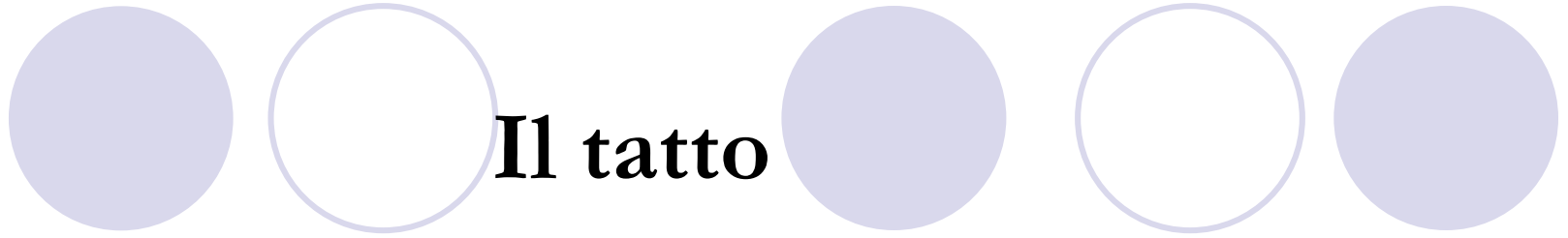


# IL Tatto



**Tactile Sense:** input from the skin receptors about touch, pressure, temperature, pain, and movement of the hairs on the skin





## **Finalità delle attività tattili:**

- **incrementano le capacità di localizzazione dell' area di contatto;**
- **favoriscono il monitoraggio del movimento della mani, il riconoscimento degli oggetti e dei tessuti.**



# How Mozart and Vivaldi help?



**UDITO**

# L'udito



- Le esperienze ritmico-acustiche durante la vita uterina contribuiscono all'avvio della vita psichica ed emotiva ( relazione, memoria, apprendimento...).
- Alla nascita, i suoni precedentemente uditi, aiutano il bambino a riconoscere il nuovo ambiente
- e a stabilire un rapporto con l'adulto.

The header features five circles in a row. The second circle from the left is outlined in light blue and contains the word 'NEONATI' in a bold, orange, sans-serif font. The other four circles are solid light blue. To the right of the circles, a vertical musical staff with notes is visible, extending from the top to the bottom of the page.

# NEONATI

- Sono fortemente attratti dalla musica
- I toni melodiosi caratteristici del linguaggio diretto ai neonati sono in grado di influenzarne il tono e l'umore
- Si avvicinano al linguaggio attraverso gli aspetti musicali dell'input linguistico
- Sono in grado di percepire e analizzare aspetti complessi degli stimoli musicali
- La musica riesce a modulare il loro livello di attenzione, provocando sensazioni piacevoli o irritanti

# NEONATI

## Functional specializations for music processing in the human newborn brain

Daniela Perani<sup>a,b,c,d,1,2</sup>, Maria Cristina Saccuman<sup>a,b,1</sup>, Paola Scifo<sup>b,c,d</sup>, Danilo Spada<sup>e</sup>, Guido Andreolli<sup>a</sup>, Rosanna Rovelli<sup>f</sup>, Cristina Baldoli<sup>c,g</sup>, and Stefan Koelsch<sup>h,i</sup>

<sup>a</sup>Faculty of Psychology, Vita-Salute San Raffaele University, 20132 Milan, Italy; <sup>b</sup>Division of Neuroscience, San Raffaele Scientific Institute, 20132 Milan, Italy; <sup>c</sup>Center of Excellence for High-Field Magnetic Resonance Imaging (CERMAC), San Raffaele Scientific Institute, 20132 Milan, Italy; <sup>d</sup>Department of Nuclear Medicine, San Raffaele Scientific Institute, 20132 Milan, Italy; <sup>e</sup>Psychology Section, Department of Biomedical Sciences and Technologies, School of Medicine, Università degli Studi, 20134 Milan, Italy; <sup>f</sup>Department of Neonatology, San Raffaele Scientific Institute, 20132 Milan, Italy; <sup>g</sup>Department of Neuroradiology, San Raffaele Scientific Institute, 20132 Milan, Italy; <sup>h</sup>Cluster of Excellence "Languages of Emotion," Freie Universität Berlin, 14195 Berlin, Germany; and <sup>i</sup>Max-Planck-Institute for Human Cognitive and Brain Science, 04103 Leipzig, Germany

Edited\* by Dale Purves, Duke University Medical Center, Durham, NC, and approved January 26, 2010 (received for review August 28, 2009)

- ➔ Alla nascita è già presente un'architettura neuronale per il processamento della musica
- ➔ Attività della corteccia uditiva lateralizzata a destra (dominanza già presente nei neonati)
- ➔ Sensibilità ai cambiamenti di tonalità
- ➔ Attivazione anche di neuroni predisposti al processamento emozionale



## A Original Music

Two systems of musical notation in 3/4 time. The first system shows a treble clef with a melody and a bass clef with a bass line. The second system continues the melody and bass line.

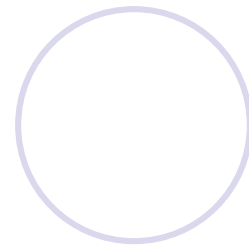
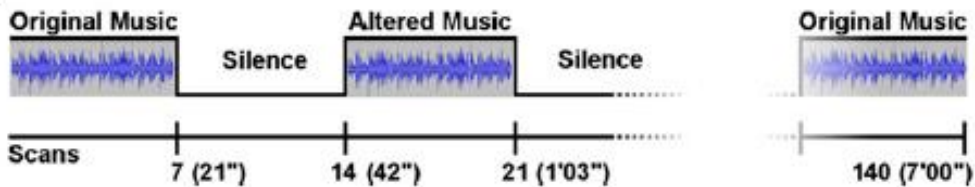
### Altered Music: Key Shifts (frames contain the shifted musical contexts)

Two systems of musical notation. The second system contains three red boxes highlighting key shifts in the melody and bass line.

