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Notable in Neurology This Week

This issue features an article that investigates whether prehospital telestroke assessment effectively informs diversion decisions; another assesses the relationship between influenza vaccination and risk of ischemic stroke. A featured Review examines the role of calcitonin gene-related peptide in the associations between migraine and gastrointestinal disorders.

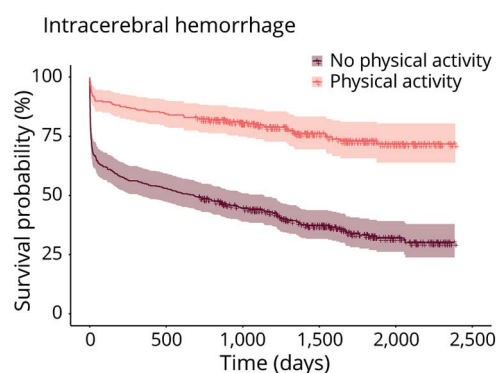
Research Articles

β -Amyloid, Tau, Neurodegeneration Classification, and Eligibility for Anti-amyloid Treatment in a Memory Clinic Population

Estimating patient eligibility for disease-modifying Alzheimer treatments is important in real-world settings where such treatments are likely to be implemented. This Swedish study showed that most patients at a specialized memory clinic had normal β -amyloid ($A\beta$) and were ineligible for anti- $A\beta$ treatment. Disease-modifying treatments with various biological targets are needed.

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Associations of Prestroke Physical Activity With Stroke Severity and Mortality After Intracerebral Hemorrhage Compared With Ischemic Stroke



In this study of prestroke physical activity and outcomes after intracerebral hemorrhage, physical activity ≥ 4 hours/wk the year before a stroke was associated with reduced admission severity and all-cause mortality in a cohort of 763 patients with intracerebral hemorrhage and 4,425 with ischemic stroke. The findings suggest that prestroke physical activity may improve stroke outcomes independent of stroke type.

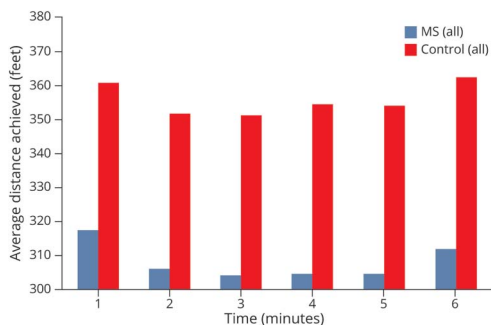
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Number at risk:

—	475	252	189	109	36	0
—	288	243	189	105	43	0

Continued

Six-Minute Walk as a Measure of Walking Capacity and Endurance in Patients With Pediatric-Onset Multiple Sclerosis



Using the timed 6-minute walk and continuous accelerometry, this study identified impairments in walking capacity, endurance, and moderate-to-vigorous physical activity levels in youth with pediatric-onset multiple sclerosis (POMS). Despite the absence of marked neurologic disability, youth with POMS exhibit reduced walking capacity and endurance, which may significantly limit their participation in daily physical activities.

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Prioritizing Hormone Therapy Over Vigabatrin as the First Treatment for Infantile Spasms: A Quality Improvement Initiative

Improved infantile spasms remission rates can be achieved with quality improvement (QI) methodology. This QI project that included prioritization of hormone therapy over vigabatrin as first treatment resulted in higher rates of 3-month remission (rising from 53.8% to 75.9%). Similar QI initiatives at other centers may improve local remission rates.

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NB: “Neurofilament Light Chain Levels in Anti-NMDAR Encephalitis and Primary Psychiatric Psychosis,” p. 854. To check out other Resident & Fellow Section Journal Club articles, point your browser to [Neurology.org/N](https://www.neurology.org/N) and click on the link to the Resident & Fellow Section. At the end of the issue, check out the Resident & Fellow Section Pearls & Oysters article discussing acute neurologic dysfunction associated with tumefactive demyelinating lesions in a patient with juvenile metachromatic leukodystrophy. This week also includes a Resident & Fellow Section Teaching Video NeuroImage titled “Slow Axial Myoclonus in Subacute Sclerosing Panencephalitis.”

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Spotlight on the November 8 Issue

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Neurology 2022;99;821-822

DOI 10.1212/WNL.0000000000201326

This information is current as of November 7, 2022

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