In Focus

Spotlight on the August 4 Issue

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Notable in *Neurology*

This issue features articles discussing physician response to a medication alert system in inpatients with levodopa-treated diseases and the effects of subthalamic nucleus stimulation on motor cortex plasticity in Parkinson disease. Another featured article focuses on the characteristic features and progression of abnormalities on MRI for cerebral autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy.

ARTICLES

Aerobic training and postexercise protein in facioscapulohumeral muscular dystrophy: RCT study

The authors found that regular endurance training safely improved fitness, walking speed, and self-assessed health in patients with newly diagnosed facioscapulohumeral muscular dystrophy. Postexercise consumption of protein-carbohydrate beverages had no additional effects. Their results suggest that self-administrated moderate aerobic training may safely improve endurance in these patients.

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From editorialists Ensrud & Kissel: "It would serve patients well to change priorities and make aerobic exercise one of the very first interventions to be considered, rather than an afterthought, when developing treatment plans for patients with neurologic disease."

See p. 392

Nursing home and end-of-life care in Parkinson disease

This study of 469,055 Medicare beneficiaries with Parkinson disease (PD) found that 25% of this population resides in a long-term care facility. Dementia and hip fracture were strongly associated with long-term care facility use. Residents receiving outpatient neurologist care were more likely to utilize palliative care prior to death.

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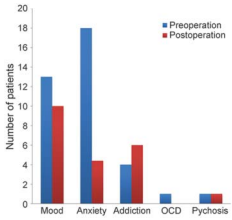
From editorialists Worthington & Ney: "Perhaps increased neurologist awareness of their efficacy in the nursing home setting and emerging use of telemedicine will facilitate better end-of-life care for people with PD."

See p. 394

Long-term neuropsychiatric outcomes after pallidal stimulation in primary and secondary dystonia



Using psychiatric interviews and *DSM-IV* diagnostic criteria, the authors found no major differences in Axis I diagnoses before and after long-term pallidal deep brain stimulation in 57 patients with primary and secondary dystonia. Psychiatric disorders are not a contraindication for pallidal deep brain stimulation.

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Inflammation-associated declines in cerebral vasoreactivity and cognition in type 2 diabetes

This study investigated the relationship between inflammation, cerebral vasoregulation, and cognitive decline in 65 patients with type 2 diabetes mellitus over a 2-year period. Vascular inflammation markers were associated with greater impairment of cerebral vasoreactivity and vasodilatation and with faster cognitive and functional decline in type 2 diabetes.

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NB: "A practical, simple, and useful method of categorizing interictal EEG features in children," see p. 471. To check out other Contemporary Issues articles, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Note discussing respiratory dyskinesia in a patient with Parkinson disease successfully treated with subthalamic nucleus deep brain stimulation. This week also includes a Resident & Fellow Section Emerging Subspecialties in Neurology article titled "Neurorehabilitation."

Podcasts can be accessed at Neurology.org

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