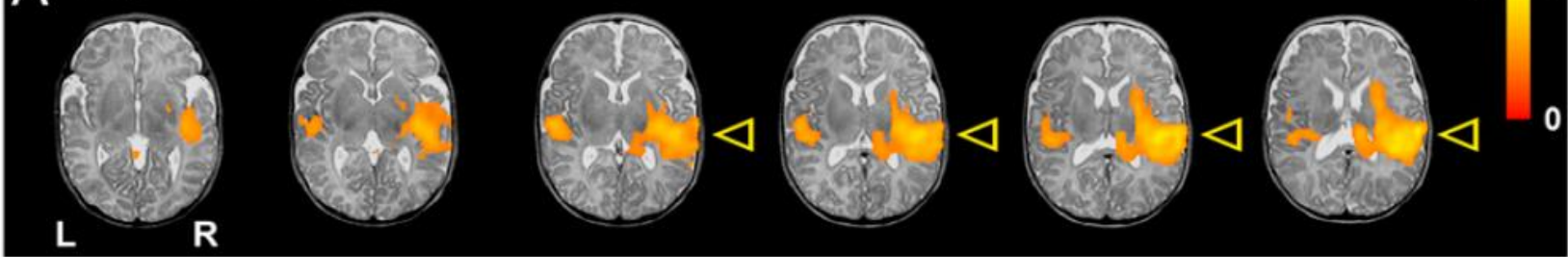
### Altered Music: Dissonance (leading voice shifted one half-tone higher)

Two systems of musical notation. The first system has a red box around the melody, and the second system has a red box around the bass line, indicating dissonance.

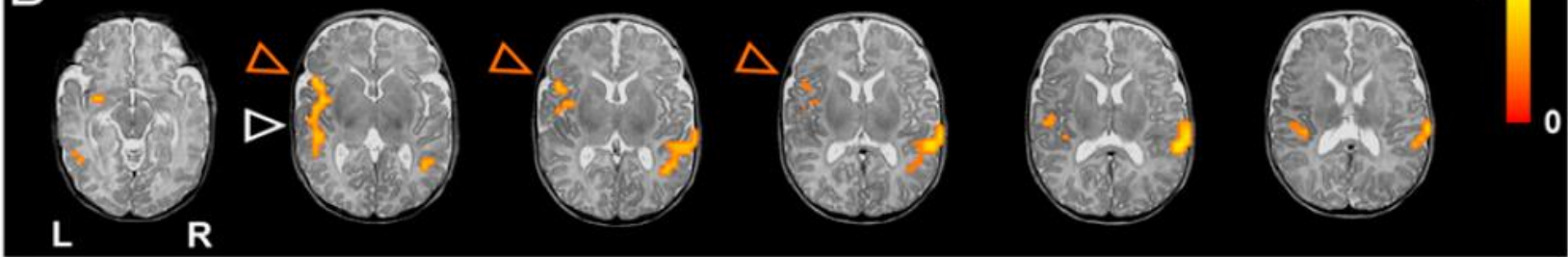
## B



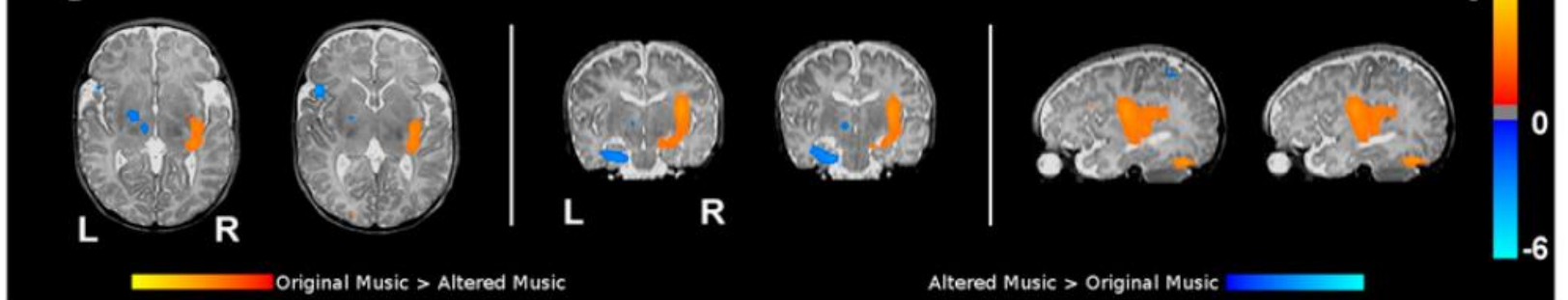
### A Original Music vs. Silence



### B Altered Music vs. Silence



### Original Music vs. Altered Music





# PREMATURI

## **Incrementa:**

La saturazione  
dell'ossigeno

Il tasso di suzione non  
nutritiva

L' aumento di peso

## **Riduce:**

Lo stress

La frequenza cardiaca

Il cortisolo salivare

Il dispendio energetico  
a riposo\*



# MUSICA E PERCEZIONE DEL DOLORE NEI NEONATI

Nei neonati (a termine e pretermine) l'ascolto della musica, della voce materna, del suono del battito cardiaco può influenzare positivamente i parametri vitali, la suzione e l'alimentazione, la qualità del sonno e la percezione del dolore riducendo i tempi di ricovero e lo stress genitoriale nel corso della degenza (O'Toole et al., 2017)

Early Human Development 124 (2018) 7–10

Contents lists available at ScienceDirect

Early Human Development

journal homepage: [www.elsevier.com/locate/earlhumdev](http://www.elsevier.com/locate/earlhumdev)



ELSEVIER



Music reduces pain perception in healthy newborns: A comparison between different music tracks and recoded heartbeat

Andrea Rossi<sup>a,\*</sup>, Anna Molinaro<sup>a,b</sup>, Eleonora Savi<sup>a,b</sup>, Serena Micheletti<sup>a</sup>, Jessica Galli<sup>a,b</sup>, Gaetano Chirico<sup>c</sup>, Elisa Fazzi<sup>a,b</sup>

<sup>a</sup> Child and Adolescent Neurology and Psychiatry Unit, Children Hospital, ASST Spedali Civili of Brescia, Brescia, Italy

