Mental, Neural, and Substance Use Disorders: A Quick Overview

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Abstract

Mental, neural, and substance use disorders have a significant influence on global health. Neurological illnesses such as Alzheimer's disease and other dementias, Parkinson's disease, sclerosis, seizures, and headache disorders account share a good part in global disease burden. Despite their small overall proportion, dementia, epilepsy, migraine, and stroke are among the top 50 causes of disability-adjusted life years.

Keywords: Mental health • Dementia • Global disease burden

Introduction

Neurological disorders have a significant influence on global health. According to current estimates, neurological illnesses such as Alzheimer's disease and other dementias, Parkinson's disease, sclerosis, seizures, and headache disorders account for 3% of global disease burden. Dementia, epilepsy, migraine, and stroke are among the top 50 causes of disability-adjusted life years, despite their modest total percentage [1].

Migraine and epilepsy account for one-third and one-fourth of the neurological burden, respectively [1], while dementia and Parkinson's disease are among the top 15 disorders with the fastest-growing burden in the previous decade. Migraine, epilepsy, and dementia were among the top 25 causes of years lived with disability (YLDs) in 2010. The most prevalent neurological disorder is migraine, which accounts for more than half of all neurological YLDs (or 2.9 percent of all YLDs); epilepsy accounts for 1.1 percent of all YLDs [2].

In the next decade, the neurological illness burden is predicted to increase exponentially in low- and middle-income countries (LMICs) [1]. Despite the substantial effect of neurological diseases on patients and communities, knowledge of their epidemiology, including disease frequency fluctuation across time and location, as well as awareness of related risk factors and outcomes, is inadequate, especially in LMICs. Because of their physical, cognitive, and psychological impairments, patients with neurological diseases frequently require considerable social and financial assistance. Furthermore, nothing is known about the cost-effectiveness of measures to enhance neurological care in these settings.

Here we discuss three major neurological disorders: epilepsy, dementia, and headache disorders

Epilepsy

Epilepsy is a neurological condition that is typically described as two unprovoked seizures that happen more than 24 hours apart and have a lasting proclivity to cause further seizures [3]. If a person has an age-dependent condition and has been seizure-free for at least the last 10 years and off anti-epileptic medicines for at least the past five years, the epilepsy is deemed resolved [3].

Dementia

Dementia is a neuropsychiatric illness that includes cognitive decline, increasing behavioural and psychological symptoms (BPSD), and functional impairment. Dementia is often chronic and progressive, with observable impairments in one or more cognitive domains, such as memory, orientation, language, and executive function, that are accompanied by behavioural abnormalities in the later stages. Dementia is not a natural aspect of ageing, despite the fact that age is the most major risk factor.

Headache disorders

Migraine, TTH, and MOH are the three headache diseases with the greatest public health impact. These three factors combine to become the third most frequent cause of impairment in the world's population [2,4-7].

In primary care and neurology, headache problems are the most common reason for visits to internists, ear, nose, and throat specialists, ophthalmologists, dentists, psychologists, and proponents of a wide range of complementary and alternative medical approaches. In emergency rooms, headache is a common presenting complaint. Recurrent migraines can lead to discomfort, incapacity, decreased productivity, financial losses, and a lower quality of life. Although headache seldom indicates a significant underlying illness, its causal relationship with personal burdens of pain, incapacity, and reduced quality of life makes it a substantial contributor to poor health.

References

1. Murray, C. J., et al. "Disability-Adjusted Life Years (DALYs) for 291 Diseases and Injuries in 21 Regions, 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010." *The Lancet* 380.9859(2012):2197-2223.
2. Vos, T., et al. "Years Lived with Disability (YLDs) for 1160 Sequelae of 289 Diseases and Injuries 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010." *The Lancet* 380.9859(2012):2163-2196.
3. Fisher, R.S., et al. "ILAE Official Report: A Practical Clinical Definition of Epilepsy." *Epilepsia* 55.4(2014):475-482.
4. Ganguli, M., et al. "Apolipoprotein E Polymorphism and Alzheimer Disease: The Indo-US Cross-National Dementia Study." *Arch Neurol* 57.6(2000):824-830.
5. Kukull, W.A., et al. "Dementia and Alzheimer Disease Incidence: A Prospective Cohort Study." *Arch Neurol* 59.11(2002):1737-1746.
6. Steiner, T.J., et al. "Recommendations for Headache Service Organisation and Delivery in Europe." *J Headach Pain* 12.4(2011):419-426.
7. Stovner, L., et al. "The Global Burden of Headache: A Documentation of Headache Prevalence and Disability Worldwide." *Cephalalgia* 27.3(2007):193-210.

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