WriteClick: Editor's Choice

Editors' Note: Dr. Freeman commends the authors of the article "The lost resident: Why resident physicians still need mentoring" and highlights the American Academy of Neurology (AAN) mentorship forum (http://careers.aan.com/ementor/). Authors Strowd and Reynolds encourage the utilization of mentorship programs, both in person and online.
—Megan Alcauskas, MD, and Robert C. Griggs, MD

THE MIDBRAIN TO PONS RATIO: A SIMPLE AND SPECIFIC MRI SIGN OF PROGRESSIVE SUPRANUCLEAR PALSY

Gennarina Arabia, Aldo Quattrone, Catanzaro, Italy: Massey et al. developed a measure of the midbrain and pons, and midbrain/pons ratio, to identify patients with progressive supranuclear palsy (PSP).[1] These measurements varied among PSP, Parkinson disease (PD), and multiple system atrophy (MSA) groups. However, these measurements could not determine the disease at the individual level. We investigated MRI-based brainstem measurements and found that middle cerebellar peduncle (MCP) width accurately differentiated MSA patients from PD patients with a sensitivity, specificity, and positive predictive value of 100%.[2] We also described a new imaging measure, the Magnetic Resonance Parkinsonism Index (MRPI), that can differentiate patients with PSP from those affected by either PD or MSA.[3] The MRPI was calculated by multiplying the midbrain/pons ratio by the MCP/superior cerebellar peduncle (SCP) widths. The latter brain structures are selectively involved in MSA and PSP, respectively. Similarly to Massey et al.'s data,[1] we showed[3–5] midbrain/pons ratio values overlapped among patients with PSP and those with PD and MSA, demonstrating that MCP and SCP width measurements are needed to accurately identify patients with MSA or PSP.

1. Massey LA, Jager HR, Paviour DC, et al. The midbrain to pons ratio: a simple and specific MRI sign of progressive supranuclear palsy. Neurology 2013;80:1856–1861.
2. Nicoletti G, Fera F, Condino F, et al. MR imaging of middle cerebellar peduncle width: differentiation of multiple system atrophy from Parkinson disease. Radiology 2006;239:825–830.
3. Quattrone A, Nicoletti G, Messina D, et al. MR Imaging Index for differentiation of progressive supranuclear palsy from Parkinson disease and the Parkinson variant of multiple system atrophy. Radiology 2008;246:214–221.
4. Arabia G, Quattrone A. MRI measurements of brainstem structures in patients with Richardson's syndrome, progressive supranuclear palsy- parkinsonism, and Parkinson's disease. Mov Disord 2011;26:1575–1576.
5. Morelli M, Arabia G, Salsone M, et al. Accuracy of magnetic resonance parkinsonism index for differentiation of progressive supranuclear palsy from probable or possible Parkinson disease. Mov Disord 2011;26:527–533.

THALAMIC GLUTAMATE/GLUTAMINE IN RESTLESS LEGS SYNDROME: INCREASED AND RELATED TO DISTURBED SLEEP

Dario M. Zagar, Fairfield, CT: In addition to the role of dopamine in subjective sensory symptoms, Allen et al. raised some intriguing questions regarding the potential role of glutamate in the sleep disturbance accompanying restless legs syndrome (RLS).[1] One potential confounding factor that was not mentioned is the higher rate of anxiety in patients with RLS. This may also involve glutamate dysregulation and be associated with hyperarousal and insomnia. Perhaps there are not 2 separate pathways in RLS, but 2 separate yet related disorders at play.

1. Allen RP, Barker PB, Horska A, Earley CJ. Thalamic glutamate/glutamine in restless legs syndrome: increased and related to disturbed sleep. Neurology 2013;80:2028–2034.