<sup>b</sup> Department of Clinical and Experimental Sciences, University of Brescia, Brescia, Italy

<sup>c</sup> Department of Neonatology and Neonatal Intensive Care Unit, Children Hospital, ASST Spedali Civili of Brescia, Brescia, Italy



Valutare l'influenza dell'ascolto di tre diverse tracce musicali sulla percezione del dolore, misurata come:

- Variazioni di frequenza cardiaca
- Variazioni di saturazione di ossigeno
- Variazioni alla scala comportamentale NIPS

in neonati sani sottoposti nelle prime 24-72 h di vita a procedure mediche dolorose (test di Guthrie e/o iniezioni di antibiotici)

- *primo tempo della sonata op. 27 n. 2 "Chiaro di luna" di Beethoven*
- *primo tempo della sonata K. 448 di Mozart*
- *registrazione del battito cardiaco umano con frequenza a 70 bpm*

# MUSICA E PERCEZIONE DEL DOLORE NEI NEONATI

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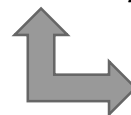
<sup>c</sup> Department of Neonatology and Neonatal Intensive Care Unit, Children Hospital, ASST Spedali Civili of Brescia, Brescia, Italy

- Tracce sonore registrate su un supporto CD
- Diffusione a partire da 10 minuti prima fino a 20 minuti dopo la procedura
- Ambiente isolato da rumori
- Volume tra i 55 e i 70 db
- Distanza di circa 2 metri

*(raccomandazioni American Academy of Pediatrics)*

80 neonati a termine, sani (EG media 39.5 settimane, Peso medio 3275 gr) assegnati in maniera casuale a:

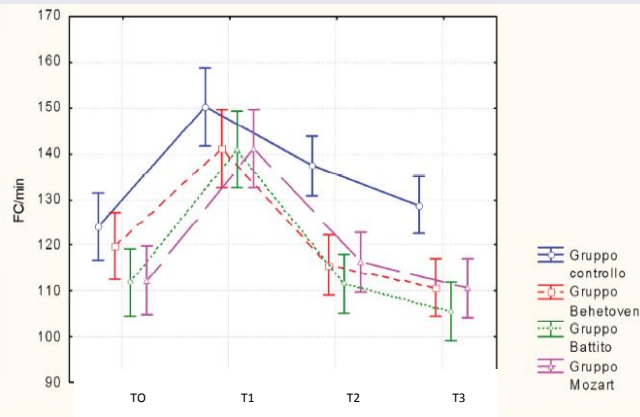
- uno dei tre gruppi sperimentali (ascolto di una delle tracce musicali)
- un gruppo di controllo (nessuno stimolo musicale)



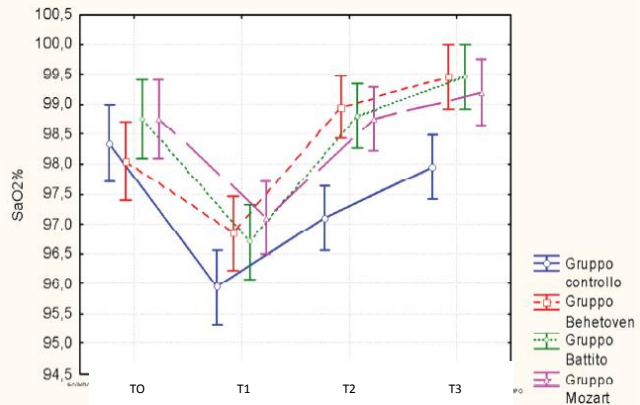
20 neonati per ogni gruppo

Parametri misurati:

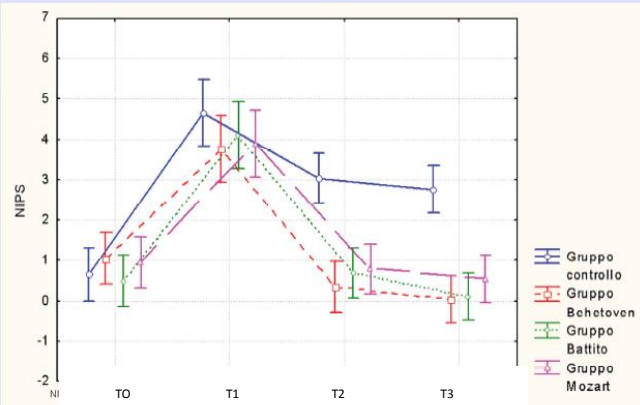
- 10 minuti prima dell'intervento
- Durante l'intervento
- 10 minuti dopo l'intervento
- 20 minuti dopo l'intervento



**Frequenza cardiaca**



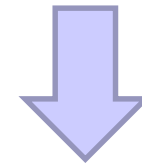
**Saturazione d'ossigeno:**



**NIRS**

Rispetto al gruppo di controllo, l'intervento musicale è significativamente associato a:

- una diminuzione della frequenza cardiaca
- un miglioramento della saturazione di ossigeno
- una riduzione della percezione del dolore



evidente già al momento del prelievo, con un effetto prolungato anche 10 e 20 minuti dopo il termine della procedura

*(heart rate:  $p < .0001$ ; O2Sat:  $p < .0001$ ; NIRS:  $p < .0001$ )*

**Gli interventi musicali sono associati alla riduzione dello stress e al sollievo dal dolore nei neonati a termine**



# MUSICA E PERCEZIONE DEL DOLORE NEI NEONATI



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Alcune caratteristiche musicali  
sembrano influenzare positivamente la  
variazione dei parametri selezionati

La musica si conferma una strategia di  
intervento non invasiva e di facile applicabilità e  
riproducibilità per arricchire l'ambiente dei  
neonati

➤ Tutte le tracce musicali selezionate hanno  
mostrato effetti simili sui parametri testati

