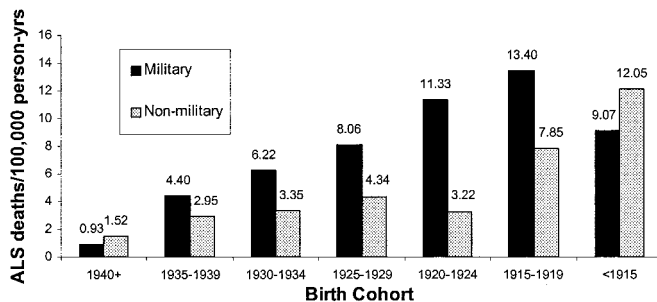


Corticosteroid treatment of Duchenne dystrophy

The AAN Practice Parameter by Moxley et al. notes that class I trials in Duchenne dystrophy studying daily prednisone 0.75 mg/kg or deflazacort 0.9 mg/kg provide evidence of sustained improvement in strength and function. The Practice Parameter supports a recommendation of offering corticosteroid treatment to patients but with a balanced discussion of potential risks.

see page 13

Military service and amyotrophic lateral sclerosis (ALS)



Weisskopf et al. prospectively studied over 400,000 US men and found that those who served in the military had a significantly increased ALS mortality. Veterans in this cohort had served in World War II, Korea, or Vietnam, but not in the Gulf War.

see page 32

The accompanying editorial by Beghi and Morrison notes that two epidemiologic studies in 2003 showed a twofold increased incidence of ALS in Gulf War veterans. The Weisskopf results argue against the role of unknown environmental factors specific to the Gulf War. Men who served in the military throughout the twentieth century may have been exposed to toxic agents like N,N-diethyl-m-toluamide, various infections, aerosolized lead, or other chemicals as well as traumatic injury, manual work, and strenuous physical activity. Importantly, a network of population-based national and regional registries of ALS (25 million target population) is being implemented in Europe and may provide answers concerning environmental risk factors in ALS.

see page 6

Hippocampal damage in newly diagnosed focal epilepsy

Salmenperä et al. showed that 8% of newly diagnosed patients with focal epilepsy had hippocampal (HC) damage at the time of the diagnosis and 13% of patients developed HC volume decrease in MRI during the first years of prospective follow-up.

see page 62

Chemotherapy for primary CNS lymphoma

In a prospective study, Omuro et al. found response rates of 82% using thiotepea and procarbazine with lower than usual doses of methotrexate (1 g/m²). This regimen may be useful for patients unable to tolerate higher doses of methotrexate. Thiotepea and procarbazine merit further evaluation in prospective PCNSL trials.

see page 69

A prospective longitudinal study of hallucinations and sleep disorders in PD

Goetz et al. assessed the relationship of hallucinations to sleep disorders in Parkinson disease. Hallucination prevalence and severity increased over time, whereas sleep disorders fluctuated widely among and within patients, with no evidence of progression in severity. Sleep fragmentation and vivid dreams/nightmares among non-hallucinators did not predict future development of hallucinations. Though often considered as associated behaviors, hallucinations and global sleep disorders follow very different patterns of progression in PD, and sleep alterations are not harbingers of hallucinations.

see page 81

tPA by telephone

Frey et al. demonstrated equivalent results in the use of tPA between 73 stroke patients treated in house and 53 patients treated by a telephone-supported network of emergency departments and paramedics.

see page 154

Race and temporal lobe epilepsy surgery

Burneo et al. evaluated the rates of epilepsy surgery on 70 Caucasians and African Americans in a cohort of patients with intractable temporal lobe epilepsy associated with mesial temporal lobe sclerosis. After controlling for multiple variables, African Americans were 60% less likely to receive surgery than Caucasians (OR = 0.3, 95% CI 0.2 to 0.8), suggesting disparities in the use of surgery among Americans.

see page 50

The accompanying editorial by Jennifer Griggs and Jerome Engel notes that both patient and physician factors contribute to disparities in the use of a procedure. Patient factors include preferences for surgical vs medical management, attitudes towards the illness, and trust in physicians and the health care system. Blacks have a preference for non-surgical management of chronic problems, even those that lead to

“Assuming that the difference in the rate of seizure surgery is due to underuse among blacks (rather than overuse among whites), efforts to address such disparities are clearly important in narrowing the gap in quality of care.”

Americans also expressed mistrust of physicians. Attributing differences in treatment to patient preferences and perceptions would relieve physicians and the health care system of responsibility. However, treatment preferences are formed by experiences with the health care system and the information provided about the treatment. Provision of accurate information may eliminate racial differences in attitudes towards a procedure.

see page 8

RESIDENT AND FELLOW PAGE

Call for teaching videos

The *Neurology* Resident page is featured online at www.neurology.org. The Editorial Team of this section is seeking teaching videos that will illustrate classic or uncommon findings on movement disorders. Such videos will aid in the recognition of such disorders. Instructions for formatting videos can be found in the Information for Authors at www.neurology.org. Please contact the Editor, Karen Johnston (kj4v@virginia.edu), for more information or submit teaching videos online at <http://submit.neurology.org>.

Neurology[®]

January 11 Highlights
Neurology 2005;64;2-3
DOI 10.1212/WNL.64.1.2

This information is current as of January 10, 2005

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/64/1/2.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.

