This edition sees a number of manuscripts from around Australia and Indonesia. It begins with what was originally the winning poster at the 2015 ANNA Conference, in which their study proposed local (rural) management of TLSO braces without the need for tertiary referral.

In 2014, the Indonesian Neuroscience Nurses Association came into being through the drive and determination of a few Indonesian neuroscience nurses. The following paper outlines the struggle for recognition of neuroscience nursing in a country in which geography, economic, political and cultural factors influence decision making. This is a collaborative piece which shows the way ANNA members can effect change through collaboration with nurses outside of their own country.

Detecting neurological change is a pivotal point in neuroscience nursing and nurses are required to be at the “top” of their game to ensure that any change is met with appropriate action. The article Top of the Charts gives insight into the importance of detecting change with another approach to charting.

Nursing handover has been in the forefront of comment of late and the EPIC article gives an excellent account of the way neurosurgical clinical handover should support a timely, relevant, structured report that is paramount to ensure a safe and optimal outcome.

The Life and Trials of a Pseudomeningocele is an interesting case study that highlights the Chiari malformation as well as the complications following surgery and how nurses are best equipped to influence outcome.

We have also republished an excellent manuscript, A Neurological Integrated Care Pathway, due to the previous unforeseen omission of two images.

Enjoy!

Aneurysmal Subarachnoid Haemorrhage: Stroke or Not?
I have always had an interest and have been a strong advocate for improving epidemiological research attention. For the last few years my research area has been aneurysmal subarachnoid haemorrhages (aSAH). Like many before me I have noted that they are marginalised and isolated from general stroke research by their small numbers and indifferent symptom presentation and the fact that they are often classed as a ‘neurosurgical condition’. Despite this there are distinct common threads pertaining to the presentation of aSAH and ischaemic stroke, including time to treatment, the importance of timely intervention and the crucial role of early rehabilitation. It is perhaps these parallels that need to be explored further in justifying the inclusion of aSAH in stroke epidemiological databases and national stroke registries.

The advent of thrombolytic treatment as a registered stroke treatment changed the identity of stroke forever. The transition and global research focus on ischemic events and time to treatment occurred almost effortlessly. However, this transition has had a detrimental effect for the treatment of hemorrhagic strokes, particularly aSAH.

The global emphasis on ischaemic events has resulted in a lack of clarification pertaining to the definition of stroke. Has anyone looked closely at a literature search utilising just the word “stroke”? When one does, the result is an assumption by many authors that the reader will naturally assume the word stroke to be associated with ischaemic events.

To reconcile the misrepresentation of stroke as primarily an ischaemic event, haemorrhagic events and in particularly aSAH, need to be acknowledged in the literature and public awareness campaigns as stroke subtypes. Likewise a clear context statement or definition that limits published research to ischaemic events would also aid clarification.
The pathway to enhancing stroke care can only be achieved through an integrated system of monitoring at a national level. The narrowed definition and primary focus on ischaemic events has led to haemorrhagic events, particularly aSAH, being disengaged and not represented in national level data. The impact of stroke on the Australian population, whilst well documented, is not representative of all stroke subtypes.

Likewise, whilst the natural history and best medical practice following an aSAH has been well established, existing guidelines do not focus on preventative initiatives and the role of public awareness campaigns or epidemiological data collection.

Nurses play a key role in health promotion and are well positioned to increase public awareness and advocate for the inclusion of both ischemic and haemorrhage stroke in national stroke registries. In the coming year I look forward to seeing a change and all stroke subtypes included in the national registry.