



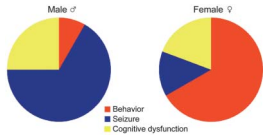
# In Focus

Spotlight on the February 18 issue

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## Clinical specificities of adult male patients with NMDA receptor antibodies encephalitis



This study presented 13 adult male patients who were diagnosed with NMDA receptor antibodies (NMDAR-Abs) encephalitis. Partial seizures occurred in 5/8 patients, followed by

psychiatric or cognitive symptoms. Adult male patients who have partial seizures, normal MRI results, and no clear etiology should be tested for NMDAR-Abs to avoid delays in treatment initiation.

See p. 556, Editorial 550

## Safety and efficacy of ofatumumab in relapsing-remitting multiple sclerosis: A phase 2 study

Patients (26 ofatumumab/placebo; 12 placebo/ofatumumab) received 2 infusions 2 weeks apart. At week 24, patients received alternate treatment and safety and efficacy were assessed. Ofatumumab (up to 700 mg) was not associated with any unexpected safety concerns and was well tolerated in patients with relapsing-remitting multiple sclerosis, although further testing is warranted.

See p. 573

## Premature mortality in active convulsive epilepsy in rural Kenya: Causes and associated factors

This study provides evidence that epilepsy carries a high risk of premature mortality with nonadherence to antiepileptic drugs. Cognitive impairment and age greater than 50 were other important risk factors. Mortality in people with active convulsive epilepsy was more than 6-fold greater than expected. Reducing the treatment gap, particularly by improving treatment adherence, would reduce epilepsy-related mortality.

See p. 582

*From editorialists Jette & Trevathan: "Our primary objective should be to make preventing death due to inadequate epilepsy treatment a public health priority—framing epilepsy-associated death as a problem that can be solved by appropriate access to diagnosis and treatment..."*

See p. 552

## Pregabalin monotherapy in patients with partial-onset seizures: A historical-controlled trial

Patients with inadequately controlled partial-onset seizures despite receiving 1 or 2 antiepileptic drugs entered an 8-week prospective baseline and then were randomized to double-blind monotherapy with pregabalin 600 or 150 mg/d for 20 weeks. Pregabalin monotherapy was safe and efficacious for these patients, as assessed by fewer seizure-related exit events compared with historical controls switched to pseudo-placebo monotherapy.

See p. 590

## Bezafibrate in skeletal muscle fatty acid oxidation disorders: A randomized clinical trial

Symptoms in patients with metabolic myopathies occur primarily during exercise, caused by a mismatch between energy demands and supply from muscle metabolic pathways. Bezafibrate 200 mg 3 times daily was ineffective in improving changes in fatty acid oxidation and heart rate during exercise in adults with carnitine palmitoyltransferase II and very long-chain acyl-CoA dehydrogenase deficiencies.

See p. 607

## Individualized current-shaping reduces DBS-induced dysarthria in patients with essential tremor

The authors evaluated the concept of current-shaping of 2 adjacent contacts for improving the therapeutic window of thalamic neurostimulation in 10 patients with essential tremor. Current-shaping to the dorsally located contact reduces stimulation-induced dysarthria without losing the effect on tremor control in patients treated with deep brain stimulation.

See p. 614

## Abnormal metabolic network activity in REM sleep behavior disorder

Metabolic scans from 2 independent REM sleep behavior disorder (RBD) cohorts were used to measure abnormal Parkinson disease network expression levels, predicting conversion to parkinsonism as gauged by blinded clinical evaluators. This study describes a strategy for identifying those patients with RBD who will likely develop parkinsonism over the next 5 years.

See p. 620

NB: "Palliative care," see p. 640. To check out other Resident & Fellow Emerging Subspecialties in Neurology articles, point your browser to [www.neurology.org](http://www.neurology.org) and click on the link to the Resident & Fellow Section.

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