

Preface



Robert Silbergleit, MD Romergrzyko G. Geocadin, MD
Guest Editors

Neurological emergencies are a common presentation, with more than 1 in 14 visits to the emergency department resulting from symptoms referable to the nervous system or in diagnoses of a nonpsychiatric disease of the nervous system or neurotrauma. Moreover, neurological emergencies represent a huge burden of disease. Eight conditions (acute ischemic stroke, intracerebral hemorrhage, subarachnoid hemorrhage, traumatic brain injury, spinal cord injury, bacterial meningitis, status epilepticus, and hypoxic ischemic encephalopathy) affect 1.1 million patients per year and are responsible for 250,000 deaths annually in the United States. Patients with these conditions who live have substantial functional impairment. Collectively, these neurologic conditions are the leading cause of permanent adult disability.

Until recently, emergency and critical care aspects of these neurologic disorders were not a substantial part of the training or practice mindset of any specialty groups. Over the past several years, however, parallel efforts within emergency medicine and neurocritical care have focused on and developed expertise in the emergency care of patients with critical neurological illnesses and injuries. Within emergency medicine, there has been increased attention paid to the neurological emergencies in the specialty's curriculum and residency training, and neurological emergencies have become a major focus of NIH clinical research funding for investigators in emergency medicine. From a broad range of specialties, particularly neurology, anesthesiology, internal medicine, and neurosurgery, evolved a group of specialists focusing on the life-threatening conditions of neurologic disease that has formally been amalgamated into the Neurocritical Care Society (www.neurocriticalcare.org). Perhaps not surprisingly, specialists in emergency medicine and neurocritical care have a lot in common, including the skills and a penchant for rapid patient assessment and early intervention. Working together from these new disciplinary bases, all of us have an opportunity to improve the care of patients with neurological emergencies in ways that were not possible before. This is an exciting time.

In a sense, this issue of *Emergency Medicine Clinics of North America* is a manifestation of the merger of emergency and critical care neurology. The authors of each article provide expertise from both emergency medicine and acute care neurology and have focused on the approach to patients with neurological conditions, rather than on

static facts about the pathology itself. In so doing, the articles are relevant to both academics and those in community practice, as well as to practitioners of emergency medicine and acute care neurology. To some, these articles may convey new ideas or practices, while others may look to them for a consolidated view of management strategies of which they were already aware, but there is something here for everybody. It is fortunate that patients with neurological emergencies are finally getting the attention they are due, and we feel fortunate to have helped assemble these articles in this emerging field.

Robert Silbergleit, MD
Department of Emergency Medicine
University of Michigan Neuro Emergencies Research
24 Frank Lloyd Wright Drive, Lobby H, Suite 3100
PO Box 381, Ann Arbor, MI 48106

Romergruko G. Geocadin, MD
Neurosciences Critical Care Unit
Johns Hopkins Bayview Medical Center
Baltimore, MD

Johns Hopkins University School of Medicine
600 North Wolfe Street–Mayer 8-140
Baltimore, MD 21287

E-mail addresses:
robie@umich.edu (R. Silbergleit)
rgeocad1@jhmi.edu (R. G. Geocadin)