

Bridging crossroads to improve patient outcomes



The practice of neurology has steadily progressed from heavy reliance on evidence-based guidelines to a close examination of personalized medicine. The traditional bedside examination has been augmented by improved imaging, availability of big data, and discovery of disease biomarkers. The many crossroads encountered in neurology practice are addressed in this issue of *Neurology® Clinical Practice*.

Collaborative and integrated research among subspecialists may increase our collective knowledge about pathogenic origins and pathophysiologic mechanisms of disorders. Erro et al. (p. 138) review epidemiologic and clinical features of psychogenic nonepileptic seizures and psychogenic movement disorders to examine whether a common framework for these disorders may exist. Mosti et al. (p. 129) offer a practical guide to evaluating sleep disturbance in concussion patients.

Comparative efficacy and outcome studies help neurologists and their patients make vital decisions about diagnostic and treatment options. Spelman et al. (p. 102) use long-term registries to compare first-line natalizumab vs interferon- β or glatiramer acetate in relapsing-remitting multiple sclerosis. In an accompanying editorial, Fox and Cutter (p. 97) discuss the limitations of answering tough questions with big data. Yaghi et al. (p. 157) examine triaging, disposition, and outcome in minor ischemic stroke.

Neurologists work closely with colleagues, patients, and insurance companies in clinical decision-making. Josephson (p. 183) discusses transitions of care, Armstrong et al. (p. 190) promote a successful model for patient engagement, and Bourdette et al. (p. 177) detail how US health care companies may hamper personalized medicine and shared decision-making. Fogel et al. (p. 164) discuss the involvement of neurologists with patients and insurance companies in the arena of clinical exome sequencing.

As always, we welcome your feedback on this issue and invite suggestions for improving *Neurology: Clinical Practice*!

A handwritten signature in black ink that reads "John R. Corboy". The signature is written in a cursive, flowing style.

John R. Corboy, MD, FAAN

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