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Stroke (J.-L. Vincent)

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In the current financial climate, a more discerning eye has been placed on the costs of public services and the business practices attached to their allocation. As healthcare accounts for a considerable share of many countries' national budgets and we, as critical care practitioners, are in the frontline of the dispersion of often expensive, yet essential treatments, we must also be mindful of the costs associated with the treatment of patients in a broader sense.

In 2003, cerebrovascular diseases cost European Union healthcare systems 21 billion euros— with the inclusion of informal care and lost productivity, the cost to the wider economy is considerably higher. Stroke remains the third leading cause of death in the US, and the treatment of patients who suffer a stroke results in substantial health-care expenditures—the mean lifetime cost resulting from an ischaemic stroke is estimated at \$140,000 per patient (Rosamond et al. 2007; 2008).

There is mounting evidence that early goal directed treatments in the emergency department are effective and centralised care in designated stroke centres is cost effective (Dion 2004; Douglas et al. 2005). Whether we in ICU Management have access to these rapid treatments at intake or work in facilities which tout specialised stroke units, or not, we continue to search for the most effective techniques in treating patients once they reach our units.

In this issue of ICU Management, Dr. Wartenberg provides an indepth overview of all the research and studies into improving stroke outcomes. She delves into current treatment strategies and accepted protocols in intensive care. Neuro-ICU nurses Heather Hand and Marya Searcy outline key strategies in early goal directed care of stroke patients, while in our continuing Hypothermia Series, Dr. Armonda discusses the current and future options of temperature management in the treatment of stroke.

Our special focus on care of the elderly highlights trauma care and Dr. Barraco discusses the need for interdisciplinary management for elderly trauma patients. Dr. Pugin returns to the pages of ICU Management to update us on current strategies to shorten antibiotic use in the ICU. And in a timely and well-appreciated bid to decrease our emotional distress in these troubled times, Dr. Granger suggests techniques to cope with stress in our units in the Management segment.

Italy is featured in this issues' Country Focus. ICU Management Correspondent Dr. Maurizia Capuzzo and Dr. Resi provide an overview of the complex healthcare system in their homeland, while Dr. Bertolini and colleagues from the GiViTI group outline the Project Margherita, launched for the continuous evaluation and improvement of the quality of care.

The ICU Management team is delighted to announce the addition of four new members to our esteemed Editorial Board. We welcome Prof. Julian Bion from Birmingham, United Kingdom; Prof. Peter Pronovost from Baltimore, Maryland (US); Prof. Paolo Pelosi from Varese, Italy; and Prof. Jeff Lipman from Brisbane, Australia. We hope that the combined wealth of intensive care knowledge and management expertise of these seasoned critical care professionals will serve to further enhance and enrich ICU Management's content and increase the journals' reach in the coming years.

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