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## Issue Highlights

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Wardrope et al. (p. 96) reported on the feasibility of using an artificial intelligence tool to distinguish reliably between syncope, epilepsy, and psychogenic nonepileptic seizures in patients presenting with transient loss of consciousness. In an accompanying editorial, Cormac O'Donovan (p. 94) observes that “the likelihood of a one-size-fits-all diagnostic method is unlikely but should not deter the very important research in this field that needs to be performed.”

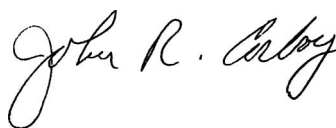
Ganesh et al. (p. 140) reported on the final results of a Practice Current survey with 1,333 respondents from 94 countries regarding case-based scenarios about a patient with suspected autoimmune encephalitis (AE). Neuroimmunologists and those treating more patients with AE generally took a more proactive approach to testing and immunotherapy than their peers. Findings highlighted the need for greater uniformity in our approach to ensure patients are appropriately managed by experts and nonexperts alike.

Richie and Josephson (p. 178) explore the factors that contribute to the development of the medical team conflict and detail the possible effects on providers and patients. Concrete management strategies to promote effective team performance and capitalize on the advantages of a multidisciplinary team are discussed. In an accompanying editorial, Adam B. Cohen (p. 92) broadens the discussion to address challenges of setting goals in a team dynamic.

Zhao et al. (p. 149) analyzed the most common chief complaints leading to neurologic consultation, along with variability of consultation, length of stay, and patient disposition. The authors conclude that headache, dizziness, and weakness are some of the greatest opportunities to standardize care to reduce emergency department length of stay and consultation workload.

Additional articles discuss ways to optimize resource utilization and improve patient outcomes. Johansen et al. (p. 115) investigated the interventions that might reduce readmissions for patients hospitalized for seizures. Interventions included increased attention to mood disorders during admission and careful discharge counseling regarding seizure management. Marco-Martín et al. (p. 170) compared the differences between actual allergic reactions to glatiramer acetate with those mimicking allergic reactions to enable practitioners to assess whether treatment must be withdrawn.

We welcome your feedback on this issue and invite suggestions for making *Neurology: Clinical Practice* a valuable resource for you and your colleagues.



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