



## In Focus

### Spotlight on the August 26 Issue

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#### **Growth hormone treatment for childhood short stature and risk of stroke in early adulthood**

A strong relationship was identified between hemorrhagic stroke and childhood growth hormone treatment for isolated growth hormone deficiency or short stature. Patients treated with growth hormone should be advised about this relationship and further work is needed to evaluate the role of growth hormone in cerebrovascular disease.

See p. 780; Editorial, p. 776

#### **Aspirin for acute stroke of unknown etiology in resource-limited settings: A decision analysis**

Predicted in-hospital mortality and stroke recurrence risk were determined across the worldwide reported proportion of strokes caused by intracerebral hemorrhage (ICH). Sensitivity analyses were performed on aspirin-associated relative risks in patients with ICH. Aspirin treatment during initial hospitalization after acute stroke decreased acute stroke-related mortality and in-hospital stroke recurrence even at the highest proportions of ICH.

See p. 787

*From editorialists Thrift & de los Rios: "...the use of aspirin in those with unknown stroke subtype who lack signs or symptoms suggestive of ICH or SAH is an important message for those regions where imaging is less available."*

See p. 778

#### **Observational study of spinal muscular atrophy type I and implications for clinical trials**

Understanding the natural history of spinal muscular atrophy type I (SMA-I) may aid the design of efficient clinical trials for this motor neuron disorder. This study of 34 infants with SMA-I was conducted at 3 clinical sites. SMA-I can be studied effectively in a multicenter clinical trial, providing a clear readout of efficacy of a new therapeutic agent.

See p. 810

#### **Prefrontal involvement related to cognitive impairment in progressive muscular atrophy**

fMRI was used to examine the blood oxygenation level-dependent response during letter and category fluency performance in 18 patients with progressive muscular atrophy, 21 patients with amyotrophic lateral sclerosis, and 17 controls. Prefrontal activation abnormalities were related to a clinical measure of executive dysfunction in patients with motor neuron disease with or without upper motor neuron signs.

See p. 818

#### **Naltrexone for impulse control disorders in Parkinson disease: A placebo-controlled study**

This study examined the efficacy and tolerability of naltrexone as a treatment for impulse control disorders in Parkinson disease in 50 patients treated for an 8-week period. Although a physician-completed global assessment did not indicate efficacy, a patient-completed rating scale of symptom severity demonstrated improvement.

See p. 826

#### **Are confusional arousals pathological?**

Confusional arousals are a poorly documented sleep disorder. They are highly prevalent in the general population (15.2% in this study) and are mostly associated with sleep or psychiatric disorders. Clinicians should be aware that confusional arousals are not solely a side effect of psychoactive substance use but are likely related to a medical or psychological condition.

See p. 834

#### **CROSSROADS: TWO POINTS OF VIEW**

##### **Yes, neurostimulation has a role in the management of epilepsy Judgment is not ignorance**

Benbadis et al. contend that "there should be a place for neurostimulation at all level IV centers." Cole et al. respond, "Until we have better data about the specific indications for each of the available devices, physician judgment in the context of each patient's complex clinical circumstances should be accorded appropriate respect."

See p. 845 & p. 847

##### **Neurostimulation for the treatment of epilepsy: The skeptical view**

##### **Skepticism should not result in ignoring a treatment option**

So et al. continue this Crossroads debate by adding, "...neurostimulation devices including VNS should not be implanted before a thorough evaluation to assess surgical candidacy and exclude nonepileptic events, and ought to be reserved for those who are not candidates for surgical resection, or unwilling to consider surgery." Benbadis et al. counter, "Neurostimulation is not competing with resective surgery; it is a palliative complement for it."

See p. 847 & p. 849

*NB: "Clinical Reasoning: A 32-year-old woman with right-sided numbness and word-finding difficulties," see p. e98. To check out other Resident & Fellow articles, point your browser to [Neurology.org](http://Neurology.org) and click on the Residents & Fellows tab.*

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