

IN BRIEF

MULTIPLE SCLEROSIS

Seroepidemiological studies have strongly implicated Epstein–Barr virus (EBV) infection as a risk factor for the development of multiple sclerosis (MS). A new study, however, indicates that the demyelinating events in MS do not depend on the presence of active EBV infection in the brain or cerebrospinal fluid. These findings do not rule out a pathogenic role for EBV in MS, but the mechanistic link—if any—remains to be elucidated.

Original article Sargsyan, S. S. *et al.* Absence of Epstein–Barr virus in the brain and CSF of patients with multiple sclerosis. *Neurology* **74**, 1127–1135 (2010)

NEUROMUSCULAR DISEASE

The differential diagnosis of muscular dystrophies often relies on quantification of the expression of a variety of different proteins in muscle tissue, which can be difficult to accomplish in small biopsy samples. To overcome this problem, Escher *et al.* have developed a new approach involving reverse protein arrays. This chip-based technique enables the measurement of multiple proteins in as little as 10 mg of tissue—the amount that can be obtained from a single needle biopsy.

Original article Escher, C. *et al.* Reverse protein arrays as novel approach for protein quantification in muscular dystrophies. *Neuromuscul. Disord.* **20**, 302–309 (2010)

STROKE

The modified Rankin Scale is the most commonly used instrument to assess global disability after stroke, but inter-rater variability limits its validity as an outcome measure in clinical trials. Saver *et al.* selected and refined components from existing rating scales to develop a new assessment tool, known as the Rankin Focused Assessment (RFA). The RFA was quick to administer (3–5 min) and exhibited high inter-rater reliability in a trial involving 50 patients. The researchers acknowledge that the RFA requires further validation in larger studies.

Original article Saver, J. L. *et al.* Improving the reliability of stroke disability grading in clinical trials and clinical practice. The Rankin Focused Assessment. *Stroke* **41**, 992–995 (2010)

PARKINSON DISEASE

Wearing-off motor fluctuations—a problem frequently encountered during levodopa treatment for Parkinson disease (PD)—can be relieved by the A_{2A} adenosine receptor antagonist istradefylline, according to new research from Japan. In a double-blind study, 363 patients with PD were randomly assigned to receive either istradefylline at a daily dose of 20 mg or 40 mg, or placebo. The istradefylline doses were both well tolerated and, in comparison with placebo, produced significant reductions in the time that patients spent in the medication ‘off’ state.

Original article Mizuno, Y. *et al.* Clinical efficacy of istradefylline (KW-6002) in Parkinson's disease: a randomized, controlled study. *Mov. Disord.* doi:10.1002/mds.23107