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Pattern of neurological diseases at the Jimma University Medical Center Neurology Clinic, Jimma, Ethiopia, 2015–17: A survey of newly enrolled patients

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Background: The burden of neurological diseases is higher in low-income and middle-income countries than in high-income countries. However, there is a paucity of literature on neurological diseases in sub-Saharan Africa, including Ethiopia. This study aims to describe the pattern of neurological diseases in newly enrolled patients at the neurology clinic of Jimma University Medical Center, Ethiopia.

Methods: I collected data from records for newly enrolled neurological patients at Jimma University Medical Center neurology clinic between June 30, 2015, and June 30, 2017. I used a sampling technique to calculate the required sample size and I used SPSS version 24.0 for analysis.

Findings: I accessed data from 2347 medical patients, 639 (27.2%) of whom were diagnosed with a neurological disorder, and data from 226 of these were included in final analysis. Most patients were male (143 [63.3%]). Mean age was 38.17 years (SD 17.75, range 15–80 years); 131 patients (57.9%) were aged between 15 and 40 years. The most common reasons for attending were: convulsion (96, 42.5%); hemiparesis (62, 27.4%); and pain, paraesthesia, and tingling sensation (24, 10.6%). Most patients (92, 40.7%) reported that they had had symptoms for more than 1 month; however, 43 (19%) presented within 24 h of symptom onset and 17 (7.5%) within 3 h. The most common conditions in the study group were epilepsy (95 patients, 42%), cerebrovascular disease (67, 29.6%), peripheral neuropathy (26, 11.5%), and Parkinson's disease (10, 4.4%). ICD-10 classification episodic and paroxysmal disorders were observed in 165 patients (72.9%); polyneuropathies and other disorders of the peripheral nervous system, and extrapyramidal and movement disorders were noted in 36 patients (15.9%).

Interpretation: The causes of neurological morbidity in this low-resource setting are highly disabling but easily preventable and treatable. Hypertension was the most common comorbidity, especially in patients with stroke and peripheral neuropathy, so patients should be advised on lifestyle modification and be managed appropriately. Importantly, health-care policy makers should focus on planning for disease prevention and better management of common neurological disorders.