

Screening of Elderly for Idiopathic Normal Pressure Hydrocephalus after Falls

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Editorial

Many people with idiopathic Normal Pressure Hydrocephalus (iNPH) have been reported to have fallen before being diagnosed. There have been no previous studies on the prevalence of iNPH among the elderly with a history of falls. The efficacy of screening for iNPH in older patients who present after a fall was examined in this research. The clinical trial of gait disturbance, cognitive impairment, and urine incontinence, as well as ventricular enlargement on neurological imaging, describe idiopathic normal pressure hydrocephalus (iNPH). Clinical care for iNPH is becoming increasingly important in a rapidly ageing population, as the condition is more frequent in the elderly. Among dementing diseases, iNPH is one of the few that can be treated; a Cerebrospinal Fluid (CSF) shunt has proven to be successful, with clinical improvement reported in 60%-80% of patients. Despite the growing significance of identifying this condition, it is still underdiagnosed, owing to its non-specific symptoms and predominance among the elderly, who are more likely to have other diseases that are similar, leading to diagnostic confusion. Another roadblock is the need for an intrusive technique such as the CSF tap test to diagnose it. As a result, while numerous studies have indicated that the hospital based prevalence of iNPH is as low as 0.0085%-0.022% there may be more iNPH patients that require treatment. The most common sign of iNPH is gait dysfunction. Several studies have revealed fall rates of 60%-80% prior to the diagnosis of iNPH. As a result, while multiple studies have shown that the hospital-based prevalence of iNPH is as low as 0.0085%-0.022%, there may be more iNPH patients that need treatment. Gait impairment is the most frequent symptom of iNPH. Several studies have found that falls occur at a

rate of 60%-80% prior to the diagnosis of iNPH. The current study sought to first assess the prevalence of iNPH among the elderly following falls and, second, to compare it to that of controls. Head CT scans were performed on all individuals who had a suspicion of head trauma or an uncertain history at the time of the fall. Patients who did not consent to the CT scan, as well as those who did not have the head CT scan for various reasons, were omitted. People under the age of 60 were eliminated since iNPH is rare in patients in their 40s and 50s. Patients beyond the age of 90 were omitted since it was difficult to eliminate the impact of other comorbidities. Patients having intracranial abnormalities on a head CT scan, as well as those with a history of ventricular enlargement, such as brain tumours, cerebral contusions, and subarachnoid haemorrhage, were excluded. Patients with a history of neurological disorders, such as Parkinson's disease or hemiplegia after a stroke, which might induce gait disruption, were excluded. Patients having a lengthy history of Alzheimer's disease, Lewy body dementia, or fronto temporal dementia were excluded from the study. Patients with increasing symptoms of these diseases were included in the research to avoid underdiagnosis of iNPH, which can be difficult to identify from one another. Our institutional review board (the Clinical Research Ethics Reviews committee of Nadogaya) authorised this retrospective investigation.

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