In Focus

Spotlight on the May 2 issue

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Notable in *Neurology*

This issue features an article that compares mortality, functional outcome, intracerebral hemorrhage (ICH) volume, and hematoma expansion between non-vitamin K antagonist oral anticoagulation-related ICH and vitamin K antagonist-associated ICH; another determines that age-expected brain growth is reduced by acquired demyelination. A featured article examines the variability in performance among placebo groups in randomized controlled trials for mild cognitive impairment.

ARTICLES

Fine particulate matter exposure and incidence of stroke: A cohort study in Hong Kong

The existence of airborne fine particulate matter is a concern for public health. The authors assessed the association of long-term exposure to fine particulate matter with the incidence of stroke and other major

subtypes. Long-term exposure was associated with higher risk of incident ischemic stroke, but other associations were unclear.

See p. 1709

Physical activity, but not body mass index, predicts less disability before and after stroke

Understanding how physical activity and body mass index (BMI) relate to long-term disability surrounding stroke can influence patient expectations. Physical activity before stroke predicted lower disability before and after stroke in a large cohort, but BMI did not. Level of physical activity affects disability before stroke, and is strongly associated with poststroke disability.

See p. 1718

Burnout, psychological morbidity, job stress, and job satisfaction in Chinese neurologists

Burnout leads to serious harm for both physicians and patients. Data from 6,111 Chinese neurologists reveal that half experienced burnout and identified factors associated with burnout, including psychological morbidity, job stress, job satisfaction, and career choice regret. These data have implications for helping government agencies promote quality of health care.

See p. 1727

A phase 3 trial of IV immunoglobulin for Alzheimer disease ▲

IV immunoglobulin (IVIg), a source of naturally occurring anti-amyloid antibodies, is an intriguing potential disease-modifying agent for Alzheimer disease (AD). A randomized controlled trial of biweekly IVIg for 18 months did not slow the progression of mild to moderate AD. Humanized monoclonal anti-amyloid antibody treatment initiated early in the disease may offer greater likelihood of efficacy.

See p. 1768

*NB: "Clinical Neurology and Neuroanatomy: A Localization-Based Approach," p. e182. To check out other Resident & Fellow Media and Book Reviews, point your browser to Neurology.org and click on the link to the Resident & Fellow Section. At the end of the issue, check out the Resident & Fellow Teaching Neurolmage on *Balamuthia mandrillaris* amebic encephalitis. This week also includes a Resident & Fellow Teaching Video Neurolmage titled "Lithium-induced reversible Pisa syndrome."*

Podcasts can be accessed at Neurology.org

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