



EDITOR'S PAGE

What about caregiving in spinal cord injury?

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When this issue reaches you, there will be about one month to go before we have the ISCOS Annual Scientific Meeting 2016. Many people involved in the making of our journals will be present, including representatives of the publisher, Springer Nature. We hope to see many of you at the Springer Nature booth, next to the ISCOS booth in Vienna's Hofburg, to get to know each other better, to discuss your next potential submission with the editors, and to collect those items made available as free sample issues and more.

As predicted, our impact factor decreased slightly due to the higher number of papers published in the two previous years. But the evolution seems good and we expect to see a substantial rise in the next IF calculation.

The very high number of submissions and ending the limitation in word count have, despite a higher rejection rate, resulted in a 10 month print delay. We are working to get this lower again. It will take some time but meanwhile do not forget that all accepted material becomes quickly available online, where it can be read and cited.

Reviews: In this issue we have two reviews:

Miller *et al.* studied literature reports of caregiving services in SCI. Caregiving is predominantly provided by informal female caregivers. But quality of care from informal caregivers matches or exceeds quality of formal care. Total hours of care are dependent on injury level and severity, and care needs of the individual. Caregiver training is an important theme and has positive preliminary results on the quality of care provided. The results reflect the situation mostly in the developed world and it would be interesting to compare with findings of developing regions.

Dorstyn and Le reviewed methodological variables used in studying anxiety following SCI. Data from a group of 3158 individuals showed a higher prevalence than one would expect. This stresses the importance of early identification and treatment of anxiety. Further studies on best methodology and proper interpretation of the results are needed.

Animal: Zhu *et al.* present further research on improving tissue damage and neurological function recovery in the rat after SCI. Quercetin can have a positive effect. The mechanism may be related to the inhibition of NLRP3 (nucleotide-binding domain -like receptor protein 3) inflammasome activation.

Minematsu *et al.* showed that Whole Body Vibration (WBV) attenuated the bone deterioration during the early stage in juvenile rats with SCI. If, in a clinic, such early WBV may be effective for preventing bone fragility needs to be studied.

In a Delphi study, Hassannejad *et al.* introduced a checklist of variables which potentially influence the outcomes of animal studies of traumatic SCI pathophysiology. Important variables include species, strain, method and level of injury, control group, genetic background, severity of injury, attrition, use of appropriate test, blindness, method of allocation to treatments, regulation and ethics, age/weight, bladder expression, number of animals/group and statistics.

Surveys/rating scales: Peters *et al.* made a validation of the Dutch clinical prediction rule for ambulation outcomes in an inpatient setting following traumatic SCI. Currie and New found that the sexual and reproductive function basic datasets (SR-iSCI-sexual function) provide a useful tool to collect information regarding patient-reported sexual functioning after SCI and thus facilitates comparative studies. Schuld *et al.* conclude in their prospective observational cohort study that a rating scale based on locomotor stages derived from cerebral palsy to SCI was reliable and valid.

Myelopathy: Fidèle and Amare showed that in Ethiopia infections remain a major cause of spinal cord disease. Tuberculosis must be a public health target for reducing the incidence of myelopathies. Early detection and treatment of complications may reduce the high rate of mortality and morbidity observed.

Urology: Krebs *et al.* investigated retrospectively the urological management in 1263 SCI individuals. Intermittent catheterization was the most common bladder evacuation method, but the majority used other evacuation methods, because of factors such as functional deficiencies, mental impairment or social situation. Risk of indwelling catheterization could be identified based on female gender, age, injury severity and injury duration.