



In Focus

Spotlight on the February 3 Issue

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Notable in Neurology

This issue features articles on risk factors for all-cause death after diagnosis of unruptured intracranial aneurysms and on lipid and lipoprotein measurements and the risk of ischemic vascular events. Other featured articles focus on whether the diagnosis of dementia with Lewy bodies is affected by β -amyloid load, predicting progression in mild cognitive impairment with suspected nonamyloid pathology, and dopamine transmission in patients with comorbid REM sleep behavior disorder and major depressive disorder.

From editorialists Toyoda & Grotta: "Because intensive BP lowering appears to be harmful for hyperacute ischemic stroke patients, development of new screening technologies to differentiate ICH from ischemic stroke in the prehospital setting should be encouraged."

See p. 444

ARTICLES

Arterial stiffness and progression of structural brain changes: The SMART-MR study

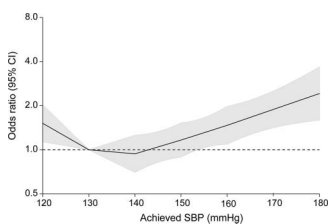
Distension measurements of the common carotid arteries and a brain MRI were performed in 526 patients, followed by a second brain MRI in 308 patients an average of 4.1 years later. In these patients with manifest arterial disease, stiffening of the carotid arteries was cross-sectionally associated with more brain atrophy, white matter lesion volume, and nonlacunar infarcts.

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From editorialists Hughes & Harrer: "This study begs the question: Are there no associations between arterial stiffness and progression of brain structure changes or is the current treatment of clinically manifest arterial disease successfully disassociating the relationships between arterial stiffness and brain structure changes? Only future studies will tell."

See p. 440

Optimal achieved blood pressure in acute intracerebral hemorrhage: INTERACT2



Further analyses of the landmark INTERACT2 study showed consistent benefits of early blood pressure lowering (within 6 hours of onset) in 3,000 patients with acute intracerebral hemorrhage. A target systolic blood pressure of <140 mm Hg offers optimal

potential benefits of early blood pressure lowering treatment, which is lower than the <180 mm Hg recommended in existing guidelines.

See p. 464

Triheptanoin improves brain energy metabolism in patients with Huntington disease

Using brain magnetic resonance spectroscopy, the authors showed an abnormal energy profile during brain activation in patients at the early stage of Huntington disease. After 1 month, this profile remained abnormal without treatment but was corrected when patients were treated with triheptanoin, a compound that provides substrates to the Krebs cycle.

See p. 490

Age dependence of brain β -amyloid deposition in Down syndrome: An [¹⁸F]florbetaben PET study

Thirty-nine patients with Down syndrome were assessed with [¹⁸F]florbetaben PET imaging. Three blinded independent readers assessed the scans to provide a visual analysis. Brain β -amyloid binding, as measured by [¹⁸F]florbetaben, increased with age in patients with Down syndrome; however, these patients had no evidence of dementia.

See p. 500

NB: "Differential trigeminal myelinated and unmyelinated nerve fiber involvement in FOSMN syndrome," see p. 540. To check out other Clinical/Scientific Notes, point your browser to Neurology.org. At the end of the issue, check out the 2 Neurolmages discussing eosinophilic CNS vasculitis mimicking demyelinating disease of the brain and spinal cord and adductor laryngeal exhaling dystonia in progressive supranuclear palsy.

Podcasts can be accessed at Neurology.org

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