



The Reasons Why Patients with Headache Choose Neurosurgery Outpatient Clinics

Baş Ağrısı Olan Hastaların Beyin Cerrahi Polikliniğini Tercih Etme Nedenleri

Halil Murat Şen¹, Adem Bozkurt Aras², Mustafa Güven², Tarık Akman², Ayşegül Uludağ³, Handan Işın Özışık Karaman¹

¹Çanakkale 18 Mart University Faculty of Medicine, Department of Neurology, Çanakkale, Turkey

²Çanakkale 18 Mart University Faculty of Medicine, Department of Neurosurgery, Çanakkale, Turkey

³Çanakkale 18 Mart University Faculty of Medicine, Department of Family Medicine, Çanakkale, Turkey

Özet

Amaç: Çalışmamızda baş ağrısı hastalarının beyin cerrahi polikliniğine başvuru sebeplerini araştırdık.

Gereç ve Yöntem: Çalışmamıza beyin cerrahi polikliniğine baş ağrısı şikayeti ile başvuran 100 hastayı dahil ettik.

Bulgular: Beyin cerrahisi tercih sebepleri sorgulandı ve en fazla tercih sebebi 54 hasta (%54) ile beyin cerrahisi ismindeki beyin kelimesiydi. Hastaların nöroloji hakkındaki bilgi düzeyi sorgulandı ve 66 hastanın (%66) nöroloji hakkında hiçbir bilgiye sahip olmadığı saptandı.

Sonuç: Baş ağrısı maddi kayıp ve iş gücü kaybına neden olmaktadır. Hastaların yanlış bölüm tercihleri yanlış tanı ve yetersiz tedavi sonucu doktor başvurusu sayısını artırarak bu kayıpları daha da artırmaktadır. Bu durum bölüm isimlerinin ve tanımlarının ne derece önemli olduğunu göstermektedir. (Türk Nöroloji Dergisi 2014; 20:76-78)

Anahtar Kelimeler: Baş ağrısı, beyin cerrahisi, nöroloji

Summary

Objective: We aimed to investigate reasons for the preference of patients who were admitted to the neurosurgery clinic with complaints of headache for admission in this clinic.

Materials and Methods: Questioned the reasons for choosing the neurosurgical and most preferred cause of including word for brain surgery of the brain named (n=54, 54%). Patients were questioned about their knowledge of neurology and demonstrated that they do not have the basic knowledge of this branch of medicine (n=66, 66%).

Results: Questioned the reasons for choosing the neurosurgical and most preferred cause of including word for brain surgery of the brain named (n=54, 54%). Patients were questioned about their knowledge of neurology and demonstrated that they do not have the basic knowledge of this branch of medicine (n=66, 66%).

Conclusion: Headache causes loss of the financial and workforce. Consulting in the wrong department of the hospital by such patents, as a result of misdiagnosis and inadequate treatment, increases the number of hospital admissions. This finding emphasizes the importance of the names and descriptions of departments. (Turkish Journal of Neurology 2014; 20:76-78)

Key Words: Headache, brain surgery, neurology

Introduction

Headache is one of the most commonly seen disorders involving nervous system. In a global evaluation, 46% of the adult population was seen to actively suffer from headaches (1). According to WHO's list of disorders that cause life-time disability, migraine is the 19th (2).

For that reason, headache is the most common reason for the visits to neurology policlinics. Even though headache patients constitute a large portion of the policlinic patients, we also see a lot of those cases consulting with brain surgery policlinic in our daily practice. In our study, we investigated the reasons why headache patients consult in brain surgery policlinics.

Materials and Methods

We included 100 patients that consulted in the brain surgery policlinic with headache complaints. We excluded all cases that also had conditions that are primarily followed by brain surgery department, such as aneurisms or brain tumors.

The ethical approval for the study was obtained from the ethics committee. The patients were informed prior to the study gave informed consents. They were given survey forms that were designed by us to evaluate the extent of their knowledge of neurology. All surveys were conducted by the same physician.

The survey asked why the patient chose to come to the brain surgery policlinic and how much did they know about neurology. At the same time, they were asked if they would prefer the names of departments that originated from foreign words, such as "neurology", be translated to the native language by the Turkish Ministry of Health.

Results

One hundred patients were included in the study. The mean age of the patients was 45.28 ± 15.03 . Seventy two of the patients were female and 28 were male. The educational level of the patients were: 62 primary school-educated, 22 high school graduates and 16 university graduates.

