In Focus

Spotlight on the April 26 Issue

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Notable in *Neurology*

This issue features an article determining the association between hospitalization and care of patients with TIA or minor stroke and another identifying a targeted resequencing gene panel for focal epilepsy, the most prevalent phenotypic group of the epilepsies. A featured article focused on characterizing A β -related cognitive decline over 72 months in APOE ϵ 4 carriers and noncarriers who were cognitively normal.

ARTICLES

Right hemisphere structures predict poststroke speech fluency

The authors determined that right hemisphere white matter integrity correlated with speech fluency recovery in a group of patients in the chronic phase of stroke with aphasia. The nondominant right hemisphere may contribute to recovery of speech-motor functions in patients with aphasia or may indicate

remodeling after injury.

See p. 1574; Editorial p. 1566

Statins and risk of poststroke hemorrhagic complications

Statin treatment for secondary stroke prevention has been linked to intracerebral hemorrhage. However, using a propensity-matched analysis of clinical trial data, the authors did not observe an increased risk of hemorrhagic complications before and after stroke among statin users. Their findings support the safety of statin treatment after stroke.

See p. 1590

From editorialists Goldstein & Nederkoorn: "Regardless, the results of the study by Scheitz et al. combined with the other available analyses are reassuring. As found in SPARCL, the benefit of statins in reducing stroke and other cardiovascular events in this high-risk population likely outweighs the risk of brain hemorrhage."

See p. 1570

Assessing bioequivalence of generic modified-release antiepileptic drugs

The authors analyzed FDA bioequivalence results for current modified-release antiepileptic drugs (MR-AEDs) and found that they were similar to the more expensive reference brand name formulations but that timing of peak concentrations varied considerably among products. MR-AED formulations provide convenient dosing, which is an advantage if adherence is a major goal.

See p. 1597

From editorialists French & Berg: "If a patient is seizure-free on a specific AED regimen, then it behooves the treating provider not to change that regimen unless there is a compelling reason to do so. If an MR-AED has a substantial likelihood of improving adherence or if there is a reasonable expectation that it will improve tolerability or efficacy, then the MR-AED should be tried."

See p. 1572

Obesity and overweight as CAE comorbidities and differential drug response modifiers

Children with newly diagnosed childhood absence epilepsy have higher prevalence of increased body weight and obesity compared to a national cohort. Baseline body mass index (BMI) predicted differential efficacy and effectiveness of ethosuximide and valproic acid over lamotrigine, despite no pharmacokinetic differences. Epilepsy comorbidities, such as BMI, are important and may influence treatment response.

See p. 1613

NB: "Multiple cranial nerve palsies due to perineural invasion," p. 1645. To check out other *NeuroImages*, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Note discussing the response to bevacizumab treatment for a patient with progressive diffuse meningoangiomas. This week also includes a Resident & Fellow Mystery Case titled "Syndrome of bilateral basal ganglia lesions in uremic encephalopathy."

Podcasts can be accessed at Neurology.org

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