Saudi Arabia

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Little is known regarding the attitude of practicing neurosurgeons toward decompressive craniectomy (DC) in Saudi Arabia.Objective: We aimed to explore the perspective on DC among neurosurgeons in Saudi Arabia.Methods: An electronic survey was distributed via e-mail to members of the Saudi Association of Neurological Surgery (SANS).Results: A total of 52 neurosurgeons participated in this survey. The majority of these neurosurgeons practice in a governmental (95.2%), tertiary hospital (75.5%) with academic affiliations (77.6%). Most surgeons (71.4%) agreed that the DC approach for managing refractory ICP is supported by evidence-based medicine. The majority of the participants choose to perform DC on a unilateral basis (80%). Interestingly, DC followed by duraplasty was performed by only 71% of these surgeons, with 29% of the respondents not performing expansive duraplasty.Conclusion: In Saudi Arabia, the utility of DC in cases of TBI with refractory intracranial hypertension has not been clearly defined among practicing neurosurgeons. The development of appropriate, widely adopted TBI guidelines should thus be a priority in Saudi Arabia to reduce variability among TBI care practices. In addition, a national TBI registry should be established for documenting different practices and longitudinal outcomes [1)].

Epilepsy affects individuals of all ages and genders and places high physical, mental, financial, and social burdens on these individuals. In Saudi Arabia, its prevalence is 6.5 cases per 1000 individuals. Physicians and healthcare professionals have a key role in increasing the knowledge and awareness of the general population about epilepsy. The purpose of this study was to assess the level of awareness of different aspects of epilepsy, such as, presentation; causes; social aspects of epilepsy in school, work, and social life; treatment options; and attitudes toward epilepsy of students at King Abdulaziz University (KAU) in medical and allied healthcare specialties. We also aimed to assess if the level of knowledge and attitude improves throughout the study years by comparing preclinical-year students to clinical-year students.

METHOD: This cross-sectional study included 255 participants from multiple health specialties studying at KAU. Surveys from prior validated publications were used. We divided the respondents into two categories (preclinical [2nd, 3rd, 4th-year students] and clinical [5th, 6th, and internship year]) to evaluate if knowledge and attitude are different among these two groups.

RESULTS: In general, medical students had more awareness than did students from other specialties about what to do if someone was having a seizure. A total of 17.3% of medical students answered that they would put a spoon or cloth in the mouth of someone having a seizure, whereas 21% of nursing students thought this answer was appropriate ($p = .04$). The proportion of clinical-year students who were knowledgable of the symptoms and causes of epilepsy was significantly higher than that of students in preclinical years ($p < .0001$). Only 12.3% of the clinical-year students thought epilepsy was an untreatable disease versus 35.5% of preclinical-year students ($p = .02$). Interestingly,

nursing students had the highest percentage of respondents who answered yes to surgical options (p = .009) (57.9%, n = 11), followed by dental students (50%, n = 6), medical students (46.4%, n = 78), and finally clinical pharmacy students (45.5%, n = 20).

CONCLUSION: The level of awareness among medical students was higher than that among students of other specialties, with progressive improvement over the study years. However, knowledge about surgical options was minimal. Thus, further emphasis is needed in teaching and educational campaigns, particularly for allied healthcare students [2].

1)
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2)
Alomar S, Kadi M, Alabbas D, Aljeddawi M, Alsulaiman S, Baeesa S, Sabbagh A. Awareness and attitudes toward epilepsy among medical and allied healthcare students - A survey study in a teaching hospital in Jeddah. Epilepsy Behav. 2019 Dec 11;102:106815. doi: 10.1016/j.yebeh.2019.106815. [Epub ahead of print] PubMed PMID: 31837506.