

PRACTICAL PEARLS

Despite promising advancements reported both in the medical literature and in the lay press, widespread clinical use of PET for diagnosis of AD may still be several years off. One obstacle to clinical use is the challenge of demonstrating the efficacy of imaging. FDA requires that developers correlate PET evidence of amyloid burden with post-mortem staining of subjects "to show that the image correlates with the hallmarks of the disease." p. 48

Would a publisher accept a completely nonsensical manuscript if the authors were willing to pay Open Access publication charges? In a word: yes...To top off the are-you-kidding-me exploits, the fictional authors were said to hail from the The Center for Research in Applied Phrenology based in Ithaca, New York. Quite literally, Davis was trying to submit something from CRAP. p. 9

We know more about what modafanil and armodafanil do not do in terms of MOA," Dr. St. Louis says. Neither are known to directly modulate the usual neurochemical systems involved in sleep-wake regularly networks (i.e., norepinephrine, serotonin, dopamine, GABA, melatonin) although both drugs inhibit dopamine reuptake and bind to the dopamine transporter, and a recent paper suggests that modafanil raises brain dopamine, especially in basal ganglia structures. p. 45

Two of the most reliable and sensitive olfactory tests are the University of Pennsylvania Smell Identification Test (UPSIT) and the Brief Smell Identification Test (B-SIT). These tests are very easy to administer and are inexpensive to purchase. The B-SIT costs \$14.95 each and the UPSIT is \$28.95 each. The scoring manual and scoring cards are purchased separately, but only need to be purchased one time. p. 34

Cognitive difficulties in FXTAS include executive dysfunction, poor verbal fluency, and slowed processing speed. There is a direct correlation between repeat size and cognitive deficits. The cognitive changes usually progress at a variable rate, and a frontal subcortical dementia develops in at least 50 percent of individuals with FXTAS. In addition, psychiatric signs are common in [Fragile X-associated Tremor/Ataxia Syndrome]. p. 25

Lacosamide has been studied for many years. Initial trials and pharmacokinetic and pharmacodynamic studies have shown that lacosamide follows linear kinetics. It has a half-life of 13 hours, and therefore reaches steady-state in 65 hours, or approximately three days. It has a bioavailability of 100 percent, and food does not affect the way that it is absorbed. The drug is either demethylated or is excreted unchanged (40 percent) by the kidneys. It has a low protein binding of 15 percent. There are few if any drug-to-drug interactions. p. 46

The mechanism by which hyperuricemia is related to atherosclerotic disease is unclear. One hypothesis is that hyperuricemia increases stroke risk through its association with stroke risk factors. Hyperuricemia may perpetuate hypertension by causing renal injury which disrupts the rennin-angiotensin system. It is also linked to insulin resistance/metabolic syndrome, and low HDL cholesterol levels. p. 21

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