



In Focus

Spotlight on the September 24 Issue

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Using AD biomarker research results for clinical care: A survey of ADNI investigators

As AD biomarkers gain clinical value, should investigators tell study participants their biomarker results? An Internet survey of investigators found most support telling subjects with MCI and normal cognition their amyloid imaging results, although they want guidance on how to do this along with studies of whether and how disclosure affects patients and research data.

See p. 1114

From editorialist Alan Jay Lerner: "Surveys identify AD as the second most feared illness behind only cancer, and the ballooning aging population will intensify the need for early diagnostic information and identification of AD prevention strategies."

See p. 1108

Clinical presentation of chronic traumatic encephalopathy

Thirty-six male participants were selected from cases of neuropathologically confirmed chronic traumatic encephalopathy. Based on histories provided by family members, the findings suggest that there may be 2 different clinical presentations, with one initially presenting with behavioral changes at a younger age and the other initially exhibiting cognitive impairment at an older age.

See p. 1122

The complexities of acute stroke decision-making: A survey of neurologists

The authors distributed an online survey to neurologists to assess the influence of the following factors on decision-making in acute stroke: diagnostic uncertainty, patient demographics, physician experiences and beliefs, and systems factors. Seventy-nine percent of respondents were less likely to administer IV tPA to patients with dementia, and many were less likely to treat patients with more severe strokes or who were older than age 80.

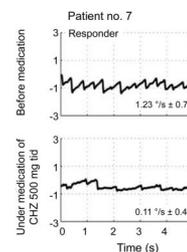
See p. 1130; Editorial, p. 1110

Unawareness of motor phenoconversion in Huntington disease

The authors analyzed data from 550 Huntington disease (HD) mutation carriers followed through the HD prodrome in the PREDICT HD study. Only half of patients with newly diagnosed motor HD were aware of motor symptoms. Patients who were unaware were less likely to be depressed; furthermore, self-reporting of symptoms may be inaccurate in HD at the earliest stage.

See p. 1141

Effect of chlorzoxazone in patients with downbeat nystagmus: A pilot trial



See p. 1152

Ten patients received chlorzoxazone 500 mg tid for 1 or 2 weeks. Slow-phase velocity of downbeat nystagmus, visual acuity, postural sway, and the drug's side effects were evaluated. Chlorzoxazone 500 mg 3 times a day may improve eye movements and visual fixation in patients with downbeat nystagmus.

VIEWS & REVIEWS

Revised diagnostic criteria for the pseudotumor cerebri syndrome in adults and children

The authors propose revised criteria for diagnosing the pseudotumor cerebri syndrome (PTCS) in adults and children. Papilledema is the hallmark of definite PTCS. Without papilledema or an abducens palsy, a combination of neuroimaging and clinical signs "suggests" the diagnosis.

See p. 1159; Editorial, p. 1112

Priorities in pediatric epilepsy research: Improving children's futures today

The Pediatric Epilepsy Research Priorities workshop highlighted needs for information to improve outcomes of early-onset epilepsies. A care model was proposed in which tertiary care would be used proactively, rather than reactively, to obtain an accurate diagnosis and optimize treatment. Stakeholder participants viewed this as key to optimizing outcomes.

See p. 1166

NB: "Cowden syndrome presenting with partial epilepsy related to focal cortical dysplasia," see p. e98. To check out other Resident & Fellow Mystery Cases, point your browser to www.neurology.org and click on the link to the Resident & Fellow Section.

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