



# Neurological Conditions For FLW





# CASE STUDY

Rubina brings her 18 years old daughter Sakina, to the VHSND with the concern that she use to become unconscious and fall down often since 2 years. Earlier she felt that its exam pressure and she is not taking proper diet. Since 6 months she is not sleeping properly. She stays awake often and sometimes her whole body starts shaking. She went to a *tantrik* but nothing seems right.

**What can you say about Sakina's problem?**

# NEUROLOGICAL CONDITIONS

- Epilepsy
- Dementia





# WHAT IS EPILEPSY?

**Epilepsy** - Repeated seizures.

**Diagnosis** - person must have at least 2 seizures per month.

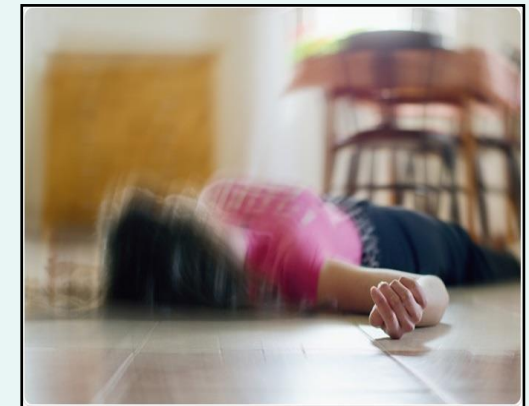
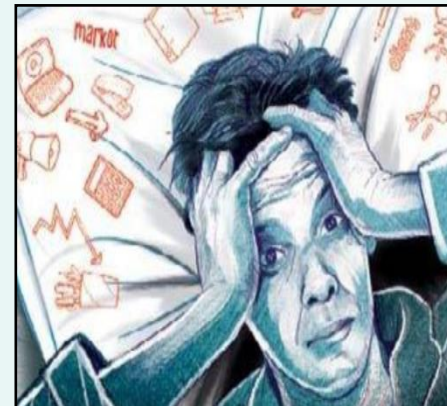
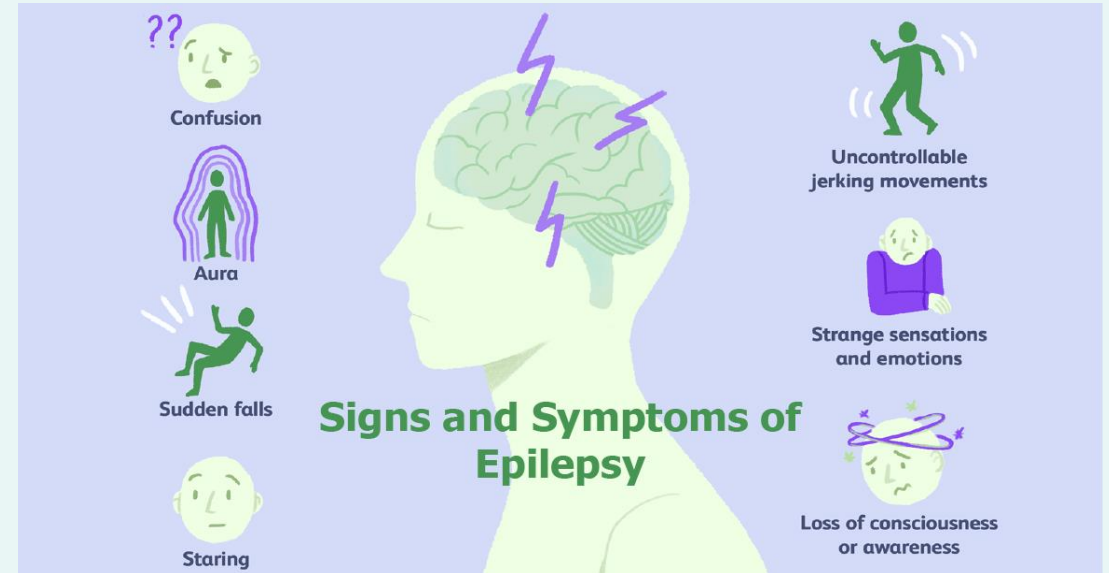
## Features:

- Starts before the age of 20.
- Anyone can get this condition.
- Affects both men and women.
- Around 1 out of 100-200 people will have epilepsy.

