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Welcome to the latest Neurology Update. This will be produced every 2-3 months and lists the most recent literature in the field.

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Cerebrovascular Disorders


Stroke is one of the leading causes of disability worldwide and aphasia among survivors is common. Current speech and language therapy (SLT) strategies have only limited effectiveness in improving aphasia. A possible adjunct to SLT for improving SLT outcomes might be non-invasive brain stimulation by transcranial direct current stimulation (tDCS) to modulate cortical excitability and hence to improve aphasia. [Full text]


Most ischaemic strokes are caused by a blood clot blocking an artery in the brain. Clot prevention with anticoagulants might improve outcomes if bleeding risks are low. [Full text]


Dementia


Alzheimer's disease is the commonest cause of dementia affecting older people. One of the therapeutic strategies aimed at ameliorating the clinical manifestations of Alzheimer's disease is to enhance cholinergic neurotransmission in the brain by the use of cholinesterase inhibitors to delay the breakdown of acetylcholine released into synaptic clefts. Tacrine, the first of the cholinesterase inhibitors to undergo extensive trials for this purpose, was associated with significant adverse effects including hepatotoxicity. Other cholinesterase inhibitors, including rivastigmine, with superior properties in terms of specificity of action and lower risk of adverse effects have since been introduced. Rivastigmine has received approval for use in 60 countries including all member states of the European Union and the USA. [Full text]


Agitation is a common experience for people living with dementia, particularly as day-to-day function and cognition start to decline more. At the present time there are limited pharmacological options for relieving agitation and little is known about the safety and efficacy of opioid drugs in this setting. [Full text]

Current treatments for Alzheimer's disease (AD) provide modest symptomatic relief but do not slow the progression of the disease. Latrepirdine may modulate several targets involved in AD pathology, including lipid peroxidation, mitochondrial permeability, voltage-gated calcium ion channels as well as neurotransmitter receptor activity, and thus potentially represents both a symptomatic and disease-modifying intervention. Several randomized, placebo-controlled trials have sought to evaluate the effect of latrepirdine on cognition, function and behaviour in patients with AD.


Several recent trials and systematic reviews of the impact of exercise on people with dementia are reporting promising findings.


To assess the efficacy and safety of cholinesterase inhibitors for cognitive impairment or dementia associated with neurological conditions. Cochrane Dementia and Cognitive Improvement Group [Online]. [Accessed 22 May 2015].


Epilepsy


The aim of this systematic review was to overview the current evidence for the efficacy and tolerability of vagus nerve stimulation when used as an adjunctive treatment for people with drug-resistant partial epilepsy.


The aim of this review is to assess whether people with epilepsy treated with yoga have a greater probability of becoming seizure free, have a significant reduction in the frequency or duration of seizures, or both and have a better quality of life.


Epilepsy is a chronic neurological disorder which affects millions of people around the world. Antiepileptic drugs (AED) are the main interventions used to prevent seizures and control epilepsy. The objectives of the review are to quantify and compare risk of seizure recurrence, status epilepticus and mortality after early and late AED discontinuation in adult and pediatric epilepsy patients, to assess which variables modify the risk of seizure recurrence and to define a subpopulation in which early AED discontinuation is safe.

To determine the efficacy and safety of anti-epileptic drugs (AEDs) when used prophylactically in people undergoing craniotomy and to examine which AEDs are most effective.  
**Full text**

This guideline provides recommendations based on current evidence for best practice in the diagnosis and management of epilepsy in adults.  
**Full text**

**Migraine**

Banzi R, Cusi C, Randazzo C, Sterzi R, Tedesco D, Moja L. (1 April 2015). **Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) for the prevention of migraine in adults.** Cochrane Pain, Palliative Care and Supportive Care Group [Online]. [Accessed 29 May 2015].

The objective of this review is to determine the efficacy and tolerability of SSRIs and SNRIs compared to placebo and other active interventions in the prevention of episodic and chronic migraine in adults.  
**Full text**

**Full text**

**Multiple sclerosis**

**Full text**

**Full text**

**Full text**

**Full text**


This review assesses the benefit and safety of dimethyl fumarate as monotherapy or combination therapy versus placebo or other approved disease-modifying drugs.  
**Full text**

**Pain**

**Full text**


Rapid response report: summary with critical appraisal.  
**Full text**


One of the most feared symptoms associated with cancer is pain. Opioids remain the mainstay of pain treatment but corticosteroids are often used concurrently as co- or adjuvant analgesics. Due to their anti-inflammatory mechanism of action, corticosteroids are said to provide effective analgesia for pain associated with inflammation and in the management of cancer-related complications such as brain metastasis and spinal cord compression. However, corticosteroids have a wide range of adverse effects that are dose and time dependent.
The objective of this review is to evaluate the efficacy of corticosteroids in treating cancer-related pain in adults.

Full text


Antiepileptic drugs have been used in pain management since the 1960s; some have shown efficacy in treating different neuropathic pain conditions. The efficacy of zonisamide for the relief of neuropathic pain has not previously been reviewed.

Full text


The aim of this Cochrane review is to assess whether buprenorphine is associated with superior, inferior or equal pain relief and tolerability compared to other analgesic options for patients with cancer pain.

Full text


Many patients with cancer experience moderate to severe pain that requires treatment with strong opioids, of which oxycodone and morphine are examples. Strong opioids are, however, not effective for pain in all patients, nor are they well-tolerated by all patients. The aim of this review was to assess whether oxycodone is associated with better pain relief and tolerability than other analgesic options for patients with cancer pain.

Full text

Parkinson’s Disease


Full text


Full text


Full text


Full text

Other


Full text

The following sources have been searched for evidence published in the previous few months:

NICE Guidelines

Department of Health

The Cochrane Library

Royal College of Physicians Neurology

Association of British Neurologists

British Paediatric Neurology Association

Neurology

BMJ Neurology

Practical Neurology

Journal of Neurology

Brain

European Journal of Neurology

JAMA Neurology

Journal of Neurology, Neurosurgery & Psychiatry