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Short Cases: Neurology

INTRODUCTION

'Neurological' conditions are a significant part of a GP's workload, and neurology referrals continue to increase dramatically despite a shortage of neurologists. Royal College of Physicians (RCP) guidance suggests restricting GP referrals, with GPs managing these conditions in the community (as well as suggesting a 50% increase in Neurologists)¹, however there are significant barriers to these suggestions.

Medical students often find neurology 'difficult' and many Primary Care clinicians lack confidence in dealing with neurological presentations they are faced with, having received 'limited' undergraduate and postgraduate neurological training^{2,3,4} – some have gone as far as suggesting clinicians in Primary Care have 'neurophobia'.^{3,4}

Complexities include:

- 'classic' or 'typical' symptoms/signs taught during medical education are often absent
- doing a full neurological examination in a GP consultation is difficult and in any case, this can be normal at presentation
- the meaning of basic neurological terms such as “weakness” and “seizure” are fraught with difficulties of interpretation
- choosing investigations can be difficult⁶ and important tests may not be available in Primary Care⁴
- waiting lists for neurological clinics can be many months' long
- even after full investigation at a general neurology clinic, up to 30% of patients have Medically Unexplained Symptoms⁵
- after full investigation at a general neurology clinic, many patients with atypical symptoms are considered to have a psychiatric disorder.⁵

This module will focus on:

- Primary Care assessment of patients presenting with weakness
- diagnosis of Guillain-Barre Syndrome
- diagnosis and management of Motor Neurone Disease (MND)
- Primary Care assessment of headache, and the treatment of migraine
- Primary Care assessment of peripheral neuropathy, and management of idiopathic peripheral neuropathy.