

John R. Corboy, MD, FAAN, Editor, *Neurology® Clinical Practice*

## Real-world practice

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Several articles in this issue of *Neurology® Clinical Practice* (NCP) address challenges you and your patients face in everyday practice.

In his commentary “The burnout patient,” Stephen Sergay (p. 346) reminds us that “physician and patient experiences of health care delivery are inextricably intertwined” and delivers a clarion call to restore trust in the patient–physician relationship for the benefit of both. An accompanying editorial by Bernat and Busis (p. 279) underlines the patient as collateral damage from the physician burnout phenomenon.

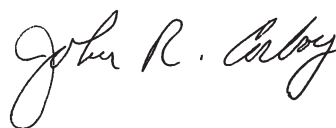
Nathan and Gutierrez (p. 340) address disparities in health care, specifically why populations most affected by epilepsy are the ones least likely to receive epilepsy surgery, the only available curative treatment. The authors identify 6 main factors that may be at play to guide general discussion of disparities in health care: fear, access, communication barriers, education, trust between patient and provider, and social issues including physician bias.

Vollmer et al. (p. 292) address a common clinical treatment decision concerning 2 commonly used oral disease-modifying therapies faced by practicing providers involved in the care of patients with multiple sclerosis (MS). The authors present a real-world observational analysis of discontinuation and comparative effectiveness of dimethyl fumarate and fingolimod in 2 tertiary referral academic centers with a sample size exceeding that in most MS phase 3 clinical trials.

Roberts et al. (p. 302) conducted a retrospective evaluation of hospital discharge delays for 100 consecutive patients in 2 months on an academic inpatient neurology ward. The authors defined cutoff points where patients were ready for discharge and then calculated hospitalization days after acute care diagnosis and treatment endpoints were achieved. An accompanying editorial by Ney and Weathers (p. 281) expands on the consequences for protracted inpatient stays for patients, providers, and hospitals.

We are actively seeking new reviewers to ensure that our content is relevant to all who provide neurologic care. We are especially interested in enlisting advanced practice providers and non-academic providers to weigh in on submissions, particularly those related to health care delivery. If interested, please send your CV and areas of interest to [ncjournal@neurology.org](mailto:ncjournal@neurology.org).

We welcome your feedback on this issue and invite suggestions for improving NCP.



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