# In Focus

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## Notable in Neurology this week

This issue features an article that compares the developmental and behavioral outcomes of children with febrile seizures soon after being vaccinated, those with febrile seizures unrelated to vaccination, and children without seizures; another investigates the clinical characteristics, risk factors, and outcome of patients with POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, and skin changes) syndrome. A Null Hypothesis randomized trial examined the effect of low-dose aspirin vs placebo on incident all-cause dementia, incident Alzheimer disease, mild cognitive impairment, and cognitive decline.

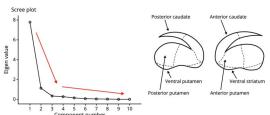
## **Articles**

# CSF biomarkers in Olmsted County: Evidence of 2 subclasses and associations with demographics

This study looked at the level of CSF biomarkers in the general population and their association with APOE genotype, demographic variables, vascular health, and clinical diagnosis. Persons without dementia could be classified into 2 subgroups (with and without biological Alzheimer disease) based on the combination of CSF A $\beta$ 42 and p/t-tau and the different factors that mediate the correlation between A $\beta$ 42 and p/t-tau in each group. CSF biomarkers cannot be interpreted in isolation.

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## Patterns of striatal dopamine depletion in early Parkinson disease: Prognostic relevance



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The extent of dopaminergic denervation in each striatal subregion varies among individuals with Parkinson disease (PD). In this study, the patterns of striatal dopamine depletion were associated with the risk for developing motor complications or dementia. Findings on dopamine transporter scans could have a prognostic implication in PD.

# Areas of white matter hyperintensities and motor symptoms of Parkinson disease

Patients with Parkinson disease and white matter hyperintensities (WMHs) on MRI may have more severe motor symptoms. This study found that the location of the MRI findings is important: deep WMH are associated with bradykinesia and periventricular WMH are associated with bradykinesia and axial symptoms, independently of the severity of dopaminergic transmission.

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#### MORE ONLINE

#### **COVID-19 Resources**

For the latest articles, invited commentaries, and blogs from physicians around the world NPub.org/COVID19

Continued

# In Focus

## Determination of death by neurologic criteria around the world

A study reviewing national protocols on determination of brain death and death by neurologic criteria (BD/DNC) in 136 countries found considerable variability around the world in terms of prerequisites, clinical examination criteria, applicability of apnea testing procedure, and requirements for the use of ancillary testing. The authors recommend that a worldwide consensus be reached on the minimum standards for BD/DNC.

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NB: "Clinical and imaging features of newly recognized Kelch-like protein 11 paraneoplastic syndrome," p. 134. To check out other Video NeuroImages, point your browser to Neurology.org/N. At the end of the issue, check out the Resident & Fellow Clinical Reasoning article discussing the diagnostic process for a patient suspected to have a genetic ataxia condition. This week also includes a Basic Science in the Clinic article titled "What is the role of axonal ion channels in multiple sclerosis?"

#### **NEW EPISODE**



# Making public and patient involvement in clinical trials more than aspirational (see the June 2020 issue of Neurology® Clinical Practice)

- 1. Making public and patient involvement in clinical trials more than aspirational
- 2. What's Trending: Movement disorder emergencies, part 2

In the first segment, Dr. Stacey Clardy and Dr. Holly Hinson discuss Dr. Hinson's *Neurology: Clinical Practice* editorial on public and patient involvement in clinical trials. In the second part of the podcast, Dr. Jeffrey Ratliff and Dr. Jason Crowell continue their discussion on movement disorder emergencies.

Disclosures can be found at Neurology.org.

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



### Spotlight on the July 21 issue

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