

Socio – Medical Problems with Headaches in People of Working Age in Bulgaria

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Abstract: *Based on the fact that the diseases associated with sensory innervation take over almost half of neurological diseases should be emphasized that they have social significance not only for the individual but for the society as well. Defining the problem addressed in this work is not sporadic, but is a logical consequence of a thorough examination of some theoretical and practical achievements in the area of sensory innervation and socio - medical aspect arising from damage to the morphological substrate of the trigeminal nerve. The purpose of this study is to present some socially significant diseases manifested by headaches that most - commonly found in people in active working age.*

Keywords: Sensory innervation, Socio - medical aspect, Neurological diseases, Morphological substrate

1. Introduction

The formation of a scientific problem addressed in this work, determined to a large extent the success of this study. The choice of the subject meets the following objective factors, as follows:

- 1. Novelty** - an attempt to address this problem with two different methods of disciplines. On the one hand the methods of morphology - characterizing the anatomy of (n. Trigeminal) and other methods of social medicine - defining the social aspect of the disease on the sensory nervous system.
- 2. Timeliness** - the fact that so far the country has not conducted a study of this kind.
- 3. Prospects** - because social problem in diseases of the trigeminal nerve, disrupting the adaptation of the individual, both in the family and society.

Therefore in this work will be examined various diseases and nosological units related to affecting the sensory nervous system. To determine the social aspect of these diseases on society must establish their percentage against diseases of other systems in man especially for Bulgarian population. The survey results will be presented in a separate publication.

2. Materials and Methods

In this study we did a thorough review of the information base available hospital data used in connection with diseases associated with headache of working-age people.

3. Results and Discussion

Headache is one of the most common symptoms causing patients to see a doctor. It expresses an emotional component and is of great significance for the patient's personality, behavior and social adaptation in his family,

staff and the society. The majority of patients with headache, caused by severe intracranial disease is not usually complain of headache only, but almost invariably have other symptoms and neurological signs, which point to the correct diagnosis.

The nature of the headache, as noted by the clinical medicine is much more often nonspecific. Headache occurring suddenly and short in duration, very strong in intensity, accompanied by neurological abnormalities manifested by memory disorder - an organic mental syndrome, mental changes or as a consequence of trauma or convulsions, often means intracranial disease. If it had appeared recently and is superimposed on another type of headache with a long case history is indicative of the inside - or extracranial pathology. Because headache is a reflection of systemic or local diseases, general health history of the patient's case is essential. Additionally, in the course of diagnosis must be specified:

- the nature of the pain and its location;
- aggravating and mitigating factors;
- The duration of its appearance;
- family problems;
- the current treatment;
- harmful habits (use of various substances such as alcohol, tobacco, caffeine and drugs).

The pain may be with the nature of s pressing, throbbing, stabbing, burning with stabbing with a sharp piercing or tightening.

Tension headache is often described as a pressing or tightening pain. Sharp, stabbing attacks of pain usually occurs in trigeminal neuralgia. Burning pain occurs most frequently in the course of cranial neuralgia or thalamic lesions. Acute, sudden pain in subarachnoid hemorrhage (SAH) is described by patients as most - strong headache ever experienced in their lives. Migraine pain is provoked and usually increases when exposed to bright light or loud noise causes the patient to withdraw to a quiet and dark room. Headache in meningeal irritation increases during

flexion of the head. Stress can intensify tension or migraine headaches, but both types of headaches do not appear on the background of apparent stress.

Causes of the disease of trigeminal neuralgia vary, making it very popular. Neuralgia can occur as a result of viral and bacterial infections, diabetes, poisoning, gout, and after exposure to wind current.

Pain of trigeminal neuralgia is a with typical clinical picture. It is stabbing, as electric current, needles or burning state after combustion. Pain is provoked by chewing or by touching the lips or cheek. Each pain attack lasts a few seconds. Usually patients have no complaints between relapses, which may occur many times. The latest occur every few minutes every week or month. Trigeminal neuralgia may be a manifestation of another disease, such as multiple sclerosis, and in some patients is due to compression of the n. trigeminus corrugated artery in the back craniocerebral well. None of the various types of pain, with the exception of pain associated with trigeminal neuralgia is not sufficiently specific, but often points to its probable etiology. Except, the overall medical examination, which can detect a systemic disease, the testing of all cranial structures, including cranial nerves, is essential for the diagnostic process, and consultations with different specialists. There is no standart model when working with patients suffering from headache, which it is why the approach to every suffering individual must be consistent not only with the medical dogma, but with his character features.

4. Conclusion

The state of health of the nation is evaluated based on the following social - medical factors:

- 1 demographic processes;
- 2 morbidity;
- 3 risk factors;
- 4 physical development;
- 5 ability and self-assessed health.

Following factors have a direct medical - social and socio - economic dependence and influence not only personally but also socially.

Should be taken in consideration the age of the onset of headaches. Tension headaches usually appear later in puberty, and migraine begins most often in the second or third decade. Although headache after 50 years.of age may be a migraine one or tension, you need to think of temporal arteritis, stroke, transient ischemic attack (TIA), cerebral hemorrhage, SAH, a brain tumor or glaucoma. Chronic pain leads to deviations from the normal functions of the individual and often invalidation. It is crucial to emphasize that these are people in active working age. Receiving of benefits, or pension instead of salary have negative socio - economic consequences not only for the individual but for society as health and social systems, are being loaded:

1. public health is a system of growing diversity of social - health phenomena that are in constant balance and relationship between "reason - consequence." therefore

instead conclusion we would suggest the following recommendations:

2. prevention and education of patients to improve self-assessment of health;
3. improving the physical development of the nation;
4. limiting the risk factors of life.

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