In Focus

Spotlight on the August 29 issue

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Notable in *Neurology*

This issue features an article that supports the idea that genetic testing is warranted for neonatal epilepsy, and another that examines the predictive value of activity limitations for subjective well-being in stroke survivors. A featured Contemporary Issues paper discusses the rationale for a telemedicine curriculum and provides a model curriculum.

ARTICLES

Underestimation of sudden deaths among patients with seizures and epilepsy

Seizures are common causes of sudden death. Among patients with epilepsy in a population-based sudden death cohort, epilepsy experts identified potential sudden unexpected death in epilepsy patient (SUDEP) or acute symptomatic seizures 3-fold or more frequently than a medical examiner/cardiologist/neurologist panel. Seizures and epilepsy likely cause more mortality than public health statistics suggest.

See p. 886

From editorialists Ryvlin and Cascino: "Introducing SUDEP as a specific code within the ICD-11 classification should be a priority for all stakeholders, with the understanding that the majority of SUDEP are simply not sudden cardiac deaths."

See p. 878

Prognostic relevance of MOG antibodies in children with an acquired demyelinating syndrome

High titers of MOG-antibodies are present in a distinct subgroup of acute demyelinating syndromes not associated with an MS disease course. Clinical manifestation is age dependent in young children presenting with acute disseminated encephalomyelitis, and in older children with optic neuritis. Patients with persisting antibodies have a high risk of a relapsing disease course.

See p. 900

Association of parathyroid hormone with 20-year cognitive decline: The ARIC Study

Elevated parathyroid hormone (PTH) may be a risk factor for cognitive impairment through vascular stiffness, hypertension, and atherosclerosis. The authors did not find any cross-sectional or 20-year associations of PTH with cognitive function in middle-aged participants. These results challenge prior studies that suggested a causal relationship between elevated PTH and cognition.

See p. 918

Predicting major bleeding in patients with noncardioembolic stroke on antiplatelets: S₂TOP-BLEED

	Age group (years)				
	45-55	55-65	65-75	75-85	>85
0	2	2	2	4	6
1	2	2	3	4	6
2	2	2	3	5	7
3	2	3	4	6	8
4	2	3	4	6	10
5	3	4	5	7	11
6	3	4	6	8	13
7	4	5	6	10	14
8	4	6	7	11	17
9	5	6	8	13	18
10	6	7	10	14	>20
11	6	8	11	17	>20
12	7	10	13	18	>20
13	8	11	14	>20	

To validate a prediction model for major bleeding in patients on antiplatelet treatment after a TIA or ischemic stroke, the authors analyzed individual patient data. The S₂TOP-BLEED score can help identify patients at high risk of bleeding after a TIA or ischemic stroke, for whom preventive measures might be indicated.

See p. 936

From editorialists Lemmens and Al-Shahi Salman: "The authors are to be congratulated for development of a well-executed and externally validated major bleeding risk score for patients with a probable non-cardio-embolic TIA or ischemic stroke treated with antiplatelet agents, although the discrimination of the S₂TOP-BLEED score currently limits its utility in clinical practice."

See p. 882

NB: "Right Brain: The fragile sense of self in neurodegenerative disease: A brief philosophical examination," p. 975. To check out other Resident & Fellow Section Right Brain articles, 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 Neuroimage discussing ultrasound-identified pupillary response dysfunction suggestive of carotid dissection. This week also includes a Clinical/Scientific Note titled "Five cases of malignant melanoma during fingolimod treatment in Dutch patients with MS."

Podcasts can be accessed at Neurology.org

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