In Focus

Spotlight on the October 11 Issue

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Does levodopa accelerate the pathologic process in Parkinson disease brain?

This study investigated whether the cumulative exposure of levodopa was a factor in accelerating the disease process in 96 patients with Parkinson disease. No link was established based on measurements of nigral neuronal counts and Lewy body densities, providing support for the safe institution of early levodopa therapy.

See p. 1420

From editorialists LeWitt, Dubow, and Singer: "Based on the limits of what is known, clinicians should realize that the notion of levodopa-induced toxicity is at best hypothetical and with considerable counterevidence, including the current study presented by Parkkinen et al."

See p. 1414

From editorialists Olanow and Obeso: "Rather, clinicians should bear in mind that levodopa may have toxicity that is masked by its symptomatic effects, and should therefore be used at the lowest dose that provides satisfactory clinical benefit."

See p. 1416

Different clinical and neuropathologic phenotypes of familial ALS with A315E TARDBP mutation

Two of 4 members of a Japanese pedigree affected by familial ALS showed both motor neuron signs and parkinsonism. Severe nigral

degeneration was found only in the case showing both motor neuron signs and parkinsonism, suggesting that clinical phenotypes may be different in a family with the same TARDBP mutation.

See p. 1427

ALS clinical trials: Do enrolled patients accurately represent the ALS population?

A total of 164 patients were enrolled in 8 clinical trials. The PARALS cohort included 813 patients, of whom 539 met the entry criteria. Efforts should be made to improve patients' recruitment in trials, since many patients enrolled do not satisfactorily represent the ALS population, and findings may lack external validity.

See p. 1432

Self-rated health and risk of incident dementia: A community-based elderly cohort, the 3C study

Self-perceived health may help in identifying elderly individuals at higher risk of dementia. In a cohort of 8000 elderly individuals followed for 8 years, participants declaring a poor health at baseline had a 70% increased risk of dementia during follow-up. This risk was higher among those without cognitive complaints.

See p. 1457

OnabotulinumtoxinA improves quality of life and reduces impact of chronic migraine

The Phase III Research Evaluating Migraine Prophylaxis Therapy clinical program included a 24-week, double-blind phase followed by a 32-week, open-label phase. Thirty-one injections of 5 U each (155 U of onabotulinumtoxinA or placebo) were administered to 1,384 participants. Treatment of chronic migraine with onabotulinumtoxinA reduced headache impact and improved health-related quality of life.

See p. 1465

Randomized, phase III study results of clobazam in Lennox-Gastaut syndrome

Patients aged 2–60 years were randomized to placebo or clobazam 0.25, 0.5, or 1.0 mg/kg/day for 4-week baseline, 3-week titration, and 12-week maintenance phases, followed by a 2- or 3-week continuation in an open-label extension. Clobazam decreased weekly drop seizure rates in Lennox-Gastaut syndrome. No new safety signals were identified.

See p. 1473

VIEWS & REVIEWS

Addressing the ethical, policy, and social challenges of preclinical Alzheimer disease

The discovery of preclinical Alzheimer disease creates an urgent need for guidelines to safely and effectively communicate the diagnosis, a process to translate it into practice and policy, and adaptation of laws, regulations, and professional practices.

See p. 1487

NB: "Emerging Subspecialties in Neurology" (see p. e85). To check out other Resident & Fellow submissions from this subsection, point your browser to <http://www.neurology.org> and click on the link to the Resident and Fellow Section.

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