**RCVS2 score and diagnostic approach for reversible cerebral vasoconstriction syndrome**

Using clinical imaging variables readily available on admission, the authors developed a score and clinical algorithm that reliably distinguishes reversible cerebral vasoconstriction syndrome (RCVS) from other intracranial arteriopathies. Enabling prompt and accurate diagnosis of RCVS at the bedside should reduce the need for unnecessary diagnostic tests and potentially risky treatments.

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From editorialists Arrigan & Biller: “The RCVS2 score is easy to use and should reduce clinical equivocation and guide appropriate management. Its simplicity may prove particularly helpful to physicians without specific expertise in intracranial vasculopathies.”

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**Limbic and paralimbic structures driving ictal central apnea**

Ictal central apnea (ICA) is a seizure-related phenomenon, generated by brain structures involved in seizure discharges. Apnea-generating human brain structures were identified using electrical stimulation; amygdala, hippocampus, anterior parahippocampal, and antero-mesial fusiform gyri were associated with apnea. ICA likely represents seizure discharges in these limbic and paralimbic structures.

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**Adherence with psychotherapy and treatment outcomes for psychogenic nonepileptic seizures**

This prospective cohort study underscores the importance of patient adherence with psychotherapy in treating psychogenic nonepileptic seizures. It shows that nonadherence with psychotherapy is associated with worse outcomes. Neurologists and behavioral health care providers should collaborate in transitioning patients with psychogenic nonepileptic seizures into psychotherapy and supporting their adherence and engagement with treatment.

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From editorialist Benbadis: “The efficacy of any treatment for (psychogenic nonepileptic seizures) can likely be extrapolated to other psychogenic symptoms, and should be of interest to all clinicians. It is also a strong motivation to improve mental health education and delivery.”

*Page 311*
Cognitive decline after elective and nonelective hospitalizations in older adults

Clinicians require information about which hospitalizations increase risk of cognitive decline in older patients. Using annual cognitive assessments linked to Medicare records, the authors found that emergency and urgent hospitalizations were related to accelerated cognitive decline; elective hospitalizations were not. Unplanned hospitalizations may increase risk of cognitive decline more than elective procedures.

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Quality of life outcomes in patients presenting for evaluation of central nervous system tumors (see the February 2019 issue of Neurology® Clinical Practice)

1. Quality of life outcomes in patients presenting for evaluation of central nervous system tumors
2. What’s Trending: ‘Landmark study’ shows brain cells revamp their DNA, perhaps sparking Alzheimer disease

In the first segment, Dr. Ted Burns talks with Dr. Irene Katzan about her paper on quality of life outcomes in patients presenting for evaluation of central nervous system tumors. In the second part of the podcast, Dr. Jeff Burns focuses his interview with Dr. Jerold Chun on a ‘landmark study’ showing brain cells revamp their DNA, perhaps sparking Alzheimer disease.

Disclosures can be found at Neurology.org.

No CME this week: Interviews based on articles from Neurology: Clinical Practice, Neurology® Genetics, and Neurology® Neuroimmunology & Neuroinflammation are excluded from the CME program.