

→ Abstracts

Articles appearing in the June 2018 issue

**Clinical factors associated with Guillain-Barré syndrome following surgery**

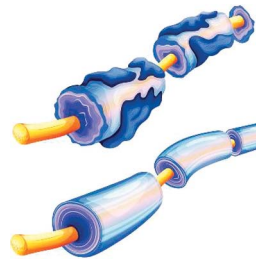
**Background** We sought to identify clinical associations and potential triggers of Guillain-Barré syndrome (GBS) within 6 weeks of surgery.

**Methods** We retrospectively reviewed consecutive patients diagnosed with GBS within 6 weeks of a surgery between January 1995 and June 2014 at Mayo Clinic. Postsurgical GBS was defined as symptom onset within 6 weeks of surgery. Patients with postsurgical GBS were compared with patients who did not have a surgery prior to GBS onset to determine differences between groups.

**Results** A total of 208 patients with GBS, median age 55 years (interquartile range [IQR] 41–68), were included. Nineteen patients (9.1%) developed postsurgical GBS. Median duration from the surgery to onset of first GBS symptom was 15 days (IQR 9–37). The main types of surgeries preceding GBS were gastrointestinal, orthopedic, and cardiac. General anesthesia was used in 18 (95%) and conscious sedation in 1 (5%) patient. Among the 19 patients with postsurgical GBS, 11 (57.9%) had a known diagnosis of malignancy. Autoimmune conditions were present in 5 (26.3%) patients. Postoperative infection was found in 4 (21%) patients. On univariate analysis, the factors that showed an association with postsurgical GBS were age ( $p = 0.02$ ), malignancy ( $p \leq 0.0004$ ), active malignancy ( $p = 0.03$ ), preexisting autoimmune disorder ( $p = 0.02$ ), and infection ( $p = 0.0001$ ). On multivariate analysis, only active malignancy (0.03) remained associated.

**Conclusions** Surgery antedated GBS in 9.1% of patients. Postsurgical GBS was more common in patients with an active malignancy. A prospective study is needed to determine whether active malignancy represents an independent risk factor for the development of postsurgical GBS.

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**Exercise for cognitive brain health in aging: A systematic review for an evaluation of dose**

**Purpose of review** We systematically appraised randomized controlled trials proposing exercise to influence cognition in older adults to (1) assess the methodologic quality using Cochrane criteria; (2) describe various exercise dose measures and assess their relationship with improved cognitive performance; and (3) identify consistent patterns of reported effects on cognition.

**Recent findings** There was overall good methodologic quality in all 98 included studies. The assessment of the relationship between improved cognition and various measures of exercise dose (session duration, weekly minutes, frequency, total weeks, and total hours) revealed a significant correlation with total hours. Improvements in global cognition, processing speed/attention, and executive function were most stable and consistent.

**Summary** We found that exercising for at least 52 hours is associated with improved cognitive performance in older adults with and without cognitive impairment. Exercise modes supported by evidence are aerobic, resistance (strength) training, mind–body exercises, or combinations of these interventions.

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**Practice Current**

We invited neurologists, resident and fellow trainees, and advanced practice providers to respond to our survey on the topic “When do you stop AEDs in patients with genetic generalized epilepsies and in those with focal epilepsies?” and received 436 responses from over 60 countries! Explore this topic and others on our redesigned website: compare your practice with peers and see survey results displayed on an interactive world map.

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