Abstract:
Ireland's aging population will result in a substantial increase in neurodegenerative diseases with a projected increase in prevalence of idiopathic Parkinson's disease (IPD) to 9,000 by 2021. There are few published audits of movement disorder services to assist with planning. As a first step towards evaluating future service needs for this group of patients, we audited a single tertiary referral IPD and other movement disorders clinic for 2006. A total of 497 patients from all counties in Ireland were seen; 225 (59%) of patients had IPD, 32 (8.2%) had atypical parkinsonism, and 22 (3.4%) were other movement disorders. The clinic also accepts referrals of patients with atypical forms of dementia. All patients are seen at least once by a consultant neurologist with a specific interest in movement disorders and atypical dementia (74%). A telephone survey of 50 patients demonstrated 100% satisfaction with the improved access to the clinical nurse specialist, telephone support and improved continuity of care. The IPD and Other Movement Disorders Clinic provides an important local, regional, and national diagnostic and therapeutic service for complex movement disorders. It is proposed that a national registry of IPD and audit of the delivery of care to patients with movement disorders is needed.

Discussion
Expert groups recommend referral of patients with movement disorders to specialist centres to assist in the differential diagnosis as this may be difficult. We found 45% of patients were referred by consultants of whom 18% were other neurologists requesting a further opinion in relation to diagnosis or management. Also, the availability of a speech and language therapist, physiotherapist and movement disorders nurse specialist allows a multi-disciplinary approach to patient care including the provision of a separate nurse-led clinic for patients with idiopathic Parkinson's disease (IPD) and other movement disorders. The clinic also accepts referrals of patients with atypical forms of dementia. All patients are seen at least once by a consultant neurologist with a specific interest in movement disorders and atypical dementia (74%). A telephone survey of 50 patients demonstrated 100% satisfaction with the improved access to the clinical nurse specialist, telephone support and improved continuity of care. The IPD and Other Movement Disorders Clinic provides an important local, regional, and national diagnostic and therapeutic service for complex movement disorders. It is proposed that a national registry of IPD and audit of the delivery of care to patients with movement disorders is needed.

The Role of a Movement Disorders Clinic

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Abstract:
Over the last 10 years the department of Neurology at the Mater Misericordiae University Hospital (MMUH) runs a once-weekly specialist and multi-disciplinary outpatient clinic for patients with idiopathic Parkinson's disease (IPD) and other movement disorders. The clinic also accepts referrals of patients with atypical forms of dementia. All patients are seen at least once by a consultant neurologist with a specific interest in movement disorders and atypical dementia (74%). A telephone survey of 50 patients demonstrated 100% satisfaction with the improved access to the clinical nurse specialist, telephone support and improved continuity of care. The IPD and Other Movement Disorders Clinic provides an important local, regional, and national diagnostic and therapeutic service for complex movement disorders. It is proposed that a national registry of IPD and audit of the delivery of care to patients with movement disorders is needed.

Introduction
For over 10 years the department of Neurology at the Mater Misericordiae University Hospital (MMUH) runs a once-weekly specialist and multi-disciplinary outpatient clinic for patients with idiopathic Parkinson's disease (IPD) and other movement disorders. The clinic also accepts referrals of patients with atypical forms of dementia. All patients are seen at least once by a consultant neurologist with a specific interest in movement disorders and atypical dementia (74%). A telephone survey of 50 patients demonstrated 100% satisfaction with the improved access to the clinical nurse specialist, telephone support and improved continuity of care. The IPD and Other Movement Disorders Clinic provides an important local, regional, and national diagnostic and therapeutic service for complex movement disorders. It is proposed that a national registry of IPD and audit of the delivery of care to patients with movement disorders is needed.

Methods
This audit sought to describe: 1) patient residence in terms of HSE region; 2) clinic activity in terms of the numbers of new and return patient attendances for the 12-month period, and the proportion with treatment changes; 3) diagnostic spectrum; 4) source of patient referral. We used the MMUH information center together with the department of neurology and appointments diary to provide details of numbers of new and return visits to the movement disorders clinic, and of HSE region of residence. A disease profile was established by accessing the clinic database. A total of 497 patients had their diagnosis changed following attendance at the clinic.

Results
A total of 497 patients were seen in 2006. All except three were domiciled within the eight HSE regions, with the majority (59%) within the Eastern HSE region. Other HSE regions were represented as follows: North-Western (3.8%), North-Eastern (14.5%), Western (6.5%), Mid-West (6.8%), South-Eastern (5.8%), Southern (1.6%), Mid-Western (5%).

Discussion
Expert groups recommend referral of patients with movement disorders to specialist centres to assist in the differential diagnosis as this may be difficult. We found 45% of patients were referred by consultants of whom 18% were other neurologists requesting a further opinion in relation to diagnosis or management. Also, the availability of a speech and language therapist, physiotherapist and movement disorders nurse specialist allows a multi-disciplinary approach to patient care including the provision of a separate nurse-led clinic for patients with idiopathic Parkinson's disease (IPD) and other movement disorders. The clinic also accepts referrals of patients with atypical forms of dementia. All patients are seen at least once by a consultant neurologist with a specific interest in movement disorders and atypical dementia (74%). A telephone survey of 50 patients demonstrated 100% satisfaction with the improved access to the clinical nurse specialist, telephone support and improved continuity of care. The IPD and Other Movement Disorders Clinic provides an important local, regional, and national diagnostic and therapeutic service for complex movement disorders. It is proposed that a national registry of IPD and audit of the delivery of care to patients with movement disorders is needed.
adjustment of the stimulator parameters, and is now standard-of-care for selected patients. A total of 151 patients from Ireland have had DBS performed in the UK between 2003-2008 via the HSE overseas treatment scheme, and a further three patients have had the procedure in Ireland as part of a collaboration between the DNI and the Mater Private Hospital. Therefore, an independent DBS clinic was set up at the DNI in 2009. This clinic accepts referrals from all over Ireland for pre-operative assessment to determine if patients are suitable for DBS, and also provides post-operative follow-up and adjustment of the stimulation for patients who have had DBS. Seventy-five patients have been assessed at the DNI DBS clinic since its inception. Since 2006, a further four consultant neurologists with a special interest in movement disorders have been appointed in Ireland. Given the anticipated increase in demand for specialist movement disorder services, including the difficulties of managing patients who have had DBS elsewhere, there is a strong case for a national audit of the provision of care to patients with movement disorders and the provision of a national DBS service.

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References