

# CARPHOLOGY by A Fo Ben



Pract Neurol 2009; 9: 310

## Neonatal resuscitation and subtle IQ loss

Perinatal resuscitation, even with apparent immediate full recovery, is a marker for subsequent lowered intelligence. A large UK study of 11 000 babies (36 weeks' gestation plus) showed, as expected, that those surviving perinatal resuscitation with hypoxic-ischaemic encephalopathy ( $n = 58$ , 0.5%) had poor intellectual outcomes. The surprise was that even those making apparent full recoveries following perinatal resuscitation ( $n = 815$ , 7.1%) were at greater risk of low IQ than non-resuscitated infants (9.8% vs 6.5%; odds ratio 1.65, 95% confidence interval 1.13 to 2.43, adjusted for confounders). The accompanying editorial suggests future studies should use objective markers such as degree of acidosis, EEG and MRI, rather than clinical assessment of neonatal neurological disorder alone.

*Lancet* 2009;373:1615–22.

## Can child abuse alter your DNA?

People with a history of child abuse have fewer glucocorticoid receptors (important in modulating stress coping mechanisms) according to a post-mortem study of 36 men following suicide or sudden death. This result supports data from animal studies and suggests the mechanism: those who had suffered abuse had silenced the portion of promoter DNA that normally facilitates production of glucocorticoid receptors through methylation. Could this represent a candidate gene for psychogenic seizures?

*Nat Neurosci* 2009;12:342–8.

## Test Your Memory

A novel self-administered memory test to screen for Alzheimer's disease has been designed in Cambridge. It taps into 10 cognitive domains and crucially is easy to score—the ability to complete the test correctly is the 11th task. It is more sensitive than the Mini-Mental State Examination for non-Alzheimer's dementias. Open access from *bmj.com* raises the

issue of test-retest reliability; the worried well could retest their memory frequently, making the TYM (Test Your Memory) result meaningless. A web based TYM with a large database of questions might overcome this.

*BMJ* 2009;338:b2030.

## Suspend stockings after stroke

National guidelines, based on several small studies, currently recommend thigh length graduated compression stockings after stroke to prevent deep venous thrombosis. But CLOTS1, a large randomised trial, challenges this. A total of 2500 patients within a week of stroke were randomized to routine care with or without stockings and assessed at 7–10 days by Doppler ultrasound of both legs. Deep venous thrombosis was detected in 10.0% ( $n = 126$ ) of the stocking group and 10.5% ( $n = 133$ ) of the non-stockings group. Importantly, skin breaks, ulcers, blisters and skin necrosis were significantly more common in those prescribed stockings.

*Lancet* 2009;273:1958–65.

## ECT turns 75

Hungarian psychiatrist Laszlo Meduna was the first to induce a seizure in an attempt to influence mental illness. He injected camphor, which was painful and caused nausea and abscesses. His first six results were unconvincing; only two showed any improvement. However, he persevered without, of course, a study design or demonstrable consent from participants or relatives. His feat was first achieved in 1934, on 2 January at 4 in the afternoon. But why would this have first occurred on a Tuesday?

*Br J Psychiatry* 2009;194:387–8.

## Socrates: reports of his death exaggerated

The death of Socrates by execution (supervised suicide) in 399 BC is widely attributed to poisoning with common

hemlock (*Conium maculatum*). Relying on Phaedo's direct witness account to a mutual friend Crito, Plato described not only rapid onset centripetal weakness after poison administration but also dramatic loss of sensation, but made no mention of vomiting or of the other gastrointestinal effects expected following hemlock. These symptoms cannot be explained by any combination of poisons known to Ancient Greece. The account was probably modified to emphasise Socrates' nobility, dignity and greatness.

*Postgrad Med J* 2009;85:34–7.

## Death of the eponymous syndrome?

EAST syndrome (epilepsy, ataxia, sensorineural deafness and tubulopathy) is the acronym for a novel potassium channelopathy (KCNJ10) in a consanguineous family. Presumably Bockenbauer-Feather-Stanescu-Bandulik-Zdebik-Reichold-Tobin-Lieberer-Sterner-Landouere-Arora-Sirimanna-Thompson-Cross-van't Hoff-Al Masri-Tullus-Yeung-Anikster-Klootwijk-Hubank-Dillon-Heitzmann-Arcos-Burgos-Knepper-Dobbie-Gahl-Warth-Sheridan-Kleta syndrome was already taken. Novel genetic discoveries (even if found in only five individuals) involve many centres and multiple lines of corroborative functional analysis, seemingly spelling the end of the eponymous syndrome.

*N Engl J Med* 2009;360:1960–70.

## Neurology mystified?

Five years after Coles *et al* noted that the highest proportion of *The Lancet* case reports were predominantly neurological, thereby inferring a combination of trepidation and interest in neurological cases, an updated analysis gives the same result; 26% of the *Lancet's* 2002–2008 reports ( $n = 360$ ) were neurological compared with 29% in 1996–2002 ( $n = 523$ ). Neurology is either not yet demystified or its cases are simply still the most fascinating.

*Lancet* 2009;373:1763–4.