

ABOUT THESE GUIDELINES : We aim to ensure that the neurology service can assess and treat patients with severe neurological disease promptly, and would appreciate your assistance in managing the demand on neurology out-patient services. Please send your comments on neurology guidelines to The Lead Clinician, Neurology Department, Southern General Hospital, 1345 Govan Road, Glasgow, G51 4TF.

DECIDING TO REFER : Please advise your patients that you are referring them for advice rather than an appointment or a scan. We aim to vet all SCI general neurology referrals within 2 working days. Where we can give advice we will respond by letter within two weeks, or offer your patient an appointment if required.

URGENT OR ROUTINE? As the majority of neurology out-patient referrals are routine we normally treat all SCI referrals as routine until vetted by a neurology consultant. We aim to appoint all neurology out-patients within 10 weeks.

CHECK OTHER GUIDELINES : Parkinson's Disease / Headache / MS / Lower Back Pain / Entrapment neuropathy (Carpel tunnel)

ME / CFS (Chronic Fatigue Syndrome)

Where clinically indicated patients may benefit from referral to neurology to exclude an underlying neurological condition. Neurology does not provide a chronic disease management service for ME / CFS.

FIRST SEIZURE

We aim to appoint all first seizure patients within 2 weeks. Urgent SCI referral is appropriate for patients most at risk of harm, i.e. those with generalised tonic / clonic seizures. It is helpful if patients are accompanied to clinic by a witness and / or family member.

MS

The MS service provides neurologist led diagnostic, disease-modifying, symptom management and spasticity clinics. MS Specialist Nurses also provide a direct access service to patients (telephone and pre-arranged out-pt. clinic). Where progressive disability is the main issue, direct referral to the rehabilitation service should be considered.

MUSCLE DISORDERS

Please provide the family history and refer the patient for an ECG at the same time as referring to neurology. It is helpful if patients are accompanied to the muscle clinic by a family member.

MOVEMENT DISORDER SERVICE for Parkinson's disease (and similar conditions), tremor and dystonia

Parkinson's Disease (PD)

Neurology / Medicine for the Elderly have a joint service. Patients with significant coexisting medical problems, who are often older, or who are in Nursing Homes are generally referred to Medicine for the Elderly.

Longstanding Benign (Essential) Tremor

There is little therapeutic benefit in re-referring patients with slowly evolving benign (essential) tremor, as no new treatments are available for this condition. In clear evolution with new (Parkinsonian) features, then assessment is indicated.

Huntington's disease For diagnosis where clear family history is present, please refer directly to the Medical Genetics Dept at Yorkhill Hospital. For management of known Huntington's, please refer to the Huntington's Clinic at Yorkhill Hospital.

Mild to Moderate Tics or Tourette's Syndrome Patients will generally not have medication recommended so may not benefit from referral to neurology.

Botulinum Toxin Prescribed in neurology for neck/facial dystonia (inc. torticollis, blepharospasm and hemifacial spasm). Blepharospasm may be referred to local ophthalmology clinics. Hyperhidrosis should be referred to Dermatology; limb spasticity to Rehabilitation Service.

NEUROPATHY

Please exclude diabetes and glucose intolerance neuropathy before referral (fasting glucose and HbA1c)

Meralgia Parasthetica (injury to the lateral cutaneous nerve of thigh)

This is most commonly reported in patients who are overweight or have an exercise injury. Where the history is consistent with this, please consider referral to weight management services. Please refer to neurology if atypical, progressive or associated with weakness..

MEMORY PROBLEMS

Please carry out a recognised form of cognitive screening and a Hospital Anxiety and Depression Score (HADS) (or similar). If following these tests there are still concerns that the memory loss is due to a neurological cause please refer. Consider referring to your local memory clinic / psychogeriatricians in the first instance.