In Focus

Spotlight on the September 27 Issue

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Early stroke risk and ABCD2 score performance in tissue- vs time-defined TIA: A multicenter study

This study investigated data from ABCD2 scores, DWI or CT brain imaging, and follow-up of 4,574 TIA patients diagnosed by time-based criteria. Stroke rates at 7 and 90 days were examined in relation to “tissue-positive” or “tissue-negative” subcategorization. The findings support the concept of a tissue-based definition of TIA and stroke, at least on prognostic grounds.

See p. 1222; Editorial, p. 1214

Short-acting nifedipine and risk of stroke in elderly hypertensive patients

The authors evaluated the association between episodic use of short-acting nifedipine and the risk of stroke occurrence in 16,069 stroke patients, of whom 8,573 were female. Use of short-acting nifedipine increased the risk of stroke occurrence in elderly hypertensive patients.

See p. 1229; Editorial, p. 1216

Extracranial venous hemodynamics in multiple sclerosis: A case-control study

The authors performed a color-coded Doppler-sonography to validate chronic cerebrospinal venous insufficiency (CCSVI) criteria in 42 patients with multiple sclerosis and 43 controls. With established reproducibility of venous ultrasound testing among experienced independent sonographers, their data argue against

CCSVI as the underlying mechanism of multiple sclerosis.

See p. 1241; Editorial, p. 1218

Age and disability accumulation in multiple sclerosis

Patients were evaluated annually or semiannually at the London, Ontario, MS Clinic from 1972 to 2000. At each visit, new information was collected and data previously recorded were confirmed. No patient received disease-modifying therapies. Development of secondary progressive was the long-term prognosis, independent of disease duration and early relapse frequency.

See p. 1246

Chronic divalproex sodium use and brain atrophy in Alzheimer disease

This trial evaluated the effect of divalproex or placebo given to 89 of 313 patients with Alzheimer dementia. The treatment group showed more than twice as much annual brain volume loss with divalproex, compared to placebo. These findings have potential implications for future use and study of this drug.

See p. 1263

Responsive cortical stimulation for the treatment of medically intractable partial epilepsy

The investigators assessed the safety and effectiveness of responsive cortical stimulation as an adjunctive therapy in 191 adults with medically intractable partial epilepsy. Responsive direct brain stimulation reduced the frequency of disabling seizures in adults with medically intractable partial onset seizures arising from 1 or 2 foci.

See p. 1295

From editorialist Robert S. Fisher: “The present study is a landmark advance and adds to the recent thalamic stimulation trial in a mutually supportive way. DiBS is no longer ‘a possible treatment for epilepsy,’ but now ‘a treatment for epilepsy.’”

See p. 1220

CONTEMPORARY ISSUES IN NEUROLOGIC PRACTICE

Disparities in NIH funding for epilepsy research

The authors examined the relative prevalence, numbers of affected people in the USA, and annual NIH support levels for 6 major neurologic disorders. The data demonstrate persistently lower funding of epilepsy compared to other major neurologic disorders.

See p. 1305

NB: “Teaching Neurolmages: Lymphomatoid granulomatosis involving lung and brain in an immunocompetent woman,” see p. e75. To check out other Resident & Fellow submissions, point your browser to <http://www.neurology.org> and click on the link to the Resident & Fellow Section.

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