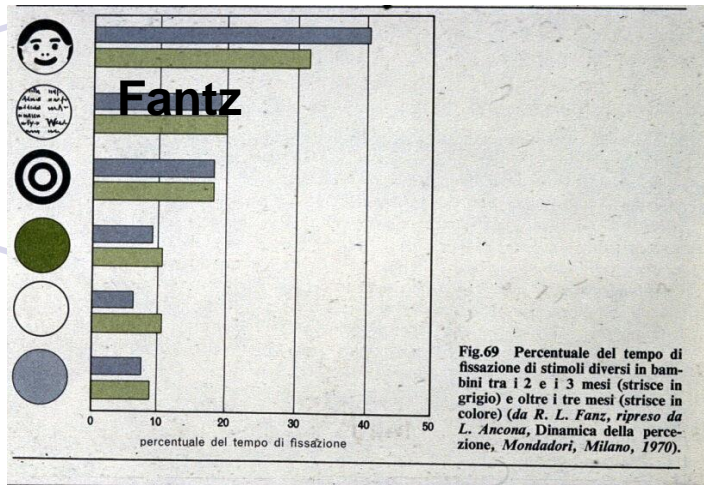
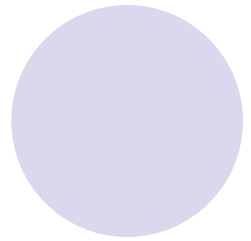
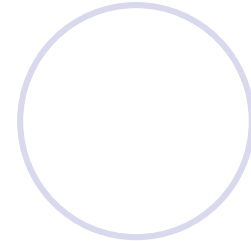
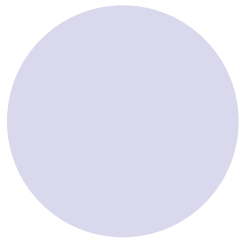
➤ Proprietà intrinseche del suono:

- frequenze medio-basse,
- ritmo regolare,
- non dissonanze armoniche o v
- non variazioni intense della dinamica
- non variazioni intense della timbrica

MA

➤ effetto meno pronunciato con il primo tempo  
della sonata K. 448 di Mozart: caratterizzato da  
un tempo più veloce

➤ migliori risultati ottenuti con il battito  
cardiaco registrato: collegato alla memoria del  
suono principale cui il feto è esposto durante la  
vita intrauterina



# Funzione Visiva



Meltzoff



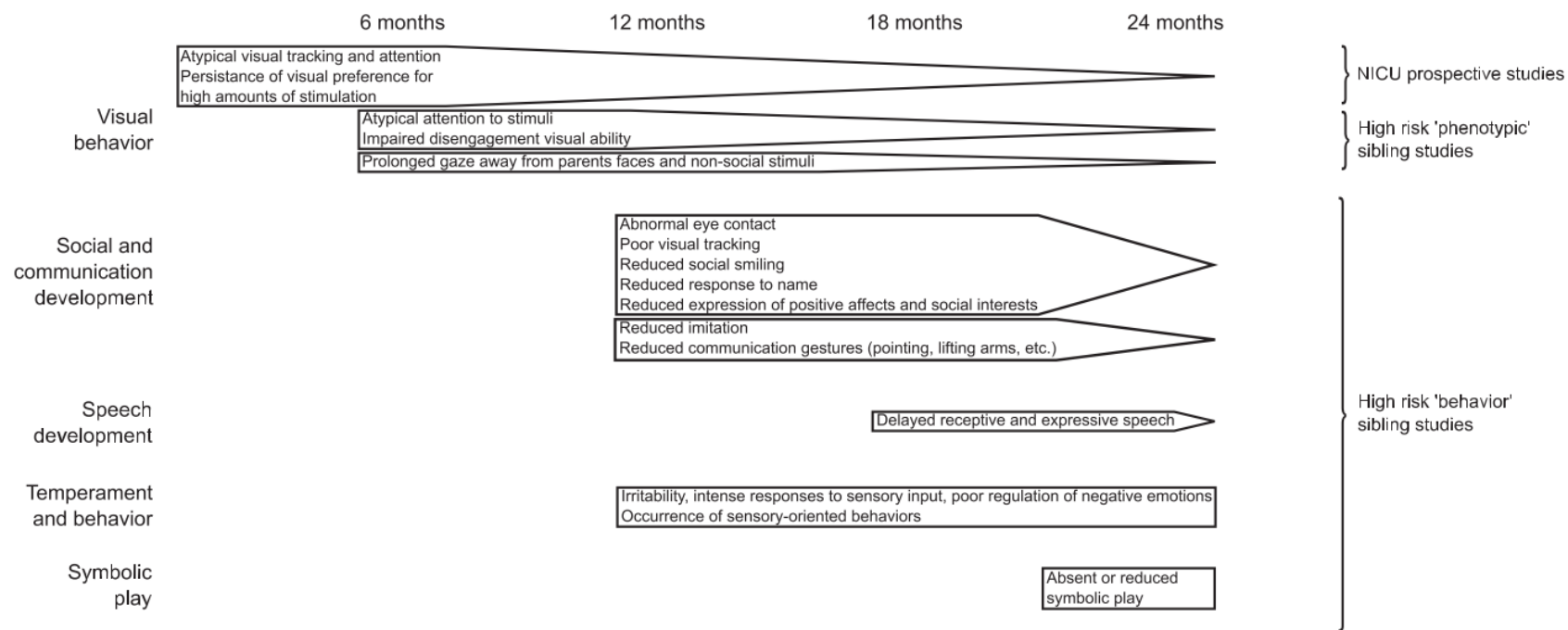
# Toward Better Recognition of Early Predictors for Autism Spectrum Disorders

Nicolas Deconinck MD, PhD<sup>a,\*</sup>, Marie Soncarrieu MD<sup>b</sup>, Bernard Dan MD, PhD<sup>a</sup>

<sup>a</sup> Department of Neurology, Hôpital Universitaire des Enfants Reine Fabiola, Université Libre de Bruxelles (ULB), Brussels, Belgium

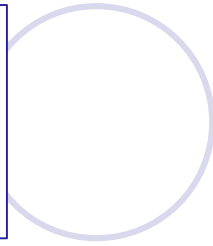
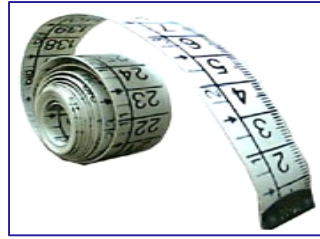
<sup>b</sup> Department of Child Psychiatry, Hôpital Universitaire des Enfants Reine Fabiola, Université Libre de Bruxelles (ULB), Brussels, Belgium

