



Levodopa reduces the symptoms of Parkinson's disease, but might it hasten neurodegeneration? A randomized placebo controlled trial evaluated 361 patients with early Parkinson's disease who received varying amounts of carbidopa-levodopa or a matching placebo for 40 weeks after which treatment was withdrawn for 2 weeks. The severity of parkinsonism increased more in the placebo group than in those receiving levodopa. Interestingly, neuroimaging studies done to assess striatal dopamine transporter density suggested that levodopa perhaps accelerates the loss of nigrostriatal dopamine nerve terminals. These contrasting results mean that our question remains unanswered.

New England Journal of Medicine 2004, 351, 2498–508.

Research done on over 100 patients and controls in Rochester, USA and Japan identifies NMO-IgG as a specific serum marker autoantibody of neuromyelitis optica (Devic's disease). This condition needs to be differentiated from multiple sclerosis for several reasons but also because the treatment for the two can vary. Immunosuppressive drugs (azathioprine and corticosteroids) are recommended for neuromyelitis optica, whereas immunomodulatory drugs (interferon beta and glatiramer acetate) are recommended for early treatment of multiple sclerosis. So a serum test to differentiate the two conditions is welcome.

Lancet 2004, 364, 2106–12.

Metoclopramide has been used for the treatment of nausea associated with migraine, and case reports have suggested that patients get substantial pain relief even before they have received an analgesic. Now a meta-analysis, which reviewed 13 trials involving 655 adults finds that metoclopramide was more likely to provide significant reduction in migraine pain compared to placebo. The authors suggest that metoclopramide should be considered as the primary agent in treating acute migraine in emergency departments.

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Researchers were able to isolate stem cells with myogenic and neurogenic properties from samples from the brachioradialis muscle

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of 12 patients undergoing coronary artery surgery in whom the radial artery was being used as a conduit. Muscle may therefore be a source of pluripotent stem cells for cell based treatments for myogenic and neurogenic diseases. Fetal tissue is a rich source of stem cells, but its use raises several ethical issues, and hence an ethically acceptable source of stem cells is always good news.

Lancet 2004, 364, 1872–83.

After a stroke, many people do not get out of the house as much as they would like but an occupational therapy programme could help them do just that. The programme was tested in a randomised controlled trial involving 168 community dwelling people with a stroke. Participants in the programme were more likely to get out of the house as often as they wanted. Some reasons for poor outdoor mobility are remediable, say the authors. These include lack of confidence and inadequate information on transport options, aids, appliances, or adaptations to the home.

BMJ 2004, 329, 1372–5.

A study designed to estimate the incidence of rhabdomyolysis in patients treated with different statins and fibrates, finds that risk of rhabdomyolysis was similar and low for monotherapy with atorvastatin, pravastatin, and simvastatin. Combining a statin and a fibrate increased the risk, especially in older people with diabetes mellitus. In all, 24 cases of hospitalised rhabdomyolysis occurred in over 250 000 patients treated with lipid lowering agents. Fluvastatin and lovastatin were excluded from the final analyses because too few patients were on them.

Journal of the American Medical Association 2004, 292, 2585–90.

Publication bias means that studies with negative results are likely to be rejected by journal editors. But you need not despair if you have ended up with a negative result for the *Journal of Negative Results in Biomedicine* should welcome your paper. For example, it reports that levels of S100B, which belongs to a family of calcium binding proteins, were not associated with either disability or MRI findings in primary progressive multiple sclerosis and that interferon β -1a has no effect on S100B levels. The authors assessed 50 patients recruited in a phase II trial of IFN β -1a over 2 years.

<http://www.jnrbm.com/content/3/1/4>.

A debate piece in the Christmas issue of the *BMJ* argues that the human eye is incapable of applying the offside rule correctly in a football game. To do this, argues the author, the referee must be able to keep in his visual field at least five objects at the same time—two players of the attacking team, the last two players of the defending team, and the ball. This is beyond the capacity of the human eye, which says the author may explain why many offside decisions are controversial.

BMJ 2004, 329, 1470–2.