Effect of topiramate and gabapentin on cognition

Antiepileptic drug effects on cognition remain controversial. Salinsky et al. compared the cognitive effects of topiramate and gabapentin in a double-blind, placebo-controlled study using healthy volunteers. Topiramate worsened cognition whereas gabapentin effects were minimal.

see page 792

IVIG treatment in patients with acute optic neuritis

Roed et al. investigated IV immunoglobulin (IVIG) treatment in patients with acute optic neuritis. IVIG had no benefit on long-term visual outcome, or optic nerve function.

see page 804

Risedronate prevents hip fracture after stroke in elderly women

In a 12-month trial, Sato et al. evaluated the efficacy of risedronate in reducing hip fractures of elderly women following an acute stroke. In the trial, 187 patients received risedronate and 187 received placebo. Seven patients sustained hip fractures in the placebo group vs one hip fracture in the group treated with risedronate.

see page 811

Very short time-window for stroke prevention

Rothwell and Warlow studied 549 patients who had an ischemic stroke and a preceding TIA. TIAs occurred most often during the 48 hours immediately prior to the stroke, suggesting that rapid assessment is required to prevent stroke.

see page 817

Time from TIA to stroke.

Midazolam for neonatal seizures

Castro Conde et al. review the outcome of 45 neonates with EEG-confirmed seizures (ESz). Midazolam effectively controlled ESz in nonresponders to phenobarbital/phenytoin, and correlated with improved long-term neurodevelopment.

see page 876

The editorial by Sankar and Painter notes that the study by Castro Conde et al. was retrospective and nonrandomized, and midazolam was not compared to phenobarbital/phenytoin independently but only assessed in phenobarbital and phenytoin nonresponders. However, the remarkable finding of complete electrical control in 13 non-responders to phenobarbital and phenytoin treated with midazolam with no adverse reactions sets the stage for a rigorous controllable study of midazolam in neonatal seizures.

see page 776

Mortality following first seizure in children

In a long-term followup of children presenting with a first seizure, Shinnar et al. found that all subsequent seizure-related deaths occurred in children with multiple seizures and would not be altered by treatment following the initial single seizure.

see page 880

In the accompanying editorial, Mary Zupanc discusses the strengths and limitations of long-term natural history studies such as that by Shinnar et al., who followed a cohort of children with first-time seizures and report on the risk of mortality. She uses these and other data to suggest the approach to treatment of children with first-time seizures.

see page 774

Treatment of pediatric MS with subcutaneous IFN β -1a

Pohl et al. studied the tolerability of subcutaneous interferon beta-1a (IFN β -1a) in 51 pediatric patients with multiple sclerosis (MS). Treatment was safe and generally well tolerated. Side effects were comparable to those reported for adult patients with MS.

see page 888

The editorial by Brenda Banwell and Helen Tremlett note that while relapsing-remitting MS (RRMS) accounts for approximately 80% of MS in adults, it accounts for more than 95% of MS in children. More than 90% of patients with RRMS (including children) enter the secondary progressive phase of MS (SPMS), but primary progress MS is exceptionally rare in children. This study expands the limited data on the use of immunomodulatory therapies in pediatric MS.

see page 778

continued on page 773

Neurotoxicity of methotrexate (MTX) and methionine metabolism

In a study of 42 patients with primary CNS lymphoma, Linnebank et al. found that a risk haplotype influencing methionine-metabolism conferred a relative risk of 4.7 for MTX-associated CNS white matter changes.

see page 912

Fluid-attenuated inversion recovery MRI in PCNSL after high-dose systemic and intraventricular MTX-based chemotherapy.

Alzheimer disease and cancer

Roe et al. found the risk of developing cancer appears to be less for individuals with dementia of the Alzheimer type (DAT) compared with nondemented individuals, and that cancer may reduce DAT risk.

see page 895

Hypertension and cognition in African American patients with AD

Goldstein et al. studied the relationship between hypertension and cognitive performance in 34 African American patients with Alzheimer disease. Hypertensive patients exhibited greater cognitive impairments, especially on measures of executive functioning.

see page 899

Natural course of the remission of benign paroxysmal positional vertigo (BPPV)

Imai et al. studied patients who did not receive otolith repositioning. They assessed the average number of days from onset to remission of positional vertigo. Patients with posterior canal BPPV remitted at 39 days vs 16 days in those with horizontal canal BPPV.

see page 920

CT and CSF-negative subarachnoid hemorrhage

McCarron and Choudhary documented aneurysmal subarachnoid hemorrhage in a patient with negative CT scan and CSF spectrophotometry.

see page 923

Levodopa phobia in Parkinson disease

Roger Kurlan reports two cases in which physicians misinterpreted current evidence regarding potential risks of levodopa therapy in Parkinson disease. Inappropriately under-dosing with levodopa caused severe disability in the patients.

see page 923

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