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EDITORIAL

Editorial Introduction

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I graduated from medical school in 1991. When I decided to pursue Neurology as my career of choice, I remember being chided by my then classmates about the futility of the field. The common refrain was "Diagnose and adios" because, at the time, the perception of Neurology was there was little in terms of treatment that a neurologist could offer. At the same time, the American Academy of Neurology had labeled the 90s as "the decade of the brain".

I have been excited to witness and privileged to participate in the evolution of Neurology from a diagnostically driven field to a therapeutically driven field. It was during my residency in Neurology that the first triptan (sumatriptan) came out from acute treatment of migraine headaches. Also during my residency, the first multiple sclerosis (MS)-specific treatment (Betaseron) was approved. During the 90s, multiple anti-epileptic drugs (AEDs) were approved, including gabapentin, topiramate, felbamate, lamotrigine, oxcarbazine, and phos-phenytoin. I was a resident when E2020 was the chemical name in clinical trials for the drug that would become donepezil marketed as Aricept. During my fellowship, I would take stroke call and be called in to push tissue plasminogen activator (t-PA). It was t-PA that, overnight, forced neurologists, with a little reluctance, to start thinking about time windows for treatment and think more about acuity of interventions. Clopidogrel, Aggrenox, and Xarelto were either in clinical trials or still being developed.

Following "the decade of the brain," there was a metaphorical explosion of drugs to treat neurological diseases, with multiple drugs released to treat many neurological diseases. After sumatriptan, came rizatriptan, naratriptan, and eletriptan, all approved for migraine headaches. In the last 20 years, 14 more so-called newer-generation AEDs entered the market: eslicarbazepine acetate, felbamate, gabapentin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, rufinamide, stiripentol, tiagabine, topiramate, vigabatrin, and zonisamide [1]. For Alzheimer's disease (AD), following donepezil came rivastigmine (Exelon),

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galantamine (Razadyne), and memantine (Namenda). For Parkinson's disease (PD), came the COMT inhibitors, dopamine agonists, and MAO inhibitors. MS has really witnessed a massive expansion of treatment options with the advent of disease-modifying treatments (DMTs) including first-generation MS DMTs interferon (IFN)-β-1b, IFN-β-1a IM, and glatiramer acetate with contemporaneously approved biologic tumor necrosis factor (TNF) inhibitors [2]. Even in neuro-oncology, there has been a rapid expansion in tumor-specific treatments beyond debulking surgery.

In total, more than 50 drugs have been approved for neurological diseases in the past two decades. The net effect of the huge number of drugs released in Neurology across all subspecialties is that Neurology is now perceived by neurologists and patients alike as a therapeutically oriented field. With that perspective, the future of Neurology seems to be filled with optimism and hope as the advent of new medication drives better and better outcomes. There is significant investment and research in developing drugs for neurodegenerative diseases. There is discussion about the possibility of prevention for debilitating conditions such as stroke and AD.

In *Neurology and Therapy*, the focus is on therapeutics in Neurology. The mission of the journal is dedicated to the publication of high-quality preclinical, clinical (all phases), observational, real-world, and health outcomes research around the discovery, development, and use of neurological and psychiatric therapies, including devices. Studies relating to diagnostics and diagnosis, pharmacoeconomics, public health, quality of life, patient care, management, and education are also encouraged. *Neurology and Therapy* is of interest to a broad audience of pharmaceutical and healthcare professionals and publishes original research, reviews, case reports, and short communications. The journal appeals to a global audience and seeks to receive submissions from all over the world. I look forward to shepherding forth many articles that will advance therapeutics in Neurology.

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Compliance with Ethics Guidelines. This article does not contain any new studies with human or animal subjects performed by any of the authors.

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