N. Deconinck et al. / Pediatric Neurology 49 (2013) 225–231



**FIGURE.**

Schematic representation of the emergence of early clinical signs of autism spectrum disorders. Presented features correspond to findings obtained in prospective studies conducted in infants systematically followed after admission in neonatal intensive care units (NICU; signs recorded from the age of 4 months)<sup>28-30</sup> or from prospective studies of siblings at high risk, either phenotypic<sup>43,46,47</sup> or behavioral.<sup>37-44,46,47</sup>



# EVALUATION OF VISUAL FUNCTION Preterm /Term Newborn



Rossi A. \*, Alessandrini A., Tansini F., Accorsi P., Gasparoni A., Chirico G. ^, Fazzi E. \*

U. O. di Neuropsichiatria Infantile - Spedali Civili di Brescia

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\*Università degli Studi di Brescia

**NAVEG Study**

**Neonatal Assessment Vision Evaluation Group:**

**Brescia ( E.Fazzi , G.Chirico), Modena ( F.Ferrari,) Pavia ( S.Orcesi,M.Stronati),**

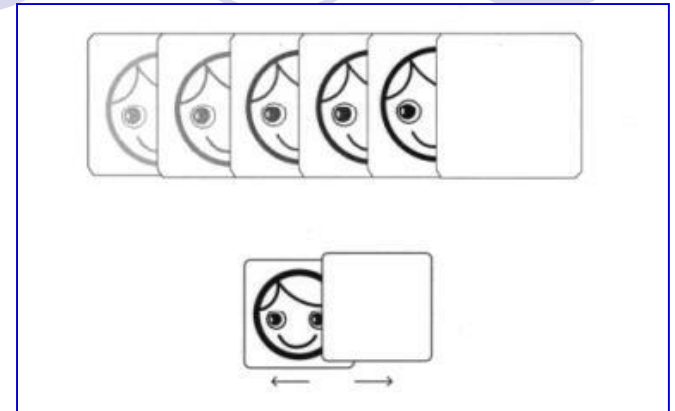
**Parigi ( F. Lebrun ) , Bruxells (D. Haumont )**

# Neonatal Assessment Vision Evaluation



## Pattern discrimination

*(Teller Acuity Cards)*



## Contrast sensitivity

*(Hiding Heidi Low Contrast Face Test)*

## Optokinetic nystagmus



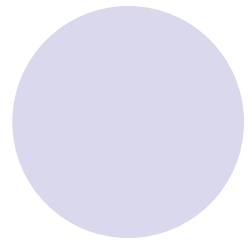
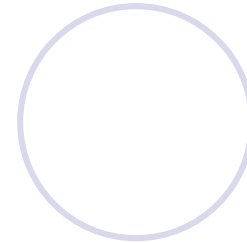
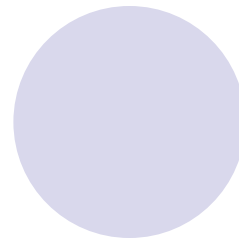
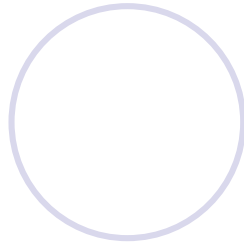
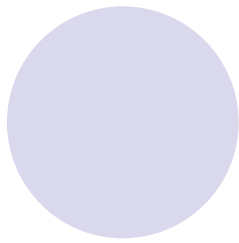


# Come un' orchestra.....



ogni strumento opera in modo distinto e autonomo ma in parallelo con tutti gli altri, creando infinite composizioni orchestrali quanto infinite sono le combinazioni di strumenti,

**Così, apparentemente, i sistemi sensoriali svolgono il loro lavoro in modo indipendente, mentre in realtà le risposte adattive prodotte sono il risultato di una sincronia di lavoro e di un continuo confronto e integrazione delle informazioni.**



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# Consciousness and Cognition

journal homepage: [www.elsevier.com/locate/concog](http://www.elsevier.com/locate/concog)



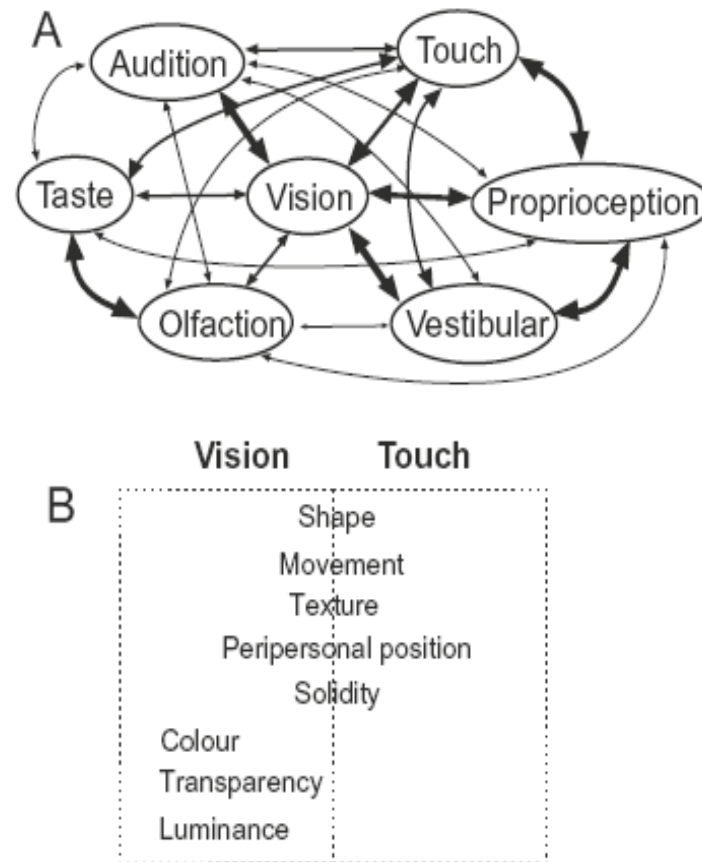
Review

## Identification and integration of sensory modalities: Neural basis and relation to consciousness

Cyriel M.A. Pennartz

*Chair of Cognitive and Systems Neuroscience, Swammerdam Institute, Center for Neuroscience, Cognitive Science Center Amsterdam, Faculty of Science, Universiteit van Amsterdam, P.O. Box 94084, Kruislaan 320, 1090 GB, Amsterdam, The Netherlands*

