



## ORIGINAL ARTICLE

# Has clinical activity in paediatric neurology changed in the past 11 years?☆



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### Abstract

**Introduction:** We believe that the demand for paediatric neurology (PN) care has increased over the past decade, and that reasons for requesting consultations have also changed. The objective of this study is to complete a registry study to profile the demand for PN care in 2013 and compare results to those from a study performed in 2002.

**Methods:** A prospective registry of PN healthcare activities was completed at Hospital Universitario de Getafe in 2013. Results were compared with those from a prospective registry study conducted in 2002.

**Results:** The number of visits increased from 1300 in 2002 to 1982 in 2013 (a 52.46% increase), and from 32.6 visits per 1000 children to 57.48 (a 76.32% increase). Outpatient consultations accounted for 92.2% of all PN consultations in 2013. Currently, attention deficit-hyperactivity disorder (ADHD) is the most frequent diagnosis (27.6% in 2013 vs 8.1% in 2002). Although the percentage of headache consultations has decreased (19% in 2013 vs 22% in 2002), headache was still the most common reason for an initial visit in 2013 (32.1%), followed by ADHD (19.1%). Epilepsy remains the most frequent diagnosis in hospitalised patients (30.3% in 2013 vs 36.7% in 2002).

**Conclusions:** PN is fundamentally an outpatient activity that has increased considerably in recent years. This increase is mainly due to neurodevelopmental disorders, especially ADHD. We might state that the role of ADHD in PN is comparable to that of dementia in general neurology.

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**PALABRAS CLAVE**

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pediátrica;  
Neurodesarrollo;  
TDAH

**¿Ha cambiado la actividad asistencial de la neurología pediátrica en 11 años?****Resumen**

**Introducción:** Pensamos que en la última década ha existido un aumento en la demanda de atención de neurología pediátrica (NP) por parte de la población pero también con un cambio cualitativo en las patologías que se atienden.

Por este motivo planteamos realizar un segundo registro (2013) y analizar si existían o no diferencias con el efectuado en el año 2002.

**Métodos:** Se realiza un registro prospectivo de actividad asistencial de NP en el Hospital Universitario de Getafe en 2013 y se compara con otro registro prospectivo previo realizado en 2002.

**Resultados:** Se ha pasado de 1.300 consultas a 1.982 (incremento del 52,46%) y de 32,6 consultas/1.000 niños al año a 57,48 (76,32% de aumento).

La actividad en consulta supone el 92,2% de toda la asistencia neuropediátrica del 2013; actualmente el trastorno por déficit de atención e hiperactividad (TDAH) es la patología más frecuente (27,6% en 2013/8,1% en 2002). Aunque las cefaleas siguen siendo muy frecuentes han disminuido (19% en 2013/22% en 2002). Como primeras consultas la cefalea sigue siendo la más frecuente en 2013 (32,1%), seguida del TDAH (19,1%). En régimen de hospitalización la epilepsia continúa siendo el diagnóstico más frecuente (30,3% en 2013/36,7% en 2002).

**Conclusiones:** La NP continúa siendo una actividad básicamente ambulatoria, con un incremento considerable en los últimos años. Este aumento se debe fundamentalmente a los trastornos del neurodesarrollo y muy especialmente al TDAH. Podríamos decir que el TDAH es a la NP lo que la demencia a la neurología general.

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**Introduction**

In an article drafted in 2002, we stated that care statistics for paediatric neurology (PN) were masked by the figures for paediatrics and for neurology.<sup>1</sup> Today, the situation remains the same, at least in the region of Madrid, and this poses a organisational problem for PN care. As correctly proposed by Monge et al.,<sup>2</sup> organising any medical discipline, including PN, requires awareness of the real needs of the population, which are constantly changing. Multiple factors contribute to these changes: age distribution and the socioeconomic characteristics of the population to be cared for, the technical and scientific advances made over time, health and healthcare expectations of the population, and the structure of the healthcare system.

Several studies in the literature have analysed PN care in Spain,<sup>1–12</sup> but only 2 examine how it has evolved over time.<sup>2,9</sup>

We believe that the past decade has seen a significant increase in requests for NP care in our population, in addition to changes in the reasons for consultation.

Therefore, we decided to complete a new registry and determine whether its results differ from those analysed in 2002.<sup>1</sup> In our study, we assessed PN care by keeping a prospective registry for one year. We then compared our registry with neurology department records of patients older than 15, and paediatric department records, using data provided by the hospital's IT department. In our hospital, PN is included in the neurology department.

**Material and methods**

We performed a prospective study of PN care in 2013. All consultations (new and follow-up) were contrasted with the data from the IT department of the hospital to confirm veracity. Neurology department data for patients older than 15 (adult neurology, AN) and population data were provided by the IT and the communications departments at our hospital.

We compared the results with those of the previous study which we published.<sup>1</sup> Certain variables in the registry were modified in order to categorise data from neonatal patients and diagnostic data from the emergency department. Data included results from diagnostic tools used to differentiate between neurodevelopmental disorders. All the above data were included in a Microsoft Access 2003 database. To quantify changes in the 2011 data, we calculated the variation coefficient,<sup>13</sup> defined as the percentage of increase or decrease with respect to the 2002 data.

Two significant changes have taken place in the past few years which may affect medical care. In 2008, a new hospital was inaugurated in the town of Parla. Since then, our hospital has not been the only hospital in the area, and its assigned population has also been reduced. Since 2010, patients in Madrid are offered free choice of doctors and hospitals within the Madrid public healthcare system.<sup>14</sup> Considering that this development could invalidate population-based estimates, we asked the IT department to provide the number of patients choosing the

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