SMON examination in Tokushima: Results of 2010

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Abstract

A medical examination of the SMON in Tokushima of 2010 was reported. There were 34 testees this year. Twenty-three of them had a medical checkup in a group, six had a medical checkup at home, and five had a medical checkup in Tokushima National Hospital. This was a smaller group of medical examination testees than an average year. There were three elderly people aged over 90. One was over 100 years old. There were two young persons with early onset of the disease (18 years old). The everyday life became independent together. The one had a family, and we had a part-time job. One more was single, and felt uneasiness about having a single life. A medical examination testee decreases gradually with aging of SMON patients. Measures to increase the number of medical examinations by arranging visits are necessary. A future problem may be that many patients are reluctant to be visited at home.

Keywords: SMON in Tokushima, medical checkup, Tokushima National Hospital

Introduction

The sale of chinoform was halted 41 years ago. Subsequently, no new SMON cases were reported. Also, the number of SMON patients decreases with the course. The weathering measures of the SMON are performed as activity such as "gathering workshops of the SMON" 4). We have been checking on the SMON patients in Tokushima every year for many years. In this study, the results for 2010 are reported.

Subjects and methods. The subjects were patients with SMON who are resident in Tokushima and enrolled in an SMON investigation individual vote. We conducted a mass checkup and at-home examinations. Furthermore, we checked on the patients...
hospitalized in Tokushima National Hospital and outpatients of the hospital. We went in the large meeting room of the Tokushima-shi handicapped persons interchange plaza. Three examination areas, each with a medical examination desk and an examination couch were prepared in the meeting room. An electronic height measuring instrument, a set of scales and a sphygmomanometer were prepared for physical measurement. The physical situation and the present social conditions were described by the SMON patients. Also, a neurological medical examination was conducted.

Results

Thirty-four people received a medical examination in 2010. They comprised 11 men and 23 women. The average age was 78 years old. The average age at which the disease was contracted was 43 years. The mass checkup covered 23 people. Six people had a medical examination during an at-home visit. The testees in the Tokushima National Hospital outpatient department numbered four people. The hospitalized patients were alone. Outpatient department. Time of contraction of disease. As shown in Table 1, the age of the patients who had a medical checkup at home was the highest. The age of the patients who had a medical checkup in a group was the second highest. The patients who had outpatient consultations were the youngest. The Barthel Index (42 points) of the patients who had a medical checkup at home was the lowest. Most of the patients who received home care had family medicine. Frequent complications included cataract, hypertension, and arthropathy. The number of patients with a BMI (Body Mass Index) of 25 or more was six this year. Many patients were aware of forgetfulness but in four patients this was complicated by obvious dementia. There were three elderly people older than 90 years. There were two patients with early onset (onset at 18 years old). Two women patients were 61 years old. One had a part-time job; the other was uneasy about single life in the future.

Table 1 . Patients with SMON that received a medical examination in 2010

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Men + Women</th>
<th>Mean age</th>
<th>BI (mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass checkup</td>
<td>9</td>
<td>14</td>
<td>23</td>
<td>78</td>
<td>85</td>
</tr>
<tr>
<td>Checkup at home</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>86</td>
<td>42</td>
</tr>
<tr>
<td>Outpatient department</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>68</td>
<td>85</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>83</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>23</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age</td>
<td>76</td>
<td>79</td>
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<td></td>
<td></td>
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<tr>
<td>Mean age at onset</td>
<td>33</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Disease duration</td>
<td>43</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BI: Barthel Index
Discussion

Forty-five years have passed since the sale of the chinoform agent was halted in (1970) in 1970[1]. As a result, it is over 41 years since SMON patients began to contract the disease. The average disease contraction time of SMON patients in Tokushima prefecture is 43 years. The average age of the testees was 78.

The number of patients in 1972 when a meeting (patients association) of the Tokushima SMON was organized was 155. The number of patients in 2010 is 61. In other words, 94 patients died over 39 years. The medical examination results that we examined corresponded to the national tendency of the average year. Most patients had family medicine. Even if the patients were living alone, a nearby doctor could be contacted in an emergency. Three patients were over 90 years old. One was over 100 years old. Three people used nursing care insurance. Furthermore, they received close support from family members. There were two women with young onset (18 years old). The Barthel Index scores for them were 95 and 100 points. The degree of their disorder was very mild. As well as support in terms of food, clothing and shelter, mental support seemed to be needed. The weathering measures of the SMON are performed as activity such as "gathering workshops of the SMON" positively in this study squad. The number of medical examination testees of the aging is shown in Table 1. A mass checkup in the Tokushima public health center began in 1990. More than forty people participated constantly from 1999. In 2010, the number of the people having an examination decreased. This may be associated with a decrease in the number of testees to have changed a place in a medical examination this year. However, a decrease in the number of testees due to aging will be a main factor. The number of medical examinations conducted at home should be increased.

References