Cerebral venous pressure in idiopathic intracranial hypertension

Most patients with idiopathic intracranial hypertension (IIH) have abnormally high pressures in cerebral venous sinuses. King et al. have shown that the increased cerebral venous pressure is reduced by lowering intracranial pressure. Obstruction to venous outflow may be caused by partial collapse of the transverse sinuses due to raised intracranial pressure.

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The accompanying editorial by Corbett and Digre reviews the controversy about the cause of IIH. The King et al. paper clearly demonstrates that elevated cerebral venous measure is the result, and not the cause of IIH.

see page 5

Antiviral treatment for MS?

In a Scandinavian phase II trial, Bech et al. observed no effect on new plaque formation during treatment of relapsing-remitting MS with the antiherpetic drug valacyclovir. However, patients with more than one new active MRI lesion during a 4-week run-in period developed fewer new plaques during acyclovir treatment compared to control patients.

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The accompanying editorial by Goodman and Miller reviews the evidence associating herpes virus with MS and point out that clinical trials will inform the debate over the role of herpes and other infectious agents in MS. The negative result in the Bech et al. trial does not preclude possible benefits from other antiherpes therapies.

see page 7

Criteria for brain death

Wijdicks surveyed for brain death criteria in 80 countries. While there is uniform agreement on neurologic examination of brainstem reflexes, there are differences in apnea testing, in required observation time, in the number of physicians concurring, and in the need for confirmatory tests. Additional provisions make some countries' protocols complicated.

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The accompanying editorial by UK neurologist Swash and neurologist-attorney Beresford thoughtfully cites an opinion that the term "brain death" should not be used. In the criteria that have been in use for over 30 years, "brain death" is "death." They also suggest that addressing the criteria should be left to individual countries.

see page 9

Cognitive decline in African Americans with AD or vascular dementia (VaD)

Nyenhuis et al. found that African American patients with VaD declined at a slower rate than patients with AD on cognitive and functional tests when followed for up to 7 years. Stroke patients not diagnosed with dementia at baseline did not decline during the study, suggesting that this subgroup is not at high risk for dementia.

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AD and related dementias (ADRD) increase cost of comorbid illness

Hill et al. found annual costs were \$4,134 higher for patients with ADRD compared to controls. For the 10 most prevalent comorbidities, costs were higher for ADRD patients compared to controls with the condition. Higher costs were attributable to higher inpatient and SNF costs.

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Parkinson's disease in sibling pairs

Maher et al. examined patterns of disease expression in a study of 203 PD-affected sibling pairs. Although several lifestyle factors were related to onset age, the similarity in age at onset for siblings and increased risk to relatives support complex genetic mechanisms for PD.

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Complications of subdural grid electrodes

Hamer et al. evaluated complications during 198 video-EEG monitorings with subdural grid electrodes (1980 to 1997). The complication rate decreased in recent years (13.5%; no permanent deficit). Complications were more frequent with left-sided grid insertion and longer monitoring with a greater number of electrodes.

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Low-dose synthetic ACTH therapy for West syndrome

Ito et al. analyzed the initial effects and long-term outcome in patients with West syndrome who were treated with low-dose synthetic ACTH therapy. Low-dose synthetic ACTH therapy is as effective for the treatment of West syndrome as the higher doses used in previous studies.

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Vasoactive drugs and stroke

Sympathomimetic drugs are associated with cerebral vasoconstriction. Here, Singhal et al. report three patients who developed acute headache, vasoconstriction, and stroke after taking serotonin-enhancing drugs.

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Neurology Ombudsman report

The first Ombudsman report by Dr. Jack Whisnant appears in this issue. Dr. Whisnant acts as a mediator between authors and the editorial office, investigating editorial process: delays in peer review, challenges to publication ethics, and cases of alleged editorial bias. He does not review the substance (rather than process) of editorial decisions, criticisms of editorial content, or accusations of scientific misconduct. His report describes complaints about the editorial office/editors and resolution of those problems.

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