**2009**



**Fig. 1.** Topology of sensory modalities. (A) Organogram plotting topological relationships between sensory modalities on the basis of estimated, overall correlation strengths. Note that these estimates are subjective and may strongly differ between individuals. Whereas the visual domain is strongly connected to the tactile, proprioceptive, vestibular and auditory modalities, weaker conjunctions and stronger disjunctions are present between vision on the one hand and olfaction and taste on the other hand. Additional modalities associated with the somatosensory system (thermo- and nociception) are not included in the diagram. Each modality occupies a unique correlational niche in the topology, hence enabling a unique identification. (B) Some object properties can be sensed by both the visual and tactile systems (shape, movement, texture, position and solidity), whereas other properties can, in principle, only be perceived by vision (color, transparency and luminance). This is not contradicted by the fact that such perceptual singularities can be strongly associated with sensations in other modalities, such as luminance and heat.



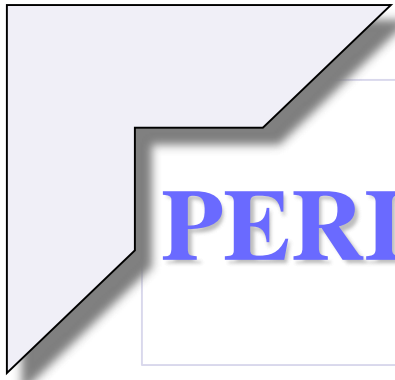
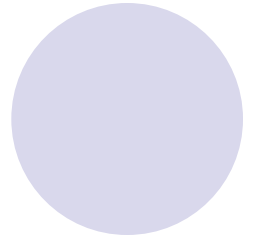
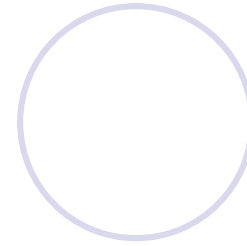
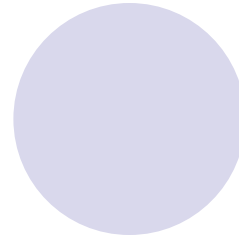
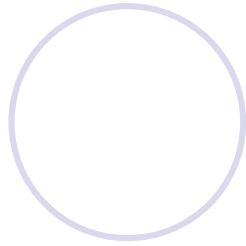
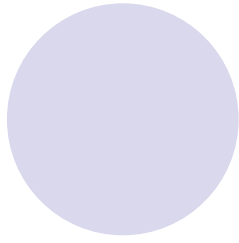
# Postnatal experiences influence how the brain integrates information from different senses

**Barry E. Stein\*, Thomas J. Perrault Jr., Terrence R. Stanford and Benjamin A. Rowland**

*Department of Neurobiology and Anatomy, Wake Forest University School of Medicine, Winston-Salem, NC, USA*



**SC**



# **PERIODO CRITICO**

# Critical Periods in the Visual System: Changing Views for a Model of Experience-Dependent Plasticity

Bryan M. Hooks<sup>1,2</sup> and Chinfei Chen<sup>1,2,\*</sup>

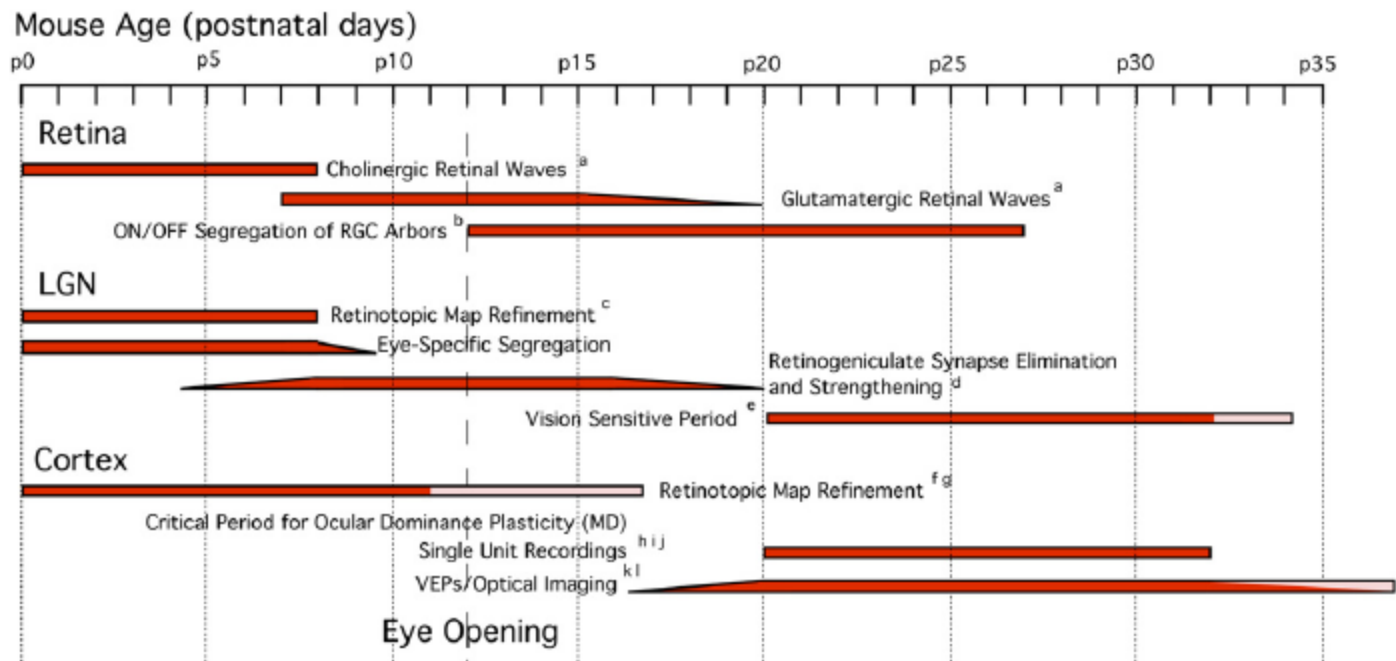
<sup>1</sup>Department of Neurology, Neurobiology Program, Children's Hospital, Boston

