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Issue highlights

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Using the North American Research Committee on Multiple Sclerosis registry database, Marrie et al. (p. 381) examined the contribution of comorbid functional gastrointestinal disorders to health-related quality of life (HRQOL) in patients with multiple sclerosis. The authors found that 42% of participants self-reported a functional gastrointestinal disorder, most often irritable bowel syndrome. Depression and anxiety were also associated with a higher prevalence of these disorders. After adjusting for sociodemographic and clinical characteristics, functional gastrointestinal disorders were associated with lower physical and mental HRQOL.

Van den Hof et al. (p. 433) systematically reviewed neuroimaging studies investigating brain structure and function differences between perinatally HIV-infected patients using long-term combination antiretroviral therapy and matched controls. In an accompanying editorial, Bearden and Gheuens (p. 371) observe that “[a]lthough heterogeneity between studies limited the authors from performing a formal meta-analysis, the evidence from this review suggests that children with HIV are at risk of developing both grey matter and white matter injury.”

Zingariello et al. (p. 424) describe their real-life protocol development and implementation for nusinersen treatment delivery in patients with spinal muscular atrophy in a major children’s hospital. The authors demonstrate how a comprehensive perioperative program using a multidisciplinary approach can optimize the screening process and dosing experience for nusinersen therapy and allocate resources both ethically and efficiently.

Sablot et al. (p. 417) assessed whether a quality improvement process to streamline transfer from a primary stroke center to a comprehensive stroke center could reduce delay of reperfusion. In an accompanying editorial, Hussein and Ng (p. 368) conclude that improvement of door-in-door-out time “should be viewed as an important reminder that improving the fundamental steps of hyperacute stroke management (i.e., efficient patient assessment, imaging, and treatment decision-making) has far-reaching benefits in the subsequent care of the patient.”

To address timely transfer of patients’ eligibility for thrombectomy, Zachrison et al. (p. 373) evaluate change in stroke severity among patients transferred to a regional referral center from 2010 to 2015. The authors found that the majority of patient NIHSS scores changed by fewer than 4 points during transfer and that score changes during transfer usually did not alter patient eligibility. Among patients potentially eligible for thrombectomy, only 15% of scores fell below the guideline-recommended threshold of 6 during transfer.

Johnson et al. on behalf of the Myotonic Dystrophy Foundation (p. 443) 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 1.

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

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