In Focus

Spotlight on the December 12 issue

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Notable in *Neurology*

This issue features an article that discusses the possible compromising effect of continued drug shortages on patient care for neurologic conditions and another that validates optical coherence tomography as a multiple sclerosis monitoring tool. A featured article details the use of a composite motor, cognitive, and global functional clinical outcome measure in Huntington disease as an improved measure of clinical progression.

ARTICLES

Virtual Reality Training for Upper Extremity in Subacute Stroke (VIRTUES): A multicenter RCT

Virtual reality (VR) is increasingly used in neurorehabilitation. In this study, VR was not superior to, but was equally effective as, time-matched conventional training in improving upper limb motor function in the subacute phase after stroke. VR may constitute a motivating training alternative as a supplement to standard rehabilitation.

See p. 2413

Barriers and facilitators to provide quality TIA care in the Veterans Healthcare Administration

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A lack of a systematic TIA protocol may result in fragmented delivery and untimely care. Through staff interviews and qualitative analyses, the authors found that medical centers with an extended role for the stroke nurse coordinator were likely to overcome potential barriers to timely care and establish a TIA protocol.

See p. 2422

Blood pressure from mid- to late life and risk of incident dementia

Hypertension is a modifiable risk factor for cerebrovascular pathology contributing to dementia. Midlife hypertension, persistent hypertension into late life, and a steep decline in blood pressure during mid to late life were associated with increased dementia risk. While lower midlife blood pressure potentially has sustained cognitive benefits, blood pressure lowering in older patients with prehypertension may be cognitively harmful.

See p. 2447

Comorbidity increases the risk of relapse in multiple sclerosis: A prospective study

In this prospective study, the authors studied the association of comorbidity with relapses in multiple sclerosis. Individuals with migraine, hyperlipidemia, or 3 or more comorbid conditions had an increased relapse rate over 2 years. Closer monitoring of individuals with specific or multiple comorbidities may be needed.

See p. 2455

NB: "Evidence of CNS β -amyloid deposition in Nasu-Hakola disease due to the TREM2 Q33X mutation," p. 2503. To check out other Clinical/Scientific Notes, point your browser to Neurology.org. At the end of the issue, check out the Resident & Fellow Residency Training article discussing the need of formal cultural humility training for residents. This week also includes a Reflections essay titled "The rise (and fall?) of an unwelcome presence."

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