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Issue highlights

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In an authoritative review, Jonathan Newmark (p. 337), one of the nation's experts on nerve warfare agents and the only neurologist in the chemical/biological defense program, provides an update on the latest therapies for acute nerve agent poisoning. This timely report will be of interest to first responders and the public at large and has public policy implications given recent events.

Dayal et al. (p. 314) performed a retrospective analysis of patients who attended both in-person and telemedicine clinic visits to evaluate the utility of a pediatric neurology telemedicine clinic. The authors determined that the use of telemedicine for outpatient pediatric neurology visits demonstrated high odds of completion and may serve as a viable adjunct to in-person clinic visits.

Chen et al. (p. 304) performed a retrospective review to investigate timing patterns of symptomatic intracerebral hemorrhage after recombinant tissue-type plasminogen activator (rt-TPA) in an acute stroke population. The authors findings support the current American Academy of Neurology and American Heart Association guidelines for at least 24-hour monitoring of post-rt-TPA patients in specialized intensive care unit or stroke settings.

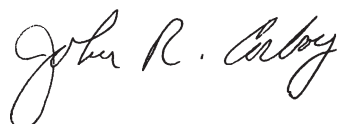
Mehvari Habibabadi et al. (p. 286) and an accompanying comment by Gretchen Birbeck discuss the first comprehensive epilepsy program in Iran. The authors conducted a prospective longitudinal study of patients with intractable focal epilepsy with MRI lesions who underwent epilepsy surgery. The program provided epilepsy surgery to 214 patients over 10 years with over 80% achieving seizure freedom.

Asranna et al. (p. 297) describe trends in surgical referral for drug-resistant epilepsy in India. The authors report findings identical to those in industrialized countries, i.e., that delay between onset of epilepsy and surgery is approximately 18 years on average and did not change between 2000 and 2014. In an accompanying editorial, Benbadis and Engel (p. 284) conclude that "approaches to ensure that all patients with drug resistant epilepsy have the opportunity for a timely consultation at a full-service epilepsy center should begin with a concerted effort to define the pervasive obstacles to appropriate referral."

Weiss and Pontone (p. 354) offer practical insights into the expertise needed to assess the complex behavioral features that often accompany Parkinson disease (PD), such as dementia, apathy, anxiety, and depression. The authors remind us that comorbid nonmotor, behavioral, and cognitive problems in patients with PD may have an equal or greater effect on prognosis and quality of life than motor dysfunction.

Schoser et al. on behalf of the Myotonic Dystrophy Foundation (p. 343) provide consensus-based care recommendations and a Quick Reference Guide to serve as a tool for clinicians to facilitate quality, standardized patient care for those living with myotonic dystrophy type 2.

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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