

Robert A. Gross, MD, PhD, FAAN, Editor-in-Chief, *Neurology*[®]

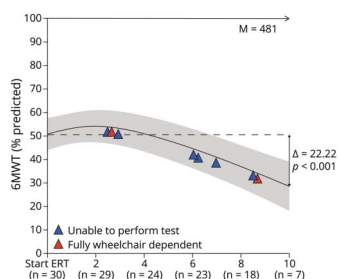


Notable in *Neurology* this week

This issue features an article that investigates the prevalence and severity of clinical features in anti-Mi2-positive patients with dermatomyositis; another determines that, after ocrelizumab initiation, there is a rapid suppression of MRI lesion activity. A featured article examines the feasibility and efficacy of cognitive behavioral therapy for patients with functional tremor.

Articles

Large variation in effects during 10 years of enzyme therapy in adults with Pompe disease



Enzyme replacement therapy (ERT) with recombinant human acid α -glucosidase is the standard treatment for patients with Pompe disease. The authors investigated the effects of long-term ERT on muscle strength, walking ability, and pulmonary function. A majority of patients with Pompe disease benefitted from long-term ERT, but some experienced secondary decline midtherapy duration.

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MORE ONLINE

🎧 Editor's Summary

Audio summary of highlighted articles.

NPub.org/edsum

APOE ϵ 4, white matter hyperintensities, and cognition in Alzheimer and Lewy body dementia

Since clinically observed cognitive performance does not always reflect the severity of white matter hyperintensity (WMH) burden, the authors examined the role of genetic risk factor APOE ϵ 4 in the association between WMHs and cognition in patients with Alzheimer disease and dementia with Lewy bodies. APOE ϵ 4 may influence the association.

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Interaction of atrial fibrillation and antithrombotics on outcome in intracerebral hemorrhage

Patients with intracerebral hemorrhage (ICH) and atrial fibrillation (AF) have poorer outcome than patients without AF. Antithrombotic pretreatment, especially anticoagulation, increased mortality in patients without AF with ICH, but had no worsening effect on mortality in patients with AF and ICH. This may reduce apprehension about use of anticoagulants and increase appropriate prescription of such drugs for patients with AF.

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Continued

Contemporary Issues: Innovations in Education

Emergency management of status epilepticus in a high-fidelity simulation: A prospective study

This study analyzes physicians' first response to a simulated scenario of status epilepticus (SE) and identifies risks for nonadherence to treatment guidelines. Airway check and protection and escalation to second-line medication were insufficient. Among different medical specialists, neurologists especially assessed vital signs poorly. Guideline-based training is needed to improve emergency SE management.

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NB: "Adult diagnosis of Cockayne syndrome," p. 854. To check out other Video NeuroImages, point your browser to Neurology.org/N. At the end of the issue, check out the Clinical/Scientific Note discussing the interplay among common APOE alleles, age at ischemic stroke onset, severity, sex, and outcome. This week also includes a Resident & Fellow Clinical Reasoning article titled "A 65-year-old man with asymmetric weakness and paresthesias."

NEW EPISODE



November 5, 2019

CME Opportunity:

Listen to this week's *Neurology* Podcast and earn 0.5 AMA PRA Category 1 CME Credits™ by answering the multiple-choice questions in the online Podcast quiz.

More prominent muscle involvement in patients with dermatomyositis with anti-Mi2 autoantibodies (see p. 829)

1. More prominent muscle involvement in patients with dermatomyositis with anti-Mi2 autoantibodies
2. What's Trending: Dr. Lawrence Weschler discusses Dr. Oliver Sacks: Part 2

In the first segment, Dr. Stacey Clardy talks with Dr. Andrew Mammen about his paper on more prominent muscle involvement in patients with dermatomyositis with anti-Mi2 autoantibodies. In the second part of the podcast, Dr. Stacey Clardy continues her talk with Dr. Lawrence Weschler about his book on Dr. Oliver Sacks, *And How Are You, Dr. Sacks?*, in the second of a two-part interview.

Disclosures can be found at Neurology.org.

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In Focus

Robert A. Gross

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