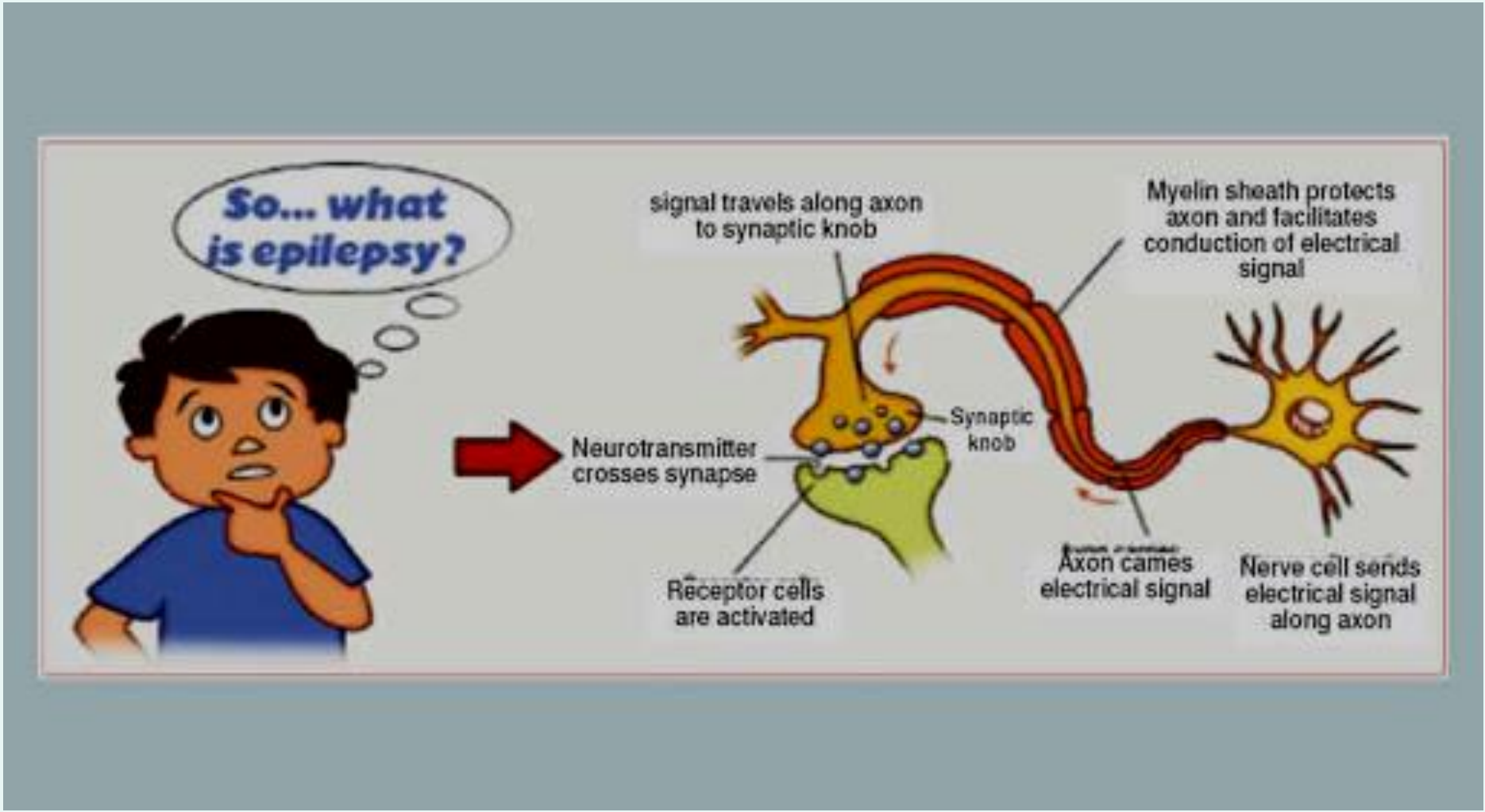


# WHAT IS A SEIZURE?

- Loss of consciousness
- Involuntary shaking
- Sudden change in behaviour
- Bite tongue
- Pass urine
- Sleepy









# CAUSES OF SEIZURES

- Brain infections (e.g. malaria, meningitis)
- Brain tumors
- Alcohol withdrawal
- Other serious medical illnesses.

## Note:

- Hysterical reaction- looks like a seizure, but the person will never lose consciousness.
- Person older than 30 is having his/her first fit- may be due to medical causes- Must be immediately referred to a Medical Officer.



