



In Focus

Spotlight on the September 23 Issue

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Long-term increased risk of unemployment after young stroke: A long-term follow-up study

The authors found a 2–3 times higher risk of unemployment in patients who had a stroke between the ages of 18 and 50 years, compared to the general population. The risk for unemployment among stroke patients was highest in patients who had a stroke between 35 and 44 years of age. In poststroke care for young patients, attention should be given to the social consequences that they may encounter.

See p. 1132

From editorialists Singhal & Lo: "Perhaps we need to start incorporating 'return to work' as a global outcome measure that assesses the efficacy of multidisciplinary treatment strategies for any working individual who develops a stroke."

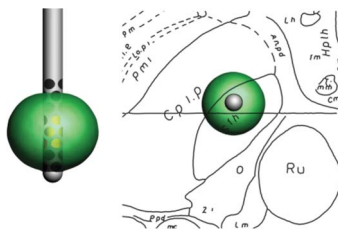
See p. 1128

Novel *DYT11* gene mutation in patients without dopaminergic deficit (SWEDD) screened for dystonia

The authors examined clinical and imaging data from patients with a clinical diagnosis of Parkinson disease who underwent dopamine transporter SPECT imaging consecutively between 2002 and 2011. Their findings provide further support to the hypothesis that adult-onset monogenic dystonia may underlie a Parkinson disease look-alike clinical phenotype.

See p. 1155

Directional steering: A novel approach to deep brain stimulation



Directional steering through a novel 32-contact electrode in patients with Parkinson disease increased deep brain stimulation (DBS) side-effects threshold while keeping the benefit threshold unchanged,

potentially resulting in improved therapeutic window.

Simultaneous recordings localized the dorsal border of the subthalamic nucleus. Directional steering may improve DBS effectiveness, allow for new indications and targets, and support new applications.

See p. 1163

Midodrine for orthostatic hypotension and recurrent reflex syncope: A systematic review

Midodrine's safety and efficacy for the management of patients with orthostatic hypotension and recurrent reflex syncope remains unknown. The authors found a low/moderate quality of evidence suggesting that midodrine may improve patient-important outcomes. Midodrine should be considered as a therapeutic alternative in the management of these patients.

See p. 1170

Asymmetry of cortical decline in subtypes of primary progressive aphasia

Changes in cortical thickness and volume loss as well as neuropsychological performance were assessed in 26 patients who fulfilled criteria for logopenic, agrammatic, and semantic primary progressive aphasia (PPA) subtypes. Clinical deficits and cortical atrophy patterns showed distinct patterns of change among the subtypes over 2 years. Using a focal cortical language network region of interest as an outcome measure of disease progression is more sensitive and may help for designing future clinical trials in PPA.

See p. 1184

NT-proBNP, blood pressure, and cognitive decline in the oldest old: The Leiden 85-plus Study

The authors measured NT-proBNP levels and blood pressure at age 85 years, at baseline, and global cognitive function annually in 560 patients followed for 5 years. The combination of high NT-proBNP levels and low systolic blood pressure was associated with the worst global cognitive function and the steepest cognitive decline.

See p. 1192

Combined analysis of *TERT*, *EGFR*, and *IDH* status defines distinct prognostic glioblastoma classes

TERT promoter mutation (*TERT*p-mut), *EGFR* amplification, and *IDH1* mutation analysis define 4 prognostic subgroups of glioblastomas. Survival ranged from 13–14 months when *TERT*p-mut or *EGFR* amplification was present to 2–3 years (depending on *IDH1* status) when both alterations were absent.

See p. 1200

NB: "Concussed," see p. 1126. To check out this editorial, point your browser to Neurology.org.

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