



In Focus

Spotlight on the February 5 Issue

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Neighborhood socioeconomic disadvantage and mortality after stroke

This study determined whether socioeconomic features of residential neighborhoods contributed to poststroke mortality. Living in a socioeconomically disadvantaged neighborhood was associated with higher mortality risk following an incident stroke. Further work is needed to understand the structural and social characteristics of neighborhoods that may contribute to this mortality.

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From editorialists Sposato & Grimaud: "One strength and one limitation of this study are worth discussing. The strength relates to its multilevel design... The limitation... is the lack of adjustment for stroke severity, a major determinant of stroke mortality."

See p. 516

A randomized trial of pregabalin in patients with neuropathic pain due to spinal cord injury ▲

Patients with chronic neuropathic pain due to spinal cord injury were randomized to receive 150 to 600 mg/d pregabalin or placebo for 17 weeks. Pregabalin reduced neuropathic pain and was well tolerated, demonstrating that it is safe and effective for the management of neuropathic pain following spinal cord injury.

See p. 533

Spinal cord quantitative MRI discriminates between disability levels in multiple sclerosis

One hundred twenty-four patients with multiple sclerosis underwent 3-T cervical spinal cord MRI and were categorized into 4 subgroups according to spinal cord lesion count and disability level. Compared to lesion count, diffusion-tensor imaging and MRI indices in the spinal cord correlated better with disability.

See p. 540

Childhood obesity and risk of pediatric multiple sclerosis and clinically isolated syndrome 📖

The authors identified 75 newly diagnosed pediatric cases of multiple sclerosis (MS) or clinically isolated syndrome (CIS), the majority in girls age 11-18. Childhood obesity was associated with a 2- to 3-fold increased risk of MS/CIS in girls but not boys. Morbidity from MS/CIS may increase in girls if childhood obesity continues.

See p. 548

Rivastigmine for HIV-associated neurocognitive disorders: A randomized crossover pilot study ▲

Seventeen aviremic HIV+ patients with HIV-associated neurocognitive disorders received either oral rivastigmine (up to 12 mg/day for 20 weeks) followed by placebo (20 weeks), or placebo followed by rivastigmine. Rivastigmine may improve psychomotor speed in HIV-associated neurocognitive disorders, but at the expense of side effects (nausea).

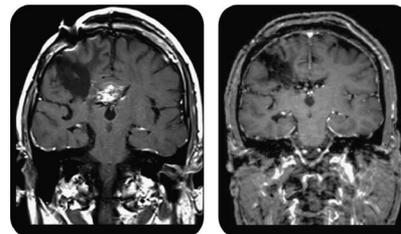
See p. 553

Cognitive deficits of pure subcortical vascular dementia vs Alzheimer disease: PiB-PET-based study

Patients were clinically diagnosed with subcortical vascular dementia (SVaD) or Alzheimer disease (AD). Forty-four of 67 patients with SVaD tested negative for PiB retention, and 61 of 68 patients with AD tested positive. PiB-negative SVaD patients had better memory but worse frontal function than PiB-positive AD patients.

See p. 569

Everolimus long-term safety and efficacy in subependymal giant cell astrocytoma ▲



Twenty-five patients with subependymal giant cell astrocytoma received oral everolimus starting at 3 mg/m² per day and titrated, subject to tolerability, to attain whole blood trough

concentrations of 5-15 ng/mL. Benefits seen in the disease were related to kidney tumors and facial angiofibromas. Mammalian target of rapamycin inhibitors are an effective treatment for tuberous sclerosis.

See p. 574

NB: "Can outcomes in Duchenne muscular dystrophy be improved by public reporting of data?" see p. 583. To check out other Contemporary Issues, point your browser to www.neurology.org.

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