

Antiepileptic drugs are needed on all commercial flights

“Would you want to care for a patient in status epilepticus at 32,000 feet without an antiepileptic?”

Sirven et al. reviewed all air to ground medical consultations for a major US airline. Seizures and other neurologic problems prompted the largest number of in-flight emergency calls and were similar in incidence to cardiovascular symptoms for diverting the airplane for emergency medical landings. Estimated cost: \$9,000,000/year to the airlines.

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The accompanying editorial by Moss and Longstreth considers the implication for the airline industry of the Sirven report. Cardiologist Moss was one of a group of cardiologists who successfully moved to have external defibrillators placed on board all transcontinental/transoceanic commercial airline flights. Antiepileptic drugs should be made available for administration in flight.

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Costs of informal caregiving

“Are we better off having cost estimates? Certainly. Should we accept them at face value? Certainly not.”

Hickenbottom et al. estimated the quantity and cost of informal care for patients >70 years of age who had a stroke. Using the median wages of a home health aide (\$8.20/hour), they estimated the aggregate cost in the United States of informal caregiving by household caregivers to be \$6.1 billion for patients with stroke.

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The accompanying editorial by Lanska considers some of the assumptions made in the Hickenbottom et al. study: That stroke diagnosis was accurate, that patients survived at least a year, that a retired elderly person’s pay rate is accurately reflected by the \$8.20/hour—in this study well-justified and conservative. Lanska also notes that other “costs” such as the adverse effects on caregiver emotional and physical health and on family relationships are important factors that even such estimates of informal costs sometimes include. Readers of the article and the editorial may conclude that informal costs are not necessarily additive to the health care dollar costs borne by third parties or even by the patient.

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IFN β -treated MS: Neutralizing antibodies block lymphocyte production of MxA

Vallittu et al. present a 1-year prospective study of the development of binding and neutralizing antibodies (Nab) and their relationship to MxA protein induction in patients with relapsing-remitting MS. A reduction in MxA protein expression levels tended to precede Nab formation. Two patients had high MxA levels despite Nab.

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Progressive parkinsonian signs in elderly predict mortality

Wilson et al. annually assessed 787 Catholic clergy without diagnosed PD for parkinsonian signs. During a 5-year follow-up, both rigidity and gait disturbance as well as the rate of progression of these signs were strongly related to mortality.

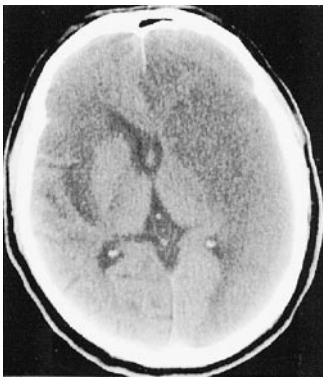
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Prevalence of narcolepsy in Europe

Ohayon et al. studied the prevalence of sleep disorders in a sample of nearly 19,000 subjects in Germany, Italy, Portugal, Spain, and the United Kingdom. Although true narcolepsy was rare (47/100,000) 15% of subjects reported excessive daytime sleepiness and 16% reported cataplexy.

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Sudden coma from bilateral carotid occlusion



Kwon et al. describe six patients with sudden coma from bilateral internal carotid artery occlusion initially suggesting severe brainstem stroke. The cause was atherothrombosis (3) and cardiogenic embolism (3). All patients died within 3 days.

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High-dose cyclophosphamide without stem cell rescue for refractory CIDP

Brannagan et al. studied patients with refractory chronic inflammatory demyelinating polyneuropathy (CIDP) who were treated with high-dose cyclophosphamide (200 mg/kg) without stem cell rescue. All patients improved and it was possible to discontinue other immunomodulatory medications.

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