In Focus

Spotlight on the May 8 Issue

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Is dementia incidence declining? Trends in dementia incidence since 1990 in the Rotterdam Study

The authors compared dementia incidence in 2 independent subcohorts of persons aged 60–90 from the Rotterdam Study. Participants were dementia-free at baseline and followed for a maximum of 5 years. Although the differences in dementia incidence were nonsignificant, there was a consistent decrease in dementia between 1990 and 2005.

See p. 1456

From editorialists Larson & Langa: "If, or ideally when, we discover effective and feasible ways to delay or postpone dementia further into old age, countless numbers of people will be more likely to experience old age as living long and living well."

See p. 1452

Treatment consent capacity in patients with traumatic brain injury across a range of injury severity

The authors evaluated medical decision-making capacity cross-sectionally 1 month after injury in 86 patients with traumatic brain injury (TBI) and 40 controls. One month post-injury, treatment consent capacity was largely intact in patients with mild TBI, but remained impaired in patients with complicated mild and moderate/severe TBI.

See p. 1472; Editorial, p. 1454

Contribution of EEG/fMRI to the definition of the epileptic focus

The authors evaluated the clinical relevance of EEG/fMRI in 43 patients with focal epilepsy by assessing the information it adds to the scalp EEG. Even though this method is not yet simple enough for routine clinical use, the results were obtained in a few hours by specialized personnel.

See p. 1479

Diurnal pattern of seizures outside the hospital: Is there a time of circadian vulnerability?

In 831 reports of consecutive patients who had ambulatory EEG monitoring for 24–72 hours using the Digitrace EEG recording system, 44 had definite ictal events. The authors found that in ambulatory outpatient conditions, electrographic seizures followed day/night patterns, with frontal seizures occurring in the early morning hours and temporal lobe seizures in the early evening hours.

See p. 1488

Characterizing contrast-enhancing and re-enhancing lesions in multiple sclerosis

Active lesions are the hallmark of newly forming multiple sclerosis. The authors examined 264 monthly MRI scans performed over 3 months in 88 patients with multiple sclerosis. Active lesion classification by imaging may not accurately reflect the pathologic heterogeneity.

See p. 1493

Cognitive outcome of patients with classic infantile Pompe disease receiving enzyme therapy

The authors assessed cognitive functioning in 10 children with classic infantile Pompe disease who had been treated with enzyme therapy since 1999. Brain imaging was performed in 6 children. At school age, cognition was normal or mildly delayed, but easily underestimated in young children with poor motor functioning.

See p. 1512

Phenotype and genotype analysis in amyotrophic lateral sclerosis with TARDBP gene mutations

French patients with TARDBP+ amyotrophic lateral sclerosis (ALS) were compared to 3 cohorts (737 sporadic ALS, 192 nonmutated familial ALS, and 58 SOD1 + FALS) and then to 117 TARDBP+ cases. Although complex, relationships among clinical and genetic phenotypes do exist in ALS, warranting a precise clinical analysis in each case.

See p. 1519

NB: "A case of necrotizing myopathy with proximal weakness and cardiomyopathy," see p. 1527. To check out other *Neurology Clinical Pathological Conferences*, point your browser to www.neurology.org.

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