

# ACRM Travels the Globe: Conference Call from Chennai, India

Interview with Narinder Kapur, FBPsS, Consultant Neuropsychologist

The World Federation of Neurological Rehabilitation (WNFR) recently sponsored a rehabilitation conference in Chennai, India. Dr. Barbara Wilson from the U.K., Drs. Robyn Tate and Michael Perdices from Australia and Dr. Jim Malec from the U.S. were among 139 delegates attending. Courtesy of Dr. Narinder Kapur (U.K.) and a discounted book rate from ACRM, 10 copies of the ACRM Cognitive Rehabilitation manual were distributed at a book fair for brain injury professionals from India, Bangladesh and Pakistan.

The following interview with Dr. Kapur of the Imperial College Healthcare NHS and University College London, presents highlights of the conference and discusses some of the issues with respect to cognitive rehabilitation service delivery and training in the Indian subcontinent.

**Dr. Kapur, would you mind sharing some of the highlights of this rehabilitation conference, and of the dissemination of cognitive manuals more specifically?**

The workshop was sponsored by the World Federation of Neurological Rehabilitation (WNFR), and also locally by a charitable Trust in Chennai, the Chatnath Trust. The conference was organized by a Chennai-based neurosciences centre, NeuroKrish ([www.neurokrish.com](http://www.neurokrish.com)). The WNFR sponsorship was part of their 'flying faculty' scheme, whereby travel costs for faculty are funded to receive training in countries where a particular rehab discipline may not be well developed. The 'flying faculty' has traditionally qualified staff, and this was the first time that psychologists had been funded to take part in the scheme, thanks to the efforts of Dr. Barbara Wilson. The workshop mainly featured talks and clinical case presentations related to



**International faculty at Chennai conference, dressed in traditional welcoming shawls, together with the two conference organizers. From left to right, Nithya Mohan (local organizer), Barbara Wilson (UK), James Malec (USA), Narinder Kapur (UK), Michael Perdices (Australia), Robyn Tate (Australia), Ennapadam Krishnamoorthy (local organizer).**

Neuropsychological Rehabilitation, though one session was devoted to diagnostic issues relating to dementia. Topics covered in the sessions included rehabilitation of cognitive, behavioural and emotional disorders; overviews of stroke, traumatic brain injury and encephalitis; and talks on neuropsychological assessment and combining research with clinical practice, in particular the use of single-case study designs. There were around 20 poster presentations that highlighted Neuropsychology research and clinical practice in India.

**What have been some challenges & opportunities for health care professionals to train in and practice clinical services to individuals with acquired brain injury in India?**

One of the messages that came through from the talks by Indian speakers at this conference and also at the 2013 Kolkata

conference was the relative dearth of resources and expertise relating to Neuropsychological rehabilitation in India, especially outside the six major urban cities. I therefore, decided to organize a 'Gandhi book fair', which was also supplemented by a Gandhi scholarship scheme. The choice of name is not fortuitous. It symbolizes the ability to develop and foster growth, as well as the resilience to overcome obstacles and thrive in the face of limited resources. The book fair included Neuropsychology books and tests that colleagues in the UK and elsewhere had donated, along with some from my own collection, which I shipped to India. No sooner had we displayed the books on the first morning of the meeting, including The American College of Rehabilitation Medicine recently published 133-page manual, than the tables were surrounded by delegates, and most of the books were gone within an hour! I donated copies of the manual to neuropsychologists in each of the major neurosciences centres in India, as well as to those in Sri Lanka, Bangladesh and Pakistan.

The money raised from the book sales along with an added personal donation, came to serve a local charity that looks after orphaned children and also elderly in need ([www.sevalaya.org](http://www.sevalaya.org)).

**What has been the general reception of cognitive rehabilitation among the health care providers and consumers in India?**

The lack of sufficient number of health care workers and services for individuals with acquired brain injury is indisputable. For example, a city like Kolkata, with a population of more than 10 million people, may have two or three trained neuro-psychologists. Some of those professionals may have been fortunate to be sponsored to travel to countries like the U.K, for additional training.

*The eagerness of providers in India to learn about Western rehabilitation methods was extremely gratifying. The support from WNFR and ACRM for our educational outreach should translate into more extensive availability of evidence-based therapies for individuals with brain injury in India."*

James F. Malec, Ph.D., ABPP-Cn, Rp Professor & Research Director PM&R,  
Indiana University School of Medicine & Rehabilitation Hospital of Indiana / Emeritus Professor of Psychology, Mayo Clinic



### What are additional challenges for cognitive rehabilitation specialists to practice in India?

There are several additional factors which make cognitive rehabilitation in India more challenging:

In India there appear to be more frequent and more significant issues relating to insight among ABI survivors; this could best be overcome by involving consumers and their families in specific efforts targeting education, explanation and feedback.

Family dynamics appear to be more significant in a number of the Indian clinical cases, as there are often tendencies to over-protect a patient or make decisions for them. Here again, education and communication issues are key, as well as how to bring about interventions in a tactful fashion.



Proceeds from book fair being donated to Mr S Murali, head of local Chennai charity, Sevalaya

The effects of literacy on executive function task performance based on some of the talks by Indian speakers, remind us that investigations and treatments that we take for granted may not be available, or only available at high cost, in such countries – this includes tests for rarer forms of encephalitis, amyloid PET scans for Alzheimer's Disease, and some genetic tests; it also includes treatments such as intravenous immunoglobulin and plasma exchange for auto-immune encephalitis.

Finally, conditions that we see relatively seldom in the West, may be common in India, such as HIV-related cerebral pathology, which may sometimes take the form of TB Meningitis.

These elements bring home points that may be of relevance to UK neuropsychologists in clinical practice, since many of us see an

increasing number of south Asian patients in our NHS work.

### What have been some running research and clinical projects in the region? What are some future initiatives you would like to pursue with respect to cognitive rehabilitation in this region?

Unfortunately, I am not all that familiar with the research initiatives there; I do know however, that there have been several attempts in India to construct and standardize culturally and linguistically appropriate assessment tools with the intent of increasing accuracy and validity in the evaluation and treatment of acquired brain injury (be it related to injury or disease process).

On my part, I hope to continue to meet with health care professionals across the region, including some smaller scale cities, and provide resources & support. I hope to get additional copies of the ACRM manual to distribute to professionals across India, Sri Lanka, Pakistan and Bangladesh.

Overall, judging by the questions and active audience participation in Chennai, the

meeting was a great success. To combine such a meeting with some form of Gandhi an initiative is an added bonus and makes it all very worthwhile.

Narinder Kapur, FBPS  
Consultant Neuropsychologist Imperial College Healthcare NHS Trust  
Department of Neuropsychology & Health Psychology  
Psychologyn.kapur@ucl.ac.uk

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Gandhi book fair