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Keywords: Disability; Handicap; Burden of disease; Chronic condition; Attributable fraction; Comorbidity

Objective.– Representative national data on disability are becoming increasingly important in helping policymakers decide on public health strategies. We assessed the respective contribution of chronic health conditions to disability for three age groups (18–40, 40–65, and 65 years old) using data from the 2008–2009 Disability-Health Survey in France.
Methods.– Data on 12 chronic conditions and on disability for 24,682 adults living in households were extracted from the Disability-Health Survey results. A weighting factor was applied to obtain representative estimates for the French population. Disability was defined as at least one restriction in activities of daily living (ADL), severe disability as the inability to perform at least one ADL alone, and self-reported disability as a general feeling of being disabled. To account for comorbidities, we assessed the contribution of each chronic disorder to disability by using the average attributable fraction (AAF).
Findings.– We estimated that 38.8 million people in France (81.7% [95% CI 80.9;82.6]) had a chronic condition: 14.3% (14.0;14.6) considered themselves disabled, 4.6% (4.4;4.9) were restricted in ADL and 1.7% (1.5;1.8) were severely disabled. Musculoskeletal and sensorial impairments contributed the most to self-reported disability (AAF 15.4% and 12.3%). Neurological and musculoskeletal diseases had the largest impact on disability (AAF 17.4% and 16.4%, respectively). Neurological disorders contributed the most to severe disability (AAF 31.0%). Psychiatric diseases contributed the most to disability categories for patients 18–40 years old (AAFs 23.8%–40.3%). Cardiovascular conditions were also among the top four contributors to disability categories (AAFs 8.5%–11.1%).
Conclusions.– Neurological, musculoskeletal, and cardiovascular chronic disorders mainly contribute to disability in France. Psychiatric impairments have a heavy burden for people 18–40 years old. These findings should help policymakers define priorities for health-service delivery in France and perhaps other developed countries.

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Severe neurological impairment and problematic emergency recourses: The construction of a non-transferable patient

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Keywords: Healthcare networks; Emergency transfers; Disability; Hospital organization

Objective.– The ministerial circular of June 2004, the 18th, described the "good conditions" of a multidisciplinary organization for neuro-traumatic healthcare networks. Difficulties for an upstream return in case of acute complication during a stay in a PRM department constituted the basis of this study. Some patients' transfers from PRM were not executed in a convenient way. The aim of this study was to determine the causes of these problematic transfers.
Patients and method.– Six severe handicap cases with a history of problematic upstream transfer during an hospitalisation in the neurological PRM department of Nantes' University Hospital (F) between 2006 and 2012: semi-structured interviews, first of the six patients and of their closer family circle, secondly of 16 acute healthcare professionals (emergency medical service and transport, respiratory intensive care unit, resuscitation departments). Analysis with the support of literature in social sciences and humanities.
Results.– Several explanations of transfer difficulties, structural (notably a lack of beds in the upstream units) or linked to the confidence from the acute healthcare departments (anticipation of various "risks" at the PRM department level: turning back of the patient, tracheotomy and future dependency towards an artificial breathing apparatus, the question of active treatments limitation or cessation). A third level of explanation directly related to the patients' functional status: an a priori unfavourable opinion in case of cognitive impairment, especially for born-native pathologies, multiple sclerosis or brain injury in case of lack of perceived improvement since the admission in the PRM department.
Discussion.– Two essential findings appeared: a misunderstanding of the professional practice between PRM and acute healthcare units, in spite of common practices, and an imperfect perception of the patients' future by the upstream departments practitioners. A kind of disabled patient who could be transferred with difficulty was especially constructed in case of cognitive impairment within precisely defined pathologies. The final goal of our "action sociology" study is to make clearer the daily medical practices within the framework of emergency transfers of severely impaired patients in order to promote a renewed fluidity within our healthcare networks.

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Premises of a care network for the orientation and rehabilitation of severe traumatic brain injury (TBI) patients in the Parisian area, France

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Keywords: Care network; Traumatic brain injury; Neurosurgery

Objectives.– To improve rehabilitation care access for adult patients with TBI after discharge from neurosurgery in the Parisian area. To identify care possibilities according to patients' needs.
Material/patients and method.– Four-month follow up of severe TBI patients in three out of the six Parisian neurotrauma centres. Referral suggestions, discharge to neuro-rehabilitation, specialized follow-up consultations. Survey on regional neuro-rehabilitation centres, addressing care access provided to traumatic brain injured patients.
Results.– On 142 identified adult brain injured patients (76 traumatic brain injury, 43 subarachnoid hemorrhage), 73 were evaluated. All 25 severe traumatic brain injured patients discharged from neurosurgery were admitted in rehabilitation or guided toward specialized follow up. Ten "bed-blockers" accumulated 36 months of unjustified acute-care hospitalization.
Discussion.– Care pathways management for TBI patients in the Parisian area are complex, owing to the density of population, the emergency care organization, the important number of rehabilitation centres and the unfamiliarity of acute care practitioners with their specializations. Cognitive follow-up assessments are lacking. Interventions of dedicated medical staff aware of TBI patients in intensive care and neurosurgical units could improve follow-up quality. A specific care network would facilitate identification, evaluation, rehabilitation, and re-entry into society for brain injured adults in the Parisian area.

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Periodic review of health for population with disabilities in Normandy preliminary results for 2012

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