

Editorial

Late onset treatable neurological diseases



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Consecutive Indian census data have shown increasing aging population above 60 years of age from 7.5% in 2001 to 8.0% in 2011. Though in percentage term there is small increase of aging population, but in absolute term it is enormous.

So with increasing elderly population, the frequency of age related neurological disease like stroke, dementia, late onset epilepsy, back pain related to degenerative vertebral disease, neuro-infections and consequences of these illnesses are also increasing. Apart from increasing burden of neurological diseases, the patterns of neurological diseases have also changed. This is particularly in case of sudden loss of consciousness which poses often a diagnostic dilemma between seizure and syncopal attack of cardiovascular origin. Detail history, certain investigations are helpful, but not absolute for diagnosis. Cause of loss of consciousness has changed. Previously heart related loss of consciousness was the prime causes, now more frequently late onset epilepsy is becoming commoner^{1,2}.

Pattern of infections have changed because of immune changes. Many of them are suffering from fungal infection in late onset pattern. Infection of brain is treatable condition if diagnosed early and properly treated. Often paraneoplastic lesion of brain can mimic acute infection such as acute herpes simplex encephalitis. Dr Rizvi and his colleagues have highlighted this aspect in their article³.

Stroke is now on the verge of epidemic proportion in India and developing countries. The cases are increasing due to increasing risk factors such as hypertension, smoking, diabetes, heart diseases, advancing age and heart disorders. It induces physical disability, memory loss, and depression. Stroke is basically a preventable disease. Increase of the stroke occurrence is enormous in terms of prevalence and incidence and underlying causes have been enumerated in the article on epidemiology of stroke in this issue⁴. Necessary preventive measure should be undertaken in India at different parts considering heterogeneity of the population.

People are always desirous of putting stroke patients in intensive care unit⁵. This causes heavy drain of expenditure from stroke affected persons in both private and public hospital. The money spent thus could be utilized in raising awareness and prevention of the disease. An article related to ICU care of the patients has been incorporated in this issue of JIMA.

Headache is one of the commonest disorders in young and adult age. But it can extend in later age group and also can start in advanced ages causing a lot of diagnostic confusion. Secondary headache can be diagnosed by neuroimaging and appropri-

ate lab investigations, but primary headache due to migraine and tension headache can also be observed among elderly. Awareness of this situation will help to resolve the underlying problem. An article on headache in elderly has been incorporated in this issue and will help to clarify prevalence of this issue among elderly persons⁶.

Parkinson disease is a common disease in the elderly persons. Commonly it starts in mid 60 years. Diagnosis is based on clinically. About 15% of PD cases diagnosed is diagnosed as parkinsonian Plus syndrome which has certain atypical clinical features and poor response to levodopa. Et al has discussed the clinical features, differential diagnosis and prognosis. This will help the treating doctor how to manage the patients. This is one of the treatable condition⁷.

Other conditions which are more prominent in elderly in a smoldering way, can present with a malignant condition. Low back pain such as malignancy, multiple myeloma are such conditions and treating physician should be aware of such a possibility. Besides, late onset neurological problem may be a manifestation of underlying a malignancy and presently presence of certain antibodies may help to pick up those diagnosis and prognosis.

The discussion on chronic progressive neurological diseases have been omitted in this communication for obvious reason to put emphasis on treatable disorders

Thus the information will help the readers about neurological diseases of elderly persons which are increasing gradually in the community and will also prepare our health fraternity for managing this elderly population.



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- 1 Banerjee TK — Epidemiology of epilepsy and its burden in Kolkata, India. *Acta Neurol Scand.* 2015.
- 2 Basumatary — Recurrent Transient loss of consciousness in elderly. *JIMA.*
- 3 Rizvi — Neurological infections in the elderly. *JIMA.*
- 4 Chatterjee — Epidemiology of stroke In India. *JIMA.*
- 5 Singh — Critical care of stroke acute stroke. *JIMA.*
- 6 Chaudhury — Late onset headache. *JIMA.*
- 7 Sweta Prasad — Parkinson disease- Diagnosis and management