In Focus

Spotlight on the April 7 Issue

Robert A. Gross, MD, PhD, FAAN
Editor-in-Chief, *Neurology*®

Notable in *Neurology*

This issue features articles on the association between white and gray matter volume loss and executive functions in patients with penetrating traumatic brain injury, and on the abnormal coactivation of the hypothalamus and the salience network in patients with cluster headache. Another featured article focuses on the association of hospitalization (for any cause) with subsequent cognitive decline or changes on brain MRI.

ARTICLES

Ictal adipokines are associated with pain severity and treatment response in episodic migraine

There are currently no operational biomarkers for migraine diagnosis or treatment considerations. This study demonstrated that blood levels of the adipocytokines adiponectin and resistin increased with increasing migraine pain severity and decreased following successful acute abortive therapy. Obesity-related proteins have the potential to be novel migraine biomarkers and therapeutic targets.

See p. 1409

Elevated pretreatment blood pressure and IV thrombolysis in stroke

Active blood pressure lowering to enable IV thrombolysis in acute ischemic stroke patients has safety concerns. Active blood pressure lowering was associated with an increase in the IV thrombolysis rate compared to a “watch and measure” strategy, with a similar symptomatic intracranial hemorrhage rate. Future work could compare outcomes between these strategies.

See p. 1419

Predicting the risk of mild cognitive impairment in the Mayo Clinic Study of Aging

Using baseline demographic and clinical variables in proportional hazards models, the authors derived scores predicting the risk of progression from cognitively normal to mild cognitive impairment (MCI). Their results demonstrated that MCI risk scores are now easily assessable in the

clinical setting and may be used in routine patient care.

See p. 1433

From editorialists Zonderman & Grimmer: “Currently, clinicians are well advised to utilize the risk score with caution, particularly when applying it to less-educated persons with non-European origins. Various trials in other specialties demonstrated the utility of studying at-risk samples, most notably in coronary heart disease. Similar principles should apply to MCI and dementia.”

See p. 1392

IEWS & REVIEWS

Ethics of genetic and biomarker test disclosures in neurodegenerative disease prevention trials

Is it necessary to use blinded enrollment in Alzheimer disease prevention trials? The authors conclude that it is necessary due to practical recruitment considerations rather than inherent ethical reasons, such as a right not to know one's genetic test results. Asymptomatic persons need help making these difficult decisions about whether to be tested and to initiate the intervention.

See p. 1488

NB: “Quality improvement in neurology: Epilepsy Update Quality Measurement Set,” see p. 1483. To check out other AAN Special Articles, point your browser to Neurology.org. At the end of the issue, check out the Neurolmages discussing owl's eye sign, a rare finding in flail arm syndrome, and how quantitative susceptibility mapping suggests a paramagnetic effect in progressive multifocal leukoencephalopathy. This week also includes a Clinical/Scientific Note titled “Intrafamilial variability in GMPPB-associated dystroglycanopathy: Broadening of the phenotype.”

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