

The management of Parkinson's disease in the Middle East countries: the MDS-middle east task force survey

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Introduction

Middle East includes numerous developing countries with an estimated population of over 500 million. The prevalence of PD in the region is believed to be similar to the prevalence reported worldwide. The fields of PD and movement disorders are however underdeveloped and underserved in the region. While the characteristics of the disease and the needs of these patients are potentially comparable between the Middle East and other regions of the world, significant barriers to achieving optimal care for PD exist in these developing nations

Aim

The movement disorders society task force for the Middle East (MDS-Task Force for the Middle East) conducted a survey with an aim of characterizing the needs, the challenges and the limitations for providing care for people with Parkinson's disease in the region

Method

Survey tool:

A survey was specifically developed for the purposes of this study by MDS-Task Force for the Middle East.

The survey was intended to elicit information about available treatments and facilities, needs, challenges and limitation for managing PD in responders' countries.

Sample:

Survey was distributed electronically to the MDS members from the middle east countries (n= 226). Members were from Afghanistan, Bahrain, Iran, Iraq, India, Jordan, Kazakhstan, Kuwait, Lebanon, Pakistan, Palestine Territory, Saudi Arabia, UAE and Uzbekistan.

Results

1. Responders

- Fifty two members from seven different countries responded to the survey.
- Responders were from Iran, Iraq, Jordan, Kuwait, Lebanon, Pakistan, Saudi Arabia, UAE and Uzbekistan.

2. Medical management

- Vast majority of the responders indicated that the following are the most available and affordable medications at their countries:
 - Levodopa combinations
 - Amantadine
 - Donepezil

3. Surgical management

- Neurosurgical options or infusion therapies for treating advanced PD were indicated to be lacked by the vast majority of the responders (90-94%).

4. Rehabilitation

- Most responders indicated that a rehab centre for PD (80%) does not exist at their countries.
- Most responders indicated that rehabilitation is not part of the routine care of PD patients

5. Movement disorders centres

- Most responders indicated that a centre of excellence for PD does not exist in their countries (75%)

Results (continued)

6. Barriers

The following were indicated by responders to be the the main barriers to provide care for people with PD in the Middle East countries.

Barriers for providing a quality care for PD patients in Middle East countries

- The scarce of the movement disorders' specialists
- The scarce of educational opportunities
- The scarce of research
- The high cost of treatment
- The lack of general health infrastructure
- The lack of resources and health insurance coverage

Conclusions

- This is the first survey that sheds the light into the unmet needs in providing care for people with PD in the Middle East countries.
- The data suggests that there is a great need to increase the awareness of PD and provide educational opportunities within this field in the Middle East countries.

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