



In Focus

Spotlight on the October 28 Issue

Robert A. Gross, MD, PhD, FAAN
Editor-in-Chief, *Neurology*[®]



Cerebral metabolite changes prior to and after antiretroviral therapy in primary HIV infection

Fifty-three participants recruited at 3½ months post HIV transmission were followed for 6 months, with 23 participants receiving antiretroviral therapy. In early HIV infection, cerebral metabolite markers of inflammation increased in antiretroviral therapy-naïve participants and stabilized after initiation of antiretroviral therapy. Early antiretroviral therapy may limit CNS inflammation.

See p. 1592

From editorialists Cysique & Koelsch: "...future investigations into the effects of early therapy on brain pathology would benefit from the inclusion of assessments of viral reservoirs (but innovative technology is needed to assess in vivo CNS reservoirs), as these results would constructively inform the debate on possible brain HIV eradication in addition to curbing early brain damage."

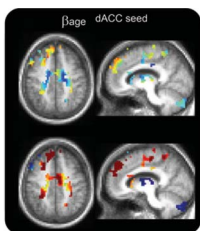
See p. 1588

Dalfampridine may activate latent trigeminal neuralgia in patients with multiple sclerosis

The authors examined histories of 71 patients with clinically definite multiple sclerosis treated with dalfampridine for at least 2 to 3 months. Of the 71 patients, 5 had a history of either trigeminal neuralgia or altered facial sensation. Dalfampridine should be used with caution in persons with trigeminal neuralgia due to multiple sclerosis.

See p. 1610

Unrecognized preclinical Alzheimer disease confounds rs-fcMRI studies of normal aging



The authors investigated 2 groups of cognitively normal participants: one group with evidence of preclinical Alzheimer disease (AD) as assessed by CSF markers of AD and the other with normal CSF biomarkers. Most of the resting-state functional connectivity effect of healthy aging was due to preclinical Alzheimer disease.

See p. 1613

Preoperative factors of apathy in subthalamic stimulated Parkinson disease: A PET study

The authors used fluorodeoxyglucose PET and clinical ratings to study Parkinson disease patients with subthalamic nucleus deep brain stimulation (STN-DBS). Right ventral striatum preoperative metabolism was associated with apathy following STN-DBS (A-STN-DBS), but A-STN-DBS was not associated with any clinical ratings. This suggests a metabolic biomarker of A-STN-DBS, which may help therapeutic decisions.

See p. 1620

Predicting quality of life outcomes after subthalamic nucleus deep brain stimulation

The authors identified 85 patients with Parkinson disease who underwent subthalamic deep brain stimulation. Patients' quality of life was categorized as "improved" and "stable/worsened" using reliable change indices. Regression analysis indicated that better preoperative memory, quality of life, and mood were important predictors of better postoperative quality of life.

See p. 1627

Cost of traumatic brain injury in New Zealand: Evidence from a population-based study

Due to the unexpectedly large number of mild traumatic brain injury (TBI) cases, the total cost of treating these cases is 3 times that of treating moderate or severe TBI. These findings suggest that cost savings and improved outcomes may be achieved by targeting high-cost individuals and population-based programs.

See p. 1645

Agreement between TOAST and CCS ischemic stroke classification: The NINDS SiGN Study

This study included 13,596 men and women accrued from 20 research centers. All cases were independently classified according to TOAST (Trial of Org10172 Acute Stroke Treatment) and CCS (Causative Classification of Stroke) stroke subtypes. Agreement between TOAST and CCS diagnoses was moderate, warranting caution when comparing or combining results.

See p. 1653

NB: "The 10-year anniversary of the Neurology Resident & Fellow Section: 2004-2014," see p. 1586. To check out other Resident & Fellow submissions, point your browser to Neurology.org and click on the link to the Resident & Fellow Section.

Podcasts can be accessed at Neurology.org

Neurology[®]

Spotlight on the October 28 Issue

Robert A. Gross

Neurology 2014;83;1585

DOI 10.1212/WNL.0000000000000950

This information is current as of October 27, 2014

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/83/18/1585.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright © 2014 American Academy of Neurology. All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

