

Editors' Note: Drs. Shubhakaran and Khichar offer their insights into dementia in India in response to "Dementia in China: Current status." Authors Wang et al. respond. In reference to "Electronic media in neurology education: Progress, promise, and pitfalls," Dr. Walsh broadens the discussion on e-learning resources. Dr. Finelli discusses the role of information technology in diagnosis.

—Megan Alcauskas, MD, and Robert C. Griggs, MD

DEMENTIA IN CHINA: CURRENT STATUS

Khichar Purnaram Shubhakaran, Rekha Jakhar Khichar, Jodhpur, India: We read the article by

Liu et al.¹ with interest. As the aging population grows, good geriatric medical services all over the world are needed. Developed countries are close to fulfilling these requirements, but problems exist in developing and third world countries like India, where adequate infrastructure and data are lacking. There are regional differences in dementia prevalence (0.8%–4.1%), which could be due to ethnic diversity, education level, diet, social customs/rituals, and medical infrastructure.² The incidence of degenerative dementia in India is far less compared to the West, but stroke, infection, malnutrition, and alcohol contribute to most dementia.³ The use of curcumin—widely used in India—is considered protective for dementia,² yet patients need more than is offered. There are provisions for free medicine and some imaging in many parts of India, but more complex investigation is costly, which adds to the existing problem. Medicines like donepezil, memantine, and rivastigmine also come at a price. The free drug distribution protocol needs to be upgraded.

Author Response: Lu-ning Wang, Jia Liu, Ji-ping Tan, Beijing, China: We thank Drs. Shubhakaran and Khichar for their comments related to dementia in India. China and India together account for 2 out of every 5 people in the world. With the population aging, geriatric neurologic diseases such as dementia and parkinsonism are becoming an enormous challenge for the national public health system. The rate of neurodegenerative dementia in China has been compared to the West by several nationwide epidemiologic investigations, with higher prevalence in rural areas compared to urban areas.

With potential neuroprotective effects, curcumin is also a complementary treatment for dementia in China. However, data confirming the effectiveness of this type of treatment are lacking. Meanwhile, traditional Chinese herbs such as ginkgo biloba and serrate clubmoss are also widely used as complementary treatments. The use of herbal therapy for dementia can be traced back thousands of years to ancient China,⁴ but large-scale, well-designed clinical trials are required to confirm their efficacy.

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1. Liu J, Wang L, Tan J. Dementia in China: current status. *Neurology* 2013;81:1077–1078.
2. Das SK, Pal S, Ghosal MK. Dementia: Indian perspective. *Neurol India* 2012;60:615–624.
3. Jha S, Patel R. Some observations on the spectrum of dementia. *Neurol India* 2004;52:312–314.
4. Liu J, Wang LN, Tian JZ. Recognition of dementia in ancient China. *Neurobiol Aging* 2012;33:2948.e11–2948.e13.

OPINION & SPECIAL ARTICLES: ELECTRONIC MEDIA IN NEUROLOGY EDUCATION: PROGRESS, PROMISE, AND PITFALLS

Kieran Walsh, London: Lakhan et al.¹ should be praised for their account of the role of electronic media in neurology education. They balanced the progress with the pitfalls, which is always both welcome and wise. However, the article does not quite do justice to the myriad types of e-learning resources that are available, the roles that they can play, and the speed of change in this area. In the past, it may have been possible to do a systematic review of the effectiveness of e-learning resources, yet this is no longer possible as an interactive multimedia resource will have a different impact vs a text-based resource. In the past, it may have been possible to say that e-learning can help with applied knowledge or problem-solving skills but will not help communication or procedural skills. However, the advent of Skype enabling synchronous communication and role play or an iPad's accelerometer that can tell learners to press harder or faster when practicing cardiopulmonary resuscitation are rapidly dispelling received truths about e-learning.

These truths have been short-lived and the pace of change continues afoot. We will have to run fast to keep up.

Pasquale F. Finelli, Hartford, CT: Lakhan et al.¹ summarized the status of information technology in neurologic education. It is also worth noting that current information systems have limited diagnostic capability as they primarily return journal citations or clinical summary titles. The concept of a “diagnostic search” is not well appreciated. Information systems designed to yield diagnostic considerations can offer a much-needed dimension in the assessment of neurologic disease. These systems feature “smart algorithms” in which the main function is diagnostic. NeurologicDx.com utilizes an advanced algorithm that generates a differential diagnostic checklist from key terms entered.² The concept of a checklist has been used for decades in industry but only recently has its effectiveness been demonstrated in medicine.^{3,4} Educating neurologists in the strategies and benefits of systems that provide a

differential checklist can advance the role of technology to more than an informational resource. Programs designed with a focus on diagnostic capability should be the goal of the next generation of technological development.

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1. Lakhan SE, Tepper D, Snarski RD, Mays M. Opinion & Special Articles: electronic media in neurology education: progress, promise, and pitfalls. *Neurology* 2013;81:e47–e50.
2. NeurologicDx. Available at: www.NeurologicDx.com. Accessed August 25, 2013.
3. Gawande A. *The Checklist Manifesto: How To Get Things Right*. New York: Henry Holt; 2009.
4. Arriaga AF, Bader AM, Wong JM, et al. Simulation-based trial of surgical-crisis checklists. *N Engl J Med* 2013;368:246–253.

NOTICE OF DUPLICATE PUBLICATION

The Editors of *Neurology*[®] issue a notice of dual publication of a single case written by 2 different author groups.

Al-Thubaiti I, Al-Hayek K, Binfalah M. Anti-Ma-associated encephalitis due to dysgerminoma in a woman with Swyer syndrome. *Neurology* 2013;80:1439-1440. Published online ahead of print March 13, 2013.

Abdulkader MM, Yousef MM, Abdelhadi MK, Amr SS, Alabsi ES, Al-Abbadi MA. Microscopic dysgerminoma associated with anti-Ma2 paraneoplastic encephalitis in a patient with gonadal dysgenesis. *Int J Gynecol Pathol* 2013;32:277-282.

The first article was published in *Neurology* on March 13, 2013, and the second was published in the *International Journal of Gynecological Pathology* in the May 2013 issue. The 2 articles were based on the same patient case. The case was first published in *Neurology* by an author group in the neurology department of King Fahad Specialist Hospital-Dammam and then subsequently published in the second journal by an author group in the pathology department of the same hospital. Neither group was aware that the other group submitted a report on the same case. After the first author group discovered that the second report had been published, they notified the director of the research center at the institution, who reported the unintentional dual publication to the journals.

Author disclosures are available upon request (journal@neurology.org).

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Opinion & Special Articles: Electronic media in neurology education: Progress, promise, and pitfalls

Kieran Walsh and Pasquale F. Finelli

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