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## Notable in *Neurology* this week

This issue features an article that investigates whether prediagnostic levels of plasma branched-chain amino acids are associated with amyotrophic lateral sclerosis risk; another determines that the different dimensions of pain can be modulated in humans noninvasively. A featured Special Article examines the accuracy of the data extraction process for the Axon Registry®.

## Articles

### INTREPAD: A randomized trial of naproxen to slow progress of presymptomatic Alzheimer disease

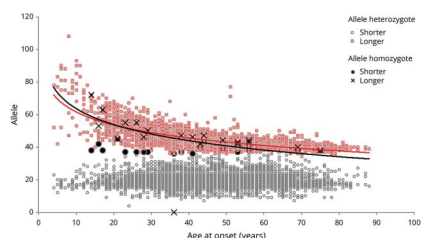
INTREPAD results suggest that the conventional nonsteroidal anti-inflammatory drug naproxen poses health risks but offers no protection against Alzheimer disease (AD), even in healthy at-risk elderly. An innovative design, including a composite biomarker indicator of presymptomatic AD progression, suggested that AD prevention trials can be run at much lower costs than conventional approaches.

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*From editorialists Hershey & Lipton: "A different dose of naproxen, a more CNS penetrant NSAID, or a different 'high-risk' group of patients could have led to different study results."*

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### Clinical manifestations of homozygote allele carriers in Huntington disease



Data on the phenotypic characteristics of Huntington disease (HD) homozygotes are scarce and contradictory. This study provides information to support the hypothesis that homozygotes and heterozygotes present a similar phenotype and disease progression. The underlying mechanisms of the lack of significant expression of a double mutant gene dosage in HD are unknown.

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### Safety, tolerability, and efficacy of fluoxetine as an antiviral for acute flaccid myelitis

Fluoxetine inhibits replication of enterovirus D68 strains associated with acute flaccid myelitis (AFM) in vitro, but did not demonstrate a signal of clinical efficacy in this multicenter cohort study of 56 patients with AFM. These findings do not support the use of fluoxetine as a potential antiviral therapy for AFM.

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## MORE ONLINE

### 🎧 Editor's Summary

Audio summary of highlighted articles.

[NPub.org/edsum](http://NPub.org/edsum)

*Continued*

## Total intake of different minerals and the risk of multiple sclerosis

This article addresses whether multivitamin components other than vitamin D, like minerals, modify multiple sclerosis risk. Dietary and supplemental intake of minerals and trace elements were not linked to multiple sclerosis in 2 large cohorts with diet assessment over a long follow-up. Null findings from methodologically rigorous studies contributed with valuable knowledge, preventing redundant work.

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NB: "Tongue base retraction and airway obstruction in drug-induced oromandibular dystonia," p. 859. To check out other Video NeuroImages, point your browser to [Neurology.org/N](http://Neurology.org/N). At the end of the issue, check out the Resident & Fellow Teaching NeuroImage illustrating the GM1 gangliosidosis sign of iron accumulation in a wishbone pattern, and another discussing a presentation of idiopathic hypereosinophilic syndrome. This week also includes a Resident & Fellow Mystery Case titled "A 23-year-old man with headaches, confusion, and lower extremity weakness."

### NEW EPISODE



April 30, 2019

## Mouse model of anti-NMDA receptor post-herpes simplex encephalitis (see the March 2019 issue of *Neurology*<sup>®</sup> *Neuroimmunology & Neuroinflammation*)

1. Mouse model of anti-NMDA receptor post-herpes simplex encephalitis (*Neurology: Neuroimmunology & Neuroinflammation*)
2. What's Trending: Ataxias

In the first segment, Dr. Stacey Clardy talks with Dr. Jenny Linnoila about her March 2019 *Neurology: Neuroimmunology & Neuroinflammation* paper on a mouse model of anti-NMDA receptor post-herpes simplex encephalitis. In the second part of the podcast, Dr. Jeffrey Ratliff focuses his interview with Dr. Stefan Pulst on ataxias.

Disclosures can be found at [Neurology.org](http://Neurology.org).

**No CME this week:** Interviews based on articles from *Neurology*<sup>®</sup> *Clinical Practice*, *Neurology*<sup>®</sup> *Genetics*, and *Neurology: Neuroimmunology & Neuroinflammation* are excluded from the CME program.

# Neurology®

## Spotlight on the April 30 issue

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