Editor - Vicki Evans

The 2015 Hollywood movie awards has highlighted two movies most notable to neuroscience nurses —

1. ‘Still Alice’ - based on the novel by Lisa Genova. The film stars 2015 Oscar winner, Julianne Moore as Alice, a Columbia linguistics professor diagnosed with early-onset Alzheimer’s disease. After discovering it was genetically inherited, the movie follows Alice’s struggles and progression of the disease — concerned and afraid for her future and how that will affect those around her.

2. ‘The Theory of Everything’ - is a biographical film about the British theoretical physicist Stephen Hawking (a notable presence also to those of you who watch ‘The Big Bang Theory!’) It portrays the life of a remarkable man, the scientist, family life and his struggle with an incurable neurological illness — amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig’s Disease or Motor Neuron Disease. The film’s primary source is Jane Hawking’s memoir, “Traveling to Infinity: My Life With Stephen”.

It is therefore poignant to begin this year’s AJoN with a Western Australian article discussing the role and function of the WA MND Association.

Then follows several interesting manuscripts from the 2014 ANNA Conference (held in Canberra), beginning with a discussion through case study of Central Pontine Myelinolysis; and a moving recount of a situation where the neuroscience nurse became the neuroscience patient, coinciding with the 2011 Christchurch earthquake in the article “Both Sides of the Counter”.

We are also fortunate to have a number of manuscripts from an array of countries — a phenomenological study from New Zealand portraying the experience of living with myasthenia gravis; an article from the USA highlighting the importance of the multidisciplinary team approach for improved patient outcome; and from Japan, the effectiveness of the sitting position without back support, improving patient care.

Enjoy!

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About 2 million Australians suffer from migraines, with women being affected three times more frequently. They can be associated with a significant disability and are underlying cause to a relevant amount of sick leave. Migraine headache is typically one sided, moderate to severe, throbbing headache which is aggravated by movement and usually lasts from 4 up to 72 hours. Often it is accompanied by nausea, vomiting, photophobia or phonophobia.

Acute migraine attacks account for up to three per cent of presentations to ED and are common with inpatients as well. The main focus of acute migraine management should be on a rapid delivery of effective medication. This includes Aspirin PO or Sumatriptan SC/PO in combination with Metoclopramide IV or Prochlorperazine IV. Corresponding recommendations are made by Headache Australia (Brain Foundation) and Emergency care – evidence in practice series. Despite clear Australian guidelines, 50% of patients presenting to public hospital emergency departments with acute migraine are treated with opioids which were demonstrated to be ineffective.

The use of triptans in ED patients and inpatients is very low despite being the current gold standard for acute migraine treatment. Several studies showed their superior effect over other treatments including Aspirin and Ergotamine. The contraindications for the use of triptans are coronary artery disease and cerebrovascular disease due to potential vasoconstrictive effects. The main side effects of this class of medication are chest tightness or chest pain. Otherwise they are well tolerated and constitute the treatment of choice, preferably applied subcutaneously. The following triptans are available in Australia: Sumatriptan 6mg SC or 50-100mg PO or 20-40mg via nasal spray. Naratriptan 2.5-5mg PO. Rizatriptan 10-30mg as wafers. Eletriptan 40-80mg PO. Zolmitriptan 2.5-10mg PO. They can be administered in combination with Prochlorperazine IV or Metoclopramide IV.
Alternatively, Aspirin 900mg PO combined with Prochlorperazine IV or Metoclopramide IV has been repeatedly proven to deliver rapid and reliable pain relief. If aspirin cannot be administered due to intolerance or vomiting, Paracetamol 1g IV should be considered.

It seems reasonable to initiate a paradigm shift in the real-life management of acute migraine attacks in Australian hospitals since besides helping to avoid hospital admissions, an effective management means that patients can benefit faster from the superior treatment.

Further information — Brain Foundation:

www.headacheaustralia.org.au