EDITOR'S PAGE

Neurogenic bowel management after spinal cord injury

JJ Wyndaele, Editor
Antwerp University Hospital, Antwerp, Belgium
E-mail: spinalcord@uza.be

Dear *Spinal Cord* reader,

This October issue brings an extensive review of 57 studies on neurogenic bowel management after spinal cord lesion by Krassioukov *et al.* Several good conclusions come out of the review. Multi-faceted programmes are the first approach considered and these are supported by lower levels of evidence. Transanal irrigation is a promising treatment to reduce constipation and fecal incontinence. When conservative management is not effective, pharmacological interventions (e.g., prokinetic agents) are supported by strong evidence for the treatment of chronic constipation. When conservative and pharmacological treatments are not effective, surgical interventions may be considered and are supported by lower levels of evidence in reducing complications. So it is clear that often more than one procedure is necessary to develop an effective bowel routine. I am convinced that this report will provide good guidance for spinal cord management.

Mechanisms underlying the exercise-induced argumentation of natural killer cell cytotoxic activity (NKCA) in humans remain unclear. Tajima *et al.* studied NKCA responses during and after exercise in persons with cervical spinal cord injury (CSCI) and a dysfunctional sympathetic nervous system. They suggest that unchanging responses in NKCA throughout the experiment are probably mainly due to the impaired sympathetic nervous system. The accompanying editorial note by Ide should be read.

In an animal model Ung *et al.* evaluated the effect of non-assisted treadmill training on motor recovery and body composition in completely spinal cord-transected mice. They found no improvement in motor performances but further accentuated body composition changes, suggesting that assistance provided manually, robotically or pharmacologically may be key to spinal learning and recovery of locomotor function and body composition.

In a preliminary study, Dorstyn *et al.* found that targeted, individualized psychological treatment contributed to short-term improvements in emotional outcomes for individuals reporting psychological morbidity following recent spinal cord injury. The results suggest the need for ongoing access to specialized, psychological services post-discharge but evaluation in a larger sample is required before definitive conclusions can be drawn.

Kennedy *et al.* investigated the degree to which current thinking in terms of early appraisals and coping, predicts adjustment and quality of life outcomes after spinal cord injury, and to what degree social and demographic variables are involved. They found that the process of adjustment to spinal cord injury begins in the early stages of rehabilitation, and initial appraisals are important with regard to how an individual will cope with their injury and to their psychological well being. Support is also given to the notion of the importance of psychological factors in functional outcomes.

Several other interesting studies and case reports are included. All provide interesting and clinically useful data. Enjoy reading.

Spinal Cord (2010) 48, 717; doi:10.1038/sc.2010.138