



## In Focus

Spotlight on the November 4 Issue

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### Depression in context of low neuroticism is a risk factor for stroke: A 9-year cohort study

Although meta-analyses identify depression as a risk factor for stroke, causality is debated. Depression predicted incident stroke over a 9-year follow-up in cardiac patients regardless of the level of neuroticism and in noncardiac patients only in the case of low neuroticism. Depression in the context of low neuroticism justifies a vascular check-up.

See p. 1692; Editorial, p. 1688

### Healthy diet and lifestyle and risk of stroke in a prospective cohort of women [OPEN](#)

The authors examined the role of a low-risk lifestyle, including a healthy diet, consumption of moderate amounts of alcohol, not smoking, being physically active, and having a healthy body weight, on the risk of developing stroke in a cohort of women. These findings showed that a low-risk lifestyle reduced the risk of stroke.

See p. 1699

### Elevated rates of intracerebral hemorrhage in individuals from a US clinical care HIV cohort [📖](#)

The authors identified incident intracerebral hemorrhage in HIV-infected and uninfected individuals from the Partners Health Care system using ICD-9-CM codes. HIV infection conferred an increased adjusted hazard of intracerebral hemorrhage, which was more pronounced in young patients and in women.

See p. 1705

*From editorialists Cole & Chin: "The potential benefits of early initiation and optimization of combination antiretroviral therapy, according to WHO and national guidelines, should now include the primary and secondary prevention of stroke."*

See p. 1690

### HSJ1-related hereditary neuropathies: Novel mutations and extended clinical spectrum

Families were identified with novel homozygous mutations in the *HSJ1* gene. The clinical phenotypes presented either as a hereditary motor neuropathy or a hereditary motor-sensory neuropathy mimicking Charcot-Marie-Tooth disease. The authors provide clinical and functional information on a *HSJ1* splice-site mutation and broaden the phenotypic spectrum of *HSJ1*-related neuropathies.

See p. 1726

### Should genetic testing for SCAs be included in the diagnostic workup for MSA? [📖](#)

Genetic tests for spinocerebellar ataxia (SCA) were performed in 302 of 528 patients who met the diagnostic criteria for multiple system atrophy (MSA), with mutations in SCA genes found in 22 patients. Every fourteenth patient had an SCA mutation, indicating that genetic testing for SCA should be included in the workup of patients with MSA.

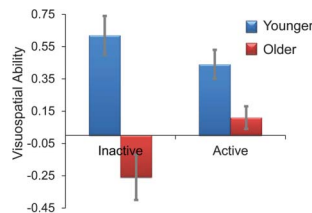
See p. 1733

### Imaging prodromal Parkinson disease: The Parkinson Associated Risk Syndrome Study [📖](#)

In this study, individuals without a diagnosis of Parkinson disease (PD) underwent tier 1 assessments (olfactory testing, questionnaires). Tier 2 assessments (neurologic examination, dopamine transporter imaging, and other biomarker assessments) were completed by 303 participants. Participants with dopamine transporter deficit were identified by olfactory testing, with sequential biomarker assessment identifying those at risk for PD.

See p. 1739

### Physical activity attenuates age-related biomarker alterations in preclinical AD



Three hundred seventeen participants underwent T1 MRI on a 3T scanner; a subset also underwent <sup>11</sup>C-Pittsburgh compound B-PET and <sup>18</sup>F-fluorodeoxyglucose-PET imaging. Their responses on a

self-report measure of current physical activity were used to classify them as either physically active or physically inactive. In a middle-aged, at-risk cohort, a physically active lifestyle was associated with a reduced deleterious influence of age on key biomarkers of Alzheimer disease pathophysiology.

See p. 1753

*NB: "Status of neurology medical school education: Results of 2005 and 2012 clerkship director survey," see p. 1761. To check out other Contemporary Issues: Innovations in Education submissions, point your browser to [Neurology.org](http://Neurology.org).*

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