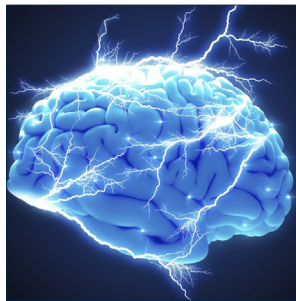
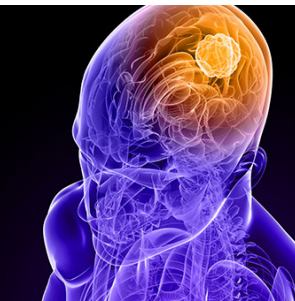

Scientific Tracks & Sessions

November 04, 2019

Health 2019

Neuroscience 2019



Joint Event on
3rd International Conference on
Health Care and Health Management
&
6th International Conference on
Neuroscience and Neurological Disorders

November 04-05, 2019 | Prague, Czech Republic

Disability status, physical rehabilitation and mental health needs of refugees living in four cities in Turkey (Istanbul, Gaziantep, Kilis, and Reyhanli)

Andrea Patterson

Relief International, Turkey

Background: Turkey hosts 3.6 million Syrian refugees. Access to health care is difficult with inadequate awareness of available services, language and insufficient cultural sensitiveness representing the main barriers. The burden on expenditures by the mental and psychological consequences of conflict/displacement is high; and war injuries and poor management of chronic conditions have left many refugees with disabilities. Anxiety, grief and social isolation are prevalent in people with disability.

Methodology: Utilizing a mix methods approach RI has measured prevalence of disability among Syrian refugees in four cities in Turkey to evaluate refugees' health security status and needs. Disability, MH issues including anxiety and depression were calculated through the Washington Group questions and key informant interviews.

Results: RI plans to present results from four needs assessments and the trends on MH and PR in the centers currently supported in Turkey. Results showed a higher disability prevalence than WHO estimation (15%), with a pick


(28%) in Reyhanli. Prevalence of physical impairments and MH disorders was higher in Istanbul (19%), the south showed higher depression and anxiety. Istanbul and Reyhanli had the highest ratio of disability related to war. Despite the needs, the percentage of refugees not accessing services was high in Istanbul (20%) and Kilis (24%).

Conclusions: Results demonstrate the burden of MH and disabilities among refugees and documenting needs will serve for advocacy purposes to establish inclusive services.

Speaker Biography

Andrea Patterson is the Country Director of Relief International in Turkey. She is a humanitarian response worker with over 12 years of professional work experience in managing complex program portfolios at post conflict and humanitarian response settings. She has been working in assistance for Syrian refugees in a variety of countries, overseeing innovative programmatic activities and improving the lives of refugees. She holds a Master of Science in Public Health, a Master of Arts in Human Security and Peacebuilding, and a Bachelor of Arts in Political Science.

e: andrea.patterson@ri.org

 Notes:

Microelectrode recording and deep brain stimulation

Amal Mokeem

King Faisal Specialist Hospital & Research center, KSA

Introduction: Microelectrode recording (MER) Defined as Neurophysiological Technique that detect and amplifies the activity of Individual Single Neural Units.

Mechanism of Deep Brain Stimulation (DBS):

- HFS suppresses the activity of STN, STN neurons discharge spontaneously at a frequency of ~ 20 Hz.
- PD they became hyperactive with an average firing ~ 40Hz.
- DBS HFS at >100Hz, STN will increase firing during the initial stimulation period after which they will fail to respond secondary to inactivation of Na⁺ channels, result in synaptic inhibition.
- This stimulation induced activation of inhibitory presynaptic terminals result reduction of pathologic activity and its transmission, and subsequent improvement in information processing high likely responsible for amelioration of motor symptoms during DBS

The Food and Drug Administration (FDA) approved DBS as a treatment for:

- Essential tremor in 1999
- Parkinson's disease in 2002
- Dystonia in 2003

Methods: Patients selection criteria is important. A number of stimulation techniques may be performed during movement

disorder surgery. Used either:

- To assess side effect (proximity to structures wish to avoid)
- To assess the potential clinical effect of chronic stimulation.

Conclusion: Deep Brain Stimulation (DBS) is safe procedure.

It is safety Greatly depend on:

- The quality of the instruments.
- The method of stereotactic planning.
- The experience of the surgical and neurophysiology team.

Complication of Deep Brain Stimulation (DBS) could be Numbness, tingling, Symptomatic subdural hemorrhages, Infection, Hardware issues.

