In Focus

Spotlight on the May 31 Issue

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Notable in Neurology

This issue features an article investigating differences in management and outcomes up to 180 days post event for patients admitted to the hospital with TIA depending on whether care was on a stroke unit or an alternate ward setting. Another article investigated the effect of intra-arterial treatment on early recovery from aphasia in acute ischemic stroke. A featured article focused on whether vitamin E slows progression of cognitive deterioration and dementia in aging persons with Down syndrome.

ARTICLES

Subacute decline in serum lipids precedes the occurrence of primary intracerebral hemorrhage

The authors plotted longitudinal trends in lipid profiles in 212 patients with nonlobar intracerebral hemorrhage and 301 controls over the 2 years preceding and following hospitalization. Their observations of temporal lipid decline before hemorrhage emphasize the need for additional research into the systemic

processes underlying circulating lipid fractions and progressive cerebral small vessel disease.

See p. 2034

From editorialists Mendelson & Prabhakaran: "With the reams of data now within health systems tracking encounters, vital signs, and laboratory values in millions of patients, clinical researchers can explore repeated measures and dynamic interactions previously unimaginable or too cumbersome to conduct. Despite these strengths, the study provides only a step in the right direction."

See p. 2028

The lack of documentation of preferences in a cohort of adults who died after ischemic stroke

In a cohort of adult ischemic stroke patients who died within 30 days poststroke, the authors demonstrated that less than 40% of patients and families had documented discussions with their physicians about limiting life-sustaining interventions. High-quality poststroke care should incorporate patient and family preferences regarding life-sustaining interventions.

See p. 2056

From editorialists Xian & Chiong: "Future initiatives to improve safety and reduce preventable errors in stroke care should include efforts to identify contributing factors associated with the lack of communication, develop interventions to promote healthy dialog among patients, their families, and the health care team, and ultimately improve patient-centered care at the end of life for stroke patients."

See p. 2032

APOE ϵ 4 and the associations of seafood and long-chain omega-3 fatty acids with cognitive decline

This study hypothesized that consumption of seafood and long-chain omega-3 fatty acids reduced age-related decline in multiple cognitive domains. Their findings suggest that the relation may be more pronounced in individuals who have the APOE ϵ 4 genotype and that one seafood meal per week is a relatively simple measure for individuals to take, with few negative consequences.

See p. 2063; Comment p. 2069

Multimorbidity and neuroimaging biomarkers among cognitively normal persons

Multimorbidity is highly prevalent in older adults. In 1,449 cognitively normal participants, multimorbidity was cross-sectionally associated with measures of neurodegeneration, such as brain hypometabolism and decreased cortical thickness in Alzheimer disease signature regions. Given that many of the predictors of chronic conditions are modifiable, prevention and control of these conditions may protect against neurodegeneration.

See p. 2077

NB: "Cerebellitis as an atypical manifestation of scrub typhus," p. 2113. To check out other *NeuroImages*, point your browser to Neurology.org. At the end of the issue, check out the Clinical/Scientific Notes discussing initial manifestation of hemophagocytic lymphohistiocytosis and thrombectomy recovering an aortic wall fragment from middle cerebral artery immediately after transcatheter aortic valve implantation. This week also includes a Resident & Fellow Section Journal Club article titled "Effect of comorbidity on mortality in multiple sclerosis."

Podcasts can be accessed at Neurology.org

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