

Teleneurology is Limited to Patients with Chronic and Stable Diseases and is Unsuitable for Neurological Emergencies

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LETTER TO THE EDITOR

We were interested to read the article by Ansari, M.F. *et al.*, 2025 on a cross-sectional study of patient and physician satisfaction with teleneurology in the Karnataka Brain Health Initiative using the Telemedicine Satisfaction Questionnaire (TSQ) for patients and the Patient and Physician Satisfaction Monitoring (PPSM) questionnaire (Ansari, M.F. *et al.*, 2025). Among the 58 patients included, the teleconsultation lasted an average of 21 minutes, the PPSM averaged 4.33, the TSQ averaged 4.47, agreement with the quality of care was 60%, time saved was 98% and willingness to use in the future was 95% (Ansari, M.F. *et al.*, 2025). It was concluded that teleneurology has the potential to be an integral part of health care in low-resource settings (Ansari, M.F. *et al.*, 2025). Several points should be discussed.

The first point relates to the fact that all 58 patients had only one teleneurology consultation (Ansari, M.F. *et al.*, 2025). Satisfaction with a physician is highly dependent on whether he or she cares for his or her patients over a longer period of time, especially in the case of chronic neurological diseases such as those examined in this study. A single consultation says nothing about the quality of care over a longer period of time. Patients with headaches and epilepsy in particular require regular follow-up examinations to assess whether the therapy initiated is effective, is being tolerated or needs to be changed.

The second point is that it is unclear how the “GP assisted the neurologist in the examinations” (Ansari, M.F. *et al.*, 2025). Did the GP examine the patients under the guidance of the neurologist? According to the methods section, patients or their caregivers contacted the teleneurologist from home. How was the clinical neurological examination performed if there was no family doctor with the patients? The neurological examination remains inadequate if it is not carried

out by an experienced neurologist on site. A general practitioner is usually not able to replace a neurologist, even if supervised by a neurologist. As the clinical neurological examination continues to make an important contribution to the diagnosis, it is an indispensable part of the neurological assessment, particularly for the 14 patients consulting the neurology service for the first time.

The third point is that teleneurology can treat chronic neurological problems, but that it is unsuitable for the treatment of acute neurological problems. Since acute neurological problems usually require sophisticated therapeutic treatment following diagnosis, teleneurology can only be considered if such follow-up treatment is also available in the area where the patient is actually located. Even if a stroke has occurred a week before the consultation, its treatment may require an adequate transportation system, appropriate emergency departments, high-quality imaging, a stroke unit and early rehabilitation facilities. Therefore, acute or subacute neurological problems that require immediate diagnostic and therapeutic consequences should not be covered by teleneurology.

The fourth point is that the paired patient-neurologist agreement regarding the quality of care provided was only 60% [Ansari, M.F. *et al.*, 2025]. What was the reason for this low agreement? Were the patients dissatisfied with the service provided or were the neurologists dissatisfied with the information they were able to gather via telecommunication with the patient?

In summary, it can be said that teleneurology has some strengths and some weaknesses. It can only be used for chronically ill and stable patients and can perform a kind of professional counseling function. In general, a country with a neurological undersupply should strive to provide comprehensive neurological care. Teleneurologists can only partially replace real neurologists, especially in situations where a chronically ill

patient becomes an acutely ill neurological patient requiring referral and a sophisticated diagnostic workup.

REFERENCES

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