Speaker Biography

Amal Mokeem is a Consultant Clinical Neurophysiologist at King Faisal Specialist Hospital and Research Centre, Saudi Arabia. She has been in the Arab Board – Dec 2003 and Saudi Board – Feb 2004. She has done Pediatric Neurology Fellowship at King Faisal Specialist Hospital & Research Centre, Riyadh, Saudi Arabia during 2004-2006, at British Columbia's Children's Hospital, Canada during 2006-2007, Clinical Neurophysiology EEG Fellowship at British Columbia's Children's Hospital, Canada during 2007-2008, Clinical Neurophysiology Intraoperative Neurophysiology Monitoring (IOM) Fellowship at Vancouver General Hospital, Canada (2008-2009) and Neurophysiology and Deep Brain Stimulation Fellowship at Lahey Clinic/ Tufts University, USA (2009-2010). She is having 2 Publications and gave more than 10 International Presentations.

e: aamokeem@gmail.com

 Notes:

3rd International Conference on
Health Care and
Health Management

&

6th International Conference on
Neuroscience and
Neurological Disorders

November 04-05, 2019 | Prague, Czech Republic

Post rehabilitation impact on Syrian refugees with lower limb amputation through post donation analysis and monitoring survey (NSPPL Reyhanli)

Andrea Patterson

Relief International, Turkey

Background: Turkey hosts more Syrian refugees than any other country. As of Sep 2019, 3.6 million Syrian refugees were registered with the Government of Turkey (UNHCR). A large number of the refugees have settled in Turkey's southeastern provinces of Şanlıurfa, Hatay, Kilis, and Gaziantep. The 2019 Humanitarian Needs Overview (HNO) reports that 45% of surveyed persons injured during the Syria crisis are expected to sustain a permanent impairment (e.g. amputation, spinal cord injury, brain injury). According to NHO 2017, 53% of injuries were due to explosive weapons. Relief International is supporting the National Syrian Project for Prosthetic Limbs in Reyhanli (Turkey) in terms of organizational capacity building funded by ECHO. Responding to the critical, lifesaving rehabilitation needs among all refugees eligible for services by the Government of Turkey. The center is providing prosthetic devices to refugees with lower limb amputations with capacity of 20-25 devices monthly. Nearly 80% of the beneficiaries are war-related injuries, out of them 18% are females.

Post rehabilitation impact on Syrian refugees with lower limb amputation is seeking to collect and analysis of information provides a gathered from the beneficiaries through surveys and focus group discussions that includes quantity and quality indicators that aim to monitor the functional improvements by using functional Independence Measure and Amputee Mobility Predictor during assessment, discharge and follow up session after 45 days of discharge date.

Methodology: The methodology for this assessment is based on a mixed method design, which includes qualitative and quantitative tools. The tools utilized to assess and measure beneficiaries' improvement. The universe sample is the

beneficiaries who received full prosthesis device in the first quarter of 2019 and sample was 16 beneficiaries (with confidentiality interval 95% and margin of error 5%, and using random sampling), but unfortunately survey team reached only 11 beneficiaries.


Results: RI plans to present the results of the post donation analysis and monitoring survey. Results showed that all the surveyed beneficiaries reported they were ready to use the prosthetic devices and the majority of beneficiaries (82%) using donated prosthetic devices after discharge, and 78% of the respondents reported improvements in walking. On the other hand, 73% of the surveyed beneficiaries said that their prosthetic devices did not match their expectations, and 82% of the beneficiaries had some kind of problem with their devices after discharge.

Conclusions: RI will utilize the finding of the survey to adapt the technical and programmatic support to physical rehabilitation centers supported by RI to improve in performance, and to share this experience with other physical rehabilitation centers in Turkey.

Speaker Biography

Andrea Patterson is the Country Director of Relief International in Turkey. She is a humanitarian response worker with over 12 years of professional work experience in managing complex program portfolios at post conflict and humanitarian response settings. She has been working in assistance for Syrian refugees in a variety of countries, overseeing innovative programmatic activities and improving the lives of refugees. She holds a Master of Science in Public Health, a Master of Arts in Human Security and Peacebuilding, and a Bachelor of Arts in Political Science.

e: andrea.patterson@ri.org

 Notes:

Treatment of oroantral fistula with buccal fat pad; Report of 8 clinic cases

Halil Anlar

Tepebasi Oral and Dental Health Hospital, Turkey

Background: Because the roots of the maxillary posterior teeth are close to the antral cavity, there may be a relationship between oral and antral cavities during the extraction of maxillary posterior teeth, excision of cyst tumors in the maxillary region, resulting from maxillofacial trauma or implant treatment. If this relationship is not closed, oroantral fistula may occur with symptoms such as pain, bad taste and smell, changes in sound, and food coming out of the nose. Various techniques have been described in the literature for the closure of oroantral relationship. One of these is the "buccal fat pad graft" described by Egyedi in 1977.

In this case series study, we reported our experience with the buccal fat pad graft technique, the advantages and disadvantages of the technique, and the complications encountered after the procedure.

Patients and Methods: 4 patients with root fracture displaced to maxillary sinus during the extraction, 2 patients with residual cyst that close the antral cavity and 2 patients who applied to our clinic after tooth extraction at different centers with advanced oroantral fistula.

Conclusion: Normal healing was observed in all 8 patients and none oroantral fistula occurred recurrence. Buccal fat tissue flap is a simple, fast and effective oroantral fistula closure method that can be preferred instead of buccal flap in which the height of buccal sulcus is reduced or palatal flap made by secondary healing.

Speaker Biography

Halil Anlar is a PhD scholar in the department of doctor of dental surgery at Tepebasi Oral and Dental Health Hospital in Turkey.

e: halilanlar@hotmail.com



Notes: