Quality of life and management of early epilepsy

Jacoby et al. compared quality of life outcomes between patients with new-onset seizures who received either immediate or delayed antiepileptic medication. The findings, based on 331 individuals, suggest no significant advantage of starting treatment immediately, with the single exception of driving status.

see page 1188

There is an accompanying editorial by Barbara Vickrey.

see page 1172

¹¹C-PIB PET distinguishes AD from FTLT

Rabinovici et al. found that 7 out of 7 patients with AD had elevated cortical uptake of the A β PET ligand ¹¹C-PIB, while 8 out of 12 patients with frontotemporal lobar degeneration had negative scans. ¹¹C-PIB may have an important role in the differential diagnosis of dementia.

see page 1205

Nocturnal blood pressure in restless legs syndrome

Pennestri et al. found significant increase in systolic (<22 mm Hg) and diastolic (<11 mm Hg) blood pressure in association with periodic leg movements during sleep in subjects with restless legs syndrome. Blood pressure changes were greater when the movements were associated with EEG signs of arousal.

see page 1213

Retigabine, a novel antiepileptic drug, demonstrates efficacy in a controlled, clinical trial

The development of agents that enhance potassium currents through K⁺ channels has long been the aim of scientists seeking new ways to stop seizures in patients with epilepsy. Retigabine is the most advanced of these compounds. Porter et al. evaluated 399 randomized patients with partial seizures in a Phase 2 RCCT study. The authors found that retigabine decreased seizure frequency in a dose-response manner. The drug also improved responder rates. Retigabine is the first drug of this type to reach this stage of clinical development. A Phase 3 program is ongoing.

see page 1197

Predicting a successful treatment in PC-BPPV

Oh et al. examined the nystagmus during the second position of the Epley maneuver in 126 patients with PC-BPPV. The finding of torsional upbeating nystagmus in the same direction as that seen during the first position of the Hallpike maneuver (orthotropic nystagmus) predicted a successful repositioning, while the finding of either reversed or no nystagmus predicted a treatment failure. This may differentiate between canalolithiasis and cupulolithiasis.

see page 1219

Tapping the head tests the vestibulo-ocular reflex

Iwasaki et al. extend the understanding of central vestibular physiology (specifically extraocular vestibular evoked myogenic potentials) through studies on forehead tapping.

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