



## In Focus

### Spotlight on the February 8 Issue

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#### Improving CSF biomarker accuracy in predicting prevalent and incident Alzheimer disease



The authors identified variables that predicted prevalent dementia of the Alzheimer type (DAT) when considered together with CSF biomarkers in a cross-sectional sample of 201 participants with normal cognition and 46 with DAT. Predictive accuracy of CSF biomarkers was improved by including age, education, and normalized whole brain volumes in analyses.

See p. 501; Editorial, p. 496

#### Default mode network connectivity in stable vs progressive mild cognitive impairment

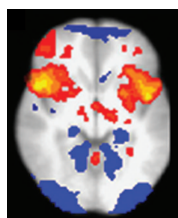


The authors acquired fMRI scans during a face-name memory task from a cohort of 68 subjects. These data suggest that different functional brain connectivity endophenotypes for "early" vs "late" mild cognitive impairment correlate with different baseline memory scores and different rates of progression.

See p. 511; Editorial, p. 498

#### Reorganization in cognitive networks with progression of multiple sclerosis: Insights from fMRI

Patients with a clinically isolated syndrome, relapsing-remitting



MS, secondary progressive MS, and 28 healthy controls underwent a comprehensive neuropsychological test battery, clinical examination, structural imaging, and fMRI. These findings suggest approaches to increase cognitive reserve to counteract MS-related tissue damage.

See p. 526

#### Sun exposure and vitamin D are independent risk factors for CNS demyelination



In this study of 4 Australian regions, cases and controls were compared based on past and recent sun exposure and vitamin D status. Controls were matched to cases on age, sex, and study region, without CNS demyelination. The data suggest that sun exposure and vitamin D levels should be evaluated in clinical trials for multiple sclerosis prevention.

See p. 540

#### Video-EEG monitoring in newborns with hypoxic-ischemic encephalopathy treated with hypothermia



The authors monitored 41 newborns with hypoxic-ischemic encephalopathy undergoing therapeutic hypothermia. EEG background correlated well with early MRI findings. Continuous monitoring allowed accurate identification of seizures, nearly half of which were subclinical, providing valuable prognostic information.

See p. 556

#### Stress hormones predict cerebrovascular re-events after transient ischemic attacks



This study assessed prognostic reliability of 2 distinct stress hormones, copeptin and cortisol, in 107 patients after transient ischemic attack (TIA). Confirmation in future studies will be needed, but the data suggest routine copeptin measurement (though not cortisol) may be an additional tool for risk stratification and targeted resource allocation after TIA.

See p. 563

#### CLINICAL/SCIENTIFIC NOTES

##### Indolent course of progressive multifocal leukoencephalopathy during natalizumab treatment in MS

A 30-year-old previously healthy woman presented with walking difficulties, and MS was diagnosed based on multiple MR brain and spinal cord lesions; treatment included interferon- $\beta$ -1a, glatiramer acetate, and natalizumab. The patient developed cognitive problems and, later, delirium. MRI showed bihemispheric and pontine abnormalities consistent with PML, with an unusually indolent course.

See p. 574

*Comment from David B. Clifford: "Compulsive clinical vigilance with aggressive evaluation of new symptoms or signs appears still to be the most practical approach to risk minimization during natalizumab therapy."*

See p. 574

**NB:** Your next trial issue of *Neurology: Clinical Practice* will accompany the February 15 issue of the journal. Please take a few minutes to look it over and provide feedback. And take a look at our new Comment feature, which appears on page 574 in this issue.

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