

Neurological Disorders Reinforce Exacerbated by Gender Inequalities

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Abstract

The neurological disorders were included from two categories: neurological disorders within the neuropsychiatric category, and neurological disorders from other categories. Neurological disorders within the neuropsychiatric category refer to the cause category listed in Group II under neuropsychiatric disorders and include epilepsy, Alzheimer and other dementias, Parkinson's disease, multiple sclerosis and migraine.

Keywords: Osteopathic physicians; Medical programs; Physician population; Patient relationship; National survey; Legitimate paths

Introduction

Neurological disorders from other categories include diseases and injuries which have neurological sequelae and are listed elsewhere in cause category Groups. The research agenda for developing countries, including operational research, needs to be developed to gain better understanding of the problem so that appropriate responses can be developed and evaluated [1]. Specific areas for research and development could include conducting population-based epidemiological studies in developing countries where insufficient data limit evidence-based planning. It is also necessary to develop and evaluate simple models of care for management of neurological disorders by existing community-based health-care providers [2]. Many currently available medications have significant side-effects and are too expensive for most patients in developing countries. Newer medications need to be developed with lower costs, fewer side effects, better efficacy, and less frequent dose schedules. Multicentre epidemiological studies and trials of novel treatments should be facilitated through better funding, multidisciplinary approaches and international collaboration. The risk factors and strategies for prevention for many of the neurological disorders lie beyond the health sector, necessitating the participation of other sectors such as education, transport, welfare, housing and legislation; these sectors need to be fully involved in improving the programmes and services for people with neurological disorders.

Methodology

Partnerships are advantageous in enhancing the effectiveness of interventions, increasing the resources available through joint actions and avoiding a duplication of efforts. Sometimes different sectors may have different and even conflicting priorities; in such situations, the health sector needs the capacity to provide leadership and informed reasoning and to adapt to the agendas and priorities of other sectors [3]. Road traffic injury prevention and management strategies include the design of vehicles, the design of road networks and roads, urban and rural planning, the introduction and enforcement of road safety legislation and the care and treatment of crash survivors. These are some of the relevant areas for interventions to prevent neurological consequences of road traffic injuries, which are divided among many different sectors and groups. The international implications of dealing with neurological disorders in low and middle income countries are similar to those for a variety of other health concerns [4]. Building capacity in these countries to reduce the burden of neurological disorders will require international contributions of expertise and resources. Examples of such collaboration are the global campaigns against epilepsy and headache disorders, which have been launched

by WHO in partnership with leading international nongovernmental organizations working in these areas [5]. The donor community urgently needs to dedicate more of its resources to help low and middle income countries improve services for the prevention and management of neurological disorders as shown in (Figure 1). Nongovernmental organizations have an important role to play in this regard, and they should be encouraged to give greater support to their initiatives [6].

Discussion

Partnerships between health policy-makers, health-care providers and people affected by neurological disorders and their advocacy groups may be the best vehicle for determining, and bringing about, the changes that people with neurological disorders need. Rehabilitation complements the other key strategies, promotion, prevention and treatment. While prevention involves targeting risk factors of disease and treatment is dealing with health conditions, rehabilitation targets human functioning [7]. Though rooted in the health sector, rehabilitation is also a relevant strategy that brings



Figure 1: Resources help Prevention and management of neurological disorders.

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together other sectors such as education, labour and social affairs. It is thus a most relevant strategy in the community. There is a wide range of rehabilitation interventions, programmes and services that have been shown to be effective in contributing to optimal functioning of people with neurological conditions [8]. Rehabilitation services need to be made available to all people with disabilities, and this includes people with disabilities attributable to neurological disorders as shown in (Figure 2). Accessible public transport and other facilities must be provided for them. Multidisciplinary rehabilitation is considered to be beneficial in early recovery of stroke and traumatic brain injury patients. Although options for treatment of multiple sclerosis are relatively limited, sufferers can gain significant improvements in quality of life with neuro-rehabilitation [9]. Since community-based rehabilitation programmes are a low-cost way to coordinate medical guidance and community resources in the rehabilitation of disabled people, they need to be encouraged. The programmes should be linked to and supported by institutional and hospital-based care, where appropriate, thus creating a comprehensive rehabilitation service [10]. The most promising approach for reducing the burden of neurological disorders in developing countries is a comprehensive system of primary health care: primary care services supported by secondary and tertiary care facilities, physicians and specialists. Primary care is the point of entry for the vast majority of people seeking medical care indeed, for many people it is their sole access to medicine [11]. Moreover, because primary care teams work in the community, they are well placed to recognize factors such as stigma, family problems and cultural factors that affect treatment for neurological disorders. Thus, primary care is the logical setting in which neurological disorders need to be dealt with. The important role of primary care is also founded on recognition that decisions in primary care take account of patient-related factors family medical history and patients' individual expectations and values of which the continuity and long-term relationships of primary care generate awareness, while promoting trust and satisfaction among patients [12]. For example, effective management of headache disorders can be provided in primary care for all but a very small minority of patients, as the common headache disorders require no special investigation and they can be diagnosed and managed with skills generally available to health-care professionals working in primary care settings. A careful analysis is required of what is and what is not possible for the treatment and care of neurological disorders at different levels of care [13]. It is thus system for management of severe cases and patients requiring access to diagnostic and technological expertise. What is needed is a continuing, seamless care approach to handle the long-term nature of

