

Are the rules for research with subjects with dementia changing?

Stocking et al. surveyed experienced researchers to learn their assessment of how new human subjects regulations have affected, and proposed regulations may affect, the conduct of clinical trials.

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Informed consent in demented subjects

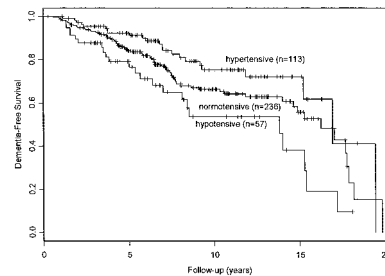
Buckles et al. demonstrated that understanding of informed consent for minimal risk research can be documented in demented subjects with a brief test. Very mildly and mildly demented subjects evidenced understanding of the consent material, and even moderately demented individuals demonstrated improved comprehension with repeated exposure to the elements of consent.

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The accompanying editorial by Kim and Karlawish notes that research involving adults with impaired decision-making abilities is an unsettled area of ethics and policy. Societal trends toward increased accountability in research ethics, as well as specific instances of research disruption, indicate that a policy of benign neglect will jeopardize a productive and ethical research enterprise. Steps need to be taken to ensure that research practices reflect societal values and are guided by evidence. These two studies—one from a NIA-funded AD Center—are an encouraging sign that ethical concerns regarding research with decisionally impaired persons are receiving appropriate study. "We need a better understanding of the social values related to surrogate consent for research and we need more data on whether AD subjects' decision-making abilities can be preserved or even enhanced."

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Low blood pressure and risk of dementia



Vergheze et al. examined the association between baseline blood pressure and incident dementia in 406 individuals over age 75 in the Bronx Aging Study. Low diastolic pressure was associated with increased risk of dementia.

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Epilepsy surgery outcomes

Initial results of a multicenter study of epilepsy surgery reported by Spencer et al. showed that temporal resections are more effective than extratemporal (77% vs 56% 1 year remission). Significant improvement in quality of life was seen only in seizure-free patients after 2 years, and anxiety and depression changed only modestly. These results differ somewhat from prior reports in that they show higher rates of remission but more delayed, less striking improvements in quality of life.

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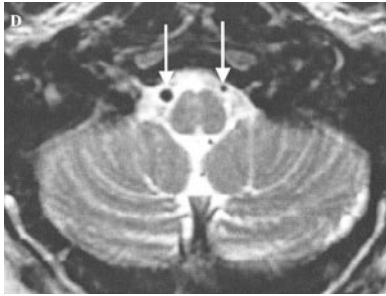
Korsakoff's syndrome: Hippocampal atrophy and memory loss

Sullivan and Marsh used quantitative MRI to study the currently ill-defined neural substrate of alcoholism-related Korsakoff's syndrome (KS) amnesia. KS patients had bilateral hippocampal volume deficits equivalent to those observed in Alzheimer's disease. Correlations between an amnesia index and hippocampal, but not extra-hippocampal, volumes supported the relevance of the hippocampus to KS memory loss.

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Is dolichoectasia a complication of atherosclerosis?



Sites of measurement: vertebral arteries

In this MRI case-control study of stroke patients by Pico et al., intracranial arterial dolichoectasia (IADE) was associated with vascular risk factors but not with atherosclerosis assessed by ultrasound scan. This suggests that IADE is a distinct arteriopathy and not merely a complication of atherosclerosis.

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Efficacy of the Atkins diet as therapy for intractable epilepsy

The Atkins diet can induce ketosis, but has fewer protein and caloric restrictions than a traditional ketogenic diet. Kossoff et al. report six patients with epilepsy, age 7 to 52, three of whom had major improvement on the diet.

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Psychogenic events and epileptic seizures

Martin et al. found in a consecutive series of 1,590 patients definitely diagnosed during video-EEG monitoring that 32.3% had psychogenic nonepileptic events and 5.6% of them had coexisting psychogenic nonepileptic events and epileptic seizures.

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Urgent angioplasty for intracranial atherosclerotic stenosis

Gupta et al. studied 18 consecutive patients who underwent urgent angioplasty for symptomatic intracranial atherosclerosis. In this series, patients who developed procedure-related major intracranial hemorrhage had suffered a recent stroke within a few days prior to angioplasty and received either thrombolytics or abciximab during the procedure.

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The accompanying editorial by Chaturvedi and Caplan notes that intracranial angioplasty/stenting is being performed for asymptomatic patients with severe intracranial artery stenosis found during conventional, CT, or MR angiography; asymptomatic patients (or those with TIA or minor strokes) with intracranial artery stenosis tandem to neck stenotic lesions—each site is treated during the same procedure; patients with TIAs or minor strokes who have not responded to medical treatments; and patients with acute strokes who receive intra-arterial thrombolysis. The sobering results of Gupta et al. force neurologists and interventionalists to examine the results of intracranial angioplasty and stenting with careful scrutiny. There may be ways to improve the safety of angioplasty. Some hemorrhages in the Gupta et al. report might have been avoided with decreased use of anticoagulant or glycoprotein IIb/IIIa inhibitors. The acutely infarcted brain may be less forgiving when these agents are used.

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