



## Original Article

## Evaluation of Patients' Knowledge, Attitude, and Practice Regarding Secondary Complications in Spinal Cord Injury

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### ABSTRACT

**Background:** Spinal cord injury (SCI) is a debilitating condition that imposes a significant socio-economic burden on patients and society. Secondary complications are one of the most crucial issues that may arise in these patients and contribute to the overall disease burden. This study aims to assess the knowledge, attitudes, and practices of patients with SCI concerning secondary complications. **Methods:** In this cross-sectional study, the authors evaluated the knowledge, attitudes, and practices (KAP) of patients with spinal cord injury regarding secondary complications. Patients with SCI were identified through the hospital information system. Data were collected using a demographic and clinical information questionnaire and a three-part questionnaire covering knowledge, attitudes, and practices.

**Results:** A total of 180 patients participated in this study. The findings revealed a moderate level of knowledge, attitude, and practice, with respective mean scores of 84.12, 13.62, and 21.5 in patients with SCI.

**Conclusion:** The patients' knowledge, attitude, and practice regarding potential complications of spinal cord injury was moderate. Significant relationships were found between education and knowledge, attitude, and practice. Additionally, a significant relationship was observed between knowledge and gender. While there was no significant relationship between age and knowledge or practice, a reverse relationship was identified between age and attitude.

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### Introduction

Neuronal death and disability resulting from the failure to regenerate axons after a spinal cord injury (SCI) can lead to permanent and irreversible deficits in some patients [1, 2]. Road accidents are responsible for the highest number of SCI cases among various factors.

In traumatic cases, blows to the spine, often involving vascular injury, fractures, vertebral dislocation, or a combination of these factors (fracture-dislocation), can lead to SCI [3, 4]. Non-traumatic cases, accounting for approximately 31% of spinal cord injuries, are attributed to causes such as tumors, infectious agents, severe osteoarthritis of the spine, disc herniation, poliomyelitis, syringomyelia, spina bifida, Multiple Sclerosis (MS), Amyotrophic lateral sclerosis, and more. These non-traumatic factors can also result in spinal cord damage. Rarely, certain surgeries, spinal injections, radiation, and

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