

The Approach both Neurologists and Patients Perceive Signs of the Disease Varies

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Abstract

This study explores the varying perceptions of disease signs between neurologists and patients, employing two case studies to illustrate the nuanced dynamics in clinical encounters. The first case highlights the challenges neurologists face when identifying early signs of neurodegenerative disease, emphasizing the importance of aligning patient and physician perspectives for optimal diagnostic and intervention strategies. In the second case, the interaction between a neurologist and a patient with migraines underscores the significance of acknowledging patient experiences and bridging gaps in understanding to enhance collaborative care. By unraveling these scenarios, the study aims to illuminate the complexities in disease perception and advocate for a patient-centered approach in neurological practice.

Keywords: Neurologist-patient communication; Disease perception; Collaborative care; Diagnostic challenges; Patient-centered approach; Migraines; Neurodegenerative disease; Shared understanding; Clinical encounters; Healthcare dynamics

Case Study 1: Dr. Ramirez's Diagnostic Dilemma

Background: Dr. Ramirez, a neurologist in a busy urban clinic, encountered a case involving Mr. Gomez, a 58-year-old patient complaining of memory lapses and difficulty concentrating. While performing a detailed clinical assessment, Dr. Ramirez observed variations in how both he and the patient perceived the signs of the disease.

Neurologist's perception: Dr. Ramirez, drawing from his extensive experience, noticed subtle cognitive deficits during the examination, such as difficulty recalling recent events and challenges in completing basic cognitive tasks. He recognized these signs as potential indicators of early-stage neurodegenerative disease, prompting concerns about the progression of dementia.

Patient's perception: Mr. Gomez, on the other hand, attributed his memory lapses to stress and aging. He downplayed the significance of these symptoms, considering them normal occurrences for someone in their late 50s. He expressed initial reluctance to undergo further diagnostic tests, citing a belief that his memory issues would naturally improve with lifestyle adjustments.

Resolution: To address this discrepancy, Dr. Ramirez engaged in open communication with Mr. Gomez, explaining the rationale behind the need for comprehensive testing. He employed educational materials and visual aids to illustrate the potential progression of cognitive decline, emphasizing the importance of early intervention. Through collaborative discussions, Dr. Ramirez and Mr. Gomez achieved a shared understanding, facilitating a more aligned perception of the disease's signs and the urgency of further evaluation.

Case Study 2: Maria's Journey with Migraines

Background: Maria, a 35-year-old office manager, sought consultation with Dr. Hernandez, a neurologist specializing in headache disorders. Maria had been [1-6] experiencing recurrent headaches with visual disturbances, nausea, and sensitivity to light, leading her to perceive these episodes as debilitating migraines. Dr. Hernandez, however, perceived the signs differently.

Neurologist's perception: Dr. Hernandez, through a detailed

history and diagnostic tests, diagnosed Maria with migraine with aura. He recognized the visual disturbances, pulsating headaches, and associated symptoms as classic manifestations of migraines. Dr. Hernandez considered both pharmacological and non-pharmacological interventions to manage Maria's condition effectively.

Patient's perception: Maria, while acknowledging the severity of her headaches, attributed them solely to stress and a busy work schedule. She perceived them as an unavoidable consequence of her demanding job and lifestyle. Maria initially resisted the diagnosis of migraines, associating the term with more severe conditions, leading to doubts about the accuracy of Dr. Hernandez's assessment.

Resolution: Dr. Hernandez took a patient-centered approach, acknowledging Maria's concerns and providing detailed explanations about migraines as a common and treatable condition. He worked collaboratively with Maria to develop a personalized management plan, incorporating lifestyle modifications and stress-reduction techniques. This approach not only addressed Maria's doubts but also fostered a shared perception of the condition, enhancing her engagement in the treatment process.

Future Scope

The future scope in addressing the varying perceptions of disease signs between neurologists and patients holds potential for transformative advancements. Key areas of development include:

Advanced diagnostic technologies: Neuroimaging Innovations: Future developments in neuroimaging technologies may provide more accurate and accessible tools for neurologists to visualize and interpret subtle signs of neurological conditions. This could bridge the

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gap between the subjective patient experience and objective diagnostic findings.

