

José G. Merino, MD, MPhil, Editor-in-Chief, *Neurology*[®]

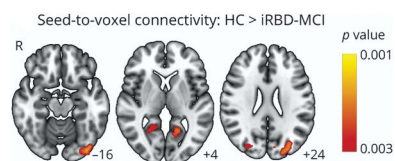


Notable in *Neurology* This Week

This issue features an article that examines the association of race and ethnicity with stroke mortality among patients with different stroke types; another investigates the association of particulate matter and stroke fatality. A featured Contemporary Issues in Practice, Education, & Research highlights health disparities experienced by African American patients with multiple sclerosis.

Research Articles

Brain Metabolism Related to Mild Cognitive Impairment and Phenoconversion in Patients With Isolated REM Sleep Behavior Disorder



The authors of this prospective longitudinal study investigated the brain functional change in relation to the presence of mild cognitive impairment in patients with isolated REM sleep behavior disorder. The occipital and precuneus hypometabolism corresponded to patients' cognitive impairment and higher phenoconversion to Lewy body disease.

[Page 1006](#)

Investigating Heterogeneity and Neuroanatomic Correlates of Longitudinal Clinical Decline in Atypical Alzheimer Disease

This longitudinal study demonstrated different patterns of clinical decline in patients with logopenic aphasia and posterior cortical atrophy variants of Alzheimer disease (AD). It also highlights heterogeneity related to regional neurodegeneration. Trajectories of clinical decline were heterogeneous in AD and related to different patterns of topographic spread.

[Page 1008](#)

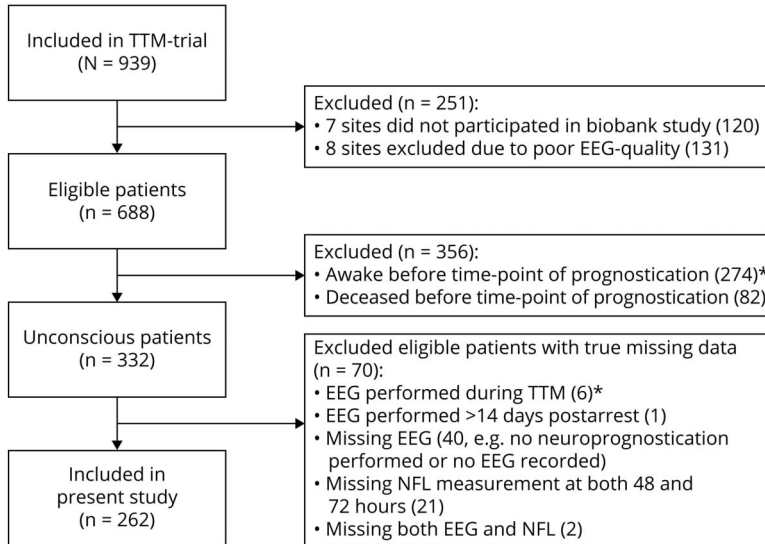
Visit-to-Visit Blood Pressure Variability and CSF Alzheimer Disease Biomarkers in Cognitively Unimpaired and Mildly Impaired Older Adults

Blood pressure variability is an emerging risk factor for dementia, independent of average levels. In this study, elevated blood pressure variability was associated with CSF β -amyloid and tau biomarker changes consistent with advancing Alzheimer disease, especially in *APOE4* carriers. These findings suggest that blood pressure variability may correlate to Alzheimer disease biomarker changes.

[Page 1009](#)

Continued

Association Between EEG Patterns and Serum Neurofilament Light After Cardiac Arrest: A Post Hoc Analysis of the TTM Trial



Researchers highlight the direct association between EEG and brain injury after cardiac arrest. Highly malignant EEG patterns were associated with increasing neurofilament light levels (NFL) in blood. EEG background was more strongly associated with NFL than discharges. EEG patterns reflected brain injury severity in comatose patients >36 hours after cardiac arrest.

Page 1013

NB: “Cerebral Amyloid Angiopathy–Related Inflammation in Down Syndrome–Related Alzheimer Disease,” p. 1021. To check out other NeuroImages, point your browser to [Neurology.org](https://www.neurology.org). At the end of the issue, check out the Resident & Fellow Section Teaching Video NeuroImage discussing an unusual hobby horse gait in a patient with Huntington disease–like 2. This week also includes a Resident & Fellow Section Clinical Reasoning article titled “Pediatric Seizures of Unknown Cause.”

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Spotlight on the June 14 Issue

José G. Merino

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