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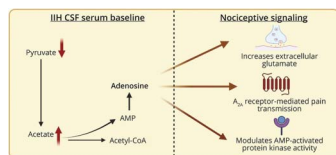


Notable in *Neurology* This Week

This issue features an article that investigates the association of cardiovascular risk profiles and migraine activity status; another identifies the stroke prevention guidelines for survivors of childhood cancer involving the CNS. A featured research article examines the association of sociodemographic, health system, and lifestyle factors with multiple sclerosis prevalence.

Research Articles

Nuclear Magnetic Resonance Spectroscopy Metabolomics in Idiopathic Intracranial Hypertension to Identify Markers of Disease and Headache



This case-control study evaluated CSF, serum, and urine samples of women with idiopathic intracranial hypertension and measured changes in their metabolism. Metabolic disturbances suggested global metabolic dysregulation. Altered ketone body metabolites normalized after weight loss therapy.

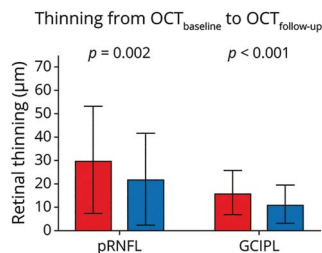
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Quality of Life Outcomes Over Time in Patients With Unruptured Intracranial Aneurysms With and Without Preventive Occlusion: A Prospective Cohort Study

Quality of life (QoL) may be different in patients with unruptured intracranial aneurysms with and without preventive aneurysm occlusion. QoL improves gradually after preventive occlusion and directly after counseling in case of no occlusion. A passive coping style is an important predictor of poor QoL outcomes.

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Retinal Layer Thinning After Optic Neuritis Is Associated With Future Relapse Remission in Relapsing Multiple Sclerosis



Relapse remission is an important contributor to disability accumulation in patients with relapsing multiple sclerosis (MS). MS-associated optic neuritis causes thinning of retinal layers, reflecting the degree of neuroaxonal damage, which can be measured in vivo by optical coherence tomography. This study shows that retinal layer thinning after optic neuritis is associated with future relapse remission.

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Continued

Refractory Status Epilepticus: Risk Factors and Analysis of Intubation in the Multicenter SENSE Registry

This multicenter cohort study investigated refractory status epilepticus (RSE) care management as well as development and outcomes. Researchers analyzed demographics, severity, etiology, and guideline-compliant treatment. Good outcomes correlated with lower severity, lack of acute etiology, sufficient first-line benzodiazepine dose, shorter hospitalization, and no intubation. Most patients were not intubated, suggesting that RSE may be treated outside ICUs.

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NB: "Proprioceptive Stimuli as a New Type of Trigger for Epilepsy in Stiff Person Syndrome," p. 711. To check out other Video NeuroImages, point your browser to [Neurology.org/N](https://www.neurology.org/N). At the end of the issue, check out the Resident & Fellow Section Right Brain article reflecting on realistic but empathetic discussions about dementia with patients and families. This week also includes a Clinical/Scientific Note titled "Propagation of Diffusion-Weighted MRI Abnormalities in the Preclinical Stage of Sporadic Creutzfeldt-Jakob Disease."

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Spotlight on the October 18 Issue

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