



In Focus

Spotlight on the December 3 Issue

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B-type natriuretic peptides and mortality after stroke: A systematic review and meta-analysis

The authors analyzed data from circulating B-type natriuretic peptides in 3,000 stroke patients. Their findings confirm the association of the peptides with mortality, with a minor added value on top of clinical predictors such as age or stroke severity. Stroke outcome biomarkers with relevant added value are needed to improve clinical practice.

See p. 1976; Editorial, p. 1970

Thrombolytic utilization for ischemic stroke in US hospitals with neurology residency program

In a cohort of 712,433 patients from 6,839 hospital samples, US hospitals with neurology residency training programs had higher thrombolysis utilization than other teaching and nonteaching hospitals, with the nonresidency hospitals having greater disparity for elderly patients. Interventions to improve thrombolysis utilization should focus on elderly stroke patients treated in nonacademic institutions.

See p. 1986; Editorial, p. 1972

Risk genes associated with pediatric-onset MS but not with monophasic acquired CNS demyelination

The authors evaluated genetic effects using weighted genetic risk scores in 188 children with acquired demyelinating syndromes (ADS), 53 of whom were diagnosed with multiple sclerosis (MS), compared to 466 patients with adult-onset MS and 2,046 adult controls. The previously reported 57 single nucleotide polymorphisms for adult-onset MS conferred increased susceptibility to pediatric-onset MS, but not to monophasic ADS.

See p. 1996

From editorialists Disanto & Ramagopalan: "Since several lines of evidence now suggest that the etiologies of PMS and adult MS are similar, a more complete knowledge of the agents triggering PMS will also ultimately improve the understanding of adult MS."

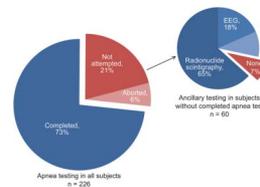
See p. 1974

Continuous and routine EEG in intensive care: Utilization and outcomes, United States 2005-2009

In representative inpatient data, utilization of continuous EEG (cEEG) monitoring in ventilated adults increased by 263% over 4 years. Multivariate regression analyses demonstrated lower in-hospital mortality in the cEEG group without increases in adjusted hospital charges or length of stay, relative to intensive care unit patients receiving routine EEG alone.

See p. 2002

Practice variability in brain death determination: A call to action



Data were collected from the charts of adult brain death (BD) organ donors from 68 hospitals. There was wide variability in the documentation of BD determination, likely reflecting similar variability in practice, calling for

improved documentation, better uniformity of policies, and comprehensive and strategic educational initiatives to ensure more consistent approaches to BD determination.

See p. 2009

Quinacrine treatment trial for sporadic Creutzfeldt-Jakob disease

Many patients referred for this trial had been misdiagnosed and did not have sporadic Creutzfeldt-Jakob disease (sCJD). Oral quinacrine did not improve survival rate in sCJD during the randomized portion. Although a negative study, it showed that randomized, double-blind, placebo-controlled trials for uniformly fatal diseases, such as Creutzfeldt-Jacob disease, are possible.

See p. 2015

Pulse pressure is associated with Alzheimer biomarkers in cognitively normal older adults

Brachial artery pulse pressure displayed a cross-sectional association with CSF-based biomarkers for Alzheimer disease (AD) among healthy, cognitively normal adults between the ages of 55 and 70 years. These findings suggest a connection between vascular aging and AD pathophysiology during the earliest stages of disease, which may have implications for prevention.

See p. 2024

Nonamnestic mild cognitive impairment progresses to dementia with Lewy bodies

Using competing risks survival models, the authors examined the rates of progression to clinically probable dementia with Lewy bodies (DLB) and Alzheimer disease in 337 patients with mild cognitive impairment (MCI). Patients with nonamnestic MCI were more likely to develop DLB, and those with amnestic MCI were more likely to develop probable Alzheimer disease.

See p. 2032

NB: "Default-mode network connectivity in cognitively unimpaired patients with Parkinson disease," see p. e172. To check out other Resident & Fellow Journal Club articles, point your browser to www.neurology.org and click on the link to the Resident & Fellow Section.

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Neurology 2013;81;1969

DOI 10.1212/01.wnl.0000437292.75075.88

This information is current as of December 2, 2013

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