OPINION & SPECIAL ARTICLES: THE LOST RESIDENT: WHY RESIDENT PHYSICIANS STILL NEED MENTORING

William D. Freeman, Jacksonville, FL: Drs. Strowd and Reynolds reported on mentorship in neurology.[1] In 2011, the AAN published the results of the neurology resident survey of 285 residents.[2] Sixty-one percent of respondents cited a local mentor as the primary reason for choosing a fellowship. Therefore, mentors have a pivotal role in influencing future neurologists' fields of interest. The authors should be commended for the historical review on mentorship and the need for more mentor programs. The AAN has created an online forum for those seeking mentorship and mentors to connect.[3] However, this forum is likely underutilized and not well recognized.

Author response: Roy Strowd, Baltimore, MD, Patrick Reynolds, Winston-Salem, NC: We thank Dr. Freeman and agree that a major challenge in encouraging the rich history of mentoring in neurology is not only ensuring that mentoring opportunities are available but also that they are utilized. Local mentoring programs provide the means for direct physical contact, which can be paramount in the mentor-mentee relationship. However, we agree that the landscape of these relationships is changing. Web-based mentoring is increasingly being developed and implemented. Opportunities such as the AAN Career Center offer an emerging means for online career development. Whether these opportunities will provide the environment necessary for formal mentoring is still unclear. In other areas of education, "e-mentoring" has been implemented with success.[4,5] Medical e-mentoring continues to be explored.[6] Emerging Web-based platforms necessary to promote such online mentoring currently exist and could be leveraged to expand these programs in neurology.[7]

1. Strowd RE, Reynolds P. Opinion and Special Articles: the lost resident: why resident physicians still need mentoring. Neurology 2013;80:e244–e246.
2. Freeman WD, Nolte CM, Matthews BR, Coleman M, Corboy JR. Results of the American Academy of Neurology resident survey. Neurology 2011;76:e61–67.
3. AAN Mentorship forum. Available at http://careers.aan.com/ementor/. Accessed June 10, 2013.
4. Packard BW. Web-based mentoring: challenging traditional models to increase women's access. Mentoring and Tutoring 2003;11:53–65.
5. MentorNet. Available at http://www.mentornet.net/. Accessed June 13, 2013.
6. Jaffer U, et al. Medical mentoring via the evolving world wide web. J Surg Educ 2013;70:121–128.
7. The Training Connection. Available at http://www.thetrainingconnection.com/mentoringconn.shtml. Accessed June 13, 2013.

CORRECTION

Copy number variants are frequent in genetic generalized epilepsy with intellectual disability

In the article "Copy number variants are frequent in genetic generalized epilepsy with intellectual disability" by S.A. Mullen et al. (*Neurology*® 2013;81:1507–1514), 3 authors were inadvertently omitted from the byline. As a result, the author order, affiliation, contribution, study funding, and disclosure information contained errors and omissions. The author list should have included Holger Trucks, PhD, Dennis Lal, MSc, and Thoman Sander, MD, and the order of authorship should be as follows: Mullen SA, Carvill GL, Bellows S, Bayly MA, Trucks H, Lal D, Sander T, Berkovic SF, Dibbens LM, Scheffer IE, Mefford HC. The affiliations for all authors should have read: Cologne Center for Genomics (H.T., D.L., T.S.), University of Cologne, Germany. The author contributions should have included: D. Lal: data analysis, acquisition of data; H. Trucks: study design, data analysis, acquisition of data; T. Sander: study design, data analysis, acquisition of data, obtain funding. The study funding should have included: Supported by the European Community (FP6 Integrated Project EPICURE, grant LSHM-CT-2006-037315 to T.S.), the German Research Foundation (ESF EuroEPINOMICS, DFG grant SA434/5-1 to T.S.), and the German Federal Ministry of Education and Research (NGFN-Plus: EMINet, grant 01GS08120 to T.S.). The disclosures for this article should have also included: H. Trucks reports no disclosures. D. Lal has received research support from the Cologne Excellence Cluster on Cellular Stress Responses in Aging-Associated Diseases (CECAD). T. Sander has received research support from the University of Cologne (Köln Fortune Program). The authors regret the error and omissions.

Author disclosures are available upon request (journal@neurology.org).

Opinion & Special Articles: The lost resident: Why resident physicians still need mentoring

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