## In Focus

Robert A. Gross, MD, PhD, FAAN, Editor-in-Chief, Neurology®



## Notable in *Neurology* this week

This issue features an article that identifies an association between tau accumulation and changes in white matter integrity in patients with Alzheimer disease; another assesses the amended diagnostic criteria for Creutzfeldt-Jakob disease surveillance. A featured Historical Neurology article profiles the woman behind Louis-Bar syndrome.

## **Articles**

# Subjective cognitive decline and risk of MCI: The Mayo Clinic Study of Aging

Knowing which aspects of subjective cognitive decline are associated with incident mild cognitive impairment allows clinicians to accordingly tailor care, and could help select participants for therapeutic trials. In this study, an at-risk group was identified within cognitively unimpaired participants based on the endorsement of any consistent complaints and associated worry. Page 159

From editorialists Jessen & Rodriguez (née Then): "This study adds to an increasing literature validating subjective cognitive decline (SCD) as a risk condition for mild cognitive impairment (MCI). The important contribution is the differentiation of types of SCD with regard to frequency in the population and associated risk of declining to MCI."

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## Spinal cord volume loss: A marker of disease progression in multiple sclerosis

Long-term data from a large cohort study of patients with relapse-onset multiple sclerosis showed spinal cord volume as a strong predictor of physical disability and progression, while being superior to brain imaging markers. This indicates spinal cord volume as a suitable disease surrogate in clinical routine and future clinical trials.

Page 164

From editorialists Prados & Barkhof: "In an era where the imaging target has shifted from inflammation to neurodegeneration, there is an urgent need for more data on [spinal cord] atrophy." Page 157

## Noninvasive vagus nerve stimulation as acute therapy for migraine: The randomized PRESTO study

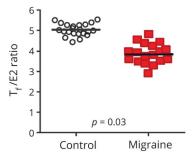
Noninvasive vagus nerve stimulation (nVNS) represents a novel acute treatment for migraine. In a randomized control trial, nVNS substantially increased the probability of relieving or aborting a migraine within 2 hours. nVNS represents a practical approach to migraine treatment—it can safely allow the decrease, or complement use, of existing medications. Page 166, Comment page 167

#### **MORE ONLINE**

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## In Focus

## Female sex hormones in men with migraine



Fluctuations of sex hormones in women with migraine are associated with major fluctuations in migraine attack frequency. The authors show that medication-free men with migraine have increased serum  $17\beta$ -estradiol levels and reduced testosterone activity compared to men without migraine. This study highlights the role of estradiol in migraine susceptibility.

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NB: "Gold thread acupuncture for hemifacial spasm," p. 185. To check out other NeuroImages, point your browser to Neurology.org/N. At the end of the issue, check out the Resident & Fellow Pearls & Oy-sters article presenting an exercise intolerance and respiratory failure manifestation of a curable myopathy. This week also includes a Reflections: Neurology and the Humanities prose piece titled "An unambiguous prognosis."

#### **NEW EPISODE**



July 24, 2018

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# Noninvasive vagus nerve stimulation as acute therapy for migraine: The randomized PRESTO study (see p. 166)

- Noninvasive vagus nerve stimulation as acute therapy for migraine: The randomized PRESTO study
- 2. AAN 2018 Hot Topics plenary: Dr. Michael Wilson discusses metagenomics for diagnosing CNS infections

This podcast begins and closes with Dr. Robert Gross, Editor-in-Chief, briefly discussing highlighted articles from the July 24, 2018, issue of *Neurology*. In the first segment, Dr. Teshamae Monteith talks with Dr. Cristina Tassorelli about her paper on vagus nerve stimulation for treating migraine. In the second part of the podcast, we are featuring a discussion with Dr. Stacey Clardy and Dr. Michael Wilson on next-generation sequencing for diagnosing meningitis and encephalitis. The interview was originally recorded at the AAN Annual Meeting in Los Angeles.

Disclosures can be found at Neurology.org.

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## Spotlight on the July 24 issue

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