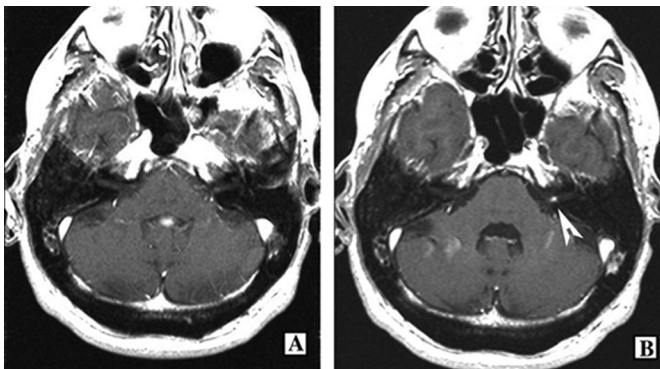


**Bias vs conflict of interest**

Schwid and Gross review the Journal's conflict of interest policy with an emphasis on the real goal—to avoid bias in publications. They describe updates to the existing policy, relying on full disclosure so that editors, reviewers, and readers can form their own opinions about the validity of each report.

see page 1830

**Schwannomatosis: a third major form of neurofibromatosis**



Standard (5 mm) slice thickness (at 7 mm intervals vs the same individual with 3mm slice thickness (at 3.3 mm intervals) demonstrating a small left eighth nerve enhancing lesion (arrowhead).

MacCollin et al. review the clinical characteristics and treatment of this distinct type of neurofibromatosis. Overwhelmingly, patients with schwannomatosis present with pain and continue to struggle with pain as their primary problem. The authors present clinical criteria for the diagnosis of schwannomatosis and outline strategies for treatment.

see page 1838

**Risk of malformations with antiepileptic drugs**

Artama et al. report results from a Finnish registry on the risk of malformations in offspring exposed to AEDs in utero. Valproate exposure, either as monotherapy or in polytherapy regimens, increased the rate of malformations compared to the rate in other AED regimens or in women with epilepsy untreated in the first trimester. (See editorial by Penovich and Gaily in the March 22 issue of *Neurology* 2005;64:938–939).

see page 1874

**Ambulatory blood pressure and the brain**

Goldstein et al. studied healthy elderly men and women whose initial blood pressure (BP) was relatively low. After 5 years small increases in casual and 24-hour ambulatory BP were associated with greater brain atrophy and subcortical lesions.

see page 1846

The accompanying editorial by Hill and Bisognano notes that this paper sheds light on the cause of leukoaraiosis and white matter disease: patients with high systolic BP were more likely to develop small vessel ischemic disease. The effect was additive with age, older patients developed more lesions and greater whole brain atrophy vs younger patients. This study was longitudinal, had a large number of subjects and used 24-hour BP monitoring, perhaps accounting for its detecting the effect vs a previous negative study. They also highlight the finding of insular subcortex atrophy in hypertensive patients. While it is uncertain which came first, the subinsular damage or the hypertension, hypertension causes subinsular white matter damage which could further accelerate hypertension. The epidemiological evidence argues for controlled clinical trials of hypertension treatment with outcomes of dementia and stroke and monitoring of brain imaging.

see page 1832

**Transcutaneous electrical stimulation for the treatment of writer's cramp dystonia**

Tinazzi et al. studied the therapeutic effects of transcutaneous electrical stimulation in 10 patients with writer's cramp. Transcutaneous electrical stimulation induced significant improvement that persisted for 3 weeks in three of the four measures of dystonic impairment.

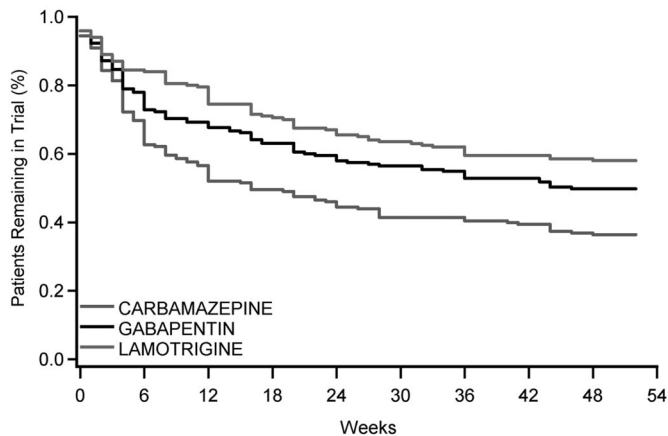
see page 1946

**Trial of BTX-A free of complexing proteins**

Benecke et al. compared botulinum toxin type A (BTX-A) free of complexing proteins (NT 201) with BOTOX in patients with cervical dystonia in a 16-week double-blind non-inferiority trial. NT201 was as effective and safe as BOTOX.

see page 1949

## Improved treatment of geriatric epilepsy



In a multi-center VA study, Rowan et al. randomized 593 newly diagnosed elderly seizure patients to gabapentin, lamotrigine, or carbamazepine. Efficacy at 1 year was similar for the three compounds with tolerability being the principal differentiating factor. Lamotrigine and gabapentin had fewer side effects and may be preferable treatment for new onset seizures in older individuals.

see page 1868

*The accompanying editorial by French and Chadwick asks "Should we accept that lamotrigine and gabapentin are now first choice agents in the elderly with new epilepsy, displacing carbamazepine?" The study provides clear evidence that they are better tolerated but did not find evidence of differences in short-term efficacy, although on one measure (time to first seizure) lamotrigine may have been least efficacious. However, the study was not powered to demonstrate equivalence in efficacy, something that would have required many more subjects to be recruited; large and clinically important differences in efficacy may still exist between the drugs, but be undetected.*

see page 1834

## Epilepsy and neurogenic stunned myocardium

Chin et al. report two patients with transient myocardial dysfunction following secondarily generalized seizures, expanding the spectrum of conditions associated with neurogenic stunned myocardium.

see page 1977

## Folic acid administration reduces phenytoin levels

Steinweg and Bentley report a patient in whom folic acid lowered phenytoin level. Their case confirms literature demonstrating the significant, predictable reduction in phenytoin levels when folic acid is added for the treatment of phenytoin-induced folate deficient anemia.

see page 1982

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