Clinical guideposts for the practicing neurologist

Neurologists in practice are confronted by the worldwide epidemic of obesity as a comorbidity. Clark et al. (p. 45) assessed the safety and efficacy of fosphenytoin loading doses relative to body mass index (BMI) in patients with epilepsy and report inconclusive evidence that BMI influences pharmacokinetics or adverse effects. Pavwoski and Shelgikar (p. 77) offer practical considerations and outline current treatment strategies to manage obstructive sleep apnea in patients with neurologic disease.

In a cross-sectional study to evaluate smell identification as a biomarker for Alzheimer disease (AD), Woodward et al. (p. 5) found that this low-cost, easy-to-administer screening tool predicts conversion from amnesic mild cognitive impairment to AD. Seneviratne et al. (p. 35) investigated the value of EEG in predicting seizure freedom in genetic generalized epilepsies and conclude that EEG is a potentially useful biomarker of prognosis. Lin et al. (p. 53) sought to determine the clinical and radiologic features that differentiate tumefactive multiple sclerosis from glioma and CNS lymphoma in patients who present with tumefactive lesions.

Levodopa (LD) plus carbidopa (CD) remains the gold standard for treatment of patients with Parkinson disease. Espay et al. (p. 86) help clinicians optimize the conversion of extended-release CD/LD in an effort to improve patient outcomes by minimizing motor fluctuations and peak-dose dyskinesia. A review by Strupp et al. (p. 65) examines aminopyridines as a symptomatic treatment for a variety of neurologic disorders, including downbeat nystagmus and impaired gait in multiple sclerosis.

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 fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John R. Corboy, MD, FAAN

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