EDITOR'S PAGE

Medical honey for chronic pressure ulcers in SCI individuals

JJ Wyndaele, Editor
Antwerp University Hospital, Antwerp, Belgium
E-mail: wyndaelejj@skynet.be

Dear Spinal Cord Reader,

We, at the editorial office of *Spinal Cord* in Antwerp, hope you had a nice holiday. In this second issue of SC in its 50th year we have included some very interesting papers.

J Silver's manuscript on George Riddoch highlights an important period of the last century during which the basics of SC comprehensive management as we know it today were formed. Riddoch's research on the pathophysiology, treatment and the setting up of spinal injury units, in World Wars I and II, was outstanding. His finding, appointing and supervising of Ludwig Guttman at the National Spinal Injury's Centre UK is well described.

Müller *et al.* reviewed the literature on social support, and found it was associated with better health and functioning in people with SCI. But, the full range of social skills has not yet been studied in individuals with SCI, and, the role of social skills in relation to social support, health and functioning remains unclear. More understanding of social skills and social support in SCI is needed to facilitate the development of targeted and effective interventions to enhance functioning of the SCI individual.

Watwe *et al.* propose available evidence and treatment pathways for acute overdose and for withdrawal states of Intrathecal Baclofen (ITB) pump delivery for intractable spasticity.

Knutsdottir *et al.* assessed epidemiological data of SCI in Iceland from 1975 to 2009 and found a significant increase of traumatic causes in 2005-2009, especially in sport/leisure accidents and incomplete cervical lesions due to falls among elderly. Prevention strategies need to focus on these risk groups and on seatbelt use.

Findikoglu *et al.* provide for the first time evidence that cartilage destruction is associated with elevated urinary collagen type-II (CTX-II) levels in non-ambulating or non-functional ambulating SCI patients. It may be important to initiate therapeutic programs as soon as possible after SCI to prevent such cartilage atrophy.

Moghaddam *et al.* found in a prospective, observational study of SCI individuals with chronic pressure ulcers highly valuable efficacy of medical honey in wound management and infection control.

Kennedy *et al.* provide further evidence for the link between appraisals, coping and subsequent adjustment to injury. Wong *et al.* found resources allocated to nutritional care to be very limited, suggesting that improvement is needed to recognize and treat malnutrition in SCI centres in the UK and Ireland. Harvey *et al.* found individuals with SCI reasonably accurate at self-reporting S4-5 sensory and motor function. Yang *et al.* conclude, from a placebo controlled study, that oral lithium carbonate did not change the neurological outcome but could be explored for treatment of neuropathic pain in chronic SCI. Tan and New examine the rehabilitation outcomes for patients with SC lesion due to tumor, with a focus on the impact of pain on disability and length of stay.

Several other very interesting papers in this issue: on muscle/bone association (Totossy de Zepetnek *et al.*), optimal method for proteinuria detection (Alshayeb *et al.*), knowledge of pressure ulcer prevention and management amongst nurses and rehabilitation registrars (Gupta *et al.*), home-based functional electrical stimulation lower extremities cycling (Dolbow *et al.*).

Enjoy reading.

Spinal Cord (2012) 50, 87; doi:10.1038/sc.2011.186