

## IN BRIEF

## DEMENTIA

Previous research conducted to investigate an association between blood pressure and risk of dementia has provided inconclusive results. New findings by Razay and colleagues, derived from a longitudinal study of blood pressure and cognitive function, indicate that both high and low blood pressures are associated with a rapid decline in cognitive ability. These data highlight potential new treatment strategies for the prevention of Alzheimer disease.

**Original article** Razay, G., Williams, J., King, E., Smith, D. & Wilcock, G. Blood pressure, dementia and Alzheimer's disease: the OPTIMA longitudinal study. *Dement. Geriatr. Cogn. Disord.* **28**, 70–74 (2009).

## PAIN

Sensory neuropathy is a common complaint of patients with HIV who are prescribed antiretroviral therapy, and is the principal dose-limiting complication associated with the antiretroviral drug stavudine. Cherry *et al.* have discovered that risk of neuropathy in patients taking stavudine increases with age and height. Giving older and taller patients with HIV alternative antiretroviral drugs could be a cost-effective way of decreasing the incidence of HIV-related sensory neuropathy.

**Original article** Cherry, C. L. *et al.* Age and height predict neuropathy risk in patients with HIV prescribed stavudine. *Neurology* **73**, 315–320 (2009).

## TRAUMATIC BRAIN INJURY

Blood–brain barrier (BBB) dysfunction is a common occurrence after traumatic brain injury, but is not routinely assessed after such injuries because the available tests are invasive. Serum levels of the protein S100-B have now been shown to accurately predict BBB dysfunction after injury. This minimally invasive technique could be routinely employed to test for BBB dysfunction in patients with traumatic brain injury, suggest Blyth and colleagues.

**Original article** Blyth, B. J. *et al.* Validation of serum markers for blood–brain barrier disruption in traumatic brain injury. *J. Neurotrauma* doi:10.1089/neu.2008.0738

## STROKE

Warnecke and colleagues have devised a severity scale based on fiberoptic endoscopic evaluation of dysphagia in patients with acute stroke. The scale was shown to reliably predict outcome and intercurrent complications after acute stroke. The authors conclude that baseline fiberoptic endoscopic evaluation of swallowing can provide important prognostic information for the treatment of patients with acute stroke.

**Original article** Warnecke, T. *et al.* Fiberoptic endoscopic dysphagia severity scale predicts outcome after acute stroke. *Cerebrovasc. Dis.* **28**, 283–289 (2009).