In Focus

Spotlight on the August 30 Issue

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Longitudinal changes of structural connectivity in traumatic axonal injury

The authors evaluated 28 patients with mild to severe traumatic axonal injury (TAI) and 20 controls. The findings showed that TAI can be identified in patients within days of injury and that TAI was progressive over several months. These results have implications for the diagnosis of TAI and for the development of TAI-directed therapies.

See p. 818

From editorialists Pieter E. Vos and Erin D. Bigler: "...this study supports ideas that the time is right for inclusion of pathoanatomic features of brain injury using MRI techniques to stratify patients with TBI in future clinical trials."

See p. 810

Interferon β -1b-neutralizing antibodies 5 years after clinically isolated syndrome

Patients with a first event suggestive of multiple sclerosis (MS) were randomized to IFN β -1b 250 μ g (Betaferon) or placebo subcutaneously every other day for 2 years. Neutralizing antibodies (NAbs) were measured in 277/292 early-treated patients and were associated with increased brain MRI activity, but not with clinical outcomes. MRI may be better than clinical outcome measures to detect treatment effects of IFN β -1b.

See p. 835

Progressive multiple sclerosis is not associated with chronic cerebrospinal venous insufficiency

Ultrasonographic criteria for chronic cerebrospinal venous insufficiency (CCSVI) were applied to 60 patients with progressive MS and 60 healthy controls. Selective venography was abnormal in only 1 patient. These findings indicate that CCSVI was neither a late secondary phenomenon of MS nor associated with disability.

See p. 844

Network correlates of the cognitive response to levodopa in Parkinson disease

Using FDG PET to quantify the expression of the previously characterized PD cognition-related metabolic pattern (PDCP), the authors found that baseline values predicted the cognitive changes occurring with levodopa treatment. PDCP may be used to customize individual treatment strategies for patients with Parkinson disease.

See p. 858

Altered functional connectivity in asymptomatic MAPT subjects: A comparison to bvFTD

The authors demonstrated altered functional connectivity in 8 asymptomatic subjects with mutations in the *MAPT* gene. The change in functional connectivity was an early feature of frontotemporal dementia (FTD), preceding clinical decline, and may prove to be an important early diagnostic biomarker in FTD.

See p. 866

Inclusion of RBD improves the diagnostic classification of dementia with Lewy bodies

Annual assessment of cognition, parkinsonism, visual hallucinations, and REM sleep behavior disorder (RBD) was carried out in 234 patients. Inclusion of RBD as a core clinical feature improves the diagnostic accuracy of autopsy-confirmed dementia with Lewy bodies.

See p. 875

Pilot trial of IOM duty hour recommendations in neurology residency programs: Unintended consequences

This study evaluated resident sleepiness, personal study hours, quality of life, and satisfaction and faculty satisfaction during a control month using Accreditation Council for Graduate Medical Education (ACGME) work duty hours requirements and during an intervention month with Institute of Medicine (IOM) work duty hours recommendations. The results from 3 residency programs suggest the IOM work duty hour recommendations may negatively affect neurology resident education.

See p. 883; Editorial, p. 816

IV thrombolysis and statins

Statins in thrombolized stroke patients may be of benefit because of neuroprotective properties, or may increase the risk of intracranial hemorrhage (ICH). In a comparison of 918 statin users and 3,094 nonusers, statin use was neither an independent predictor of functional outcome nor of ICH. Statins did not influence outcome in thrombolized patients.

See p. 888

NB: Neurology Journal Club, a new subsection of the Journal's Resident & Fellow Section, appears in this issue: "Estimating risk for developing epilepsy: A population-based study in Rochester, Minnesota" (see p. 918). To see all Resident & Fellow selections, go to <http://www.neurology.org> and click on the link to the Resident and Fellow Section. Watch for more Journal Club publications.

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