Letter to the Editor

Hypothermia therapy, neuroprotection and meaningful brain recovery

Madam, We read the recently published article "Therapeutic Hypothermia: Keeping cool inside" by Zeeshan Mahmood with great interest. We have some additional comments elaborating the clinical implications of this promising neuroprotective therapy. We agree that therapeutic hypothermia (TH) has cardioprotective effect and if initiated during extended ischaemia/early reperfusion period, it optimally protects cardiomyocytes from ischaemic insult. We would like to highlight neuroprotection as the main reason for a resurgence of interest in hypothermia treatment, which was touched on by the author but does not stand out from this article. It has been observed that even small decreases in brain or body temperature result in marked attenuation of ischaemic brain injury. One of the main indications of TH is in patients with out-of-hospital cardiac arrest as mentioned by Zeeshan Mahmood. With reference to the last sentence of his article we agree that TH helps these patients to maintain a normal lifestyle due to "healthy heart". However, the protection afforded by TH may go beyond the heart to include a neuroprotective effect and allow for meaningful brain recovery in patients who suffer from cardiac arrest, stroke, acute traumatic brain injury and neonatal asphyxia. TH is an evidence-based intervention strategy and there is a need for improved awareness and education regarding this treatment option. While clinically induced hypothermia is beneficial as a treatment to preserve neurologic function, it is not without complications (such as electrolyte and coagulation abnormalities) and these should be carefully watched in these patients.

Muhammad U. Farooq
Department of Neurology and Ophthalmology, Michigan State University, East Lansing, Michigan, USA

References

Letter to the Editor

Correlates of unintentional and intentional injuries among grade 8 - 10 students in Jordan

Madam, The substantial burden of disease associated with injuries is "under-recognized" globally. In United States, injuries are responsible for more deaths in adolescents than all other diseases combined and about fifteen thousand adolescents (10-19 years old) die each year as a result of injuries. In the Eastern-Mediterranean Region; injuries were responsible for over 30% of disease burden in 15-44 year old males. While medically-attended injuries in the preceding twelve-months were reported by over 40% of grade 7-8 female students in a study conducted in Islamabad.

To describe gender, considering attempting suicide in the past twelve-months, bullying experience, having felt so sad or hopeless for almost everyday for two weeks or more so as to have stopped doing usual activities in the past twelve months, number of close friends, and understanding of one's problems/worries by the parents/guardians, associated with self reported unintentional and intentional serious injuries in the past twelve months in grade 8-10 students in Jordan and its percentages; we used data from the Global School-based Student Health Survey for Jordan (GSHS-Jordan) conducted in 2004 by the Jordanian Ministry of Health. We selected all the respondents in grade 8-10, who responded to the question "During the past 12 months, how did the most serious injury happen to you?" Students responding as either not seriously-injured, I hurt myself by accident, someone hurt me by accident, I hurt myself on purpose, or someone hurt me on purpose. These five-response categories were recoded into no-serious-injury, unintentional-injuries, or intentional-injuries in the