



We read with interest the Article reporting findings of the KIWE trial,¹

- 2 Sahu JK, Madaan P, Prakash K. The landscape of infantile epileptic spasms syndrome in South Asia: peculiarities, challenges, and way forward. *Lancet Child Neurol* 2023; **12**: 100170.
- 3 Devi N, Madaan P, Kandath N, Bansal D, Sahu JK. Efficacy and safety of dietary therapies for childhood drug-resistant epilepsy: a systematic review and network meta-analysis. *JAMA Pediatrics* 2023; **177**: 258–66.
- 4 Zahan S, Sahu JK, Madaan P, et al. Effectiveness and safety of nitrazepam in children with resistant West syndrome. *Indian Journal of Pediatrics* 2022; **89**: 37–44.
- 5 Jain P, Sahu JK, Horn PS, et al. Treatment of children with infantile spasms: a network meta-analysis. *Developmental Medicine and Child Neurology* 2022; **64**: 1330–43.

a fresh addition to the prevailing stroke research paradigm. However, in a paper that tries to consider stroke from the lens of various under-represented populations, we feel one important population has not been given suitable consideration—older adults living with frailty.²

People with stroke often have frailty syndrome, a condition characterised by increased vulnerability due to reduced physiological reserve.³ Recent estimates from a meta-analysis of international studies suggest that two-thirds of people with acute stroke already have a frailty syndrome and those that survive are more likely to transition from robust old age to frailty.⁴

We, as an international collective dedicated to understanding this intersection, emphasise that overlooking frailty provides a restricted and potentially skewed perspective on the multifaceted landscape of stroke. It is imperative to recognise that a

generalised approach to stroke research is insufficient. We need to move beyond a narrow focus on acute stroke and consider the broader context of frailty and its impact on stroke outcomes. This requires a multidisciplinary approach involving clinicians, researchers, and patients. We need to invest in research that addresses the underlying causes of frailty and develops interventions that improve the quality of life for older adults living with frailty. We need to ensure that the needs of older adults are met and that they have access to the care and support they need. We need to ensure that the voices of older adults are heard and that their experiences are taken into account. We need to ensure that the research we fund is relevant and impactful. We need to ensure that the research we fund is inclusive and equitable. We need to ensure that the research we fund is transparent and accountable. We need to ensure that the research we fund is ethical and responsible. We need to ensure that the research we fund is of high quality and rigor. We need to ensure that the research we fund is disseminated and implemented. We need to ensure that the research we fund is evaluated and monitored. We need to ensure that the research we fund is sustained and funded. We need to ensure that the research we fund is a priority for our society. We need to ensure that the research we fund is a priority for our government. We need to ensure that the research we fund is a priority for our funding agencies. We need to ensure that the research we fund is a priority for our academic institutions. We need to ensure that the research we fund is a priority for our professional societies. We need to ensure that the research we fund is a priority for our patients. We need to ensure that the research we fund is a priority for our families. We need to ensure that the research we fund is a priority for our communities. We need to ensure that the research we fund is a priority for our world.