

Health care utilization, access, and advocacy



Neurologic diseases rarely occur in isolation. Clinical practitioners need to consider possible comorbidities and their effect on disease management when treating their patients. Lukmanji et al. (p. 344) review online tools for patients with neurologic diseases and depression and advocate for the development of high-quality, evidence-based online tools. Xu et al. (p. 324) use ENCHANTED trial data to examine early seizures after thrombolysis for acute ischemic stroke. Campiglio et al. (p. 296) use retrospective data to evaluate the utility of 48 hours of observation and a follow-up head CT in patients with mild brain injury taking anticoagulants. In the accompanying editorial, Nearing and Tsao (p. 280) observe that “more specific guidelines addressing subpopulations experiencing mTBI in order to decide length of observation, avoid unnecessary hospitalization, and relieve economic burden” are warranted.

Korn et al. (p. 283) report on a multicenter noncontrolled trial of virtual visits for Parkinson disease. Elrashidi et al. (p. 306) describe the effect of an integrated community neurology model on health care utilization, diagnostic testing, and access. Daniel Foster (p. 372) argues that transportation policy and health policy are interrelated and encourages neurologists to advocate for safe, healthy transportation options for all people, their patients first and foremost. Our Practice Current series explores the topic “How do you treat epilepsy in pregnancy?” Commentary by Ilena George (p. 363) provides a brief overview of the topic and commentary from 3 global experts. Go online to participate in our active surveys and explore survey results on our interactive maps for each topic.

As always, we welcome your feedback and invite suggestions for improvement.

A handwritten signature in black ink that reads "John R. Corboy". The signature is written in a cursive, flowing style.

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