The patients were asked why did they choose to come to the brain surgery department. Fifty four said they chose the department because it had the word "brain" in it, 14 said it was what people recommended, 12 said they were unsatisfied with the neurology doctor and 16 said they already went to neurology but their headaches persisted, and 4 of them said they came to the department because they just like the brain surgeon.

The level of knowledge of neurology was also investigated. Sixty six patients had no knowledge of neurology, 24 had adequate knowledge and 10 thought neurology as the study of nervous disorders (like psychiatry). The educational level of the ones who had adequate knowledge of neurology were primary school (4 patients), high school (14 patients) and university (6 patients).

When they were asked if they preferred the Turkish translation of the word neurology, 96 said yes and 4 said no. When they were asked if they would like the Ministry of Health to conduct informational outreach for the departments with foreign-originated names, such as neurology, 98 said yes and 2 said no.

Discussion

A large-scale headache prevalence study conducted in Turkey showed that 44.6% reported recurring headaches within the past year (3). That means 1 person out of 2 had recurring headache issues within the past year. For that reason, headache is the most common reason for the visits to neurology policlinics. An important portion of this group, however, are being treated in the brain surgery policlinics.

In our routine policlinic duties, we see many patients referred from brain surgery departments or check-in desks. This referrals are often met with confused reactions from the patients as to why would they be referred to a neurology policlinic. We observed that 66 out of our population had no idea of what neurology is. The most important reason why patients preferred brain surgery department was the fact that it had the word "brain" in it, by 54%. This shows that department names have more influence on people than one might predict. Almost all of the patients reported that they'd benefit from either the translation of the name neurology, or from informational outreach about the scope of the medical branch.

Medical branches not only should be concerned about treating people but to direct people to appropriate sources of medical care. This responsibility does not only fall on the shoulders of medical workers. It is also a social responsibility. An efficient medical system treats the headache symptoms, which is both humane and economical (4). A way to do that is to direct people to where exactly they can get help.

Headache is an important public health issue in Germany and 60% of the headache patients utilize rest due to the severity, which may exceed 20 days in one quarter of the cases. Eight percent of the general population with severe headaches seek medical help, and only 12% of those go to a neurologist. A big portion of the migraine patients receive inadequate treatment which causes a higher number of doctor visits (5).

Headaches incur a big economical burden on the society as well. Its social cost is even larger than its economical cost (6). The cost of brain disorders in Norway in 2004 was estimated as 5.8 billion euros. Among such disorders, migraine and stroke are the costliest ones (7).

Headaches affect not only the economy, but the social life as well. Sixty seven percent of migraine patients observed negative effects of the disorder on their family life (8).

This dire situation gets even worse with the inappropriate selection of the medical branch, misdiagnoses and inadequate treatment. Number of visits to the physician increase and this brings a loss. The comprehensibility of the department names alleviates this situation to a certain extent. Unfortunately, Turkey does not have such educational and informative programs.

The aim of our study was to identify the problems in this topic and draw the attention of authorities to those. The scale of the study is irrefutably small. We think this investigative approach should be expanded to include all medical fields and not only neurology. According to our results, these problems need to be addressed with appropriate solutions.

References

1. Stovner LJ, Hagen K, Jensen R, Katsarava Z, Lipton R, Scher AI, Steiner TJ, Zwart J-A. The global burden of headache: a documentation of headache prevalence and disability worldwide. *Cephalalgia* 2007;27:193-210.
2. World Health Organization. The World Health Report 2001 WHO, Geneva (2001).
3. Ertas M, Baykan B, Kocasoy EO, Zarifoglu M, Karli N. One-year prevalence and the impact of migraine and tension-type headache in Turkey: a nationwide home-based study in adults. *J Headache Pain* 2012;13:147-157.
4. Steiner TJ. Lifting the burden: the global campaign against headache. *Lancet Neurol* 2004;3:204-205.
5. Radtke A, Neuhauser H. Prevalence and burden of headache and migraine in Germany. *Headache* 2009;49:79-89.
6. Stovner LJ, Andree C. Impact of headache in Europe: a review for the Eurolight Project. *J Headache Pain* 2008;9:139-146.
7. Stovner LJ, Gjerstad L, Gilhus NE, Storstein A, Zwart JA. Cost of disorders of the brain in Norway. *Acta Neurol Scand* 2010;122:1-5.
8. Linde M, Dahlof C. Attitudes and burden of disease among self-considered migraineurs- a nation-wide population-based survey in Sweden. *Cephalalgia* 2004;24:455-465.