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Issue highlights

Neurology: Clinical Practice February 2020 vol. 10 no. 1 1. doi:10.1212/CPJ.0000000000000806

In this issue of *Neurology® Clinical Practice* (NCP), several articles investigate diagnosis, treatment, and clinical care for patients with Parkinson disease (PD).

Aslam et al. (p. 23) evaluated the efficacy of inpatient interventions (electronic medical records alerts and in-service didactic training sessions for nurses and physicians) on hospital outcomes and/or complications for patients with PD. Frequency of contraindicated medications ordered, accuracy of medication timing, and the number of late doses all improved after the intervention.

Leyland et al. (p. 29) conducted visual cognitive and motor tests as well as retinal imaging on 146 people (112 with PD and 34 unaffected controls) and compared visual measures to a risk score for Parkinson dementia. The authors found that people with poorer scores on these visual tests, as well as those with more retinal thinning, were at higher risk of Parkinson dementia.

Davis et al. (p. 40) revealed that the 3 most promising mitochondrial serum biomarkers are not altered in patients with PD. The authors affirm that identification of suitable biomarkers to facilitate disease stratification in sporadic PD is crucial to develop a personalized medicine approach and postulate that tissue- or imaging-based disease stratification may be more promising.

Additional articles discuss diagnostic hurdles and economic analyses of challenging neurologic conditions. Feldman et al. (p. 84) described the diagnostic uncertainty between CNS lymphoma and vasculitis, Kiyani et al. (p. 47) discussed individual and societal health care costs and complications of painful diabetic neuropathy, and Anderson et al. (p. 15) determined that easily elicited neurologic signs used in everyday clinical practice could be used as a pragmatic tool to augment the assessment of neurocognitive status in HIV-associated neurocognitive disorder.

We welcome your feedback on this issue and invite suggestions for making NCP a valuable resource for you and your colleagues.

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Neurol Clin Pract 2020;10;1
DOI 10.1212/CPJ.0000000000000806

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