



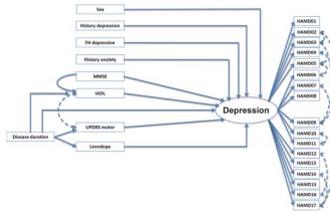
# In Focus

Spotlight on the September 17 Issue

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## Modeling depression in Parkinson disease: Disease-specific and nonspecific risk factors



Nonspecific factors were more prominent markers of depression than Parkinson disease (PD)-specific factors using a cross-sectional dataset of 342 patients with PD. Accordingly, research on

depression in PD should focus not only on factors associated with or specific for PD, but should examine a wider scope of factors.

See p. 1036

## Cognitive functioning before and after surgical resection for hypothalamic hamartoma and epilepsy ▲

Thirty-two patients underwent preoperative and postoperative neuropsychological testing. The variables that predict cognitive outcome are not fully delineated, but testable individuals with the greatest presurgical cognitive impairment and those with the shortest duration of epilepsy appear to make the best gains in intellectual functioning.

See p. 1044

*From editorialists Harvey & Rosenfeld: "...it would seem that transcallosal or transcortical microsurgical or endoscopic epilepsy surgery for HH is not associated with a clinically meaningful risk of cognitive impairment, and in many patients their abilities may improve."*

See p. 1028

## Cardiovascular fitness and later risk of epilepsy: A Swedish population-based cohort study

The authors followed Swedish male individuals born in 1950–1987 for up to 40 years. Data on cardiovascular fitness were collected during conscription exams and linked with hospital registers using Cox proportional hazards models. Low cardiovascular fitness early in life increased the risk of later epilepsy and therefore may be a targetable, modifiable risk factor.

See p. 1051

## Late-onset anti-NMDA receptor encephalitis 📖

Compared with younger adults, patients older than 45 years with anti-NMDA receptor encephalitis are more often male, have lower frequency of tumors, have longer median time to diagnosis and treatment, and have less favorable outcome (60% substantially recovered after 24 months). The data suggest that an earlier diagnosis could improve outcome.

See p. 1058

## Both low and high temperature may increase the risk of stroke mortality

The relationship between ambient temperature and stroke remains inconsistent. This study from 8 Chinese cities showed that both cold and hot temperatures were associated with increased risk of stroke mortality. These findings may have important implications for stroke prevention in China.

See p. 1064; Comment, p. 1069

## Helsinki model cut stroke thrombolysis delays to 25 minutes in Melbourne in only 4 months 📖

Average stroke centers take 70–80 minutes from patient arrival to thrombolysis. The Helsinki model implemented in Melbourne, Australia cut in-hospital delays to 25 minutes in only 4 months, using key elements such as prenotifications with patient details and bypassing emergency department cubicles, actions that are simple, widely applicable, and cost-free.

See p. 1071

## VIEWS & REVIEWS

### Recognition and management of stroke in young adults and adolescents

Strokes among younger individuals are becoming more common, in part due to an increase in traditional vascular risk factors like obesity and diabetes. Young stroke patients, however, are often misdiagnosed in the first critical hours.

See p. 1089

NB: "Vertebral artery dissection causing an acute C5 radiculopathy," see p. 1101. To check out other NeuroImages, point your browser to [www.neurology.org](http://www.neurology.org).

Podcasts can be accessed at [www.neurology.org](http://www.neurology.org)

# Neurology®

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*Neurology* 2013;81;1025

DOI 10.1212/WNL.0b013e3182a6a3c3

**This information is current as of September 16, 2013**

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