deficit/hyperactivity disorder (ADHD) symptoms in adults is a risk factor for DLB and not for Alzheimer disease.[2] It is striking that these symptoms were not mentioned in the article by Boot et al.[2] since our results need confirmation. Regardless, we think that the greater likelihood of having a history of depression or anxiety in patients with diagnosis of DLB would support our findings because the diagnosis of ADHD is often confused or overlaps with depression and anxiety. Comorbidity between these entities and the possibility of bias is well known.[3–5] In this study, the possibility of such bias is heightened because the data for depression or anxiety were generated solely from medical history and ADHD is usually underreported.

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INCIDENCE AND PREVALENCE OF SMALL-FIBER NEUROPATHY: A SURVEY IN THE NETHERLANDS

Peter James Dyck, Rochester, MN: Peters et al.[1] described the prevalence and incidence of "pure small-fiber sensory neuropathy" in a Dutch population. The data appear to be important but the criteria for the disease conditions being tallied remain unclear.

The authors stated: "SFN was diagnosed based on the presence of at least 2 of the following symptoms not otherwise explained: neuropathic pain (burning, shooting, or itching), sheet or sock intolerance, restless legs syndrome, autonomic dysfunction (Sicca syndrome, accommodation problems, hyperhidrosis or hypohidrosis, micturition disturbances, impotence or diminished ejaculation or lubrication, bowel disturbances, hot flushes, orthostatic dizziness, cardiac palpitations), and clinical signs of small-fiber damage (e.g., pinprick loss, thermal sensory loss, allodynia, or hyperalgesia), normal nerve conduction study, and reduced IENFD at the ankle or abnormal quantitative sensory testing thermal thresholds at the foot."

Since small-fiber sensory and autonomic neuropathy may be asymptomatic, were these cases excluded from this diagnosis? In addition, were known causes (genetic mutations, autoimmune, metabolic, and other known causes) included or excluded? Perhaps the greatest concern is lack of specificity of symptoms and neuropathic signs and tests. Symptoms like palpitation, itching, and Sicca occur more commonly from other diseases than from small-fiber polyneuropathy.

Many of these symptoms are related to age, so were old age–related symptoms included? What specific criteria were used for signs and nerve tests? Descriptors such as abnormal nerve conduction are not specific enough: which attributes and what percentile abnormality? Providing more specific inclusion and exclusion criteria will make the data more useful.

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Incidence and prevalence of small-fiber neuropathy: A survey in the Netherlands

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