

John R. Corboy, MD, FAAN, Editor, *Neurology*[®] *Clinical Practice*

Issue highlights

Neurology: Clinical Practice April 2019 vol. 9 no. 2 89. doi:10.1212/CPJ.0000000000000613

Schievink et al. (p. 93) report that rebound high-pressure headache occurs in about one-fourth of those treated for spontaneous intracranial hypertension, and the rate is even higher in those with cerebral venous sinus stenosis.

Ranson et al. (p. 109) looked at 3 brief cognitive assessments (the Mini-Mental State Examination, the Memory Impairment Screen, and the Animal Naming Test) in 824 older adults using data from the population-based US Aging, Demographics and Memory Study. The authors report that misclassification of dementia by at least 1 of the 3 tests occurred in over 35% of the patients, largely because of test-specific biases, whereas only 1.7% were misclassified by all 3 tests.

Singh et al. (p. 118) describe the use of mirror therapy to treat phantom limb pain in 24 patients with leprosy, noting a significant decrease in symptoms compared with those treated with sham therapy.

Kuroda et al. (p. 129) looked at the role of diabetes mellitus in posterior circulation ischemic stroke and found that poor glycemic control significantly increased the risk of thrombotic infarction in the posterior circulation.

Lyerly et al. (p. 140) report 3 cases of individuals with stroke in whom variant CYP2C19 alleles led to decreased efficacy in platelet inhibition. This study demonstrates the potential utility of pharmacogenetic testing in clopidogrel hypo-responders.

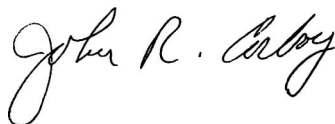
In a persuasive commentary, Jerome Chin (p. 152) calls for further research into the diagnosis and treatment of tuberculous meningitis, the most lethal manifestation of what is now the world's leading infectious cause of death.

Armstrong and Shulman (p. 155) highlight recent literature on gender differences in the neurology workforce, focusing on the definition of the imposter phenomenon (a pattern of chronic feelings of inadequacy and self-doubt associated with a fear of being discovered as a "fraud") and the role this phenomenon may play in gender disparities in academic medicine.

In a commentary regarding shared decision making in patients with mild cognitive impairment, Mejia et al. (p. 160) call for further research to identify additional strategies for decision support in individuals affected by cognitive impairment.

Finally, in a provocative pro-con format, Perez, Haller and Espay (p. 165) debate the role of neurologists in the assessment and management of functional neurologic disorders.

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



John R. Corboy, MD, FAAN



MORE ONLINE

[Editor's Summary](https://www.neurology.org/CPJ.0000000000000613)
[NPub.org/NCP/edsum](https://www.neurology.org/CPJ.0000000000000613)

Neurology® Clinical Practice

Issue highlights

John R. Corboy

Neurol Clin Pract 2019;9;89

DOI 10.1212/CPJ.0000000000000613

This information is current as of April 8, 2019

Updated Information & Services	including high resolution figures, can be found at: http://cp.neurology.org/content/9/2/89.full.html
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://cp.neurology.org/misc/about.xhtml#permissions
Reprints	Information about ordering reprints can be found online: http://cp.neurology.org/misc/addir.xhtml#reprintsus

Neurol Clin Pract is an official journal of the American Academy of Neurology. Published continuously since 2011, it is now a bimonthly with 6 issues per year. Copyright © 2019 American Academy of Neurology. All rights reserved. Print ISSN: 2163-0402. Online ISSN: 2163-0933.

