

ACTA SCIENTIFIC NEUROLOGY (ISSN: 2582-1121)

Volume 7 Issue 9 September 2024

Perspective

Lifestyle Management for People with Neurological Disabilities – Psychiatric Social Work Perspective

Nadeer Kaleem KP, Ayanamol MA, Parvathy S, Birudu Raju and BP Nirmala*

Professor, Department of Psychiatric Social Work, NIMHANS, Bengaluru, India

*Corresponding Author: BP Nirmala, Professor, Department of Psychiatric Social Work, NIMHANS, Bengaluru, India.

Received: May 06, 2024 Published: August 29, 2024

© All rights are reserved by BP Nirmala., et

al.

Background

Living with a neurological disability can present unique challenges that affect various aspects of daily life. From mobility issues to cognitive impairments, individuals with neurological disabilities often require specialized care and support to manage their condition effectively. Lifestyle management plays a crucial role in promoting the well-being and quality of life for people with neurological disabilities. This is more so for resource deficient countries who have to develop productive work force in a market driven economy.

Understanding Neurological Disabilities

Neurological disabilities encompass a wide range of conditions that affect the nervous system, including the brain, spinal cord, and nerves. These disabilities can result from congenital conditions, such as cerebral palsy, traumatic brain injury, spinal cord injuries', Gullian barre syndrome, or multiple sclerosis. Each neurological disability presents its own set of challenges and symptoms, ranging from physical impairments to cognitive and sensory deficits.

Neurological disorders and Its impact on lifestyle

It is reported that 11-62% of hospitalized patients face physical impairments due to neurological condition such as impairment in swallowing, feeding, autonomic dysfunction, cognitive and behavioural problems and increased metabolic demands [1]. Malnutrition 30% to 49% in stroke patients, 140% to 120% in post injury, increase in protein and calorie catabolic rate which is

associated with abnormal muscle activity and lower Glasgow Coma Scale score. Individual who suffers from neurological disorders also report less consumption of bakery/cereals, dairy, each fish/ sea food, fruits or vegetables [2]. Obesity, consumption of wine, alcoholic beverages, smoking, substances use, reduced sleep, physical activity, hypertension, drooling, dysphagia, constipation, strabismus, refractive errors, hearing loss, urinary tract infections, sleep disorders and dental issues also reported in considerable degree in both genders suffering with various neurological disorders [3-6]. Further, studies reported that a higher risk of suicide is present in epilepsy, migraine, multiple sclerosis, Alzheimer disease, Huntington disease, amyotrophic lateral sclerosis, Parkinson's disease [7]. Studies report found that 73% of patients attempting suicide have low quality life, self-poisoning especially in female patients [8]. Anxiety disorder ranged from 18% to 58%, depression ranging from 17 to 47% present in post stroke patients also the societal burden [9]. It is evident from the review of literature that challenges faced by individuals with neurological disabilities can significantly impact their lifestyle and daily activities. Physical impairments may limit mobility and independence, making it difficult to perform tasks such as dressing, eating, or navigating the environment. Cognitive impairments, such as memory loss or difficulty with decision-making, can affect the individual's ability to manage their own care and make informed choices. Sensory deficits, including vision or hearing loss, further compound these challenges, affecting communication and social interaction. The study on lifestyle factors and multiple chronic non-communicable diseases (NCDs) in India found that unhealthy habits significantly impact the prevalence of NCDs among adults. It showed that the accumulation of unhealthy lifestyle factors increases the likelihood of developing multiple NCDs, highlighting a strong link between lifestyle choices and NCD risk. This underscores the importance of promoting healthy behaviors and lifestyle interventions to reduce the burden of NCDs in India [10].

