

Practice Parameter: Treatment of childhood migraine

The practice parameter on childhood migraine by Lewis et al. concludes that for acute treatment, sumatriptan nasal spray and ibuprofen are effective and are well tolerated. Acetaminophen is probably effective. Rizatriptan and zolmitriptan were not superior to placebo. For preventive therapy, flunarizine is probably effective but the data on cyproheptadine, amitriptyline, divalproex sodium, topiramate, and levetiracetam were inconclusive. The fact that flunarizine is not available in the US and the fact that there is no established alternative preventive therapy of migraine in children and adolescents makes it imperative that there be new, controlled, randomized, masked trials of treatment in children with migraine.

see page 2215

Migraine and coronary heart disease (CHD)

Rose et al. studied the association of migraine with CHD in 12,409 middle-aged adults. Those with migraine, particularly when accompanied by aura, were more likely to have a history of exertional angina. In contrast, there was no association of migraine with coronary heart disease.

see page 2233

The editorial by Logroscino and Lipton notes that there is an association between angina, especially variant angina, and migraine. The population-based study of Rose et al. confirms that headache and migraine—particularly migraine with aura—are associated with chest pain and angina (defined by symptoms). However, they find no association between a lifetime history of migraine or other headaches and CHD events. The paradox that migraine is associated with “angina” but not with CHD may reflect the increased sensitivity of migraine patients to extracephalic pain; could be a side effect of triptan and ergot therapy; or reflect chest pain caused by vasospasm, not atherosclerosis. Regardless of the mechanism, there is now evidence that triptans have minimal cardiac risk in appropriately selected patients.

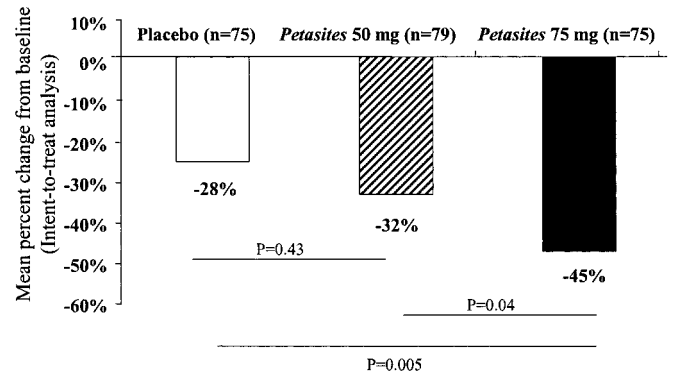
see page 2209

Etanercept for the treatment of myasthenia gravis

Rowin et al. prospectively treated 11 corticosteroid-dependent myasthenia gravis patients with etanercept. Six patients improved by measures of strength or by the ability to lower the corticosteroid dosage.

see page 2390

Butterbur root extract for migraine prevention



Lipton et al. used conventional double-blind methods to demonstrate that a complementary treatment—butterbur root extract—is effective in the preventive treatment of migraine.

see page 2240

Age affects cognitive outcome in twin pairs following CABG

Potter et al. assessed cognitive status change following coronary artery bypass graft (CABG) surgery among 232 twin pairs discordant for this procedure. Individuals undergoing CABG surgery between ages 6 to 70 demonstrated better cognitive status 1 to 2 years post-surgery than their co-twin who did not have the procedure, but there was no significant effect of CABG surgery at later ages.

see page 2245

The editorial by Elkins and Johnston notes that the alarming rates of long-term cognitive decline reported in some studies of CABG are not necessarily due to the CABG itself as opposed to the associated comorbidities of advanced coronary artery disease and cerebrovascular disease. A suitable control group is needed to distinguish these possibilities. The Potter et al. study uses a new approach to identifying a suitable control group for individuals undergoing CABG. Twins share cultural and educational experiences that influence physical health and cognitive test performance and share at least half of their genetic material. They found no evidence that CABG adversely affected cognitive function and, in younger individuals, it appeared that CABG improved cognitions. However the twins were discordant for CABG and this discordance could reflect differences in gene expression or environment. The use of the twin as a control is problematic. Whenever there are major differences between cases and controls, twins or not, there is potential for confounding if those difference are related to both the predictor (CABG) and the outcome (cognitive function).

see page 2211

continued on page 2203

■ **Emergency department evaluation of stroke and TIA**

Brown et al. examined emergency department care of stroke/TIA patients as part of the Brain Attack Surveillance in Corpus Christi (BASIC) project. Neurologists saw only 8% of stroke/TIA patients, and only 1.7% received IV rt-PA. Lack of personal involvement by neurologists for stroke may contribute to less aggressive stroke care.

see page 2250

■ **Early and late ischemic stroke recurrence on MRI**

Kang et al. studied 80 acute ischemic stroke patients who had serial MRI scans performed up to 90 days after stroke onset. Early (within 1 week) MRI recurrence was observed in 34% and late (30- or 90-day) MRI recurrence in 26% of patients. Early MRI recurrence was independently associated with late MRI recurrence, which suggests a prolonged stroke-prone state in the weeks following clinically symptomatic stroke.

see page 2261

■ **Cabergoline is efficacious in restless legs syndrome (RLS)**

Stiasny-Kolster et al. investigated the long-acting dopamine agonist cabergoline in RLS in a placebo-controlled dose-finding study. While even low doses of 0.5 mg cabergoline significantly improved symptoms at night, a single evening dose of 2 mg prevented RLS symptoms throughout the day.

see page 2272

■ **Reoperation for patients who failed epilepsy surgery**

Siegel et al. reviewed the outcome of reoperation for epilepsy in 64 patients. Twenty-five patients (39%) were rendered seizure-free and 18 patients (28%) were improved. A short duration of epilepsy (<5 years) and presence of focal discharger were predictive of an excellent outcome.

see page 2298

■ **Physical activity may postpone cognitive decline**

Van Gelder et al. found that participation in activities with at least a medium-low intensity may postpone cognitive decline. Moreover, a decrease in duration or intensity of physical activity results in a greater cognitive decline than maintaining duration or intensity.

see page 2316

■ **Inheritance of cerebral dominance**

The familial distribution of variable degrees of left-hemispheric language lateralization was investigated by Anneken et al. using functional transcranial Doppler sonography. A significant familial aggregation of strong left-hemispheric language lateralization and a positive association of the degree of language lateralization between parents and their children were found, suggesting genetic determination.

see page 2433

Neurology[®]

December 28 Highlights
Neurology 2004;63;2002-2003
DOI 10.1212/WNL.63.12.2202

This information is current as of September 23, 2021

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/63/12/2002.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