# EPILEPSY – STATE MYTHS OR FACTS

Sl. No.	Statements	Myths	Facts
1	Cannot be treated.		
2	People having a fit (seizure) should be restrained and wooden block or spoon should be put in their mouth.		
3	Caused by internal factors like electrical changes in the brain.		
4	Person may follow their tongue during fit (seizures).		
5	Person with epilepsy are as intelligent as everyone else.		
6	Persons with epilepsy need to avoid jobs like driving and operating heavy machinery.		
7	Person with epilepsy can get married if both the partners consent.		



# RECOGNIZING A PERSON WITH EPILEPSY

**ASHA - Community Based Assessment Checklist (CBAC)**



**Question in CBAC- regarding 'History of fits' -Which Section of CBAC?**



**If YES, ASHAs will inform the MPW and the CHO at the SHC-HWC**



**MPW - Community Informant Decision Tool (CIDT)**



# HELPING INDIVIDUALS WITH EPILEPSY

## Role of ASHA and MPW:

- To provide **Psychological first aid** in the community and when an individual visits SHC-HWC.





<b>Listen without judgement</b>	<ul style="list-style-type: none"> <li>• Basic counselling</li> <li>• Check - symptoms of other mental health disorders</li> </ul>
<b>Assess the risk for suicide</b>	<ul style="list-style-type: none"> <li>• Ask - suicidal thoughts and plans</li> <li>• Take action</li> </ul>
<b>Give reassurance and information</b>	<ul style="list-style-type: none"> <li>• Epilepsy is not caused by spirits</li> <li>• It is a long-term illness</li> <li>• Can be treated with medicines</li> <li>• Person can lead a normal life, marry, have children, work in most jobs</li> </ul>



<p><b>Encourage the individual for medical help</b></p>	<ul style="list-style-type: none"> <li>• Refer immediately, if he/she has not visited doctor before or not taking any medications.</li> <li>• Inform the CHO about the same.</li> </ul>
<p><b>Encouraging self-help-treatments and give advices for modifying the life-style</b></p>	<ul style="list-style-type: none"> <li>• Have regular sleep</li> <li>• Have regular meals</li> <li>• Avoid extreme physical exercise</li> <li>• Avoid watching TV for long hours</li> <li>• Avoid too much stress in general</li> <li>• Avoid alcohol</li> <li>• Practice relaxation, yoga, etc.</li> </ul>



# TREATMENT FOR EPILEPSY

- Confirmation of diagnosis will be done by a Medical Officer.
- Patient would be prescribed with medicines which need to be taken for a longer term.



## Role of ASHA & MPW:

- To support the individual and ensure treatment adherence.
- MPW will also follow up the patient for any side effects or toxicity to the medications.





# ENSURING TREATMENT ADHERENCE

- Key to treating epilepsy is to take the prescribed medicines.
- Medicines are to be taken daily and on a longer term.
- Patient should NOT stop the medication without consulting the doctor.
- Medicines can sometimes cause tiredness in the beginning.
- Ensure regular medical check-ups as advised (blood tests, scan etc.)





## If a person is having seizure, take following steps-

- Most fits are self-limited and will stop after a few minutes.
- If person is unconscious, turn the person on his/her side.
- Ensure that the person does not hurt himself.
- Don't hold or restrain the person, don't put anything in the person's mouth.
- **If the fit is not over in 5 minutes call the ambulance, This is a medical emergency ("status epilepticus")!**
- Comfort the person when he/she awakes.

### SeizureFirstAid

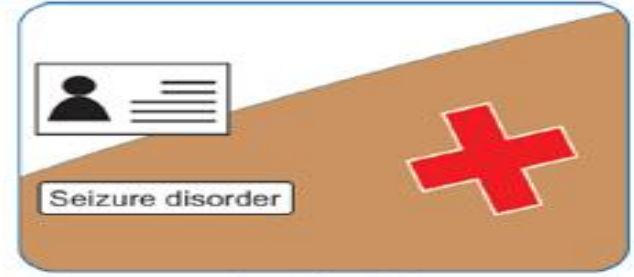
What to do in the event of a seizure

- 1** **STAY** with the person and start timing the seizure. Remain *calm* and check for medical ID.
- 2** Keep the person **SAFE**. Move or guide away from *harmful objects*.
- 3** Turn the person onto their **SIDE** if they are not awake and aware. *Don't block airway*, put something small and soft under the head, loosen tight clothes around neck.
- 4** Do **NOT** put *anything* in their mouth. Don't give water, pills or food until the person is awake.
- 5** Do **NOT** *restrain*.
- 6** **STAY** with them until they are awake and alert after the seizure. *Most seizures end in a few minutes.*

