In Focus

Spotlight on the March 22 Issue

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Notable in *Neurology*

This issue features an article evaluating whether structural network connectivity at baseline predicted incident all-cause dementia in 436 participants with small vessel disease and another investigating the association of 10-second heart rate variability with cognitive function in 3,583 participants at risk of cardiovascular disease. A third article examined whether the serotonin-to-dopamine transporter ratio was related to the appearance of dyskinesias in patients with Parkinson disease.

ARTICLES

Real-world cost-effectiveness of pharmacogenetic screening for epilepsy treatment

The US Food and Drug Administration recommends HLA-B*15:02 screening before commencing carbamazepine. Based on data from Hong Kong, the screening policy, as currently practiced, was not cost-effective because of changes in prescription behavior, poor policy adherence, and high test cost. All possible effects of screening policies should be considered when

implementing pharmacogenetic testing.

See p. 1086

From editorialists Marson & Guerrini: "We need to agree what clinical and cost-effectiveness evidence is required before testing is recommended, and consider and assess how best to implement services. Failure to do so will likely result in inefficient use of health care resources and could result in poorer outcomes for patients."

See p. 1080

Conversion to eslicarbapazine acetate monotherapy: A pooled analysis of 2 phase III studies [OPEN](#)

This study identified clinical features predicting success when converting patients from previous antiepileptic drugs to eslicarbapazine acetate monotherapy. Patients taking 2 antiepileptic drugs with secondarily generalized seizures who used rescue benzodiazepines experienced more seizure exacerbation during conversion to monotherapy. Targeting 1,600 mg daily may be advisable when converting patients to eslicarbapazine acetate monotherapy.

See p. 1095

Statin pretreatment is associated with better outcomes in large artery atherosclerotic stroke [OPEN](#)

Even though large artery atherosclerotic ischemic stroke carries the highest risk of early recurrence, there are limited data evaluating the association of statin pretreatment with ischemic stroke recurrence, mortality, and functional outcome. In an evaluation of 516 consecutive ischemic stroke patients, statin pretreatment was associated with better early outcomes regarding neurologic improvement, disability, survival, and stroke recurrence.

See p. 1103

From editorialists Charidimou & Merwick: "The observational design of this study limits the ability to make evidence-based recommendations on statin initiation, stressing the urgent need for a large randomized clinical trial of high-dose statin treatment in the acute stroke setting. Randomized comparisons should explore the effects of selecting a specific drug within the class, dosing, and administration timeline in acute stroke, across stroke subtypes, and on outcome."

See p. 1082

Effect of intellectual enrichment on AD biomarker trajectories: Longitudinal imaging study [OPEN](#)

The authors showed that intellectual enrichment delayed the onset of cognitive impairment in the elderly but had minimal effects on longitudinal AD biomarker trajectories (amyloid deposition, metabolism, hippocampal volume). Education level differences in these samples influenced the findings.

See p. 1128

NB: "Nerve ultrasound and 3D-MR neurography suggestive of intraneural perineurioma," p. 1169. To check out other NeuroImages, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Notes discussing agrypnia excitata in corticobasal syndrome and cerebral hemodynamic changes during limb-shaking TIA. This week also includes a Humanities story titled "Taking sides."

Podcasts can be accessed at Neurology.org

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