



A Neurobehavioural Service for North East England

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Background

Changes in behaviour and cognitive problems are major obstacles to recovery after brain injury. Our service offers specialist multidisciplinary inpatient rehabilitation to patients with problems such as disorientation, memory difficulties, agitation, aggression, dysexecutive and language problems.

Multidisciplinary assessment

There are dedicated nurses, a consultant psychiatrist, consultant in neurorehabilitation, clinical neuropsychologist, senior occupational, speech and language and physiotherapists and assistant psychologist. Dietetic, orthoptic and dental services are also provided. Personalised structured timetables are constructed by the team, focusing on social elements and re-integration skills.

Facilities

Established as the Janie Heppell Unit at Prudhoe Hospital in Northumberland in 1994, the unit is now part of the new purpose-built Walkergate Park International Centre for Neurorehabilitation and Neuropsychiatry, Newcastle upon Tyne.

There are 14 beds in two wards, one for patients with concurrent physical disability, the second for independently mobile patients. The layout is home-like (Figure 3), each room clearly recognizable in purpose for disorientated or distractible ("stimulus-bound") patients.

Catchment area

Northern region-from the Scottish to the Yorkshire borders. Due to the highly specialised nature of the service, extra-contractual referrals are welcomed.

Figure 1: Diagnoses

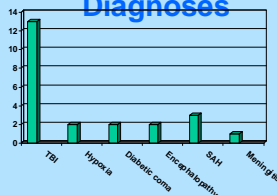


Figure 2: Discharge Destination

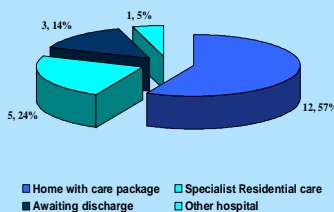


Figure 3: Bedroom on Ward 1-Walkergate Park



The Rehabilitation Consultant's role

The neuro-rehabilitation physician works in partnership with the multidisciplinary team to provide liaison services for medical problems in rehabilitation. Issues addressed in 2006/07 include Hepatitis C, management of complex diabetes, asbestosis, metastatic bowel carcinoma, out of hospital cardiac arrest and implantable defibrillators, depressive psychosis with hyperacusis, movement disorder and drug-induced Parkinsonism, SIADH, Malignant hypertension, Hypertrophic olivary degeneration with brainstem signs

Epilepsy- status epilepticus, complex partial seizures, Valproate induced acne-form rash
Anterior mediastinal mass? great vessel dissection
- Malignant thymic tumour!!

Outcomes

- In 2006/7, twenty-one patients were seen in the service, mean age 43 years (range 17 to 64). Four were female. Underlying diagnoses are shown in Figure 1. Mean length of stay was 14 weeks. Destination on discharge is shown in Figure 2 – the majority able to return to their own homes.
- Standardised measures are currently being applied to clarify in depth outcomes
- Measures vary according to patient need and include FIM/FAM, AMPS and COTNAB, Berg and Tinetti balance scales, MAS, Himat for high level physical problems, COTNAB and AMPS, BARS, ACE and Mayo Portland