



## Patient Information

Please see the **Neurology ICS landing page** for all available content.

- Headache Diary
- Neurology Self-Management Resources Patient Information

### ○ MS

- <https://www.mssociety.org.uk/>
- Online exercise classes
- Family and friends support
- Young patient support

### ○ Epilepsy

- Self-Management Educational courses and virtual meetings
- Younger patient support

### ○ Parkinson's Disease

- [www.Parkinsons.org.uk](http://www.Parkinsons.org.uk)
- First Steps Programme for newly diagnosed, virtual groups

### ○ Head Injury

- Headway education, therapy sessions, support groups
- <https://www.headway.org.uk/>

### ○ General Disability/Long-Term Conditions

- The Disability Initiative
- Local NHS Mental Health and Counselling Services

### ○ Cluster Headaches

- Information for patients and GPs on short-burst oxygen therapy in cluster headaches
- **Includes oxygen prescription**

## TWR Suspected Brain/CNS Cancer Referral Form

- Symptoms which strongly raise the suspicion of malignant brain tumours. **Click here**
- Abnormal MRI/CT suggestive of cancer
- Progressive sub-acute loss of central neurological function on examination
- All referrals require a recent eGFR within the last 8 weeks

## Did you know...

*The Neuro MDT meets weekly to discuss patients who need increased community support.*

*The MDT includes neurologists, speciality nurses, physio, SALT, OT, dieticians, care coordinators, neuropsychologists, social care and mental health clinicians. Please use the Known Neuro MDT Referral Form.*

**Consider referring patients with suspected Parkinson's or tremor with frailty or social care needs to a Geriatric assessment service for a full holistic review.**

**Neuro advice and guidance can be used to discuss patients who may not need a full specialist clinical review. If appropriate a GP request for CT/MRI can be approved via this route.**

**Patients with chronic headaches can also benefit from referral to Chronic Pain Services.**

# NEUROLOGY

## DXS Clinical Focus Flyer

All information on this flyer and access to forms are available (and regularly updated) on the DXS Neurology Landing Page.



## Referral Forms

### New Patients

- Patients with new symptoms or suspected neurological diagnosis
- Patients who have been discharged from Neurological Service
- Patients who were previously under neurology at another hospital
- When referring patients please advise them there is currently a significant delay for an outpatient appointment. Consider an A&G or referral to Geriatric Services if appropriate

### Known Patients MDT

- Patients already known to the Neuro Team
- Referrals triaged to the consultant or MDT
- The MDT includes neurologists, speciality nurses, physio, SALT, OT, dieticians, care coordinators, neuropsychologists, social care and mental health

## Focus on Peripheral Neuropathy in the Elderly

Patients with stable mild peripheral neuropathy without motor involvement can usually be reassured and do not require specialist review.

Please exclude reversible causes by checking HbA1c, Vit B12, TFTs, protein electrophoresis and alcohol use.

For help and advice with patients, **already under the Neurology Team with a confirmed diagnosis**, you can directly contact the specialist nurses on:

### Epilepsy

- [emailaddress@nhs.net](mailto:emailaddress@nhs.net) or 000 000 0000

### Parkinson's

- [emailaddress@nhs.net](mailto:emailaddress@nhs.net) or 000 000 0000

### Multiple Sclerosis

- [emailaddress@nhs.net](mailto:emailaddress@nhs.net) or 000 000 0000

## Sodium Valproate

Valproate medicines must no longer be used in women or girls of childbearing potential, unless a Pregnancy Prevention Programme is in place. The requirement for a Pregnancy Prevention Programme is applicable to all premenopausal female patients unless the prescriber considers that there are compelling reasons to indicate that there is no risk of pregnancy.

## DVLA Guidance

**Click here**

DVLA Guidance consider implications of new or progressing neurological symptoms on a patient's fitness to drive.

## Pathways

### Epilepsy

- Referrals from GP/ED/Paediatrics/Obstetrics
- Epilepsy nurse can be contacted for advice for known patients
- First Fit Pathway
  - Current wait is unfortunately longer than the recommended 2 weeks
  - Advise the patient not to drive
  - <https://www.gov.uk/guidance/neurological-disorders-assessing-fitness-to-drive>
  - Exclude reversible causes: alcohol/drug withdrawal, hypoxia, hypoglycaemia, head trauma, meningitis, and fever
  - Referring clinician to arrange ECG & FBC / U&E / Gluc / Calcium / TFT before referral to ensure the correct speciality
  - Head imaging will be arranged by secondary care, if required
- Pregnancy Pathway
  - Referred in by GP/Midwife/Obstetrics
  - Review 1st, 2nd, 3rd trimester, and 6 weeks postpartum

### Headache and Migraine

- Analgesia overuse headache
- Migraine
- Tension headaches
- Cluster headaches
- Headache red flags to consider urgent referral
- *Complete Headache Diary*
- *Initiate appropriate treatment for the relevant condition – at least 2 or 3 treatments titrated to max dose for 3 months*
- *Consider local pain clinic/IAPT services*

### Multiple Sclerosis

- Referral from Primary Care/Adult Medicine/Ophthalmology
- MS nurse can be contacted for advice for known patients

### Migraine – Acute

- Patients should try an acute intervention on at least 3 occasions before deciding on therapeutic efficacy. Aim for relief < 30 – 120 min
- Early Triple Therapy can be most effective: High dose NSAIDs + Antiemetic (domperidone/metoclopramide) + Triptan
- Triptans should be taken on onset of headache NOT aura
- Triptans should be used max 8 days per month to avoid analgesia overuse headache
- Opiates should not be used for the treatment of migraines

### Migraine – Prophylaxis

- Consider if 3 or more migraines/month or to avoid analgesia overuse headache
- Start low and titrate up slowly. Continue max tolerated dose for 12 weeks before deciding on efficacy
- Specialist referral/treatments should only be considered after at least 3 prophylactic treatments have been tried, 2 for at least 12 weeks
- Treatment of migraine in pregnancy

### Parkinson's

- Referral from Primary Care/Falls Clinics/Adult Medicine/Geriatric Services
- Patients with falls/immobility/cognitive impairment/polypharmacy consider Elderly Care referral for diagnosis
- PD nurse can be contacted for advice on known patients