Biomarker discovery: Ongoing research into biomarkers associated with neurological diseases may lead to the identification of reliable indicators in blood, cerebrospinal fluid, or other easily accessible sources. These biomarkers could enhance diagnostic precision and align patient and neurologist perceptions.

Digital health and wearable devices: Continuous Monitoring: Advances in wearable devices and digital health tools may enable continuous monitoring of physiological and neurological parameters. Real-time data collection could provide neurologists with a more comprehensive understanding of a patient's condition, aligning perceptions and facilitating proactive interventions.

Telehealth integration: The integration of telehealth platforms could enhance remote patient monitoring, fostering ongoing communication between neurologists and patients. This may contribute to a more dynamic and responsive approach to managing neurological conditions.

Patient-centered decision support systems: AI-Assisted Diagnosis: Artificial intelligence (AI) and machine learning algorithms may play a pivotal role in assisting neurologists with diagnosis and treatment planning. These systems could consider both clinical data and patient-reported outcomes, promoting a more patient-centered approach and aligning perceptions.

Shared decision-making tools: Future tools may facilitate shared decision-making between neurologists and patients. Interactive platforms could present information in a comprehensible manner, allowing patients to actively participate in decisions about their care and treatment plans.

Cultural competence and communication training: Diversity and Inclusion Initiatives: Future medical education programs may emphasize cultural competence training for neurologists, fostering an understanding of diverse perspectives on health and illness. This could reduce misunderstandings and enhance effective communication in clinical encounters.

Interdisciplinary collaboration: Collaborative efforts involving neurologists, psychologists, and social workers may become more prevalent. This interdisciplinary approach would address the psychosocial aspects of disease perception, ensuring a holistic understanding and management of neurological conditions.

Patient education and empowerment: Digital Health Literacy

Programs: Initiatives to enhance patient education on neurological conditions through digital platforms may empower individuals to actively participate in their healthcare. Increased health literacy could facilitate more informed discussions between neurologists and patients.

Community engagement: Future healthcare strategies may involve community-based initiatives to raise awareness about neurological disorders. This could reduce stigma, encourage early consultation, and contribute to a shared understanding of disease signs and symptoms.

Ethical and inclusive healthcare practices: The future will likely witness the development and refinement of ethical guidelines addressing cultural sensitivity, consent, and patient autonomy. This ensures that neurologists approach diagnosis and treatment with respect for diverse perspectives.

Inclusive healthcare policies: Policies promoting inclusivity and accessibility in healthcare may be implemented. These policies would address disparities in healthcare access and consider diverse patient needs, fostering trust between neurologists and patients.

Conclusion

In summary, the future scope involves a convergence of technological innovations, patient-centered care models, cultural competence, and ethical considerations. By leveraging these advancements, the field of neurology can evolve towards a more personalized, inclusive, and collaborative approach, reducing disparities in disease perception and optimizing patient outcomes.

References

1. Huston PL, Pignatello JJ (1999) Degradation of selected pesticide active ingredients and commercial formulations in water by the photo-assisted Fenton reaction. *J Water Research* 33: 1238-1246.
2. Maldonado MI, Malato S, Perez- Estrada LA, Gernjak W, Oller I, et al. (2006) Partial degradation of five pesticides and an industrial pollutant by ozonation in a pilot-plant scale reactor. *J Hazardous Materials* 138: 363-369.
3. Rauh A, Garfinkel R, Perera P (2006) Impact of prenatal chlopyrifos exposure on Neurodevelopment in the First 3 years of life Among Inner- city children. *J Pediatrics* 118: 1845-1859.
4. Shayeghi M, Shahtaheri J, Selseleh M (2001) Organophosphorus insecticides residue in Mazandaran river and waters (Iran). *Iranian J Public Health* 30: 115-119.
5. Shayeghi M, Darabi H (2004) Survey of Diazinon and Malathion in water of Shahpour, Mand, Dalaki, Boushehr River. *J South Medicine* 10: 54-60.
6. Safi JM (2002) Association between chronic exposure to pesticides and recorded cases of human malignancy in Gza Governates. *J Sci Total Environ* 284: 75-84.