

➔ Abstracts

Articles appearing in the February 2018 issue

**Anticoagulation for atrial fibrillation after intracranial hemorrhage**

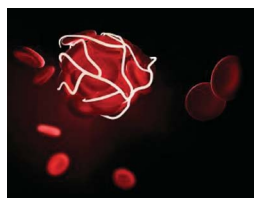
**Background** We summarize the existing evidence on the potential benefit of oral anticoagulation (OAC) in intracerebral hemorrhage (ICH) survivors with nonvalvular atrial fibrillation (NVAF).

**Methods** Systematic review of the literature to address the following issues: (1) prevalence of NVAF in ICH survivors, (2) current prescription of OAC, (3) factors associated with resumption of OAC, (4) risk of ischemic stroke (IS) and recurrent ICH, and (5) ideal timing for restarting OAC in ICH survivors with NVAF.

**Results** After screening 547 articles, 26 were included in the review. Only 3 focused specifically on patients with ICH as primary event, NVAF as indication for OAC, and recurrent ICH and IS as primary endpoints. In addition, 19 letters to the editor/reviews/editorials/experts' surveys/experts' opinion were used for discussion purposes.

**Conclusions** NVAF is highly prevalent among ICH survivors. The risks of IS, recurrent ICH, and mortality are heightened in this group. Most published data show a net benefit in terms of IS prevention and mortality when anticoagulation is restarted. However, those studies are observational and mostly retrospective; therefore selection bias may play a major role in the results observed in these cohorts. Only randomized controlled trials, either pragmatic or explanatory, can provide more conclusive answers for this important clinical question.

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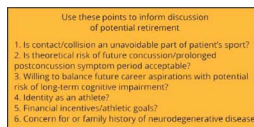
**Medical retirement from sport after concussions: A practical guide for a difficult discussion**

**Purpose of review** In patients with a considerable history of sports-related concussion, the decision of when to discontinue participation in sports due to medical concerns including neurologic disorders has potentially life-altering consequences, especially for young athletes, and merits a comprehensive evaluation involving nuanced discussion. Few resources exist to aid the sports medicine provider.

**Recent findings** In this narrative review, we describe 10 prototypical vignettes based upon the authors' collective experience in concussion management and propose an algorithm to help clinicians navigate retirement discussions. Issues for consideration include absolute and relative contraindications to return to sport, ranging from clinical or radiographic evidence of lasting neurologic injury to prolonged concussion recovery periods or reduced injury threshold to patient-centered factors including personal identity through sport, financial motivations, and navigating uncertainty in the context of long-term risks.

**Summary** The authors propose a treatment algorithm based on real patient cases to guide medical retirement decisions after concussion in sport.

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➔ Editorial

[NPub.org/NCP/9020c](http://NPub.org/NCP/9020c)

**Practice Current**

A recent survey features a hot topic for all practicing neurologists worldwide: "When do you suspect autoimmune encephalitis and what is the role of antibody testing?" There has been growing interest in stressing the importance of clinically grounded guidelines for diagnosis of autoimmune encephalitis and antibody testing may not be available in diverse settings with varying resources. We welcome readers to join the discussion.

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