

## EDITOR'S PAGE

# Excess mortality risk after spinal cord injury is substantially increased with poor socioeconomic characteristics



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Dear *Spinal Cord* reader,

There are two reviews in this issue. Silverman *et al.* evaluated the methodological quality of exercise intervention studies in adults with SCI, and classified the reported outcome measures according to the International Classification of Functioning, Disability and Health (ICF). They conclude that studies on this topic are generally low in methodological quality, primarily reporting outcomes related to Body Functions and Body Structures components of the ICF. It is recommended that studies employ more vigorous methodological designs to reduced bias and include outcome measures targeting more categories in the Activities and Participation component, so as to reflect the potential benefits of exercise on health and functioning in this population.

Cohen *et al.* evaluated a retrospective cohort to estimate the association between the Functional Independence Measure (FIM) for SCI individuals at the time of discharge from rehabilitation and long term resource utilization, residential status, and employment. The intention was to assess the value of FIM for projecting economic burden in SCI. The FIM at discharge has predictive value for long-term outcomes. Improvement in FIM suggests reduced economic burden in SCI patients.

Ballert *et al.*, in a cross-sectional, multi-centric sample of 1048 individuals, shed light on how to apply the Brief Core Sets for SCI of the International Classification of Functioning, Disability and Health (ICF) by determining whether the ICF categories contained in the Core Sets capture differences in overall health. ICF categories as d570 Looking after one's health, d870 Economic self-sufficiency, d620 Acquisition of goods and services and d910 Community life, which capture changes in overall health in individuals with SCI should be considered in addition to those of the Brief ICF Core Sets.

Three epidemiological studies from around the world in this issue. Feng *et al.* found that traumatic SCI in Tianjin region in China were mainly caused by falls, and occurred most frequently in mid-aged and elders. Chhabra and Arora studying 1138 individuals with traumatic SCI in New Delhi, India, found the demographics very different than in other developed countries: there was a lower mean age, but much larger number of males, married individuals, injuries due to two wheeler accidents/falls, paraplegics and complete injuries. In contrast to other published Indian pilot studies, road traffic accident was the most common mode of injury. Sabre *et al.* studied SCI incidence in Estonia between 1997 and 2007, and found it among the highest in Europe. The rates are significantly higher in men compared to women and especially among the youngest men. The leading cause is falls. A significant proportion of injuries are related to alcohol consumption before trauma.

Bishop *et al.* examined salivary secretory immunoglobulin A (sIgA) responses and  $\alpha$ -amylase activity during court training in highly trained tetraplegic athletes. Acute bouts of highly strenuous exercise do not have negative impacts on the mucosal immune response in tetraplegic athletes, nor do they influence the production of  $\alpha$ -amylase, a marker of sympathetic nervous activity. This contrasts responses previously observed in able-bodied athletes. The disruption of the sympathetic nervous system may prevent the down-regulation of sIgA secretion rate following intense exercise, which is a response previously observed in able-bodied athletes.

Wong *et al.* found some improvement in SCI hospital catering in UK, but with much still to be achieved. Hospital-catering systems should be tailored to meet the demands of the different patient groups to optimize nutritional intake. Periodic quality control is essential in order to meet recommendations and patients' expectations. *Samford Wong of the UK has been selected as the Spinal Cord Prize winner 2012.*

Erlandsen *et al.* showed that in patients with SCI, glomerular filtration rate can be estimated independent of age, sex, and muscle mass by a newly developed equation based on a single serum Cystatin C value, measured by an automated particle-enhanced nephelometric immunoassay.

Krause *et al.* showed that a substantial variation in mortality is attributable to employment, above and beyond the effects of previously established demographic, injury, and socioeconomic predictors. Although some excess mortality may be the inevitable consequence of SCI, risk is substantially increased with poor socioeconomic characteristics.

Enjoy reading.