In Focus

Spotlight on the October 11 issue

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Notable in *Neurology*

This issue features 2 articles examining whether the presence, on pretreatment MRI, of cerebral microbleeds in patients with acute ischemic stroke was associated with increased risk of symptomatic intracerebral hemorrhage and whether amyloid and hypertensive cerebral small vessel disease changes synergistically affected lobar microbleeds in patients with subcortical vascular mild cognitive impairment. A featured article assessed the efficacy and tolerability of oral aprepitant in controlling nausea associated with IV dihydroergotamine for migraines.

ARTICLES

Abnormal glucose regulation increases stroke risk in minor ischemic stroke or TIA

The pattern and magnitude of association between fasting plasma glucose and risk of stroke in patients with a minor stroke or TIA was examined using data from the Clopidogrel in High-Risk Patients with Acute Nondisabling Cerebrovascular Events (CHANCE) trial. Both impaired fasting glucose and diabetes were related to an increased risk of stroke in patients with a minor stroke or TIA.

See p. 1551

A genome-wide association study in multiple system atrophy OPEN

The authors performed a multicenter genome-wide association study in 918 persons of European ancestry with multiple system atrophy and 3,864 controls. They identified

several potentially interesting gene loci, including the MAPT locus; an evaluation in a larger sample set will be key to validate these findings and to uncover the clinical import of these loci.

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From editorialists Bandmann & Chio: "...genome-wide association studies can help to identify novel functional networks that may be amenable to therapeutic intervention at the hub level. Ultimately, in the absence of any real progress in other areas investigating the etiology of multiple system atrophy, genetic studies including future, larger genome-wide association studies are currently our best bet to obtain a better understanding of the causes of multiple system atrophy."

See p. 1530

Loss of independence in early Parkinson disease: A 5-year population-based incident cohort study

The authors followed 189 patients with incident Parkinson disease and 174 controls matched for age, sex, and comorbidity. Independence loss was irreversible in most patients and represented an unfavorable prognostic factor in early Parkinson disease. These findings have implications for patient management and health care planning.

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CONTEMPORARY ISSUES

Reducing costs while enhancing quality of care in MS

Rising costs of multiple sclerosis (MS) care are unsustainable, and it is necessary to save costs and improve outcomes. The recommended strategies include customizing relapse treatment, developing alternative dosing schedules for Food and Drug Administration-approved MS disease-modifying therapies (DMTs), using off-label therapies, and limiting the use of DMTs. Neurologists should play a greater role in shaping clinical research agendas so as to participate in cost control.

See p. 1617

From editorialists Bourdette & Whitham: "To take advantage of the cost savings of using rituximab off-label for treating MS will require insurance companies to cooperate. Alternatively, a noninferiority trial of rituximab vs ocrelizumab may be needed to show that rituximab is not less effective than ocrelizumab; but noninferiority trials are usually expensive, and it is challenging to secure funding for such trials."

See p. 1532

NB: "News from the battlefield: Zika virus-associated Guillain-Barré syndrome in Brazil," p. e180. To check out other Global Perspectives articles, point your browser to Neurology.org. At the end of the issue, check out the NeuroImages discussing dizziness due to meningocele-associated intracranial hypotension in neurofibromatosis type 1 and the novel finding of a benign tumor in a patient with Pompe disease. This week also includes a Clinical/Scientific Note titled "Acute Zika infection with concurrent onset of Guillain-Barré syndrome."

Podcasts can be accessed at Neurology.org

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