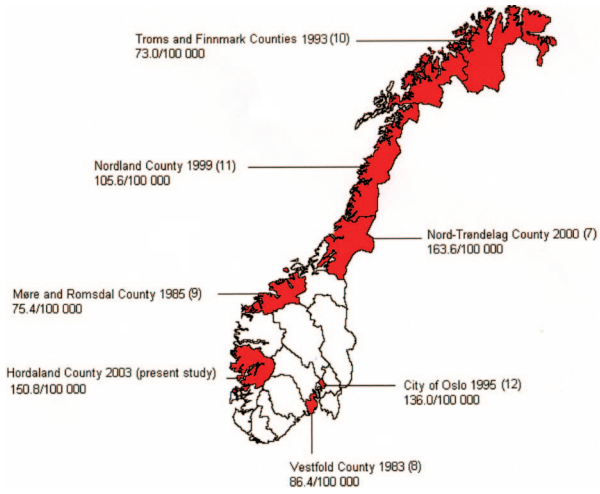
Incidence of multiple sclerosis in Norway



Grytten et al. report an MS prevalence rate of 150.8/100,000, confirming Hordaland County, Norway, as a high-risk area for MS. The incidence increased from the early 1950s to the late 1970s. However, during the past 25 years, the incidence of MS has been stable at 6/100,000.

see page 182

Virtual reality cues and gait in MS

Baram and Miller found that visual cues, provided through a portable visual-feedback virtual reality apparatus, improve walking abilities of patients with MS. Both on-line and residual short-term therapeutic effects were measured in patients with gait disturbances (predominantly due to cerebellar ataxia).

see page 178

Vardenafil for erectile dysfunction due to spinal cord injury

In this 12-week double-blind, placebo-controlled trial, Giuliano et al. assessed the efficacy and tolerability of vardenafil in 418 men with erectile dysfunction due to spinal cord injury. Vardenafil significantly improved erectile function and was generally well tolerated. Ejaculation success rate was significantly greater with vardenafil (19%) vs placebo (10%).

see page 210

Interviewing medical school applicants: Two whimsical gems

Dr. Robert Joynt's newsletter (p. 30A) and Dr. Michael Brooke's "Natural selection" (Reflections, p. 290) consider two facets of the same topic.

Coenzyme Q10 deficiency and isolated myopathy

Horvath et al. studied three patients (ages 32, 29, and 6) with a purely myopathic form of coenzyme Q10 deficiency, characterized by progressive weakness, high creatine kinase, and lipid storage on muscle neurology. Patients improved in strength and CK levels normalized with Co-Q10 treatment.

see page 253

Survey of chronic daily headache in adolescents age 12 to 14

Wang et al. report a large scale (n = 7,900) epidemiologic survey of chronic daily headache in adolescents based on the new criteria of International Classification of Headache Disorders, 2nd ed. (2004). The 1-year prevalence was 1.5% with chronic tension-type headache as the most common subtype (72%).

see page 193

Headache and analgesic use among adolescents

Dyb et al. showed in a large cross-sectional population-based study in Norway that analgesic use is common among adolescents with headache and significantly associated with headache frequency. The prevalence of daily headache associated with analgesic use was 0.5%.

see page 198

The editorial by Hershey and Lipton about these two articles notes that the scope of CDH in the teenage years is enormous; missed days of high school may set up adolescents for a lifetime of underachievement. Wang et al. show that CDH is highly prevalent in adolescents and that a significant proportion of these sufferers have migraine features. Dyb et al. show that MOH is a risk factor for CDH in children, highlighting that this condition may be iatrogenic and potentially preventable. Physicians treating teens need to recognize and treat CDH with appropriate acute and preventive therapies. In addition, aggressive treatment of adolescents with episodic headache at increased risk for CDH may make this common disorder less common.

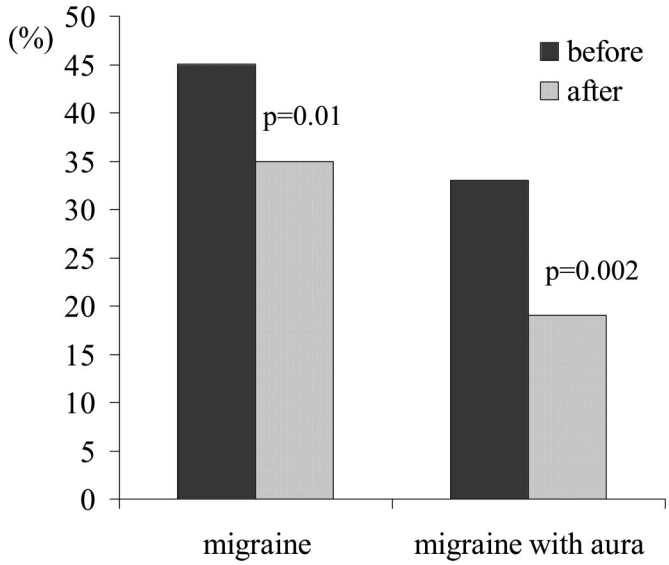
see page 160

A multiobserver study of childhood lateralizing signs

Fogarasi et al. assessed peri-ictal lateralizing signs in 100 children ≤12 years with partial epilepsy. Most of the lateralizing signs showed good interobserver agreement and high predictive value as well as age-dependent occurrence, although younger children had fewer lateralizing signs.

see page 271

Embolization of pulmonary AV malformations and migraine



Prevalence before and after embolization.

Post et al. studied 84 patients with hereditary hemorrhagic telangiectasia and pulmonary arteriovenous malformations. The authors found that the prevalence of migraine with aura decreased from 33.3% before to 19% after embolization of pulmonary arteriovenous malformations.

see page 202

Antiplatelet drug use in survivors of primary intracerebral hemorrhage

In this observational study Viswanathan et al. determined the prevalence and consequences of antiplatelet drug use in primary intracerebral hemorrhage survivors. They found that 22% were exposed to antiplatelet drugs. Exposure was not associated with an increased risk of recurrent hemorrhage.

see page 206

The editorial by Larry Goldstein about this article considers the dilemma faced when caring for patients at risk for ischemic cerebro- or cardiovascular events who might benefit from antithrombotic drugs who also have a risk of parenchymal intracerebral bleeding because of a previous hemorrhage. Although Viswanathan et al. found that use of antiplatelet drugs was not associated with a higher risk of recurrent intracerebral hemorrhages in those with either lobar or deep bleeds, it is uncertain whether the patients benefited from these drugs as their use was not associated with a significant reduction in ischemic cardiovascular events (four events in those taking platelet antiaggregants vs seven in those not receiving these drugs, p = 0.75). He concludes that there are insufficient data to guide the decision to recommend or withhold platelet antiaggregant drugs in patients after parenchymal intracerebral hemorrhage. Their use in this setting should be restricted to highly selected patients with a compelling indication and with a relatively low risk of recurrent bleeding.

see page 162