



# Emergency Plan

Do you have a plan in the event of an emergency?

**W**hat went through your mind when you read that question? Did you imagine a fire, an earthquake, a tornado, a flood? Depending on where you live, you may be much more likely to face a medical emergency than any of these.

In this issue of *Neurology Now* we bring you stories about two common and potentially devastating neurological emergencies: head trauma and stroke. In both cases, time is brain, and I mean that literally. The quicker the patient gets the treatment she needs, the more likely it is that permanent brain damage can be reduced or avoided.

Natasha Richardson's tragic skiing accident provides important lessons to the rest of us. The first is that a head injury can never be taken lightly. The second is that helmets are essential to help prevent head injury in many situations. Read the signs on page 9 indicating the need for immediate hospital evaluation following a head injury, and adopt them as part of your neurological emergency plan. We can honor Ms. Richardson's life by helping to prevent a similar tragedy. That means insisting on the proper use of protective head gear and understanding the urgent need for proper evaluation and treatment following head trauma.

Stroke is the third leading cause of death and one of the leading causes of disability in the United States, according to the American Stroke Association. Because experts estimate that 80 percent of strokes can be prevented, the best place to concentrate our efforts is on prevention. Robert Guillaume, like many of the other 795,000 Americans with stroke, learned the hard way about the importance of prevention—*after* a stroke had already occurred. But it is also important to recognize the signs of stroke as well as the importance of getting help quickly. After a stroke occurs, there is a four-and-a-half hour window of opportunity for using the clot-busting medication, tPA. This medication breaks up the blood clots that prevent blood flow to a part of the brain in one of the major stroke categories: ischemic stroke. It cannot be used in hemorrhagic stroke, the second major category. In fact, the reason for the limited time window for using tPA is that it can cause

brain hemorrhage if given too late in the process. With a stroke occurring every 40 seconds in the United States, odds are you will eventually be in the position of having to recognize that a stroke is occurring and take action. It's crucial that you're prepared.

Bringing you *Neurology Now* six times a year requires the work of a diverse and dedicated team, which includes our outstanding Editorial Advisory Board.

The names of our Editorial Advisory Board are listed on page 2. All of these men and women are dedicated volunteers. They serve as experts for our writers and review the ads we run to make sure that the risks and benefits described are accurate and balanced. They provide careful critiques of each issue and, like our readers, give the editorial staff feedback about what we can do better.

Some recent suggestions from the Board have been to stress disease prevention and to provide more information pertaining to caregiving and the psychological aspects of neurological disease. They urged us to work harder to balance hope with realism when we bring you stories about new therapies, and suggested a point-counterpoint format for presenting controversial

information. We are looking forward to incorporating these ideas, along with those we have gotten from our readers, in upcoming issues of *Neurology Now*.

I want to take this opportunity to publicly thank the members of the Editorial Advisory Board. All too often, instrumental people who work behind the scenes are invisible precisely because they do their jobs so well. They are our unsung heroes. What about the unsung heroes in your life? Tell us about them—and don't forget to find a way to let them know how much you appreciate them.

My very best,

Robin L. Brey, M.D.  
Editor-in-Chief



The quicker a patient gets treatment, the better.