



In Focus

Spotlight on the July 30 Issue

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Discontinuation of statin therapy associates with Parkinson disease: A population-based study

In 43,810 statin initiators, the incidence rate for Parkinson disease (PD) was 1.68 and 3.52 per 1,000,000 person-days for lipophilic and hydrophilic statins, respectively. Continuation of lipophilic statins was associated with a decreased risk of PD compared with statin discontinuation. Lipophilic statins should be considered first in patients with dyslipidemia.

See p. 410; Editorial, p. 406

Motor function in the elderly: Evidence for the reserve hypothesis

In people aged 65-85 years (in the 3C-Dijon cohort), educated persons were less susceptible to the deleterious effect of brain white matter lesions on motor function. Higher education was associated with better motor performances at baseline but not with motor decline at follow-up, consistent with a reserve hypothesis.

See p. 417

Neurologic features of Hutchinson-Gilford progeria syndrome after lonafarnib treatment ▲

This study investigated rates of neurologic symptoms in 26 children with progeria before and after treatment with the farnesyltransferase inhibitor lonafarnib. There was a reduction in frequency of headaches, TIA, and stroke, suggesting that lonafarnib may ameliorate the progression of one of the primary disease morbidities (cerebrovascular disease).

See p. 427

From editorialists King & Heyer: "Despite the limitations of the retrospective analysis, these data are the first of their kind and offer hope."

See p. 408

Cranial autonomic symptoms in pediatric migraine are the rule, not the exception 📖

In 125 pediatric migraineurs, 67% had at least one cranial autonomic symptom based on current International Classification of Headache Disorders, second edition (ICHD-II) criteria, and 70% based on proposed ICHD-III criteria. Since the presence of cranial autonomic symptoms appears to be the rule rather than the exception, migraines should be considered when evaluating a child with a headache and ocular or nasal autonomic symptoms.

See p. 431

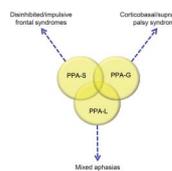
Preclinical Alzheimer disease and risk of falls

This study identified a greater risk of falls among 125 cognitively normal older adults with biomarker evidence of presumptive preclinical Alzheimer disease (AD). A better understanding of clinically detectable noncognitive changes that occur during preclinical AD may provide insight into the disease process and support earlier diagnosis.

See p. 437

SPECIAL ARTICLES

Primary progressive aphasia and the language network: The 2013 H. Houston Merritt Lecture 📖



Patient care strategies for primary progressive aphasia (PPA) are different from those appropriate for amnesic dementias. With agrammatic, logopenic, and semantic PPA subtypes displaying distinctive patterns of atrophy and neuropathology, PPA offers new insights into the language network and determinants of selective vulnerability.

See p. 456

Evidence-based guideline: Treatment of tardive syndromes: Report of the Guideline Development Subcommittee of the American Academy of Neurology 📖 🏠

The authors classified previously published articles according to a 4-tiered evidence-rating scheme. Comparison of the various interventions for tardive syndromes (TDS) was difficult because different scales were used, statistical techniques that assessed intervention efficacy varied widely, and results reported lacked uniformity. More trials with specific criteria are needed to determine the best treatment for reducing TDS symptoms.

See p. 463

CONTEMPORARY ISSUES

Supply and demand analysis of the current and future US neurology workforce

The current national shortfall of approximately 1,800 neurologists could grow to close to 3,400 by 2025. Society needs to understand and recognize the value of neurologist services so the specialty can continue to attract and retain the professionals needed to sustain high quality of care while improving access.

See p. 470

NB: "The Workforce Task Force Report: Clinical implications for neurology," p. 479. To check out other Contemporary Issues, point your browser to www.neurology.org.

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