

Epilepsy

Gilliam et al. (p. 687) compared 71 patients with refractory epilepsy awaiting anterior temporal lobectomy with a similar group comprised of 125 patients who had undergone the surgery 1 year earlier. After surgery, patients reported reduced concern of living with epilepsy. Mood status, employment, driving, and antiepileptic drug cessation, but not seizure-free status or IQ, were associated with better health-related quality of life. In an accompanying editorial, Vickrey (p. 662) stresses the importance of assessing the impact of new therapies on patient-oriented outcomes such as quality of life, mental health, social functioning, driving, and employment. ♦ Kuzniecky et al. (p. 694) analyzed the relationship between proton magnetic resonance spectroscopy (^1H MRS) findings and surgical outcome in 40 patients who underwent temporal lobe surgery for mesial temporal lobe epilepsy. Preoperative elevations in the Cr/NA ratio in the nonoperated temporal lobe were associated with surgical failure. A given metabolic ratio could not, however, predict surgical outcome for an individual patient.

Motor physiology

Reynolds et al. (p. 730) examined inhibition in the human motor cortex before and during voluntary movements in normal controls using transcranial magnetic stimulation (TMS). Changes in the balance of excitation and inhibition of corticospinal

neurons associated with a voluntary movement precede the movement and are focused on the corticospinal neurons projecting to the agonist muscles. In the accompanying editorial, Floeter and Rothwell (p. 664) discuss the role of TMS in investigation of the motor cortex and the relevance of motor cortex excitability to understanding various neurologic disorders characterized by abnormal movements: dystonia, tics, PD, and others. TMS permits investigators to study the inhibition of motor activity and provides a window for human motor control.

HIV

Chang et al. (p. 782) evaluated 16 patients with HIV cognitive motor complex before and after highly active antiretroviral therapy. Treatment increased CD4 counts, improved dementia, and corrected previously abnormal cerebral metabolites (cerebral metabolite ratios and concentrations in the frontal lobe and basal ganglia were measured using ^1H MRS). The degree of improvement in clinical severity was related to the degree of recovery in metabolic measurements, suggesting that ^1H MRS may prove to be a useful surrogate marker for following patients.

Movement disorders

Lacone et al. (p. 801) reviewed the DNA testing for Huntington's disease (HD) performed in Germany, Switzerland, and Austria from 1993 to 1997. Although

testing was frequently used to confirm or exclude a clinical diagnosis, less than 3% of asymptomatic individuals at risk for the disease underwent the genetic test. Prenatal testing to prevent HD also was rarely performed. ♦ Kumar et al. (p. 871) report the dramatic improvement of a patient with severe idiopathic dystonia following treatment with deep brain stimulation of the globus pallidus. Abnormal PET activation also improved following the procedure.

Stroke

Sivenius et al. (p. 825) compared disability scores for recurrent strokes among treatment groups in the Second European Stroke Prevention Study (ESPS2). The four treatment groups included placebo, low dose aspirin, dipyridamole, and the combination of the two agents. Antiplatelet therapy did not influence the severity of recurrent stroke although the combination of aspirin and dipyridamole may have delayed the occurrence of another stroke.

Headache

Mannix et al. (p. 868) evaluated the impact of a headache education program given to employees at their workplace. The study involved 492 participants at eight US companies. Questionnaires completed before and 1 month after the educational presentations showed that the brief program improved health-related quality of life and decreased headache-related disability.

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