July 22 Highlights

End-of-life care
Two original articles and an editorial accompanying one of the articles deal with issues surrounding end-of-life care. ◆ The article by Carver et al. (p. 284) reports the results of an American Academy of Neurology survey. Three groups of neurologists were surveyed (neurooncologists, ALS specialists, and a representative sample of US neurologists) regarding their attitudes, behavior, and knowledge on care at the end of life. The authors documented a gap between established legal, medical, and ethical guidelines for the care of dying patients and the beliefs and practices of many of the physicians surveyed. They further noted that if legal constraints were removed, many physicians would participate in physician-assisted suicide and voluntary euthanasia. They concluded that there is a great need for education in palliative care and end-of-life decision making. ◆ A prospective study by Albert et al. (p. 278) and the accompanying editorial by Mitsumoto et al. (p. 248) address the issue of patient preferences and actual treatment choices of patients with ALS. The stated preferences for ameliorative or life-extending technologies elicited early in the course of disease were predictive of subsequent treatment choices. The patients who accepted life-sustaining interventions were more likely to be recently diagnosed with ALS and had expressed greater attachment to life.

Inherited and metabolic disorders
Näntö-Salonen et al. (p. 303) analyzed in vivo brain creatine content in 20 patients with gyrate atrophy of the choroid and retina (an inherited deficiency of ornithine-delta-aminotransferase activity) and 22 healthy control subjects using MRS. Brain creatine content was diminished in untreated patients and partially corrected with dietary supplementation. This observation suggests the possibility that treatment might benefit the disease. In their accompanying editorial, Ross and Kaye (p. 249) discuss the potential value of MRS in the study of neurometabolic diseases, both in terms of determining pathophysiology and in quantitating responses to putative treatments.

Neuromuscular disease
Vogel (p. 293) addresses the controversy surrounding the possibility that neurologic disease, particularly neuromuscular disorders, may be caused by silicone breast implants. He summarizes the pathologic findings in sural nerve and skeletal muscle biopsies in 47 women with silicone breast implants and concludes that the data do not support association of these implants with any unique neuropathologic entity.

Movement disorders
Korczyn et al. (p. 364) conducted a randomized, controlled clinical trial comparing the dopamine agonists ropinirole and bromocriptine. The 3-year study included 335 patients, all of whom had early PD. Although the medications had comparable motor effects and tolerability, those who completed the study had a significantly better functional status on ropinirole than on bromocriptine.

Geriatric neurology
Whitman et al. (p. 375) studied postmortem specimens from six patients and four control subjects who were part of a longitudinal study of older people with disequilibrium. Cerebral atrophy, ventriculomegaly, astrocytic hypertrophy, and increased vessel wall thickness in deep white matter arterioles were present to a greater extent in the brains of the patients than in controls. The authors propose that brain atrophy and subcortical leukoencephalopathy may be associated with the development of disequilibrium in older people.

Cognitive and behavioral neurology
Richards et al. (p. 308) investigated the relationship between menopause and lifetime cognitive function in a prospective birth cohort study involving 1,572 women. Subjects were prospectively evaluated initially through home visits and later through questionnaires sent by mail. Higher cognitive scores were associated with later menopause, an effect that was strongest in childhood. The authors suggest that both childhood cognitive function and timing of natural menopause may be influenced by ovarian steroids across the lifespan. ◆ Ross et al. (p. 337) characterized risk factors for vascular dementia in a cohort of Japanese American men 71 to 93 years of age who were living in Hawaii and participating in a prospective study of heart disease and stroke. They found that vitamin E and a preference for a Western diet (higher in animal fat and protein) were protective against vascular dementia. This dietary effect was not shown for stroke without dementia and may indicate that there are other unknown dietary factors that act specifically to prevent dementia in individuals with stroke.

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