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Guest Editorial

A Neuro Reflection

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As mortality rates decline, the global burden of neurological disease is on the rise. Stroke affects 15 million people worldwide each year, contributing to 5 million deaths and another 5 million left with permanent disability (Vos et al., 2017). By 2050, the rate of dementia is expected to triple to 115 million worldwide (Prince et al ., 2013). Over the last twenty years, we have seen dramatic advances in the treatment of neurological disease. The National Institute of Neurological Disease (NINDs) trial that tested t-PA opened the door for successful treatment of acute stroke reducing death and disability (Koroshtez, 1996). In 2015, the results of five trials that evaluated endovascular treatments showed the profound benefit of early removal of thrombus in anterior circulation strokes (Goyal et al., 2016). Lessons from Finland taught us to reorganize our care, bypassing the red tape of "checking in patients" to adopt a "door to CT" approach that substantially reduced "door to needle" times and improved outcome (Lindsberg et al., 2006). In developed countries, medical progress has promoted the growth of specialized care units and tailored treatment for stroke, traumatic brain injury, dementia and Parkinson's disease. These advances have opened the door for dedicated nursing training with certification programs like the Neuro Criticalcare Society's Emergency Neuro Life Support (ENLS) aimed at improving care in the first critical hour after any neurological emergency. However, all of these advances come at a cost.

As the care of neurological disease becomes more sophisticated, the countries that are least able to afford the equipment or mobilize highly subspecialized teams will experience a widening gap (Carroll, 2017). Treatment that relies on extensive resources may be impractical when it is accomplished at the expense of other critical services. It's impossible to consider an endovascular approach to stroke care when two patients are sharing a bed and generator power is at best, intermittent. The challenge is to surround these countries with range of solutions to provide best care within their existing resources.

A thoughtful evaluation that assumes nothing is essential. In some countries, nurses still do not perform a neurological exam. This level of evaluation still resides at the physician level. Changing patterns of care is highly political and requires an advanced working knowledge of education standards, workforce utilization and the available support for change. The acceptance and willingness to change from the inside and to see things in a different way is required. "Outsiders" cannot push something that is not supported from within. For example, if a nurse is responsible for the care of 45 patients, the overwhelming burden of basic care tasks may exclude more advanced neurological evaluation. The physical challenges of available supplies may also be a barrier. They may lack the funds to purchase or maintain neuromonitoring equipment or have access to the qualified staff needed to insert such devices. Local roles and responsibilities may differ substantially and education programs must be carefully crafted with the patient as the central focus.

The World Federation of Neuroscience Nurses (WFNN) represents more than 8,800 members world-wide with representation from 13 countries. Initiatives over the last decade have been aimed at connecting nurses globally to promote the professional practice of neuroscience nursing, foster an open dialogue about the care of neurological disease that crosses cultures and national boundaries and support the development of professional neuroscience nursing societies. WFNN education projects have been concentrated on basic skills like the neurological examination that is the cornerstones of patient management. In partnership with the member nations, it is the Quadrennial Congress that connects nurses from across the world to share nursing research, expand the fund of knowledge and forge international friendships that raise the standard of care worldwide.

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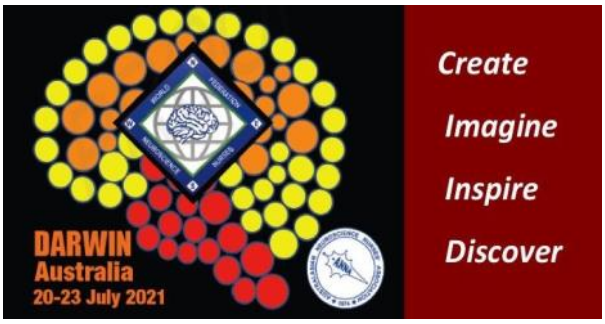
As the global burden of neurological disease rises, we must leverage professional partnerships to improve regional education. The *Australasian Neuroscience Nurses Association* and other WFNN members must work together to meet the growing challenge by improving access to basic neuroscience nursing training. Public education focused on prevention, is equally important. Key partners working in tandem with this effort include the *European Association of Neuroscience Nurses* (EANN), *Neurocritical Care Society*, (NCS), *World Federation of Neurological Societies* (WFNS), The *World Stroke Organization* (WSO), the *Movement Disorders Society* (MDS), the *World Parkinson's Association* (WPA), The *International League Against Epilepsy*, (ILAE), The *Multiple Sclerosis International Federation* (MSIF) the *World Federation of Neurorehabilitation* (WFNR) and numerous others.

In 2021, the WFNN will welcome nurses from across the world to join us in Darwin, Australia for the 13th Quadrennial Congress. The Congress represents a unique opportunity to learn from one another and advance global bank of knowledge. Share your nursing knowledge with the world! More information is available on the website at www.wfnn.org As a benefit of membership in ANNA, your membership with the WFNN is already paid. If you have developed leadership skills and you are looking for a global challenge, WFNN is accepting applications for leadership positions. Information can be found at https://wfnn.org/about.

We look forward to meeting you in Darwin!



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