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EEG neurofeedback training-healing the wounded brain**Jamuna Rajeswaran**

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TBI constitute significant burden on health care resources in world over the impact on a person and family can be devastating. Patients with TBI experience persistent cognitive deficits, emotional changes, which contribute to the disruption of activities of daily living. The recovery of TBI would be maximized by appropriate rehabilitation. EEG Neurofeedback is an emerging neuroscience-based clinical application. The study examined the efficacy of using EEG-NFT as intervention in TBI, 60 patients were recruited for this study after obtaining informed consent. Rivermead Head Injury Follow-up Questionnaire, Rivermead Post Concussion Symptoms Questionnaire and Visual Analog Scale were used to assess the behavioral and symptomatology associated with post TBI. Neuropsychological assessment was carried out using NIMHANS neuropsychological battery 2004. The intervention group received NFT and the waitlist group did not receive any treatment during this phase. Patients were allocated to intervention and waitlist group at random. There were 30 patients in each group. Patients were given 20 sessions of NFT Patients were trained on the O1 and O2 channels for alpha theta training. Each session was of 40 minutes duration with 5-6 sessions per week. The waitlist group underwent assessment after one month. Results showed NFT is effective in ameliorating deficits in cognitive functions and quality of life in patients with TBI. Improvements were also corroborated by the clinical interview, with patients and significant others post NFT.

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Non-medicament treatment (lifestyle modification) vs. Metoprolol tartrate in young patients with mild arterial hypertension**Olena Sklyanna**

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Statement of the Problem: To compare efficacy from non-medicament treatment (lifestyle modification) and Metoprolol tartrate in young patients with mild arterial hypertension.

Methodology & Theoretical Orientation: In the present study, 70 young patients (73% males, age: 21±1 years, body mass index: 32 (28-39) kg/m²) with mild essential arterial hypertension (systolic/diastolic office BP: 152.3±4.1/97.0±2.3 mmHg) were randomized to non-medicament therapy (lifestyle modification – decreased salt intake, normalization of body mass index, regular physical activity, smoking cessation, autogenic training) or medical treatment (Metoprolol tartrate 12.5 mg twice a day) for 12 months. Patients were evaluated at study baseline and after 12 months by 24 hour ambulatory blood pressure monitoring.

Findings: 54 patients completed the study. After 12 months of non-medicament therapy mean 24-h ambulatory BP was reduced from 156.1±3.6/84.3±6.3 to 127.6±5.0/75.9±3.3 mmHg (p<0.001), of Metoprolol tartrate 12.5 mg twice a day - from 154.6±4.1/82.2±6.0 to 122.9±5.3/76.1±3.7 mmHg (p<0.001). There was no difference between both groups (p>0.05).

Conclusion & Significance: Nonmedical treatment (lifestyle modification) is as effective as Metoprolol tartrate 12.5 mg twice a day in young patients with mild arterial hypertension.

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