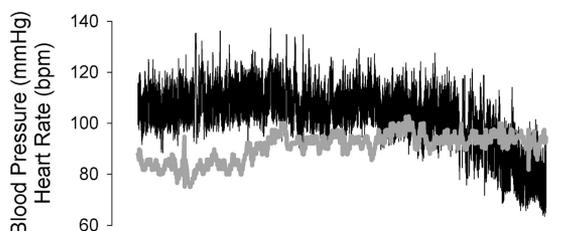


### Neurocritical care in Iraq

Antonio Culebras, MD, International Newsletter Editor  
For most of us, war is something experienced through watching news broadcasts and reading the daily newspaper. However, for some of our colleagues—fortunately few—war is their daily reality. Cognizant of the profound and intense experiences that war can provoke, *Neurology* is privileged to publish a first-hand account of the perceptions of critical care in Iraq as narrated by neurologists Geoffrey Ling and Cornelius Maher, who spent time there.

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### Delayed orthostatic hypotension as a cause of orthostatic intolerance



Beat-to-beat blood pressure in mm Hg (dark band) and heart rate response in beats per minute (gray line) in delayed orthostatic hypotension.

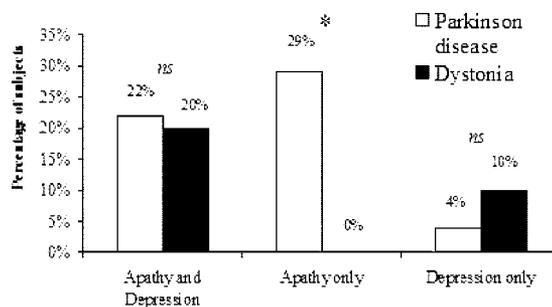
Gibbons and Freeman report that 39% of patients with orthostatic hypotension (OH) have blood pressure (BP) fall only after 10 minutes of tilt-table testing. A further 15% had BP fall between 3 and 10 minutes. The authors suggest that delayed OH is a mild or early form of sympathetic adrenergic dysfunction.

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The editorial by Cheshire and Phillips notes that the current definition of OH is a reduction in systolic BP of at least 20 mm Hg or diastolic BP of at least 10 mm Hg within 3 minutes of standing or upright tilt table testing. Autonomic laboratories assess adrenergic function by tilting patients for 3 to 5 minutes. In the Gibbons and Freeman study of 108 patients with OH, only 50 met the criterion for OH within the first 3 minutes of testing, while BP drops in the rest were delayed. They predict that delayed OH will come to be appreciated as a distinct physiologic entity. However, proof that delayed OH is abnormal will require correlations with daily symptoms and neurologic findings as well as comparison to normal controls. Moreover, whether delayed OH warrants the same intensity of treatment as early OH is unclear and must await prospective outcome studies.

see page 8

### Apathy vs depression in PD



Kirsch-Darrow et al. compared apathy and depression in 80 patients with PD vs 20 patients with dystonia. Depression occurred similarly in PD and dystonia patients. What distinguished the groups was the much higher frequency of apathy in PD. Apathy may be a core feature of PD and is not limited to patients with depression.

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The editorial by Irene Richard notes that apathy is a mental state characterized by diminished goal directed speech, motor activity, and emotion. Patients with apathy demonstrate a general sense of indifference but their mood is neutral. In depression, mood is distinctly negative and causes emotional suffering. The recognition that apathy can be present without depression is important so that we do not inappropriately diagnose and treat a depressive disorder that is not present. With apathy, it is generally the spouse, family, or friends, and not the patient, who complain.

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### Predicting seizure recurrence after AED withdrawal

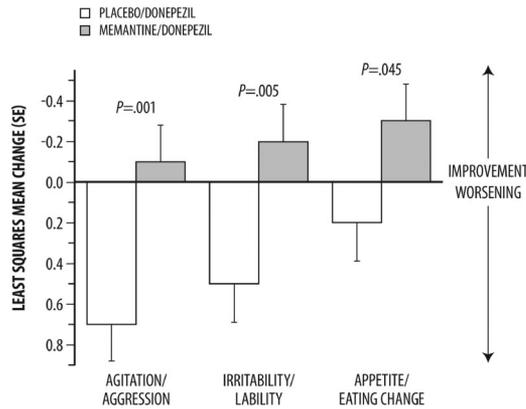
Cardoso et al. found that seizure recurrence after AED withdrawal in patients who had been seizure free for >2 years was more frequent in those with hippocampal atrophy or hyperintense T2 signal.

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The editorial by Anne Berg and Jerome Engel explores the relationship between hippocampal atrophy and seizure control. The study by Cardoso et al. is informative for decisions regarding AED withdrawal, but also suggests the need for longer-term studies to determine the natural history of hippocampal atrophy with respect to AED response and seizure recurrence.

see page 12

## Memantine and behavior in AD



Memantine is approved for treatment of dementia in moderate to severe AD. Cummings et al. report that memantine decreased agitation and irritability in patients with AD who were also receiving treatment with donepezil. Few adverse events were observed.

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## Elevated cortical zinc in AD

Religa et al. report that zinc levels (but not those of other metals) are twofold elevated in postmortem neocortical samples taken from AD cases vs controls. This increase correlated with increased  $\beta$ -amyloid levels and dementia severity.

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## Free copper, MMSE, and CSF markers in AD

Squitti et al. found that in AD and healthy subjects, lower MMSE scores were associated with higher free copper (not bound to ceruloplasmin) and lower CSF  $\beta$ -amyloid concentrations. A free copper blood-to-brain and APP-driven brain-to-blood flux is postulated. Impairment in copper flux may have a deleterious effect in AD.

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## Call-Fleming syndrome associated with antidepressant use

Noskin et al. describe two cases suggesting a potential relationship between the use of antidepressants and development of reversible cerebral vasoconstriction and stroke.

see page 159

## Stroke center designation improves quality of care

Gropen et al. studied the impact of early recognition and transport of patients with acute stroke to stroke centers designated by the New York State Department of Health based on compliance with Brain Attack Coalition criteria. More patients received timely thrombolytic therapy and stroke unit admission.

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## Neurologic prognosis and withdrawal of life support after cardiac arrest

Geocadin et al. studied the use of clinical examination, SSEPs, and EEG in the decision-making that patients' families and physicians face after cardiac arrest. In comatose patients with poor prognosis, withdrawal of care was most expeditious when cortical N20 potentials were absent, followed by uncertain, then normal SSEPs.

see page 105

## Is all medication overuse headache just a form of migraine?

Paemeleire et al. report patients with cluster headache who have medication overuse altering their headache phenotype. Each of the patients reported a personal or family history of migraine or severe headache. The new findings converge with those from rheumatology and GI studies to suggest that a subgroup of migraineurs are susceptible to the effects of medication overuse.

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## Hypothalamic stimulation in chronic cluster headache

Leone et al. report that continuous hypothalamic stimulation produced lasting pain resolution or reduction in 13 of 16 patients with chronic drug-refractory cluster headache, without persistent side effects.

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## July 11 Highlights

*Neurology* 2006;67;4-5

DOI 10.1212/01.wnl.0000229101.42212.d5

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