In Focus

Spotlight on the March 3 Issue

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Notable in *Neurology*

This issue features articles on how elevated α -synuclein levels in CSF and serum may be correlated with REM sleep behavior disorder through inflammation in patients with Parkinson disease and how deep brain stimulation of the internal pallidum improves dystonia in patients with DYT1, DYT6, and non-DYT dystonia. Other featured articles focus on the common variation in *COL4A1/COL4A2* and its association with sporadic cerebral small vessel disease and how common variants in *TMEM106B* serve as a distinct risk factor for TDP-43 pathology in older persons without frontotemporal lobar degeneration.

ARTICLES

Randomized trial of vaccination in fingolimod-treated patients with multiple sclerosis ▲

The authors evaluated responses to anticipated novel (seasonal influenza vaccine) and recall (tetanus toxoid booster) antigens. Most fingolimod-treated patients mounted immune responses against both novel and recall antigens, but response rates were reduced compared with placebo-treated patients. Reduced response should be considered when vaccinating patients under fingolimod treatment.

See p. 872

From editorialists Goldman & Naismith: "Vaccination for patients with MS remains important to lessen the morbidity and mortality of influenza. Patients should be educated that the influenza vaccine does not worsen MS, and saves thousands of lives every year."

See p. 864

Differential effects of severe vs mild GBA mutations on Parkinson disease

This meta-analysis will allow physicians to provide better genetic information to patients and their relatives. Severe GBA mutations, compared to mild mutations, were associated with a higher risk for Parkinson disease and earlier age at onset. Future counseling and treatment may be based on specific genotypes, whether of GBA or other Parkinson disease-associated genes.

See p. 880; Editorial, p. 866

Long-term risk of aneurysmal subarachnoid hemorrhage after a negative aneurysm screen 📖

It is unclear whether persons with one first-degree relative (FDR) with aneurysmal subarachnoid hemorrhage (aSAH) are at increased risk of aSAH. In the first 15 years after a negative screening, the risk of aSAH in persons with one FDR with aSAH is not nil, but in the range of that in the general population, or even higher. Further studies are needed.

See p. 912

From editorialists Majersik & Schmidt: "Although this study cannot give guidance regarding appropriateness of screening FDRs, it clearly changes the calculus on familial risk of IA and teaches us to remain vigilant in high-risk patients regardless of screening status."

See p. 868

Neuropsychiatric symptoms, APOE ϵ 4, and the risk of incident dementia: A population-based study

The authors followed 332 participants with prevalent mild cognitive impairment who were screened for agitation, apathy, and depression. Agitation, apathy, and depression may be markers of the underlying neuropathology that drives

the transition from normal aging to mild cognitive impairment and subsequently to dementia.

See p. 935

NB: "Bedtime-related jerks in the upper limbs associated with restless arms syndrome," see p. 959. To check out other Video NeuroImages, point your browser to Neurology.org. At the end of the issue, check out the other Video NeuroImage discussing the clinical features and brain iron accumulation in fatty acid 2-hydroxylase deficiency.

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