

Practice Current

Establishing worldwide connections

Luca Bartolini, MD

Practice Current is an ambitious project. It all started in November 2014 when I was home with my wife and our newborn baby girl. The lack of sleep can have wonderful effects on the mind, and simple ideas can take shape right in front of you in this state of daydreaming. That is how these basic questions were conceived: How do neurologists around the world deal with difficult clinical scenarios? What is the evidence that supports their decisions? I fantasized about a rotating globe displaying hotspots with imaginary answers from all 6 inhabited continents. When we launched our first topic,¹ “How do you treat anti-NMDA receptor encephalitis?” in December 2015, I could not believe that I had just interviewed Dr. Josep Dalmau, one of the pioneers of contemporary neuroimmunology, and that we were going live with a worldwide survey and real-time results displayed on a dazzling world map. In less than 6 months we gathered 450 responses from more than 60 countries.

Soon after the second topic² about the diagnostic workup of cryptogenic stroke was launched, it became apparent that we needed to expand our views with input from different experts. Particularly, we wanted to have 3 expert opinions: one from the United States/Canada, one from Europe/Asia/Australia, and one from a low/middle-income country. We also decided that we wanted to tape the interviews and present them as podcasts linked to the article. Our goal is to make the reader feel part of a global neurology community, and be conscious of the peculiarities and challenges that are unique to each setting. All these changes can be seen in the current topic about discontinuation of antiepileptic drugs, presented in this issue of *Neurology® Clinical Practice*.³

We also formalized a collaboration with the Resident & Fellow section of *Neurology*, asking team members to become authors for Practice Current and conduct the interviews. Dr. Aravind Ganesh, a clinical research fellow at the Nuffield Department of Clinical Neurosciences of the University of Oxford, accepted this challenge, and his topic—“How do you treat neuromyelitis optica?”—will be published in the April 2017 issue of *Neurology: Clinical Practice*. It is, indeed, enthusiasm that has moved this project forward; initially, it felt like we were taking a gamble with such a format, but owing to the support of the readers, editorial office, editors, and board members like Dr. Haitham Hussein, we took flight.

The 2 main criticisms that I have received about Practice Current are that opinions are not science and that people are tired of answering questionnaires all the time. I understand these concerns. Sometimes it is easy to conclude that if an expert shares a therapeutic strategy for a certain disease, then it is probably the best way of doing things. For the same reason, when you look at the survey results and see that 65% of responders chose one treatment or diagnostic test over another, you might be inclined to think that there must be a valid reason for this choice. These assumptions are sometimes incorrect.

We choose topics for which the evidence about the efficacy of a treatment is lacking, which generally means that there have been few or no randomized controlled trials (and, in certain cases, not even open-label trials) and that the available data are still debated. For diagnostic questions, we use a similar approach and focus on specific diseases for which there is still discussion about the

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gold standard workup. Our goal is far from providing guidelines or the right way of doing things. We want the readers to question their practice and confront it with others at different levels of training, with different professional and cultural backgrounds, and with access to different, and sometimes limited, resources. The debate is meant to incentivize action, which in this case is represented by more studies that hopefully will improve the quality of the available evidence.

Survey fatigue has become a real issue nowadays and neurologists are harassed—often with the best intentions—almost on a daily basis from various fronts: drug companies, hospital leadership, professional societies, colleagues. We share the pain and try to minimize the stress of participation by keeping our surveys short and anonymous. It is also important to remember that there are no right answers to our questions. We usually present 3 brief clinical cases with the diagnosis always summarized in the title, followed by some demographic questions. It takes less than 5 minutes to complete the current survey on antiepileptic drugs discontinuation and readers can take it on several platforms, including smartphones, tablets, laptops, and desktop computers.

Practice Current is a dynamic work in progress, and we are not afraid of changing things. We welcome any suggestions and criticisms from our readers that will help us define our future.

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