

→ Abstracts

Articles appearing in the October 2018 issue

Body mass index and survival from amyotrophic lateral sclerosis: A meta-analysis

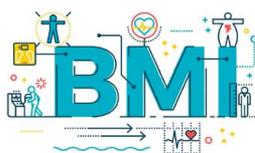
Background Several studies have examined the relationship between body mass index (BMI) and survival from amyotrophic lateral sclerosis (ALS). Many indicate that low BMI at diagnosis or during follow-up may be associated with accelerated progression and shortened survival. This study systematically evaluated the relationship between BMI and survival in patients with ALS.

Methods The PubMed database was searched to identify all available studies reporting time-to-event data. Eight studies with 6,098 patients fulfilled the eligibility criteria. BMI was considered a continuous and ordered variable. Interstudy heterogeneity was assessed by the Cochran Q test and quantified by the I² metric. Fixed- or random-effects odds ratios summarized pooled effects after taking interstudy variability into account. Significance was set at $p < 0.05$.

Results The ALS survival hazard ratio (HR) decreased approximately by 3% (95% confidence interval [CI]: 2%–5%) for each additional BMI unit when BMI was considered a continuous variable. When BMI was considered a categorical variable, the HRs for “normal” BMI vs “overweight” BMI and “obese” BMI were estimated to be as high as 0.91 (95% CI: 0.79–1.04) and 0.78 (95% CI: 0.60–1.01), respectively. The HR for the comparison of the “normal” BMI vs “underweight” BMI was estimated to be as high as 1.94 (95% CI: 1.42–2.65).

Conclusions BMI is significantly and inversely associated with ALS survival.

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“Is there a neurologist on this flight?” An update

Purpose of review Neurologists are being asked to offer their services in response to in-flight medical conditions. This review updates the latest understanding of how neurologists should manage in-flight neurologic emergencies should they be called upon to serve. A review of the existing literature was conducted for sharing of best practices in this unique scenario.

Recent findings In-flight neurologic emergencies are on the rise. This article provides a synthesis of current best practices for in-flight emergencies including epidemiology, airline responsibility, available health care equipment on jetliners, legal ramifications of helping, and pathophysiology of why in-flight neurologic emergencies are so common.

Summary In-flight neurologic emergencies are common and all physicians are increasingly being asked to respond to in-flight emergencies. Understanding one’s responsibility, available equipment, and how to best prevent these scenarios with one’s own patients may help to make this complex situation more manageable.

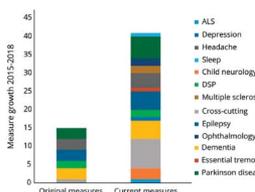
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Utilizing the Axon Registry® for quality improvement

In 2015, the American Academy of Neurology began development of a clinical quality data registry now known as the Axon Registry®. The data collected by the Axon Registry and reported back to participants include performance on a number of quality measures relevant to neurology practice. While the Axon Registry may serve any number of needs for neurology practices, the essential function of the registry is to inform neurologists regarding the quality of their care and provide them with a tool to establish not only performance baselines but progress toward improved quality of care. This article includes 2 case studies of how the Axon Registry has been implemented in neurology practices to date. In the future, implementation of patient-reported outcome data and additional outcome measures will be necessary to expand the reach and effectiveness of the Axon Registry as a quality improvement tool.

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Practice Current

Neurology®: Clinical Practice has launched their next Practice Current survey on a universally challenging topic: “How do you diagnose and treat post-concussive headache?” Please consider completing the survey to add your own perspective. In the June 2019 issue, readers will have access to opinions from David W. Dodick, MD (US), Mohammad Wasay, MBBS, MD, FRCP (Pakistan), and Karen M. Barlow, MSc, MBChB, MRCPCH, RACP (Australia).

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