In Focus

Spotlight on the October 21 Issue

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A type 2 biomarker separates relapsing-remitting from secondary progressive multiple sclerosis ▲

Serum samples were obtained from patients with primary progressive, secondary progressive, and relapsing-remitting multiple sclerosis; patients with other

neurodegenerative conditions; and controls. Nuclear magnetic resonance metabolomics analysis of serum profiles accurately distinguished patients with different subtypes and stages of multiple sclerosis.

See p. 1492; Editorial, p. 1488

Levetiracetam reduces abnormal network activations in temporal lobe epilepsy [OPEN](#) ▲

Epilepsy treatment is guided by “trial and error,” with MRI being primarily used for identifying lesions and eloquent cortex. The authors showed a drug-induced normalizing effect on functional MRI activations specific to the epileptogenic area and its related cognitive function, providing a framework for developing predictive tests of drug response.

See p. 1508

From editorialists Cendes & Woermann: “...subtle changes of task-related deactivations seem to lend themselves as targets for further pharmacologic fMRI studies, which may prove useful noninvasive biomarkers for evaluating treatment of seizures and behavioral comorbidities in epilepsy.”

See p. 1490

Intensive blood pressure reduction in acute intracerebral hemorrhage: A meta-analysis

The authors identified 4 eligible studies, including a total of 3,315 patients. Intensive blood pressure reduction in patients with acute intracerebral hemorrhage was associated with a greater attenuation of absolute hematoma growth at 24 hours and possibly (a nonsignificant change) with a lower likelihood of unfavorable functional outcome at 3 months.

See p. 1523

Long sleep duration in elders without dementia increases risk of dementia mortality (NEDICES)

This study of 3,857 people without dementia aged 65 years and older analyzed self-reported long sleep duration, which was associated with 58% increased risk of dementia-specific mortality. Increased sleep duration suggesting increased dementia risk may be explained at least partly by pathologic changes related to dementing conditions.

See p. 1530

Midlife personality and risk of Alzheimer disease and distress: A 38-year follow-up

The strengths of this study include a representative population, long follow-up (38 years), measurement of distress and personality in midlife, and multiple sources of information and assessment detecting and diagnosing dementia. Midlife neuroticism and distress was a risk factor for late-life Alzheimer disease, suggesting the need for special interventions in these patients.

See p. 1538; Comment, p. 1542

Proximal nerve magnetization transfer MRI relates to disability in Charcot-Marie-Tooth diseases

Detection of insidious progression in Charcot-Marie-Tooth (CMT) diseases demands optimal outcome measures. This study developed a novel quantitative MRI assay of sciatic nerves, which were inaccessible via conventional tools. Resulting magnetization transfer ratio values correlated with disabilities in patients with CMT and may be a viable biomarker for these diseases.

See p. 1545

Spinocerebellar ataxia 35: Novel mutations in TGM6 with clinical and genetic characterization

This study expanded the clinical and genetic spectrum of spinocerebellar ataxia type 35 (SCA35), demonstrating that 2 missense mutations (p.R111C and p.D510H) and one 3-nucleotide deletion (p.E574del) compromised the protein stability and catalytic activity of transglutaminase 6. SCA35 is rare, accounting for 0.6% of SCAs among those of Han-Chinese descent in Taiwan.

See p. 1554

NB: “Alzheimer CSF biomarkers may be misleading in normal-pressure hydrocephalus,” see p. 1573. To check out other Medical Hypothesis submissions, point your browser to Neurology.org.

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