

Mood influences quality of life ratings in epilepsy

Many factors influence subjective ratings of health-related quality of life (HRQOL) in patients with epilepsy, but the relative importance of each is unknown. A comparison of multiple domains of functioning (psychological, social, and seizure-related) by Tracy et al. revealed that depression was the strongest and most consistent predictor of HRQOL. Factors such as seizure control exert a more limited effect. HRQOL measures are needed in which mood does not play such a dominant role.

see page 1101

There is an accompanying editorial by Rose and Weinman.

see page 1095

Ropinirole 24-hour for advanced PD

In a double-blind, placebo-controlled trial of 393 subjects with PD with motor fluctuations, Pahwa et al. demonstrated that ropinirole 24-hour as an adjunct to levodopa significantly decreased daily off time by approximately 2 hours. There were also improvements in motor function and quality of life compared to the placebo group.

see page 1108

Cholinesterase inhibition improves verbal repetition

In a 4-month, placebo-controlled AD trial, Rockwood et al. found that the goal of decreased repetitive questioning was achieved more often by patients treated with galantamine (58%) than those taking placebo (24%, $p < 0.01$). Improved repetitive questioning was associated with overall improvement, making it a potentially useful clinical indicator of treatment response.

see page 1116

Rates of stroke in Quebec: Win some, lose some!

Mayo et al., in a 15-year period, found that the rates of cerebral infarction declined both for men (32.5%) and for women (25.5%). The sharpest downturn in rates occurred post 1996. Over the same period, there was a

rise, of almost the same magnitude, in the rate of hemorrhagic strokes: 28% increase for men and 22% for women. Aggressive medical management of cardiovascular risk factors may have contributed to the decline in rates of cerebral infarction but may have played a role in the rise in rates of intracerebral hemorrhage.

see page 1122

Circadian rhythm sleep disorders following brain injury

Ayalon et al. examined 15 patients with insomnia complaints following minor traumatic brain injury who were diagnosed with circadian rhythm sleep disorder. Patients showed either delayed sleep-wake schedules or irregular sleep-wake patterns. These two groups differed in behavioral and physiologic markers.

see page 1136

Penetrance of *LRRK2* G2019S mutation in PD

LRRK2 G2019S mutation is the most frequent mutation in PD and displays a classic dominant inheritance pattern with incomplete penetrance. Goldwurm et al. estimated that asymptomatic *LRRK2* G2019S carriers have one chance in three to develop PD in their lifetime (32% at 80 years of age).

see page 1141

Pendular nystagmus in oculopalatal tremor

Kim et al. found that when the pendular nystagmus of oculopalatal tremor was dissociated between the eyes, unilateral pseudohypertrophy of the inferior olivary nucleus was evident on the MRI. Binocular symmetry of pendular nystagmus was associated with either unilateral or bilateral signal changes in the inferior olivary nucleus. Instability of eye velocity to position integration from damage to paramedian tract projections, and denervation of the dorsal cap of inferior olivary nucleus may generate the pendular nystagmus of oculopalatal tremor.

see page 1128

RESIDENT AND FELLOW PAGE

Call for teaching videos

The *Neurology* Resident section is featured online at www.neurology.org. The Editorial Team of this section is seeking teaching videos that will illustrate classic or uncommon findings on movement disorders. Such videos will aid in the recognition of such disorders. Instructions for formatting videos can be found in the Information for Authors at www.neurology.org.

Neurology[®]

April 3 Highlights

Neurology 2007;68;1091

DOI 10.1212/01.wnl.0000260222.12040.ec

This information is current as of April 2, 2007

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/68/14/1091.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

