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## Optimizing Patient Outcomes After Therapeutic Hypothermia for Traumatic Brain Injury

*Lowering the body temperature of patients soon after they have suffered a severe brain injury may reduce neurologic complications and improve outcomes. The safety of therapeutic hypothermia for traumatic brain injury (TBI) has been demonstrated in national studies. According to a Roundtable Discussion of renowned experts in the field, when and how it is administered should depend on the clinical condition of individual patients.*

The Roundtable was published online ahead of print in the new peer-reviewed journal *Therapeutic Hypothermia and Temperature Management* from Mary Ann Liebert, Inc. that will launch officially in March 2011. The Roundtable is available at [www.liebertpub.com/ther](http://www.liebertpub.com/ther)

Guy Clifton, MD, from the University of Texas Health Science Center at Houston, moderated the discussion on the "Future of Rewarming in Therapeutic Hypothermia for Traumatic Brain Injury: A Personalized Plan." He led an expert panel comprised of Alex Valadka, MD, from the Seton Brain and Spine Institute (Austin, TX), Imoigele Aisuku, MD, from the University of Texas Health Science Center, and David Okonkwo, MD, PhD, from the University of Pittsburgh Medical Center (PA), all of whom participated in the National Acute Brain Injury Study: Hypothermia II (NABISH II).

The panel concluded that factors such as the degree of body cooling, the duration of hypothermia, and the rate of rewarming need to be determined individually for each

patient to maximize the effectiveness of the treatment and minimize the risk of complications. The successful transition of therapeutic hypothermia from a concept proven to be safe in human patients to an effective, widely used treatment strategy will require a better understanding of how the different types of TBI and the clinical condition of the patient affect the utility and risks of hypothermia.

"I think the readership of our new Journal will greatly appreciate the thoughtful comments made by this prestigious panel of experts concerning how best to use therapeutic hypothermia in this heterogeneous patient population," says Editor-in-Chief W. Dalton Dietrich, PhD, Kinetic Concepts Distinguished Chair in Neurosurgery, and Professor of Neurological Surgery, Neurology and Cell Biology and Anatomy at the University of Miami Leonard M. Miller School of Medicine.

Source:

(The above story is reprinted from materials provided by Mary Ann Liebert, Inc., via EurekAlert!, a service).