

## Assessment of Neurological Diagnoses in Patients Applying to the Health Board

Ali Zeynal Abidin Tak<sup>1</sup>, Yusuf Ehi<sup>2</sup>

<sup>1</sup>Adiyaman University School of Medicine, Department of Neurology, Adiyaman, Turkey  
<sup>2</sup>Adiyaman University Training and Research Hospital, Adiyaman, Turkey

### Correspondence:

Ali Zeynal Abidin Tak  
Adiyaman University School of Medicine, Department of Neurology, Adiyaman, Turkey  
Email: alizeyneltak@gmail.com

### ABSTRACT

**Objective:** This study aims to identify disability rate cases due to neurological diseases obtained from the neurological healthcare board at Adiyaman University Faculty of Medicine.

**Patients and Methods:** As for participants of the study, the data of the cases applied to the Neurological Health Board of Adiyaman University Faculty of Medicine between January 2017 and December 2017 were evaluated retrospectively. The diagnosis, age, sex, disability rates and interrelationships of the cases were studied. The obtained data was analyzed.

**Results:** 958 cases were evaluated in total. 469 (49%) of these cases were male and 488 (51%) were female. The mean age of all cases was calculated to be  $54.70 \pm 28.8$  (1-114) years, the mean age of men was lower ( $p < 0.01$ ) than that of women. The most common diagnoses were observed as dementia, epilepsy and cerebrovascular disease.

**Conclusion:** Determining the data of cases evaluated by the neurology healthcare board will help prevent disability and will contribute to the future studies on disability.

**Key words:** Neurology, disability rate, health board

### INTRODUCTION

A disabled person is defined as someone who has lost, either congenitally or later, his or her physical, mental, psychological, emotional and social skills at various levels and has difficulties in adapting to social life and meeting his or her daily requirements and thus needs maintenance, rehabilitation, counseling or support services [1]. This disability can be temporary or permanent [2]. The World Health Organization (WHO) recognizes that disabled people make up 10% of the population in developed countries and 12% of the population in developing countries [2, 3]. Some social support and assistance services are offered to disabled people in our country. It is possible for the disabled people to benefit from all these services if they can get a health board report that shows the rate of their disability from an authorized health institution [4]. After the implementation of the Disability Act in our country in 2005; "the Disability Criteria, Classification of Disability and Regulation on

the Health Board Reports to be given to the Disabled " was first published in the Official Gazette, dated 16.07.2006 and numbered as 26230 [5, 6]. This was later replaced by the regulations published in the Official Gazettes numbered 27787 on December 16, 2010 and numbered 28173 on 14 January 2012 [6]. These regulations clarify the concept of disability as well as explaining how disabled people should be evaluated. The Disabled Health Board Report is a document prepared by the disabled health board and dictates the disability and health status of people, the social rights that they can benefit from and the areas in which they cannot be employed [6]. The term "Severely Disabled" is used for people that are determined by the disabled health board from among the people whose disability rate is evaluated to be 50% or more according to the state of their disability and who cannot fulfill their daily life activities without the help of others [2, 5]. The Disabled Health Board consists of specialists in internal diseases, eye diseases, ear-nose-throat diseases,

Received: 20.03.2018,  
Accepted: 12.08.2018  
DOI: 10.5799/jcei.458760







## REFERENCES

1. Regulation on the Disability Criterion, Classification of Disability and Health Board Reports to be Provided to People with Disabilities. Institution and Establishment Regulation. (Presidency of the Administration for Disabled People). Official Gazette. Date: 16.07.2006 Number: 26230.
2. Baykan Z. Disability, Reasons for Disability and Protection. Journal of Continuous Medical Education (STED). 2000;9. Retrieved from <http://www.ttb.org.tr/STED/sted0900/4.html>
3. Beşer E, Atasoylu G, Akgör Ş, Ergin F, Çullu E. Prevalence of Disability, Etiology and Social Dimension in the Center of Aydın Province. Turkish Armed Forces, Preventive Medicine Bulletin. 2006;5: 26775.
4. Regulation on the Disability Criterion, Classification of Disability and Health Board Reports to be Provided to People with Disabilities. Ministry of Family and Social Policies. Ankara. Official Gazette. Date: January 14, 2012 Number: 28173
5. Şişman Y. Legal Arrangements for the Disabled in Turkey. Journal of Social Policy Conferences. İstanbul University, 2011:169–221, İstanbul.
6. Çabalar M, Tatlıdede AD, Yazar T, Güveli B, Yayla V. Evaluation of Disability Ratings of Neurological Diseases in Healthcare Boards. Med J Bakırköy, 2011;7:142-6.
7. Basic Indicators of Turkey's Disability Survey. Retrieved from <http://www.ozurluveyasli.gov.tr/tr/html/310/Turkiye+Ozurluler+Arastirmasi+Temel+Gostergeleri.>, on 04.01.2013
8. Survey on Problems and Expectations of the Disabled People 2010. Turkish Statistical Institute. First Publication. Printing house of Turkish Statistical Institute, 2010, Ankara
9. Evlice A, Demir T, Aslan K, et al. Disability in Neurological Diseases. Çukurova Med J. 2014; 39:566-71.
10. Regulation on the Disability Criterion, Classification of Disability and Health Board Reports to be Provided to People with Disabilities. Ministry of Family and Social Policies. Official Gazette, March 30, 2013 and numbered 28603, Ankara.
11. Kis SU. Disability Epidemiology in Havutlu Town of Yüreğir District of Adana Province. (Speciality Thesis). Çukurova University Faculty of Medicine; 2011, Adana
12. WHO. Disability, Prevention and Rehabilitation. Technical Report Series, 668, WHO, Geneva, 1981.
13. Soyuer F, Özarlan M, Soyuer A. Ischemic stroke: Neurological Loss and Disability. Erciyes J Med. 2004;26:19-24.
14. Yılmaz H. Regulation process of disability and disability reports in epilepsy. Epilepsy 2007;13:41-6.
15. Uysal C, Bulut M, Kaya MC, Güneş M, Bez Y, Zeren C, Taş C, Uyar B, Karaaslan B, Gören S. An examination of the cases applied to the disability board of Dicle University Hospitals. Adli Tip Derg. 2012;26:146-55
16. Wade DT, Hewer RL. Functional Abilites After Stroke: Measurement, Natural History, and Prognosis. J Neurol Neusurg Psychiatr 1987;50:177-82.
17. Jorgenson HS. The Copenhagen Stroke Study Experience. J Stroke Cerebrovasc Dis 1996;6:5-16.
18. Avcı AY, Lakadamyali H, Arikani S, Benli US, Kilinc M. High sensitivity C-reactive protein and cerebral white matter hyperintensities on magnetic resonance imaging in migraine patients. J Headache Pain. 2015;16:9.