Pirkanmaa Hospital District

23/04/2018 Juha Öhman

Dear members of the Neurotrauma Section,

I got an e-mail about half a year ago from the former chairman of this Section, namely Prof. Andrew Maas. He is my good friend and I appreciate his knowledge about neurotrauma greatly. To summarize shortly in the e-mail Andrew said: I'm stepping down from the chairman's position, and as you are the vice-chairman, you take over the Section! Good luck, have a nice time!

At that time the preparation of the Venice congress was at its heats and I felt like a snowman outside in the frost. Luckily I got very good help from the other members of which I want to mention Petra Koubova, Stefano Signorette and Domenico d'Avella, just examples – more people helped besides the mentioned.

Because it is no use to tell about "hunting" lecturers and not being a member of an international "wonder team" of experts who will serve in the Organizing and Scientific Committees to design the best framework for this Congress I tried to plan the program with the help of other members. I will shortly concentrate to activities which I have planned for the future.

Traumatic brain injury (TBI), is a leading cause of injury-related death and disability worldwide, and a huge burden to patients and their families, not to mention that TBI results in substantial health-care and societal costs.

TBI is a complex condition and strong evidence to support treatment guidelines and recommendations is scarce. Most multicenter clinical trials of medical and surgical interventions have failed to show efficacy, despite promising preclinical results. At the bedside, treatment strategies are generally based on guidelines that promote a one-size-fits-all approach and are insufficiently targeted to the needs of individual patients. Attempts to individualize treatment are hampered by the diversity of TBI, and by the use of simplistic methods for characterizing its initial type and severity.

Because of the complexity of the problem laymen do not know anything about TBI, GPs have heard the word, neurologists, neurosurgeons and intensivists know a bit more and, of course there are experts who know how to best treat these patients. This is especially true in the case of severe head injury. But as it has become more clear during the years and with intensive research TBI is not a single event but a continuum that can go on for weeks, months and even years and produce worsening of e.g. cognitive problems during the course of time that should be called recovery.

This is why I think this Section should not only concentrate to severe head injury but to mild and moderate HI as well. It will be essential to develop and validate multidimensional approaches to improve measurement of clinical outcomes of TBI, both for research and patient care. In particular, we need to find better ways to characterize the currently underdiagnosed risk of long-term disabling squeal in patients with relatively mild injuries.

Concerted aims to address this huge global health problem should focus on policies aimed at reducing the burden and impact of TBI, through better prevention, improved access to care, and promotion of clinical research to improve treatment standards. Problems that are classified post-traumatic occur frequently following injury even in the absence of a head injury diagnosis. Either mild traumatic brain injury is grossly underdiagnosed or these symptoms are not specific to postconcussive states and simply are the cognitive sequelae of traumatic injury. The reporting of moderate-to-severe symptoms suggests a need to better understand the effects of trauma on cognitive function and strongly suggests that services for these patients are badly needed to maximize cognitive function and return to preinjury quality of life.

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If this Section combines its forces and the scientific interest is concentrated not to HI *per se* but to the research of the continuum of the HI phenomenon we sometimes in the far future can say: That was one small step for man, one giant leap for mankind in the field of HI treatment.