

Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

Liaison neurology for acute medical admissions

We studied prospectively two cohorts of people admitted as a medical emergency to see whether an early neurological opinion was beneficial in the medical admissions unit of a large teaching hospital.

We identified all people whose primary reason for admission was neurological. For the first cohort, we recorded all activity and did not offer any additional neurology advice. For the second cohort, a liaison service was offered by a specialist registrar in neurology with telephone contact to a consultant neurologist. An opinion was provided blind to the diagnosis and treatment plan of the admitting physician. To compare length of stay between the first and second cohort we used Kaplan Meier curves. With the introduction of a liaison neurology service, it was possible to assess the majority of patients (75%) within 24 hours of first presentation to hospital, a lot earlier than under a conventional referral

system. Overall there was an increased probability of a diagnosis by discharge in the second cohort (odds ratio 3.0, 95% confidence intervals 1.2–7.1). We were able to compare diagnoses in 45 cases. In 17 of these (34%) we found significant differences between neurologists and admitting physician.

The median length of stay in the first cohort was six days (IQR 3–12 days) compared to three days (IQR 2–11 days) in the second cohort ($p = 0.005$ at seven days).

The introduction of a liaison neurology service was therefore associated with more diagnoses being made and with a shorter length of hospital stay. These benefits were achieved without increasing either the use of CT scans, or referrals to allied health professionals. Comparison between physicians and neurologists in the second cohort showed significant changes in diagnosis in over one third of patients. These results are similar to our study comparing neurological consultation by real-time videolink with conventional care at two rural hospi-

tals,¹ and suggest that early involvement of specialists in emergency care can improve outcomes. Liaison neurology has been proposed as a way of improving access to specialist neurology advice,² and we now have evidence of its efficacy. Implementation within the NHS will challenge both physicians to relinquish some of their traditional omniscience, and neurologists to deal with diseases that they might consider beneath their expertise. If these challenges can be met, there seems little doubt that this substantial group of patients will benefit.

References

- 1 Craig J, Chua R, Russell C, Chant D *et al.* A cohort study of early neurological consultation by telemedicine on the care of neurological inpatients. *J Neurosurg Psychiatry*, 2004 (In press).
- 2 Association of British Neurologists. *Acute neurological emergencies in adults.* www.theabn.org/education/publications.html

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Sources of cases, demographic data and main outcomes: Medical Admissions Unit Royal Victoria Hospital, Belfast, February and May 2003.

	February 2003	May 2003	Statistical Test
All medical cases admitted (N)	482	521	
Neurological presentations	96	80	
Mean age (years)	61	58	Not significant
Gender (men:women)	43:53	36:44	Not significant
Neurology opinion given	10 (10%)	45 (59%)	OR = 11.0 (95% CI 5.0–24.3)
Median time from admission to neurology opinion (hours) (IQR)	24 (24–216)	22 (17–24)	$p = 0.0001$ (log rank)
Diagnosis at discharge	71 (75%)	72 (90%)	OR = 3.0 (95% CI 1.2–7.1)
CT Brain	47 (49%)	39 (49%)	Not significant
Deaths	7 (7%)	3 (4%)	Not significant

OR = Odds Ratio, CI = Confidence interval