

[P05.006] Searching for Unicorns: The Neurologist as Diagnostician for Rare Disorders

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OBJECTIVE: To identify to what extent general neurologists must be knowledgeable about recognition and diagnosis of rare disorders. **BACKGROUND:** Neurology is described as the specialty of the rare and unusual. Unfortunately, neurologists are increasingly limited in available patient time necessary for diagnosis, and resources are directed away from treatment of diseases considered rare by non-neurologists. Better understanding of the variety of diseases typically encountered by neurologists is necessary for appropriate application of time, effort, and financial resources. **DESIGN/METHODS:** Retrospective analysis of all inpatient neurologic admissions for one year was performed in the largest indigent care hospital for Harris County (third largest U.S. county). This clinical setting minimized referral bias common in tertiary care hospitals. The disease list compiled by the National Organization of Rare Disorders (NORD) was used for initial screening; more rigorous data assessment was subsequently applied, excluding diseases not viewed as rare by neurologists. Both primary diagnoses and comorbid diseases were included. **RESULTS:** We reviewed 1197 inpatient neurologic evaluations at Ben Taub General Hospital in Houston, Texas, from September 2000 to August 2001. Using NORD guidelines, 452 patient evaluations (~38%) were identified as involving rare diseases. After applying more rigorous exclusion criteria, approximately one in ten admitted individuals had a rare primary diagnosis; an additional 12.5% had comorbid rare diseases or overlap of more than one rare diagnosis. **CONCLUSIONS/RELEVANCE:** In this study, we found a surprisingly large percentage of patients with rare disorders were admitted to the Neurology ward in an acute care general hospital. Although sources for bias still exist, the great catchment area for this community based hospital, combined with minimal tertiary referral bias, suggests that our evaluation may be representative of acute care neurology in large urban populations. More time and financial resources must be applied to patients with rare neurologic disorders, to allow practitioners best opportunities to diagnose and treat.