<sup>2</sup>Program in Neuroscience

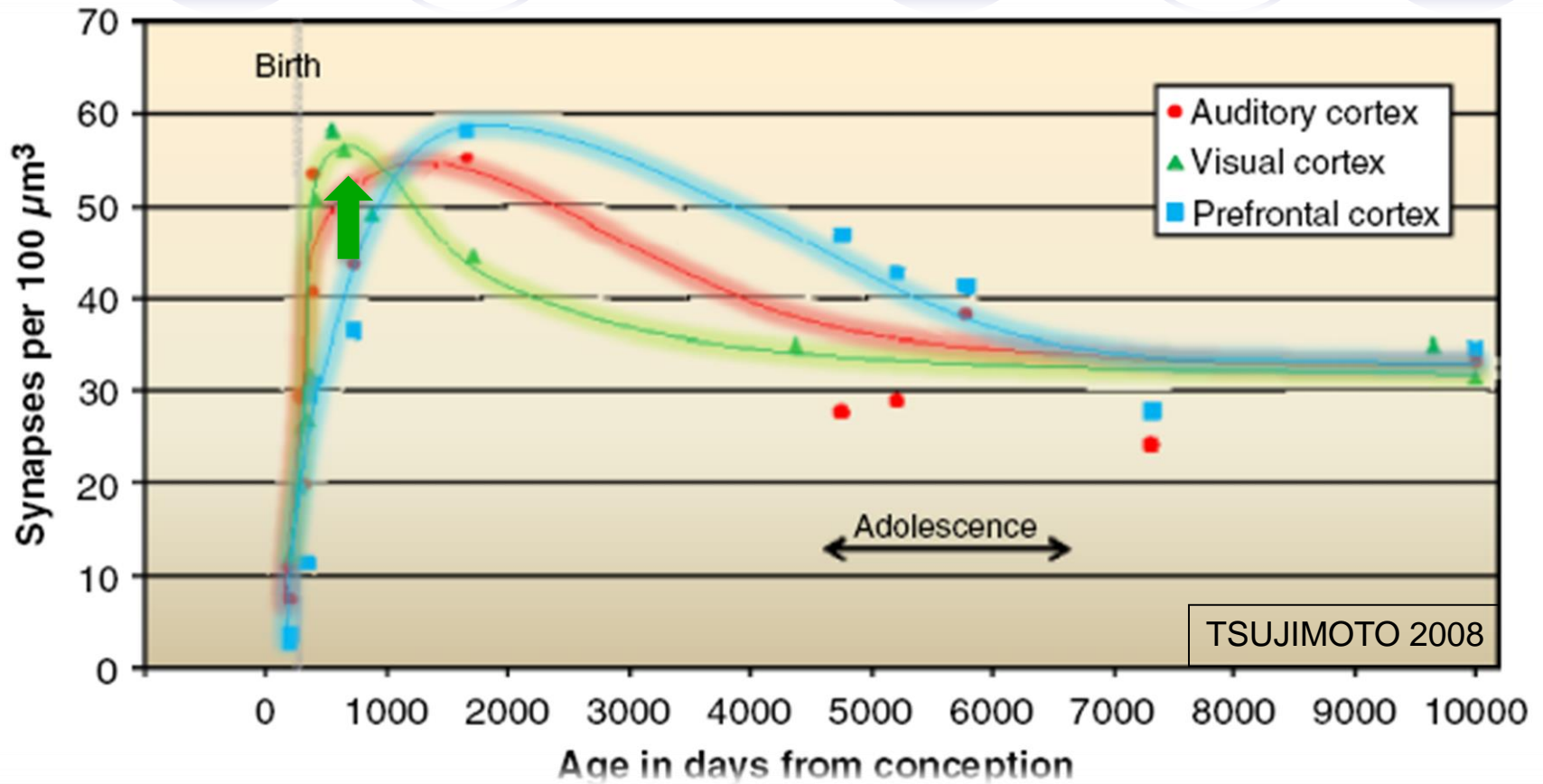
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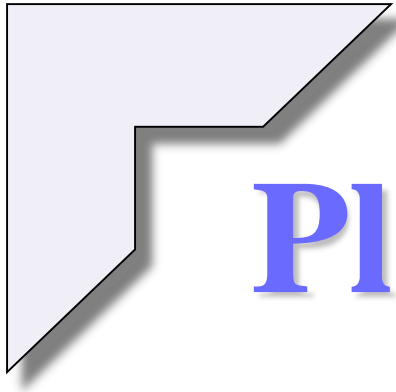
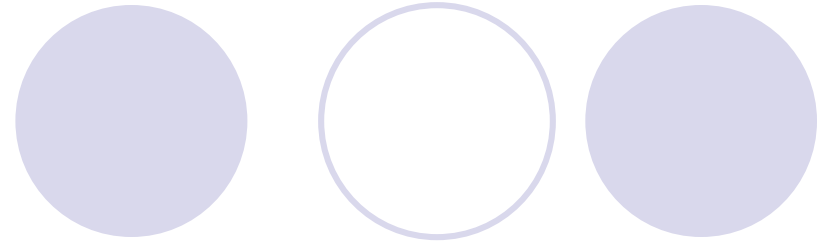
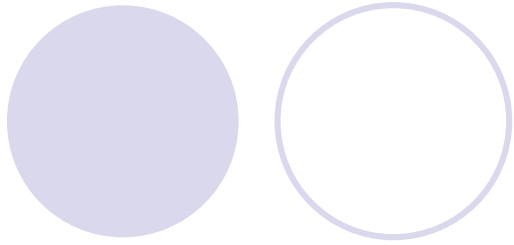
DOI 10.1016/j.neuron.2007.10.003



