

➔ Abstracts

Articles appearing in the August 2018 issue

Safety and efficacy of plasma exchange in pediatric transverse myelitis

Background We sought to review safety and efficacy of therapeutic plasma exchange (TPE) in a cohort of pediatric patients with transverse myelitis.

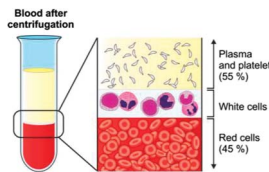
Methods Billing data of all plasma exchanges performed at our tertiary care pediatric hospital between August 2010 and August 2016 were compared to electronic medical records to find all patients whose indication for apheresis was transverse myelitis. Patient outcomes were quantified on the modified Rankin Scale.

Results Fifteen of 19 patients (79%) had major improvement in symptoms after a course of 4–7 therapeutic plasma exchanges. The majority required further inpatient (6%, 32%) or outpatient (8%, 42%) physical therapy. Four (21%) patients returned to baseline and over 75% regained their ability to ambulate as of last follow-up. Four adverse events were noted over 114 treatments.

Conclusions TPE can be a useful treatment for pediatric transverse myelitis. The retrospective nature of this study without a comparator group limits conclusions about efficacy. However, controlled trials would help to validate our results.

Classification of evidence This study provides Class IV evidence that plasma exchange is safe and effective in pediatric transverse myelitis.

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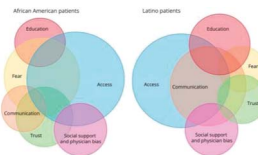
FACETS of health disparities in epilepsy surgery and gaps that need to be addressed

Purpose of review Disparities in treatment and outcomes of patients with epilepsy have been identified in several distinct patient populations. The purpose of this review is to organize the literature and establish clear pathways as to why certain patient populations are not receiving epilepsy surgery. By establishing the acronym FACETS (fear of treatment, access to care, communication barriers, education, trust between patient and physician, and social support), we set up a pathway to further study this area in an organized fashion, hopefully leading to objective solutions.

Recent findings Studies revealed that African American, Hispanic, and non-English-speaking patients underwent surgical treatment for epilepsy at rates significantly lower compared to white patients.

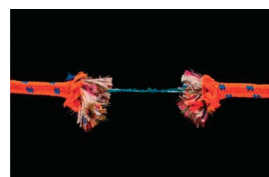
Summary This article explains possible reasons outlined by FACETS for the health disparities in epilepsy surgery that exist in patients of a certain race, socioeconomic status, and language proficiency.

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The burnout patient

Physician and patient experiences of health care delivery are inextricably intertwined. Accelerating physician burnout has reached epidemic proportions in the United States. In parallel, health care has become a different experience for our patients. As a practicing neurologist over the last 40 years, I have observed changes in the expectations of colleagues and patients, whose feelings and concerns continually educate me. While I am not alone in advocating for intervention in current health care delivery methodology, not all are convinced. In discussing the repercussion of the “burnout patient,” I seek to amplify the groundswell for change.



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➔ Editorial

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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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