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accessibility, etc. The WHO's International Classification of Diseases (ICD-10) providing an etiological framework together with WHO's International Classification of Functioning, Disability and Health (ICF) describing functioning and disability associated with health conditions permit both better assessment of the situation and the needs of patient populations and more rational decision making. These new models place medical care into the social environment and context and consider disability not as an "attribute of a person, but rather a complex collection of conditions, many of which are created by the social environment" (e.g., full integration of individual persons into society). With a solid international ethical background for medicine established and international concepts for dealing with disabilities in place, it is up to national health care policies to enable the medical community to provide appropriate rehabilitation services, like neurorehabilitation, to those in need. However, it is an ethical imperative that physicians act as advocates of patients, who are not able to claim for their own interests and rights.

S8C-2 **The Present Status of Rehabilitation Rights of the Patient with Neurologic Disorders in the Mainland of China**

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Background: Neurologic disorders, such as cerebral vascular disease (CVD), degenerative disease, peripheral neuropathy, and others, can lead to multiple dysfunctions. Neurorehabilitation, the main method to ease the dysfunction, has been given great recognition. Also, more and more attention has been paid to it in the mainland of China. The article is to reflect the neurorehabilitation status in the mainland of China with respect to the varieties and costs of neurologic disorders managed in China Rehabilitation Research Center (CRRC) during 2002 through 2004. *Methods:* To collect the information of inpatients managed in the neurorehabilitation department of CRRC during 3 past years and analyze the varieties and costs of neurologic disorders. *Results:* With the review of the inpatient information, it can be concluded that CVD is the most common cause. The 2nd is traumatic brain injury. Degenerative disease, multiple sclerosis, and the others are seldom seen. As for the costs, 7.66% is covered by medical insurance, 42.48% is from free medical care, 42.2% is at patients' own expenses, the others are 7.66%. *Conclusion:* Patients resulted from CVD that received the rehabilitation constituted the biggest part. The reasons may be concerned with incidence of varied kinds of disease, the levels of cognition about rehabilitation, and the limitation of payment.

S8C-3 **Neurorehabilitation and the Epoch of Globalization**

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During the past years, neuromodulatory techniques have led to enormous improvement of choice in neurorehabilitation regarding impairment and disability. Everybody's talking about DBS, pumps, FES, locomat, and other techniques, which have become established firmly. For some time, even stem cell therapy is also discussed in neurorehabilitation. But we have to face the facts that the world is practically divided in 2 parts. A not insignificant part of world population has much more burning unresolved problems with poverty, hunger, and all kinds of infectious diseases like HIV, TBC, and malaria. Therefore, they prioritize elimination of these scourges and put under compulsion the handling of disability and handicap last. The rich part is fighting against explosion of health care system costs the society is not willing to cover to the same extent as up to the present. Their problems are not infectious diseases. Their burden is, on the one hand, diseases of affluent society and their consequences and, on the other hand, the age pyramid, which has become upside down. In addition, unemployment figures are increasing at the same time. In this part of society, neurorehabilitation has to ask first how to start up with all disabled and handicapped persons and second who is willing to pay for all the necessary and demanding, in particular expensive, techniques. In the growing unsupervised zone of health care systems, economy and material constraints gains increasingly the upper hand, and we are endangered that capitalism guzzles amongst his children the disabled first. Therefore, not at least an answer is requested how to reach the real goals of rehabilitation: social and vocational integration of our disabled and handicapped neighbors.

S8D-1 **Current Treatment in Epilepsy**

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Background: After stroke or trauma, but also in association with degenerative processes, often epileptic disorders are observed. These require special attention for several reasons. *Methods:* 1) The treatment of epilepsy may interfere with the process of brain plasticity; thus, the treatment may impede rehabilitation. A review of the effects of antiepileptic drugs on brain plasticity will be given. 2) These lesions often occur in older patients. In these patients many metabolic parameters are altered, which has to be taken into account when choosing the appropriate treatment. Furthermore, many of these patients take several drugs; thus, drug interactions become especially important. *Results:* The prevalence and incidence of epilepsy after stroke and trauma, as well as in association with degenerative disorders, will be reviewed. Furthermore, specific mechanisms, which cause epilepsy after such lesions, will be described. Special emphasis will be placed on the role of age in the choice of treatment schedules. A review of the currently available drugs and their suitability for these patients will be given. *Conclusion:* The newly available drugs for the treatment of epilepsy offer better treatment possibilities in patients who have secondary epilepsy.

