Headache

Cooke et al. (p. 302) examined the relationship between chinook winds and migraine headaches in southern Alberta. In a subset of migraineurs the winds trigger headaches. ♦ The accompanying Editorial by Lipton (p. 280) considers the distinction between risk factors and triggers of migraine and discusses the strengths of study designs that investigate them. ♦ The **NeuroImage** (p. 378) shows what a vulnerable migraineur in Calgary sees before his or her headache. ♦ Patients with headache are often depressed. Breslau et al. (p. 308) studied which comes first in various types of headache—for migraine, either order occurs.

HIV-associated dementia

Highly active antiretroviral therapy (HAART) is now successful in the treatment of systemic HIV infection. HAART reduces viral load; viral load is a useful surrogate marker for clinical trials of HIV infection outside the CNS. It is not yet clear if HAART is of major benefit to CNS disease and there are no established biomarkers for CNS disease. Limoges et al. (p. 379) report a SCID mouse model for CNS infection that, as the accompanying Editorial by McArthur and Kiebertz reviews, shows promise for use as a predictor of CNS response to treatment.

Epilepsy

The ketogenic diet as an anti-convulsant strategy is considered in the article by Thio et al. (p. 325) and the accompanying Editorial by Stafstrom and Spencer (p. 282). Thio et al. studied the effect of ketone bodies on rat hippocampal–entorhinal cortex slices on cul-

tured hippocampal neurons. There was no alteration of synaptic transmission, suggesting that the ketogenic diet–related increase in ketone bodies does not affect excitatory or inhibiting ion channels in hippocampus. As the Editorial points out, the basis for the diet's effect is unknown. ♦ Towne et al. (p. 340) monitored the EEG of 236 patients with coma, none of whom had overt seizure activity. They found nonconvulsive status epilepticus (SE) in 8% of the patients, who ranged in age from 1 month to 87 years. Because the authors were also involved in a concurrent prospective clinical study that sought cases with clinical SE, they were alert to such overt seizure activity. They suggest that the EEG should be part of the routine evaluation of unexplained coma. ♦ Schiller et al. (p. 346) followed 210 patients who were seizure-free postsurgery; in 96, antiepileptic drugs were reduced or discontinued. As expected, seizures were more frequent in those whose drugs were withdrawn (36% at 5 years versus 7% in those still receiving drugs). The authors examined many possible predictors of seizures. None was a significant predictor. ♦ Rumbach et al. (p. 350) assessed 3,205 patients for the occurrence of seizures during their first stroke. SE occurred in 31 of the 159 patients who had a seizure. SE was the first seizure activity noted in 19. The authors examined the prognosis of patients who developed SE—the mortality was high, but if patients survived they did not necessarily develop epilepsy.

Early-life risk factors of AD

Moceri et al. (p. 415), in a community-based study of

patients with AD and control subjects, found that the risk of AD increased with each additional child in the AD patient's family by 8%/child. Patients with AD were less likely to have grown up in the suburbs. The authors point out that although a less enriched environment could contribute to the observations, the reason(s) are not yet defined.

Apolipoprotein E and AD

Prince et al. (p. 397) studied the occurrence of dementia in a 15-year prospective study of patients with hypertension. They examined *APOE* alleles, cholesterol, and other risk factors. The increased risk of AD in patients with the *APOE* $\epsilon 4$ allele was not related to cholesterol. Thus, *APOE* effects are likely to be independent of atherosclerosis. ♦ Juva et al. (p. 412) conducted a large prospective study of subjects >85 years of age. *APOE* status did not influence mortality or the development of dementia or cognitive decline. Thus the *APOE* $\epsilon 4$ effect seen in younger subjects is age-dependent.

Vascular cognitive impairment

Rockwood et al. (p. 447) conducted a prospective evaluation of vascular cognitive impairment in 9,008 community- and institution-dwelling elderly subjects. After 5 years, patients with vascular cognitive impairment without dementia had rates of institutionalization and mortality as high as those of patients with AD. Thus, cognitive impairment from cerebrovascular disease is associated with adverse outcomes.

Neurology[®]

January 25 Highlights
Neurology 2000;54;279
DOI 10.1212/WNL.54.2.279

This information is current as of January 25, 2000

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