



In Focus

Spotlight on the April 10 Issue

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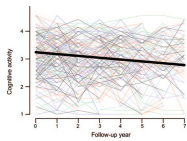


Terminal dedifferentiation of cognitive abilities

In a longitudinal clinical-pathologic study, rates of decline in different cognitive abilities accelerated more than 8-fold and became increasingly intercorrelated during the last 2 to 3 years of life. Alzheimer disease pathologic burden was associated with the onset but not the rate of terminal cognitive decline.

See p. 1116; Editorial, p. 1110

Influence of late-life cognitive activity on cognitive health



Cognitive activity and function were assessed annually for 4.9 years in more than 1,000 older people. More frequent cognitive activity predicted better subsequent global cognitive function, but

global cognition did not predict subsequent activity, supporting the idea that frequent mental stimulation in old age leads to better cognitive functioning.

See p. 1123

Habitual intake of dietary flavonoids and risk of Parkinson disease

This study included ~130,000 participants. The authors observed that higher intakes of anthocyanins (a subclass of flavonoids) and berries, which are a rich source of anthocyanins, were associated with a ~25% lower risk of developing Parkinson disease in men and women during 20-22 years of follow-up.

See p. 1138

From editorialist Walter A. Kukull: "Despite the care taken by researchers in studies such as these, primary exposures determined by self-report, even with well-validated questionnaires, may result in misclassification."

See p. 1112

Activity enhances dopaminergic long-duration response in Parkinson disease

This data-mining study addresses a less understood, but more beneficial aspect of levodopa therapy in Parkinson disease. The authors propose that long-lasting motor learning facilitated by activity and dopamine is a form of disease modification often seen in trials of medications that have symptomatic effects.

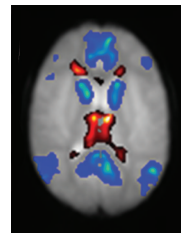
See p. 1146

CNS involvement at the onset of primary hemophagocytic lymphohistiocytosis

The authors followed 46 children with primary hemophagocytic lymphohistiocytosis (HLH) who had neurologic evaluation within 2 weeks and brain MRI within 6 months of diagnosis. Neurologic symptoms were frequent at the onset of primary HLH and were mostly associated with abnormal CSF findings, but with normal brain MRI.

See p. 1150; Editorial 1114

The frontal lobe in absence epilepsy: EEG-fMRI findings



The authors examined 13 patients using fMRI simultaneously with EEG to determine the location and timing of activity in cortical and subcortical structures; they identified 2 patterns of frontal lobe involvement in seizures. Their observations suggest that there may be at least 2 mechanisms underpinning

absence seizures in individuals with absence epilepsy.

See p. 1157

Long-term risk of developing epilepsy after febrile seizures: A prospective cohort study

A history of febrile seizures is a risk factor for epilepsy. This prospective UK study of people with a first seizure suggests most children with febrile seizures do not develop epilepsy. The risk is higher than in the general population, decreasing with time as the population reaches ages 15-19.

See p. 1166

Randomized controlled trial of atorvastatin in clinically isolated syndrome: The STAyCIS study

This study tested 80 mg of atorvastatin on clinical and brain MRI activity in 81 patients with clinically isolated syndrome. Brain MRIs were performed quarterly. Atorvastatin treatment decreased development of new brain MRI T2 lesion activity, although it did not achieve the composite clinical and imaging primary endpoint.

See p. 1171

*NB: "On aging," see p. 1188. To check out other Reflections, point your browser to www.neurology.org. Be sure to listen to the audio version, exclusively on *Neurology*[®] for the iPad[®].*

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