S8D-2 **Neuromodulation in the Treatment of Refractory Epilepsy**

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A significant number of patients with epilepsy are poorly treated despite currently available medical and surgical treat-

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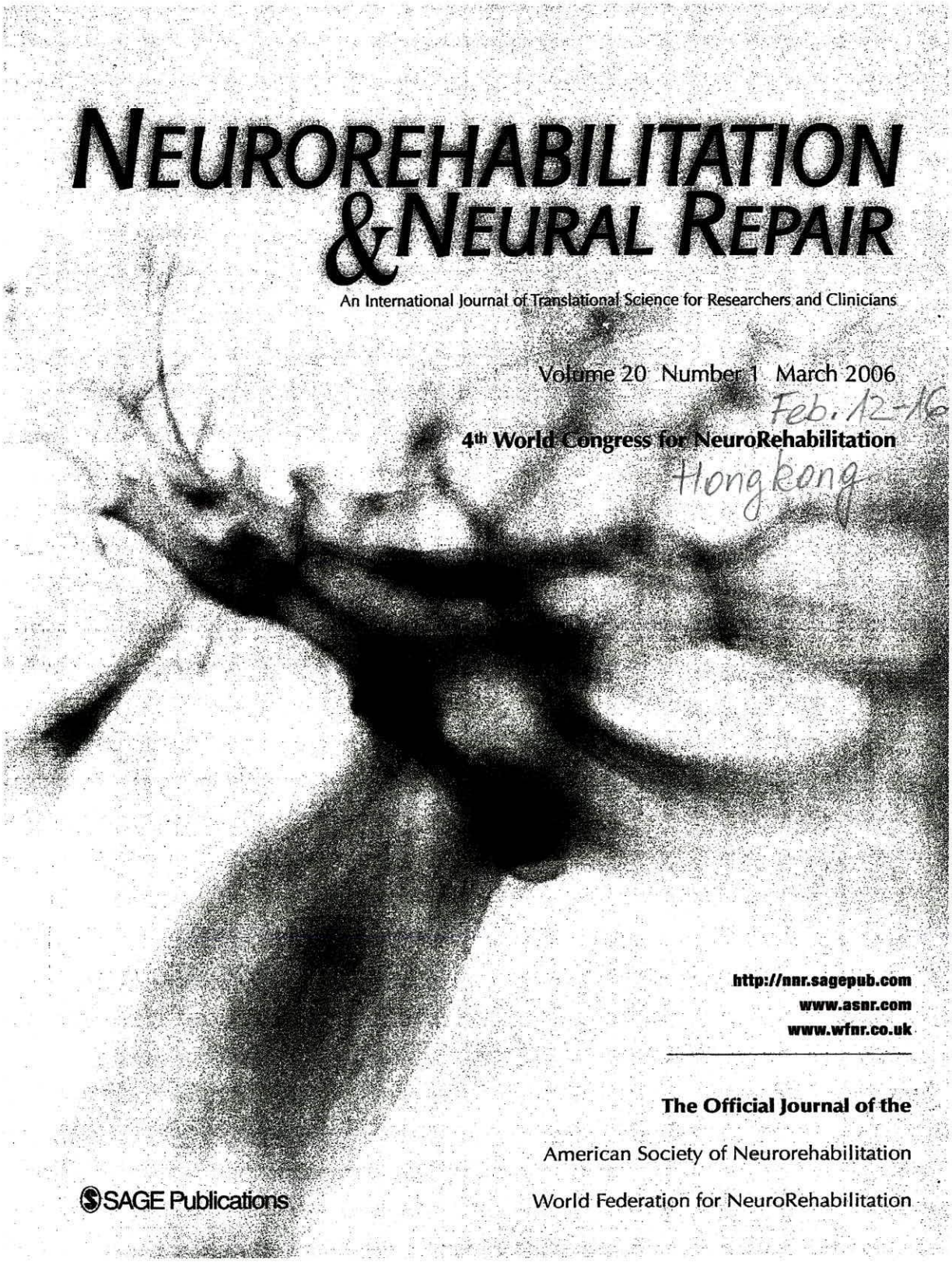

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