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Notable in *Neurology* this week

This issue features an article that evaluates observed pain behavior in patients with acute poststroke aphasia; another investigates the association of enlarged perivascular spaces with cognition in elderly without dementia. A featured Views & Reviews article outlines considerations related to design of randomized clinical trials that evaluate preventive therapies for chemotherapy-induced peripheral neuropathy.

Articles

Increased risk of hospital admission for mood disorders following admission for epilepsy

This retrospective cohort study demonstrated elevated adjusted hazard ratios for readmission for mood disorders after epilepsy admission, compared to stroke or medical admission. Hospital admission for epilepsy was independently associated with hospital readmission for mood disorders. Patients with epilepsy may benefit from targeted psychiatric screening.

Page 382

MORE ONLINE

🎧 Editor's Summary

Audio summary of highlighted articles.

NPub.org/edsum

Early outcomes in youth with psychogenic nonsyncopal collapse

Psychogenic nonsyncopal collapse (PNSC) is an episodic conversion disorder that resembles syncope. Outcomes (median 572 days postdiagnosis) demonstrated improvements in attack frequencies. However, 9.5% of patients were hospitalized for suicidal ideation and 14.3% developed new conversion disorders. These potential risks should guide early and long-term management strategies.

Page 387

Influence of tau PET, amyloid PET, and hippocampal volume on cognition in Alzheimer disease

Tau PET may shed light on cognitive changes in the earliest stages of Alzheimer disease (AD). In this study, tau PET was a primary driver of cognitive decline, but patients with multiple biomarker abnormalities exhibited more cognitive decline. Tau PET is tightly correlated with cognition in AD.

Page 388

Mortality after traumatic brain injury and the effect of posttraumatic epilepsy

Patients with posttraumatic epilepsy (PTE) may need closer follow-up because of their increased mortality risk beyond traumatic brain injury (TBI). The mortality risk of PTE was compared to matched non-PTE patients with TBI during a 15-year follow-up, showing increasing mortality from the second year onwards. The causes of increased mortality in PTE require more research.

Page 390

Continued

NB: "The doctor speaks," p. 418. To check out other Reflections: Neurology and the Humanities, point your browser to Neurology.org/N. At the end of the issue, check out the NeuroImage illustrating a case of precentral gyrus infarct presenting as isolated contralateral peripheral-type facial palsy. This week also includes a Clinical/Scientific Note titled "Spontaneous posterior spinal artery infarction: An under-recognized cause of acute myelopathy."

NEW EPISODE

August 28, 2018

CME Opportunity:

Listen to this week's *Neurology* Podcast and earn 0.5 AMA PRA Category 1 CME Credits™ by answering the multiple-choice questions in the online Podcast quiz.

How early can we diagnose Alzheimer disease (and is it sufficient)? The 2017 Wartenberg lecture (see p. 395)

1. Featured Article: How early can we diagnose Alzheimer disease (and is it sufficient)? The 2017 Wartenberg lecture
2. What's Trending: Updates to the International Classification of Headache Disorders (ICHD-3)

Dr. Jeff Burns talks with Dr. Ronald Petersen about his paper on Alzheimer disease diagnosis. In the second part of the podcast, Dr. Tesha Monteith focuses her interview with Dr. Jes Oleson on classifying headache disorders.

Disclosures can be found at Neurology.org.

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Spotlight on the August 28 issue

Robert A. Gross

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