In Focus

Spotlight on the June 12 Issue

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Proteinuria and clinical outcome after ischemic stroke

This study evaluated 3,778 patients with first-ever ischemic stroke within 24 hours of onset; 1,320 had chronic kidney disease. In a multivariate analysis, mild proteinuria was associated with poor clinical outcomes after ischemic stroke.

See p. 1909; Editorial, p. 1898

Temporal trends in incidence and long-term case fatality of stroke among children from 1994 to 2007

The incidence of stroke among children under 19 years old is rising, but 80% of the children were alive 5 years later, with the majority of deaths occurring in children with hemorrhagic stroke. Further research is warranted to

examine the factors associated with this rising trend.

See p. 1923

Subthalamic deep brain stimulation at individualized frequencies for Parkinson disease ▲

The oscillation model of the basal ganglia for Parkinson disease was tested by applying deep brain stimulation of the subthalamic nucleus at patient-specific peak frequencies recorded from deep brain stimulation electrodes. Stimulation at gamma (30–90 Hz) frequencies improved parkinsonian motor signs, supporting the hypothesis that gamma is a prokinetic rhythm.

See p. 1930

From editorialists Shukla & Okun: "As the technical limitations dissipate, and the current gaps in knowledge are filled by studies . . . , hopefully we will be able to move toward a personalized DBS approach that can be tailored to each patient's specific needs."

See p. 1900

Hippocampal abnormalities and memory deficits in Parkinson disease: A multimodal imaging study

Twenty-five individuals with Parkinson disease (PD) and 25 controls underwent a neuropsychological assessment and a 3-T MRI protocol with whole-brain T1-weighted and diffusion tensor imaging. The data confirmed that the declarative memory impairment in patients with PD without dementia may be predicted by the rate of microstructural alterations in the hippocampal formation as detected by DTI analysis.

See p. 1939

In-home walking speeds and variability trajectories associated with mild cognitive impairment 📖

The authors monitored in-home walking speed and its variability every day for 3 years using passive sensors in 54 participants with intact cognition, 31 with nonamnesic mild cognitive impairment (MCI), and 8 with amnesic MCI. Fast, moderate, and slow trajectories distinguished those with MCI from those with normal cognitive function.

See p. 1946

Risk of fractures in patients with multiple sclerosis: A population-based cohort study

Fracture risk was greater in patients with multiple sclerosis (MS) who were recently prescribed antidepressants or hypnotics/anxiolytics compared with controls. In follow-up, 59 fractures occurred among patients with MS vs 227 fractures among controls. Increased awareness of the risk of hip fracture is warranted in patients with MS.

See p. 1967; Editorial, p. 1902

CONTEMPORARY ISSUES IN NEUROLOGIC PRACTICE

A touch of MS: Therapeutic mislabeling

This article addresses the ethical challenges related to mislabeling of multiple sclerosis (MS). The potential harms to the individual, the physician–patient relationship, and the medical field are too great to consider therapeutic mislabeling an easier or more compassionate way to treat patients.

See p. 1981; Editorial, p. 1904; see also p. 1986

"Undiagnosing" multiple sclerosis: The challenge of misdiagnosis in MS

Misdiagnosing MS is a substantial problem. MS specialists commonly evaluate misdiagnosed patients who are on MS therapies. Neurologists should follow established MS diagnostic criteria and avoid relying solely on MRI findings for diagnosis.

See p. 1986; Editorial, p. 1904; see also p. 1981

NB: "Beyond superficial siderosis: Introducing 'duropathies,'" see p. 1992. To check out other Medical Hypothesis submissions, point your browser to www.neurology.org.

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