If a person is having seizure, take following steps-



Cushion head



Look for I.D



Loosen tight clothing



Monitor duration of attack



Turn on side



Do not grab or hold down



Nothing in mouth



Offer help as seizure ends





### EPILEPSY

One day when Rita was helping her mother in the kitchen, she suddenly got fits and fell off on the floor. Her whole body started to tremble. Since then this happens once in a while. In the same way, her body/limbs starts making jerky movements and her mouth gets frothy and sometimes small blood drops starts coming out from her mouth. In few minutes, everything stops and she opens her eyes and feels tired so she sleeps for a very long time. After she wakes up, her mother asks her what had happened to her but in reply she says that she is completely unaware of what happened. She had this same problem three times last year. Once when she had fits, she urinated in her clothes. Because of her problem Rita finds it very difficult to go outside of her home.

Referred by (Name): \_\_\_\_\_

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

### OBSERVATION

Circle the symptoms you have observed in the person

### QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) ..... 1
- Moderate match (person has significant features of this descriptions) ..... 2
- Good match (description apply well) ..... 3
- Very good match (person exemplifies description, prototypical case) ..... 4

Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No ..... 1
- Yes ..... 2

A3 Does this person want support in dealing with these problems?

- No ..... 1
- Yes ..... 2

# Screening and referral of case of epilepsy

ASHA identifies the person while filling CBAC

OR

MPW will interact with family members/close caregiver to fill the CIDT.

If the person screens positive, MPW will inform the CHO and refer him/her to SHC-HWC.



CHO will assess the person and refer him/her to PHC-MO or specialist.



If the PHC-MO/specialist confirms the diagnosis, treatment plan would be shared with CHO at SHC-HWC.



The ASHA and MPW will follow up with the family and the person and provide necessary support.



# CASE STUDY

While you were on the way back after the ANC session in the village you find Kiran asking for her mother-in-law Premlata who is an 66 years old lady. On asking Kiran says its 8 hours since morning and Premlata did not come home. This has happened 4 times since 6 months. Kiran also says that she forgets the lane of her house and often sits somewhere wondering. She often forgets that she had her breakfast/dinner and demands again and again and fights with her.

**What do you think is the problem with Premlata?**

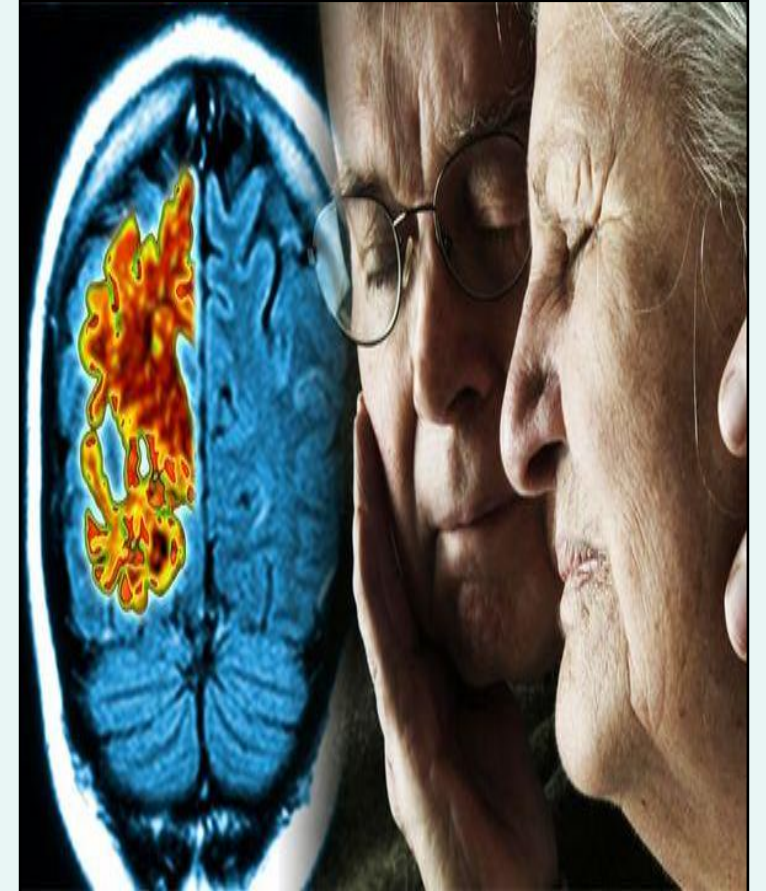




# WHAT IS DEMENTIA?

## Features:

- Affects only elderly people (over 60 years).
- Both men and women.
- Severely alcohol dependent person may get dementia at an earlier age.
- Occurs in different stages from mild-to-severe.





