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Atrial fibrillation and stroke

Approximately a quarter of strokes are of unknown aetiology and, even given the rapid advances in acute treatment, prevention remains better than cure. This multi-centre study enrolled 2580 patients with no history of atrial fibrillation, in whom a pacemaker or defibrillator had recently been fitted. Subjects were randomly assigned to receive (or not) continuous atrial overdrive pacing. At 3 months, subclinical arrhythmias had occurred in 10% of patients. These were associated with an increased risk of embolic events (stroke or systemic embolism; HR 2.49). After 3 years, 51 patients had experienced embolic events, including 11 with a subclinical tachyarrhythmia, although none had clinical atrial fibrillation. Sadly, pacing did not alter the risk of an embolic event. It is debateable how representative is this group of patients,

with cardiac problems severe enough to require pacemakers. However, the study strongly suggests an important avenue for further investigation.

N Engl J Med 2012;366:120–9.

I'm sure I came in here for something...

We have all walked into a room in search of something, only promptly to forget what it was we were looking for. While for some of us this can prove a useful exercise strategy, its increasing frequency with age can be frustrating. Psychologists have shown that it is the act of moving rooms that makes this happen—more information is lost when passing from one location to another than if that shift is not made. Specifically, our brains parse events and information that were present before an 'event boundary', in such a way that they become less available after the shift. Sadly, a recent study has shown that once this process has occurred, even returning to the original room will not improve recall, and wandering through the rest of the house in confusion will make it worse. Unless you happen to trip over whatever it was you were looking for, of course.

Q J Exp Psychol 2011;64:1632–45.

Over the counter, over the top

We all know to ask about over-the-counter medicines and herbal remedies when taking a thorough clinical history, but do we ask what information their herbalist is providing them with? A Fo Ben was privileged to read such a 'fact sheet' accompanying *Mucuna puriens*—the velvet bean or cowitch—described as a natural source of L-dopa. Among the quasi-scientific description of L-dopa 'neurotransmitters... Parkinson's...

reward centre... gambling', there are gems of advice. The first is how to recognise a man who masturbates too much (no metric is provided to understand the threshold): 'they seem to lack motivation and drive and often they have a mumble voice caused by lack of dopamine [*sic*]'. The second is contained under the heading 'side effects' warning the user that they may become overly alert like Bart Simpson in the episode where he was given Ritalin to improve his learning. Third, A Fo Ben admires the speculative 'L-dopa extends life expectancy in some animal studies'. And finally, we would like to end every paragraph that advises caution with 'Also if you look on the internet about the following claims you will see that they are all true.'

Truth is in the eye of the beholder

Why do some people find one piece of artwork beautiful when for others it is merely a daub? Many factors come into this, of course, but a recent functional MRI study suggests that believing the art to be authentic, rather than a copy, is one factor in how we view a picture. Subjects viewed a series of 50 artworks, 25 of which were by Rembrandt and 25 by others in his style (figure). When looking at the picture they were informed, truthfully or not, whether the artwork was real. Subjects could not accurately distinguish a genuine Rembrandt from a copy, but showed greater brain responses to pictures they believed to be copies. On questioning, subjects reported they were actively engaged in searching out the 'flaws' in the picture.

Front Hum Neurosci 2011;5:134.

Rembrandt (1606–1669) self-portrait, 1660, Oil on canvas. Metropolitan Museum of Art, New York