Life style management

Therefore, there is a need to bring awareness, improve knowledge levels and bring behaviour and dietary modifications and adopt a healthy life style and minimize the risks and enhance overall health of the patients. In this regard Medical and Psychiatric Social Workers should play a key role in adopting healthy life style. The following psychosocial interventions might help

- Education on Medication Adherence: Psychoeducation on the suggested treatment plan, taking drugs as directed, and attending frequent medical check-ups can all help with neurological diseases.
- Education on physical therapy and rehabilitation:
 Physical therapy and rehabilitation play an important role in the treatment of many neurological illnesses. Therefore, psychoeducation should be provided on the importance of physical, occupational, speech therapy etc. It promotes mobility, strength, improve speech and balance.
- Stress Management: Managing stress levels is essential in living with a neurological disorder. Mindfulness techniques, meditation, and yoga can help reduce stress and promote relaxation. Hobbies that provide joy and fulfillment, such as music, art, or gardening, can also serve as effective therapeutic tools. Thus, intensive stress management techniques should be provided in systematic way.
- Mobilizing Assistive Devices and Technologies: Utilizing
 assistive devices and technologies, such as wheelchairs,
 walkers, communication aids, or adaptive utensils, to
 enhance independence and facilitate participation in daily
 activities.
- Accessibility and Inclusivity: Ensuring that environments, services, and resources are accessible and inclusive for people with neurological disabilities, promoting full participation and integration into society.

- Referral on Cognitive Rehabilitation: Engaging in cognitive rehabilitation activities to improve memory, attention, problem-solving, and executive function skills, enabling individuals to better manage their daily routines and responsibilities.
- Emotional Support and Counselling: Providing emotional support and counselling to address feelings of anxiety, depression, frustration, or isolation often experienced by individuals with neurological disabilities and their caregivers.
- Social Engagement and Participation: Facilitating opportunities for social engagement and participation in community activities, support groups, or recreational programs to foster social connections, peer support, and a sense of belonging. Further, empowering individuals with neurological disabilities to actively participate in decision-making regarding their care, treatment, and lifestyle choices.
- Nutritional Guidance: Offering nutritional guidance and meal planning to promote optimal health and well-being, taking into account any dietary restrictions or swallowing difficulties associated with the neurological disability.
- Multidisciplinary Collaboration: Involving a team of healthcare professionals, including physicians, therapists, social workers, and caregivers, to provide comprehensive care and support.
- Caregiver Support and Respite Services: Providing support services and respite care for family caregivers to prevent burnout, promote self-care, and ensure continuity of care for the individual with the neurological disability.

Conclusion

Lifestyle management plays a vital role in promoting the well-being and quality of life for people with neurological disabilities. By adopting a holistic approach and implementing tailored strategies, individuals with neurological disabilities can optimize their function, independence, and participation in daily life activities. It is essential to recognize the diverse needs and experiences of individuals with neurological disabilities and to provide comprehensive care and support that empowers them to lead fulfilling and meaningful lives.

Bibliography

- 1. Macfarlane J. "Other physical consequences of disability". *Handbook of Clinical Neurology* 110 (2013): 315-322.
- Nag N., et al. "Assessing lifestyle behaviours of people living with neurological conditions: A panoramic view of community dwelling Australians from 2007-2018". Journal of Personalized Medicine 11.2 (2021):144.
- Galfo M., et al. "Characteristics and Cluster of Lifestyle Factors in Neurological Outpatients". Journal of Health Science and Medical Research 39.1 (2020): 1-12.
- Huang YP., et al. "Parkinson's disease is related to an increased risk of ischemic stroke-a population-based propensity scorematched follow-up study". PLoS One 8.9 (2013): e68314.
- Firoz CK., et al. "An overview on the correlation of neurological disorders with cardiovascular disease". Saudi Journal of Biological Sciences 22.1 (2015): 19-23.
- Butler M., et al. "Views on Using Psychoactive Substances to Self-Manage Functional Neurological Disorder: Online Patient Survey Results". JNP 35.1 (2023): 77-85.
- 7. Alejos M., et al. "Do patients diagnosed with a neurological disease present increased risk of suicide?" *Neurología (English Edition)* 38.1 (2023): 41-46.
- 8. Eliasen A., *et al.* "Neurological diseases and risk of suicide attempt: a case-control study". *Journal of Neurology* 265.6 (2018): 1303-1309.
- 9. Chaturvedi S., et al. "Forgotten Psychiatric Comorbidity in Neurological Disorders". *Journal of Mahatma Gandhi University of Medical Sciences and Technology* 2.3 (2018): 157-161.
- Agrawal G., et al. "Lifestyle health risk factors and multiple non-communicable diseases among the adult population in India: a cross-sectional study". Journal of Public Health 24.4 (2016): 317-324.