neurological disorders and the call for on-going care [14]. Stigma and discrimination against people with neurological disorders exist globally and need to be eliminated through public education, global and local campaigns and a variety of public health actions involving governments, health professionals, patients, carers and the mass media. The ultimate goal of all such efforts should be to prevent the isolation of patients with neurological disorders and their families and to facilitate their social integration. The dignity of people with neurological disorders needs to be preserved and their quality of life improved. Development of social and health policies for minimizing stigma must take into consideration such key issues as access to care and financing health care, as well as basic human rights. Driving privileges for people with controlled epilepsy indicates practical needs for policy to examine not just personal and public safety, but also how stigma, culture, liability and ethics interact. Legislation represents an important means of dealing with these problems and challenges. Governments can reinforce the efforts with laws that protect people with brain disorders and their families from abusive practices and prevent discrimination in education, employment, housing and other opportunities. Legislation can help, but ample evidence exists to show that alone it is not enough. The kind of intervention needed to mitigate stigma varies with the condition. For example, efforts to alleviate the stigma of epilepsy need to be focused on helping individuals acknowledge and adjust to life with treatable disease in a large number of cases. Information, education and communication and social marketing campaigns need to enhance compassion and reduce blame. In the case of other diseases, for example leprosy, the control programme can be made effective by use of a simple message that leprosy can be cured with medicines. Public and professional awareness of public health aspects of neurological disorders needs to be raised through the launch of global and local campaigns and initiatives that target health professionals, general practitioners and primary care physicians, specialists in public health, neurologists, health planners, health economists, the media and the general public. Another route of sensitization is the development of educational programmes on the public health aspects of neurology and including them in the teaching and training curricula of all institutions where neurology is taught. Self-help groups, patient information programmes and basic educational and training interventions for caregivers need to be encouraged and facilitated. Patients, their families and carers should be represented and fully involved in the development and implementation of policies and services for people with neurological disorders. Much of the success of public health efforts in countries ultimately depends upon the degree of political commitment they receive. Support from decision-makers is not only necessary to ensure proper funding and effective legislation and policies, but also to give prevention efforts increased legitimacy and a higher profile in the public consciousness. Public health professionals have an important contribution to make to the process of gaining political support, by providing decision-makers with solid information on the prevalence, consequences and burden of neurological disorders, and by carefully documenting the proven and promising interventions that can lead to their prevention or management.

Conclusion

Information on population needs must be synthesized and disseminated in a way that encourages commitment from decision-makers. Communication methods such as media features and the identification and engagement of community leaders can be used to help build alliances between different stakeholders.

Acknowledgement

None

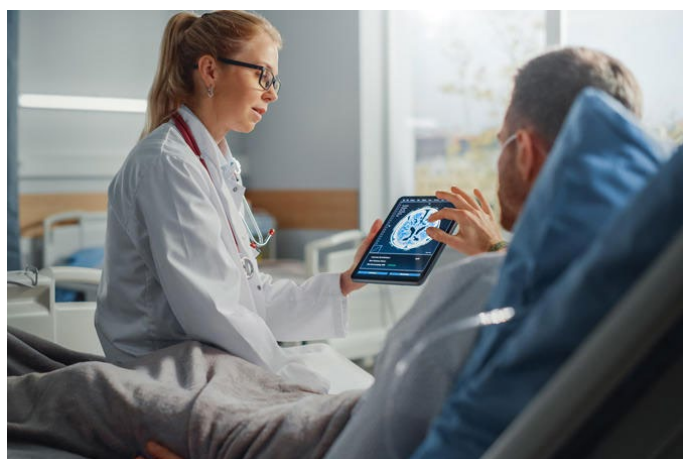


Figure 2: People with disabilities attributable to neurological disorders.

Conflict of Interest

None

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