



In Focus

Spotlight on the May 3 Issue

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Group patient visits for Parkinson disease: A randomized feasibility trial 🦋 ▲

This trial involved group patient visits that were led by 1 of 3 study physicians, included 30 patients and 27 caregivers, and lasted approximately 90 minutes. Group patient visits are feasible, offering a means of providing care to individuals with PD as an alternative or complementary method of care delivery.

See p. 1542

From editorialists Stephen G. Reich and William J. Weiner: "This leaves the door open for innovations to improve care for people with PD and related chronic neurologic disorders. Dorsey et al. have taken the first step through the door, by demonstrating that group visits for PD 'may be feasible.'"

See p. 1538

Randomized, double-blind, placebo-controlled trial of ezogabine (retigabine) in partial epilepsy 🦋 ▲

This trial evaluated patients with treatment-resistant partial epilepsy. The median percent change in total partial-seizure frequency during treatment was -44.3% (ezogabine 1,200 mg) vs -17.5% (placebo). Ezogabine 1,200 mg was efficacious for treatment-resistant partial-onset seizures, but some patients will experience dose-limiting side effects.

See p. 1555

Weight gain and recurrence of idiopathic intracranial hypertension: A case-control study 📖

The authors examined 50 women with intracranial IHH; 26 had IHH recurrence and 24 did not. Those with IHH recurrence had significant increases in BMI compared to patients without recurrence. Patients with resolved IHH should be advised that weight gain may be a risk factor for IHH recurrence.

See p. 1564

Midlife overweight and obesity increase late-life dementia risk: A population-based twin study

This population-based twin study demonstrated that both midlife overweight and obesity independently increased the risk of dementia and of Alzheimer and vascular dementia. Genetic and early-life environmental factors may contribute to the adiposity-dementia association. These findings highlight the need to control body weight as early as midlife for dementia prevention.

See p. 1568

Does dementia increase risk of thrombolysis? A case-control study 🦋

The authors analyzed 35,557 patients with a diagnosis of dementia, 207 of whom received thrombolysis for acute ischemic stroke. Patients with dementia did not have an increased risk of intracerebral hemorrhage or death compared to the counterparts without dementia. Intracerebral hemorrhage remained a predictor of mortality.

See p. 1575

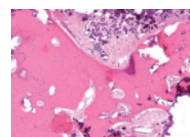
Statin use and outcome after intracerebral hemorrhage: Case-control study and meta-analysis 🦋 📖

The authors compared 90-day functional outcomes in 238 persons who received statins before intracerebral hemorrhage and 461 persons who were statin-free before intracerebral hemorrhage. Antecedent statin use was associated with reduced disability and mortality at 90 days, perhaps due to induced brain changes that influence recovery from intracerebral hemorrhage.

See p. 1581

CLINICAL/SCIENTIFIC NOTES

Metaplastic bone in a cortical tuber of a young patient with tuberous sclerosis complex



The authors report the radiologic and pathologic findings of a resected calcified tuber in a 19-year-old woman with a known spontaneous tuberous sclerosis complex 1 mutation. The

presence of lamellar bone raises interesting questions regarding the cell origin and biology of cortical tubers.

See p. 1602

NB: Resident & Fellow E-Pearl: "Brachial artery embolus mimicking acute stroke," see p. e86. Point your browser to <http://www.neurology.org> and <http://www.aan.com/go/education/residents/pearl> to check out the E-Pearl archives.

Podcasts can be accessed at www.neurology.org

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