Randomized controlled trial of the CGRP receptor antagonist telcagepant for migraine prevention

Patients experiencing 3–14 migraine days during a 4-week baseline were randomized to telcagepant 140 mg, telcagepant 280 mg, or placebo twice daily for 12 weeks. This trial was terminated early due to hepatotoxicity concerns, but available data suggest a possible migraine prophylactic effect. CGRP receptor antagonism may represent a new treatment strategy for migraine prophylaxis. See p. 958; Editorial, p. 954

Aspirin for secondary prevention after stroke of unknown etiology in resource-limited settings

The authors used decision analysis to model the risks and benefits of giving aspirin to patients presenting with stroke of unknown etiology. Their model predicted that providing aspirin to these patients would lead to decreased stroke recurrence and mortality, even at the highest reported proportion of strokes due to intracerebral hemorrhage. See p. 1004

Poor sleep quality is associated with increased cortical atrophy in community-dwelling adults

The authors found that longitudinal measures of atrophy derived from MRI scans were correlated with sleep quality in 143 adults. Poor sleep quality may be a cause or consequence of atrophy. The effect of interventions that improve sleep quality on rates of atrophy is a key area for future research and has important implications for public health messages. See p. 967

Examination of effects of corticosteroids on skeletal muscles of boys with DMD using MRI and MRS

Transverse relaxation time and fat fraction were measured by MRI/magnetic resonance spectroscopy (MRS) in lower extremity muscles of 15 boys with Duchenne muscular dystrophy (DMD) taking corticosteroids and 15 corticosteroid-naïve boys. These results demonstrate the ability of MRI/MRS to detect therapeutic effects of corticosteroids in reducing inflammatory processes in skeletal muscles of boys with DMD. See p. 974

From editorialist Kieren G. Holllingsworth: “Quantitative MRI does not have to be difficult, but an understanding of the difference between standard radiologic and quantitative protocols is critical.” See p. 956

Contribution of ATXN2 intermediary polyQ expansions in a spectrum of neurodegenerative disorders

The CAG repeat length in ATXN2 was assessed in French patients with related neurodegenerative disorders: amyotrophic lateral sclerosis (ALS), frontotemporal dementia (FTD), and progressive supranuclear palsy. ATXN2 intermediary repeat length was a strong risk factor for sporadic and familial ALS and may act as a modifier of the ALS/FTD phenotype in patients carrying the C9orf72 expansion. See p. 990

NB: “Seasonal variation in night blindness incidence among Union soldiers in the US Civil War,” see p. 1025. To check out other Historical Neurology submissions, point your browser to Neurology.org.
Spotlight on the September 9 Issue

Robert A. Gross
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