WHAT'S HAPPENING IN

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Abstracts

Articles appearing in the December 2018 issue

Experience of a neurology service during the 2016 Olympic and Paralympic Games

Background We analyzed the utilization of acute neurologic care during the 2016 Olympic and Paralympic Games in Rio de Janeiro.

Methods We conducted a retrospective analysis of data collected during the games.

Results Sixty-three neurologic evaluations were performed in patients from the Olympic Family (OF), 22 of these involving athletes from 19 countries. Traumatic brain injuries (TBIs) were the most frequent reason for assessment among athletes, some associated with polytrauma. Four patients were admitted to the neurocritical care unit (NICU): 2 acute ischemic strokes, 1 TIA, and 1 polytrauma with moderate TBI. Among nonathletes, evaluation of TBI associated with motor vehicle accidents was surprisingly high, with 10 assessments, none requiring admission. Also, nonathletes with seizures, MS flare, functional deficits, and psychiatric complaints received neurologic evaluation. During the Paralympic Games, 17 neurologic evaluations were performed in patients from the Paralympic Family (PF), 13 involving athletes from 10 countries. Five athletes presented with mild TBI. One PG training coach was admitted to the NICU after receiving alteplase for an acute ischemic stroke.

Conclusions As expected, many athletes with sports-related injuries were evaluated, but cases of diverse acute neurologic pathologies were observed among nonathlete members of the OF and PF. Olympic Games are large, logistically complex events involving thousands of people. Our observations suggest that a comprehensive and detailed plan for neurologic emergencies should be considered for future games.

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Pseudobulbar affect: prevalence and association with symptoms in MS

Background We sought to determine the prevalence of pseudobulbar affect (PBA) in a large MS population and assess its association with disability and symptom severity.

Methods North American Research Committee on MS registry participants completed the Center for Neurologic Study-Lability Scale (CNS-LS), a validated 7-question self-report measure of PBA. A composite PBA score was derived from the sum of responses to the 7 questions. We categorized individuals as PBA-positive (PBA[+]) if they had a composite score ≥17 without current depression. Participants also reported their demographic characteristics and their clinical characteristics using Patient-Determined Disease Steps and Performance Scales. We compared clinical and disease characteristics for PBA(+) responders with those without PBA using descriptive statistics and multivariable multinomial logistic regression.

Results Of the 8,136 responders, 574 (7%) had scores ≥17 on the CNS-LS; however, only 200 (2.5%) individuals had scores ≥17 without comorbid depression, of whom only 22 (11%) reported a diagnosis of PBA. PBA(+) individuals tended to be younger (mean [SD] 53.4 [11.0] vs 57.2 [10.3] years), non-white (13% vs 9%), and have lower socioeconomic status (≤$30,000 annual income: 28% vs 22%). In multivariable models, PBA(+) was associated with increased odds of more severe cognitive impairment (moderate vs mild disability OR: 1.37; 95% CI: 1.01, 1.84).

Conclusions Our findings suggest that the prevalence of PBA in MS is low, but similar symptoms may co-occur or overlap with depression, highlighting the importance of concomitant assessment of mood when evaluating potential PBA. PBA may be associated with cognitive impairment in people with MS.

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Practice Current

Neurology: Clinical Practice has launched their next Practice Current survey on a universally challenging topic: "How do you diagnose and treat post-concussive headache?" Please consider completing the survey to add your own perspective. In the June 2019 issue, readers have access to opinions from David W. Dodick, MD (US), Mohammad Wasay, MBBS, MD, FRCP (Pakistan), and Karen M. Barlow, MSc, MBChB, MRCPCH, RACP (Australia).

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