# SYMPTOMS OF DEMENTIA

<b>Memory problems</b>	<ul style="list-style-type: none"> <li>• Forget things more than usual.</li> <li>• More severe cases – forget closest relatives.</li> </ul>
<b>Orientation problems</b>	<ul style="list-style-type: none"> <li>• May not find his/her room or house anymore.</li> <li>• May not know the time of day.</li> </ul>
<b>Disturbed behaviours</b>	<ul style="list-style-type: none"> <li>• Restless and walking around at night.</li> <li>• Show aggressive behaviours or commit senseless actions (e.g. putting food under the bed).</li> <li>• Speech may become disturbed.</li> </ul>



<b>Loss of daily living skills</b>	<ul style="list-style-type: none"><li>• More severe cases – loses ability to care for him/herself.</li><li>• Need help for dressing, eating, bathing and toileting.</li></ul>
<b>Complete helplessness</b>	<ul style="list-style-type: none"><li>• Final stages – completely bedridden and in need of constant care.</li></ul>



1

Memory Loss

2

Difficulty performing familiar tasks

3

I D E N ' T R O M E D B I R

O E E

Problems with language

4

Disorientation to time and place

# 10

## warning signs of dementia

5

Poor or decreased judgement

6

Problems keeping track of things

7

Misplacing things

8

Changes in mood and behaviour

9

Trouble with images and spatial relationships

10

Withdrawal from work or social activities



# CAUSES OF DEMENTIA

- Normal aging processes (mild cases).
- Insufficient blood circulation in the brain (due to smaller strokes in the brain).
- Alzheimer's disease (destruction of brain tissue).
- AIDS may also cause dementia.





# DEMENTIA AFFECTING THE FAMILY?



- Elderly people are treated with love and respect in most families.
- Elderly person behaving in a disturbed manner will put a lot of stress on the family.
- Worst phase of dementia – person will need someone (usually a family member) caring for him.

# RECOGNIZING A PERSON WITH DEMENTIA

**ASHA - Community Based Assessment Checklist (CBAC)**



**Question in CBAC- regarding 'Forgetting names of your near ones or your own home address' –  
Which Section of CBAC?**



**If YES, ASHAs will inform the MPW and the CHO at the SHC-HWC**



**MPW – Everyday Abilities Scale for India (EASI)**



# EVERYDAY ABILITIES SCALE FOR INDIA

1. Does he/she ever forget that he/she has just eaten and ask for food again after he/she has just eaten?
2. Does he/she urinate in an appropriate place?
3. Do his/her clothes ever get dirty from urine or stools?  
Tell me the following about his clothes:
4. Is his/her shirt buttoned properly?
5. Is his/her dhoti/petticoat tied properly?
6. Is he/she able to work as a member of a team i.e. in a group activity which requires different roles from people will he/she be able to participate?
7. Does he/she express his/her opinion on important family matters, e.g., marriage?
8. If he/she is assigned or himself/herself decides to undertake an important task can he/she follow it through to completion?
9. Is he/she able to remember important festivals such as Holi, Diwali?
10. If he/she is asked to deliver a message does he/she remember to do so?
11. Does he/she discuss local/regional events such as marriages, disasters, politics appropriately?
12. Does he/she ever lose his/her way in the village?
13. Are they able to handle calculations and money?
14. Is there a change in behaviour or personality?
15. Is there new onset depression?

*All questions are in Yes/No format. No is given 1-point scores >4 are to be evaluated further.*

# HELPING INDIVIDUALS WITH DEMENTIA

## Role of ASHA and MPW:

- To provide **Psychological first aid** in the community and when an individual visits SHC-HWC.





# TREATMENT OF DEMENTIA

- Confirmation of the diagnosis will be done by PHC-MO or specialists.
- Some symptoms of dementia can be treated with medicines.

## Remember-

- Disturbed behaviours and sleeping problems can be treated with medicines.
- A person with dementia will usually not be in danger of committing suicide, but the person may cause harm to himself due to his helplessness (e.g. running away from home)
- A person with mild dementia may have symptoms of a common mental disorder





# ROLE OF ASHA AND MPW

- Provide psychosocial support to the family having elderly persons with dementia.
- Educate them about dementia, disturbed behaviours and aggressive behaviours. Assure them and provide support.
- Family members may take turns to take care of the elderly.
- Family members should understand that person with dementia needs to be cared with patience and compassion.
- Follow up of referred elderly to ensure compliance to treatment.



# Thank You

