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NEUROLOGY

Which disorders are commonly seen at a tertiary centre?

When I wrote this question before I had come to Queen Square it seemed a good question but on trying to answer it now it seems inappropriate. Common things are common and can be seen at National Hospital for Neurology and Neurosurgery (NHNN) but as it is a tertiary centre that is so specialised most of the cases that are transferred here from DGHs are patients who have either had a difficult condition to diagnose or who have had a common condition but their disease has taken an unusual course or has not been complicated by other factors. As a specialist centre the NHNN benefits from having many more focussed departments and more specialised investigations that would not be available to investigating physicians at other more general hospital. An example that springs to mind is the use of MEG in the investigation of epilepsy that will help with seizure focus localisation and aid any necessary surgery.

How does the care of neurological patients differ in a tertiary centre compared to a DGH?

Patients experience care within a much more specialised environment. Whereas at a DGH patients will be on general wards, general neurology wards or stroke wards, often under the care of general neurologists, at NHNN patients are looked after by expert specialists, often with very refined expertise. There are numerous departments within the hospital and in the out-patients setting and the clinics I have attended have been diverse and very specialised within the field of neurology. I have attended peripheral nerve, uro-neurology, epilepsy, neuro-ophthalmology, neurogentics, neuro-otology and neurosurgery outpatients clinics and have only scratched the surface of the variety of sub-specialisms present at the NHNN. Neurology is a speciality with a large proportion of out-patient clinics and this is represented in the way that patient care is orientated around out-patients at Queen Square. Another way that treatment at NHNN differs is that the consultants treating patients are all experts in their filed and so the most up to date treatments are used, which can only benefit patients who are transferred to Queen Square.

How do uro-neurological problems affect the everyday lives of those who suffer from them?

I had not heard of the uro-neurological sub-speciality before coming to the NHNN but of the out-patients clinics I attended it was one of the most interesting as I saw that the problems that the patients were experiencing were very distressing but that when the patient and doctor work together a real change in quality of life could be seen. Incontinence can be a huge difficulty in the life of its sufferers, especially when the patient has the extra burden of a serious and progressive neurological disorder, like MS for example. Helping patients to focus on this often overlooked part of their problem seemed to give them real relief and a chance to live a life that is closer to normal.

Most of the patients I saw in clinic had had a uro-neurological problem as a long term condition and had they had the input of a uro-neurologist sooner they may have been better able to control their bladders at an earlier point in their disease course. Most people take continence for granted but it can make leaving the house difficult to manage and can been acutely embarrassing.

What will a career in neurology entail?

Some neurological diseases such as stroke, epilepsy, multiple sclerosis and Parkinson's disease are very common and so as a neurologist I would be involved in the care of these patients as well as the care of many other patients with different types of neurological diseases. At the moment speciality training in Neurology consists of 5 years, often involving at least one year of research. This training is usually undertaken at regional neuroscience centres, such as NHNN, with at least some of the training taking place within the DGH setting. Entry to Neurology is following completion of core medical training (ST1/ST2) or completion of the ACCS stem and full MRCP. As a specialist registrar there would be opportunities to pursue subspecialty training, but to practice additionally in a subspecialty one would be expected to acquire further training, either with research posts or with intra or post specialist exam fellowships. The number of neurologists is currently increasing. At a DGH neurologists are responsible for GP referrals and seeing inpatient referrals from other specialists. Presently many neurologists have sessions at regional neurosciences centres, where they have access to inpatient beds, specialist investigational services, such as neuroimaging, neurophysiology and neuropathology, and onward referral to neurosurgical services. Some neurologists develop regional subspecialty services in stroke, epilepsy, neuromuscular disease, dementia, genetics and movement disorders to name the most common. In the future it is likely that there will be a shift in the emphasis of work towards DGHs so that neurologists will contribute more to acute neurological referrals and offer local neurological services for common disorders such as epilepsy, MS and stroke.

Reflections on my learning at a specialist centre; how will it aid my professional development?

I have thoroughly enjoyed my time at Queen Square and the most appealing thing about my time has been the climate of intense interest in the subject coupled with the feeling that in this hot bed of academic research there are wonderful advances occurring both in the scientific field and in the sphere of patient care. I have been able to attend the biannual Advanced Neurology short course week and this, coupled with the extensive and varied weekly teaching, has taught me an immense amount of neurology. Spending my elective at Queen Square has given me a better insight into what the daily life of a neurologist entails at a specialised neurology hospital and shown me that research

is an important part of the job. I have had a lot of experience in out-patients and this is where most neurology is done as many neurological diseases are long-term illnesses. I have learnt a lot of neurology and can't wait to put it into practice for the benefit of patients on the wards in which I shall be working during my foundation years.