

### Multiple sclerosis

A Task Force of the North Atlantic Collaboration in MS (NATOMS) reviewed MRI as a diagnostic tool for MS in clinical practice based on current literature and expert opinion. Fazekas et al. (p. 448) present recommendations based on this review for indications, protocols, interpretations, and diagnostic implications of MRI. ♦ The Lenercept Multiple Sclerosis Study Group and The University of British Columbia MS/MRI Analysis Group (p. 457) present the results of a randomized, placebo-controlled, multicenter study of lenercept (a recombinant tumor necrosis factor- $\alpha$  receptor p55 immunoglobulin fusion protein known to protect against experimental autoimmune encephalomyelitis). The study involved 168 patients, most with relapsing-remitting disease. The drug was poorly tolerated and, although there was no significant difference between groups with regard to MRI findings, the lenercept group had a worsening of clinical features. ♦ Tubridy et al. (p. 466) report the results of their randomized, double-blind, placebo-controlled trial of humanized monoclonal antibody against alpha 4 integrin in 72 patients with active relapsing-remitting and secondary progressive MS. The treatment was well tolerated and short-term treatment with the agent significantly reduced the number of new active lesions on MRI. The number of patients with acute MS exacerbations was not significantly different between the two groups during the first 12 weeks and was higher in the treatment group in the second 12 weeks. ♦ Schwid and Noseworthy (p. 444), in their accompanying editorial, discuss the implications of both clinical trials and consider

clinical trial designs including the important role of MRI as a surrogate outcome measure and the replacement of placebo controls with active ones. ♦ In their Brief Communication, Pozzilli et al. (p. 622) found an effect of hormonal balance on MS disease activity. The ratio of progesterone/17-beta-estradiol during the luteal phase was related to the number and volume of enhancing lesions in eight women with relapsing-remitting MS. ♦ Ruggieri et al. (p. 478) characterized MS patients with the earliest onset of disease. They determined that, even under the age of 6, patients can be consistently diagnosed with definite MS by current criteria for adult onset MS. These findings suggest a reconsideration of current lower limits for MS diagnostic criteria. ♦ Haegert et al. (p. 485) determined that MS patients experience a shift in their T-cell receptor repertoires preceding the onset of MS. The authors note that this shift could represent the nongenetic factor that explains MS discordance in genetically identical individuals.

### Disorders of cognition

Romas et al. (p. 517) examine whether the *APOE* genotype has an effect on blood lipids that might contribute to AD. They found no evidence of a relationship.

### Pain

Baron et al. (p. 548) used functional MRI to investigate the neural network activated by the pain component of capsaicin-induced secondary mechanical hyperalgesia. The authors noted differences between their results and those known to occur in physiologic pain after C-nociceptor stimulation (e.g., the anterior cingulate was not activated in the capsaicin model). The relevance of the capsaicin

model to the understanding of clinical pain states is discussed.

### Headaches

Jorge et al. (p. 543) compared 21 patients with episodic cluster headaches to 21 patients with tension headaches with regard to measures of anxiety, depression, and basic memory and executive functions. The group with cluster headaches had a higher frequency of anxiety disorders during the year preceding the onset of the headaches and significantly greater measures of anxiety during the episodes. They also appeared to have a selective impairment of verbal memory.

♦ Launer et al. (p. 537) surveyed the distribution of migraine and its subtypes in the general population. The prevalence of migraine was higher than previously reported (lifetime prevalence in women 33%; in men, 13.3%). Among cases with migraine in the past year, 63.9% had migraine without aura, 17.9% had migraine with aura, and 13.1% had migraine both with and without aura. The coexistence of migraine with and without aura has implications for future studies on the genetics of migraine.

### Movement disorders

Barone et al. (p. 573) conducted a well-controlled, multicenter trial of pergolide in early PD. Pergolide was more effective than placebo. ♦ Vieregge et al. (p. 566) report a follow-up study of 9 mono- and 12 dizygotic twin pairs 8 years after their initial evaluation. Concordance rates were not different at follow-up, suggesting that there is not a major genetic impact for the motor expression of PD.

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