# In Focus

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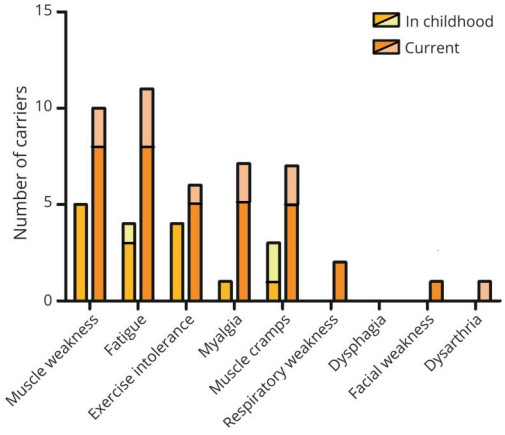
## Notable in *Neurology* This Week

This issue features an article that compares cognitive functioning and brain structures in professional fighters who retired to that of fighters who remained active; another investigates whether low-grade inflammation in midlife is associated with a cognitive decline later in life. A featured research article examines the rate of neurologic complications in patients with COVID-19–associated acute respiratory distress syndrome.

## Research Articles

### Neuromuscular Features in XL-MTM Carriers: A Cross-sectional Study in an Unselected Cohort




This cross-sectional study collected data on female X-linked myotubular myopathy carriers, using a questionnaire and neurologic examination. Eleven of the 21 carriers were classified as manifesting muscle weakness, which was most pronounced in proximal and limb girdle muscles. The carriers also reported facial weakness, reduced deep tendon reflexes, scoliosis, and ptosis.

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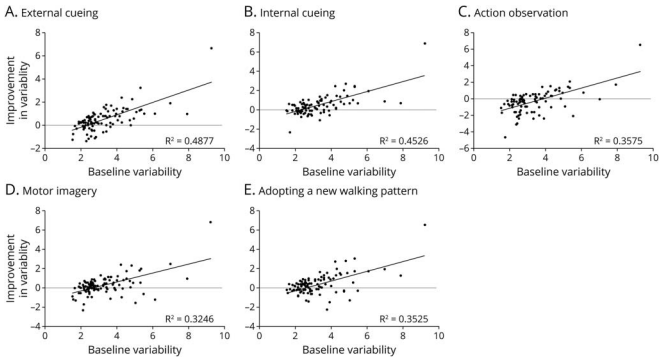
### Evaluation of Compensation Strategies for Gait Impairment in Patients With Parkinson Disease




Compensation strategies are essential in the management of gait impairments in Parkinson disease. A laboratory-based study of 101 patients revealed that the efficacy of strategies varies greatly among individuals. The findings support the use of compensation strategies in rehabilitation but highlight the importance of a personalized approach.

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## Combined Effects of Synaptic and Axonal Integrity on Longitudinal Gray Matter Atrophy in Cognitively Unimpaired Adults

In a cohort of cognitively unimpaired adults, concurrent examination of CSF axonal and synaptic markers improved the prediction of a structural decline in Alzheimer disease–vulnerable brain regions. Synaptic preservation may buffer the adverse effects of neuropathology on the brain structure and function, thereby highlighting synaptic functioning as a potential target for brain resilience interventions.

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## Effect of Cholinesterase Inhibitors on Mortality in Patients With Dementia: A Systematic Review of Randomized and Nonrandomized Trials

Cholinesterase inhibitors (ChEIs) might have effects beyond cognitive symptoms. In this meta-analysis of 24 controlled studies, all-cause mortality in patients with dementia was consistently lower in those treated with ChEIs (adjusted hazard ratio 0.77), including in several subgroups. These findings may guide the decision to prescribe ChEIs for patients with dementia.

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*NB: "Extracranial Etiology of Acute Onset Ataxia and Weakness: Small but Deadly," p. 898. To check out other NeuroImages point your browser to Neurology.org/N. At the end of the issue, check out the Resident & Fellow Section Opinion & Special Article discussing the classification of glioma and how to interpret a glioma pathology report. This week also includes a Resident & Fellow Section Teaching NeuroImage titled "Optic Pathway Involvement in Maple Syrup Urine Disease."*

# Spotlight on the November 15 Issue

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