# SYNAPTIC PLASTICITY OF VISUAL SYSTEM IS VERY HIGH SINCE BIRTH



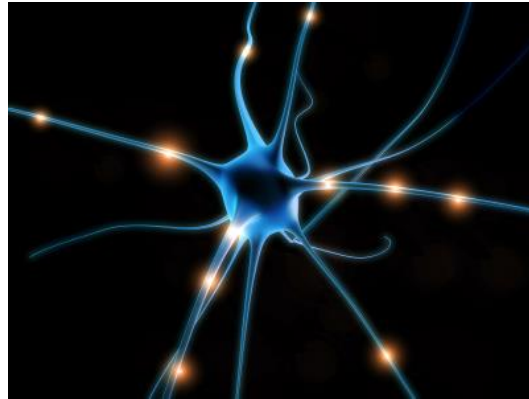
THE DENSITY OF SYNAPSES, A MEASURE OF THE NEUROPLASTICITY, IS VERY HIGH IN THE VISUAL SYSTEM, SINCE THE FIRST DAYS OF LIFE



# Plasticità



Plasticità cerebrale: insieme dei cambiamenti che si verificano nell'organizzazione anatomica e fisiologica del cervello come risultato dell'esperienza (Spolidoro M, 2009)



I circuiti corticali mostrano una massima sensibilità agli stimoli sensoriali indotti dall'esperienza nell'epoca postnatale, mentre le strutture cerebrali di un soggetto adulto mostrano un grado di plasticità nettamente inferiore (Spolidoro M, 2009; Hooks BM, 2007)

# Ambiente arricchito

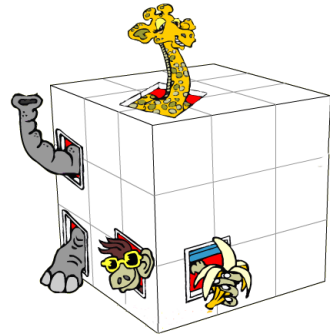


L'esperienza e l'ambiente determinano lo sviluppo dei circuiti visivi corticali e sottocorticali, influenzando sul programma genetico innato

# Enriched Environment from experimental studies to clinical practice



# ASST Spedali Civili of Brescia Children Hospital Unit of Child Neurology and Psychiatry



Sistema Socio Sanitario  
Regione Lombardia  
ASST Spedali Civili



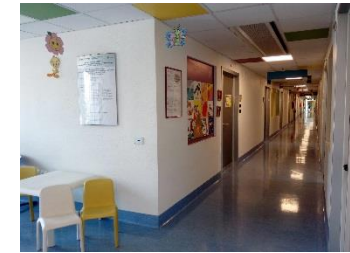
CLINICS



OPHTHALMOLOGIST'S  
CLINIC



TELEMEDICINE  
ROOM



FUNCTIONAL/  
STRUCTURAL  
MRI



EYE TRACKER



PEV/ERG

Center for early diagnosis and  
treatment of children with  
neurovisual problems and  
multidisabilities



# ASSESSMENT

Neuropsychiatrist

Ophthalmologist

Orthoptist

Pediatric  
Therapist

Neuropsychologist

## CLINICAL HISTORY, NEUROLOGICAL AND DEVELOPMENTAL EXAMINATION

### NEUROVISUAL EVALUATION (Fazzi et al 2007)

OPHTHALMOLOGICAL  
COMPONENT

- Ophthalmological evaluation included assessment of refraction under cycloplegia and anterior segment and fundus oculi examination

OCULOMOTOR  
COMPONENT

- Orthoptic evaluation (visual axis alignment using Hirschberg Test of corneal reflexes and Cover Test, intrinsic/extrinsic ocular motility , abnormal ocular movements)
- Evaluation of visual functions (fixation, smooth pursuit, saccades)

“PERCEPTUAL  
COMPONENT”

- Visual acuity (optotypes such as Lea Symbols, tumbling E or Snellen)
- Contrast sensitivity (Hiding Heidi Low Contrast Test)
- Visual field (Kinetic perimetry and child’s behavioural reactions)
- Optokinetic nystagmus
- Stereopsis (Lang Stereo Test I)

HIGH FUNCTIONING VISUAL  
COMPONENT

- Develeopmental test of visual integration (Berry & Buktenica, 2000)
- Block costruction, NEPSY (Korkman et al, 2011)
- Visual Selective attention –Leiter r (Roid & Miler, 2002)

Ventral stream evaluation protocol (**Bova**, Fazzi et al, 2007):  
Street competition test; Poppelreuter-Ghent Test ; unusual lighting and perspective; Matching by class and by function; Imagery figures

NEURORADIOLOGICAL , NEUROPHYSIOLOGICAL EXAMS

METABOLIC AND GENETIC TESTS



Department of Clinical and  
Experimental Sciences  
Chair of Child Neurology and Psychiatry  
University of Brescia

# Centre for early diagnosis and treatment of children with neurovisual deficits and multidisabilities

Sistema Socio Sanitario  
Regione Lombardia  
ASST Spedali Civili  
Unit of Child Neurology  
and Psychiatry  
Pediatric Hospital



Jessica Galli



Neuropsychiatrist, MD PhD

Andrea  
Rossi



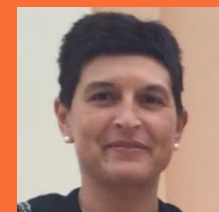
Neuropsychiatrist, MD  
PhD

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Franzoni



Ophthalmologist,  
MD

Nadia Pasini



Ophthalmologist,  
MD

Anna Molinaro



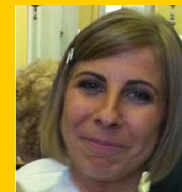
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neuroscience

Alice Bertoletti



Optometrist

Serena Micheletti



Neuropsychologist, PhD

Vera Scaglioni



Neuropsychologi  
st

Nicole D'Adda



Pediatric Therapist

Melissa Marras



Pediatric Therapist

Anna Alessandrini



Pediatric Therapist

The Team