

Highlights from this issue

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The well-known management mantra 'Don't bring me problems, bring me solutions' is something *Practical Neurology* tries to live up to. In this edition, we hope to provide solutions to a range of problems.

Howard Ring and colleagues outline ways to approach consultations with patients with learning difficulties that allow you to anticipate and avoid problems so as to get the most out of what can be difficult consultations for both doctor and patient *on page 44*.

We consider the diagnosis of cerebellar ataxia *on page 14*, a subject that has advanced so much in recent years it is hard to keep up with all relevant developments and know how to investigate appropriately. Bart van de Warrenburg takes us gently through this complicated field, offering clarity of classification and practical solutions, including treatments.

Moving onto investigations, auto-immunity is clearly important in neurological disease and the range of antibodies to test is increasing dramatically. But which antibody should you ask for and when, and what do the results mean? Angela Vincent's team provide the solution *on page 4*, explaining how to make best use of the laboratory in investigating such patients.

Diagnosing and managing a white matter disease (progressive multifocal leucoencephalopathy) that occurs as a complication of a treatment (natalizumab) for a white matter disease (multiple sclerosis) is clearly a problem. David Hunt and Gavin Giovannoni present practical solutions for management, from defining patient risk to surveillance and treatment *on page 25*.

Sometimes our 'solutions' turn out to be part of the problem, as in one of our 'difficult cases' *on page 36*, from Hedley Emsley and colleagues, where stopping the aspirin seems to help. Elisaveta Sokolov and colleagues presents the other difficult case *on page 40*, where choreo-acanthocytosis eventually explained his patient's facial grimacing, dysphagia and stutter.

In our 'Neurological letter from...' *on page 60* Stephan Beyenburg and Deborah McIntyre explain Luxembourg's independent 'want to be left alone' mindset and the complexities of consulting when there is a choice of languages.

Clinicians rely on patients' descriptions of their symptoms for diagnosis – but only rarely will we come across a patient as remarkable as Michael Faulkner who features in 'Me and my neurological illness' *on page 49*. He has had the same symptom

caused by three different disease processes (breathlessness occurring: in a decompression chamber; from myasthenia gravis and during a pulmonary embolism). Professor John Newsom Davis, to whom the paper is dedicated, would have revelled in his patient's intelligent insights into his symptoms.

Our editorial takes a sideways look at postgraduate training *on page 2*: can coaching pave the way to greater success in the clinic? It works for elite athletes. Can it help neurologists to improve their personal best?

As usual we have Carphology *on page 70*, and a 'Test yourself' from Suresh Chhetri and colleagues on another complex case *on page 55*, though this time with a very treatable diagnosis. There are some striking images of dramatic nerve roots from Sachit Shah and colleagues *on page 68*.

And finally, *on page 63*, we welcome another scholarly contribution from the prolific pen of Gerald Stern, whose case is the more testing for practising neurologists for its veterinary flavour: a racehorse who stopped running. Dr Stern draws some helpful parallels from this unusual case with the human situation, although for most of us, equine neurotoxicity will remain a rarity.