NEUROLOGY

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# SSC 5C: Elective: Hospital Kuala Lumpur, Neurology Department

## 1. *What are the prevalent neurological conditions in Kuala Lumpur? How do they differ from UK?*

According to the World Health Organization (WHO 2004), neuropsychiatric disorders account for 2.2% female deaths and 2.1% male deaths worldwide [1]. WHO (2004) reported cerebrovascular disease as the second leading cause of death worldwide. The incidence of stroke in Europe is reported to be 2 million whereas in South East Asia it is estimated to be 1.8 million. A much higher incidence of epilepsy is reported in South east Asia (9.8 million) compared to Europe (4.1 million) [1]. The incidence of Parkinson disease is higher in Europe (2.0 million) than in South East Asia (0.7 million).

A report published in Neurology Journal South East Asia in 1996, surveyed patient profiles amongst Malaysian neurologists. A total of six neurologists from the university, government and private practices participated in this survey. The six neurologists reported 426 patient encounters, where outpatient encounters accounted for 64.6% of all patients. The findings of this survey are reported in the table below:

| **Neurological Condition** | **Percentage of all encounters (%)** |
|---|---|
| Epilepsy | 19.4 |
| Headache syndromes and Migraines | 13.6 |
| Stroke | 9.1 |
| Peripheral Neuropathy | 8.2 |
| Parkinson's Disease | 5.4 |
| Myasthenia Gravis | 4.9 |
| Cranial Neuropathy | 3.8 |
| Meningo-encephalitis | 3.5 |
| Chronic meningitis | 3.5 |
| Cervical Spondylosis | 3.5 |
| Multiple Sclerosis | 0.9 |

The above data gives a sound indication of common neurological conditions seen in Malaysia. This can be compared to the most common neurological conditions seen in the UK which are stroke, epilepsy, dementia, headache, head injury and MS. However this data was obtained over 15 years ago and it is probable that the picture is now very different. Additionally this survey involved a very small number of patients. Thirdly the absence of a free national health service in Malaysia means health care costs is a factor which will affect the numbers of people that will present at a hospital or clinic.

There is a significantly lower occurrence of MS in Malaysia as compared to the UK. An article published in Neurology South East Asia in 1997, reports the prevalence of Multiple Sclerosis to be 2/100000 [3]. The picture is very different in the UK where there is a prevalence of multiple sclerosis is 100-140 in 100,000. Furthermore there is a difference in the type of multiple sclerosis seen in Caucasians to that seen in among Asian populations. The major difference is that multiple sclerosis in Asian presents with a higher incidence of visual failure and more frequent occurrence of transverse myelopathy [3].

During my rotation in Hospital Kuala Lumpur I have seen patients with headaches, Myasthenia Gravis, Epilepsy, Multiple Sclerosis and Parkinson Disease in clinics. These presentations are very similar to that which I have observed in clinics in the UK. However, there are various inpatient differences that I noted from my own experiences of doing neurology rotations in London and Kuala Lumpur. I was surprised by the number young inpatients in Hospital Kuala Lumpur. The majority of these young patients had been admitted with infective encephalitis or meningitis. This differs from my experience in London as the majority of inpatients are usually older patients.

## 2. *How are the neurological services organized and delivered (especially rehabilitation) and how does this differ from the U.K?*

Stroke is a major health problem both in Europe and South East Asia as reflected by statistics provided by the World Health Organization. Rehabilitation is an essential part of the management of stroke patients.

At Barts And The London a huge emphasis is placed on patient rehabilitation following a stroke in order to optimize a patient's degree of independence. There is a specialist stroke centre where a stroke team work together to form individual rehabilitation programmes for patients. The stroke team involves physiotherapists to help with muscle weakness, speech and language therapist to aid with swallowing and communication problems as well as occupational therapist to help the patient with everyday activities. Facilities on a stroke ward include a gym where physiotherapists work together with the patient. This multi-disciplinary approach is imperative in the rehabilitation of patients.

In Hospital Kuala Lumpur I noted a similar multidisciplinary approach towards rehabilitation of patients. On the neurology ward, a grand ward round takes place on a weekly basis. The grand ward round

involves other disciplines including physiotherapists as well as doctors. This allows for immediate communication between the different disciplines about the management of different patients. I found this to be a very effective approach to multidisciplinary team working. The ward was also equipped with its own gym.

## 3. *What are the procedures of infection control in Hospital Kuala Lumpur and how does this compare to UK hospitals?*

Hand washing is an imperative part of infection control. Good hand hygiene can prevent transmission of infection and thus significantly improve patient mortality and morbidity rates. Across Barts and The London Hospitals there are over 1500 alcohol hand sanitizers. Alcohol rub dispensers are found attached to individual patient beds and other locations in and around the wards. All wards are also fitted with a sink. Additionally there are posters around the hospitals that raise awareness of staff and visitors to the importance of hand washing before and after patient contact.

In Hospital Kuala Lumpur I observed a similar attitude to the importance of hand washing. In and around the wards there are multiple posters that stress the importance of hand washing and that demonstrate the 7-step hand washing technique. Although alcohol rub dispensers are not found attached to individual patient beds they can be found attached to the walls of the ward corridors. During ward rounds and alcohol dispenser is carried around on a trolley and the consultant strictly adhered to using this between seeing different patients. Furthermore each ward is also fitted with a sink.

## 4. *Describe any communication challenges observed in interacting with patients in Kuala Lumpur and the steps taken to overcome these?*

In an outpatient clinic I observed a consultation between a doctor and Chinese patient with Parkinson disease. The patient was a lady in her seventies who had been living with Parkinson's disease for the last eighteen years. She had presented to clinic with her husband who was also her full-time carer. Both the patient and her husband were not fluent in Malay or English. Furthermore the patient had severe speech impairment, a consequence of her Parkinson's disease.

The consultant spoke in short sentences and used exaggerated hand gestures to aid their understanding. By doing this she was able to obtain a good history of the patient's activities of daily living and her degree of dependence. The consultant then used a display board which had small, see-through packets of medications attached to it to obtain a drug history from the patient and her husband. She asked them to point to which medication the patient was taking and indicate how many times she was taking the

medication. I felt that the consultant made good use of resources available to her to optimize her communication with the patients.

**References**

1. http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf
2. http://www.neurology-asia.org/articles/19962_015.pdf
3. http://www.neurology-asia.org/articles/19971_001.pdf