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Notable in *Neurology* this week

This issue features an article that assesses lasmiditan as an acute treatment of migraine; another investigates the frequency of dyskinesia in patients with Parkinson disease treated with levodopa. A featured Views & Reviews examines the current knowledge of CSF1R-related leukoencephalopathy and discusses the putative pathophysiology.

Articles

Migraine with visual aura is a risk factor for incident atrial fibrillation: A cohort study

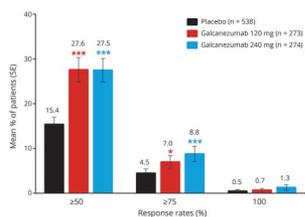
Migraine with aura (MA) affects young women, exposing them to stroke risk. The authors report the association between MA and cardioembolic stroke. Based on the ARIC cohort study results, stroke risk may be mediated by atrial fibrillation. Clinicians may screen MA patients for atrial fibrillation and implement stroke prevention measures.

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From editorialists Fridman & Sposato: "What if some cases of MVA (migraine with visual aura) are the clinical expression of microembolism to the brain originating in the left atrium or the left atrial appendage after a paroxysm of atrial fibrillation? Could at least a subset of MVAs be regarded as atrial fibrillation-related TIAs? The answer is yes."

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Galcanezumab in chronic migraine: The randomized, double-blind, placebo-controlled REGAIN study



Galcanezumab, a CGRP antibody, is a recently approved migraine preventive therapy. This study demonstrated that galcanezumab reduced the number of days patients with chronic migraine experienced migraine headaches. Efficacious on clinically meaningful endpoints and well-tolerated, galcanezumab could be an important treatment option for this chronic, disabling neurological disorder.

Page 1082; Related article, page 1083

White matter abnormalities in the corpus callosum with cognitive impairment in Parkinson disease

The spectrum of cognitive impairment in Parkinson disease (PD) is broad. With diffusion tensor imaging, white matter abnormalities were noted in PD, particularly in the anterior corpus callosum segments and with dementia. Breakdown of white matter microstructural integrity and anterior-posterior callosal disconnections may influence the severity and phenotype of cognitive deficits.

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MORE ONLINE

🎧 Editor's Summary

Audio summary of highlighted articles.

NPub.org/edsum

Continued

Body mass index, but not vitamin D status, is associated with brain volume change in MS

People with multiple sclerosis (MS) need strategies that complement approved therapies to reduce disability risk. In this study of people with relapsing forms of MS, higher body mass index was independently associated with greater subsequent loss of brain volume. Reducing obesity may potentially reduce disability risk in MS.

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From editorialists Marrie et al.: "The concurrent evaluation of BMI and 25(OH)D is important because of the association of obesity with vitamin D insufficiency, and highlights the importance of addressing confounding in observational studies."

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NB: "Hemimeningitis mimicking acute ischemic stroke," p. e2280. To check out other Resident & Fellow Teaching NeuroImages, point your browser to Neurology.org/N and click on the link to the Resident & Fellow Section. At the end of the issue, check out the NeuroImage illustrating giant arachnoid granulations regression after depletive lumbar puncture. This week also includes a Resident & Fellow Education Research article titled "Simulation training for neurology residents on acquiring tPA consent: An educational initiative."

NEW EPISODE



December 11, 2018

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Body mass index, but not vitamin D status, is associated with brain volume change in MS (see p. 1087)

1. Featured Article: Body mass index, but not vitamin D status, is associated with brain volume change in MS
2. What's Trending: Tau protein—not amyloid—may be key driver of Alzheimer's symptoms

In the first segment, Dr. Stacey Clardy talks with Dr. Ellen Mowry about her paper on the associations between body mass index and brain volume change in MS. In the second part of the podcast, Dr. Jeffrey Burns focuses his interview with Dr. Matthew Brier on tau protein as a driver of Alzheimer symptoms.

Disclosures can be found at Neurology.org.

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