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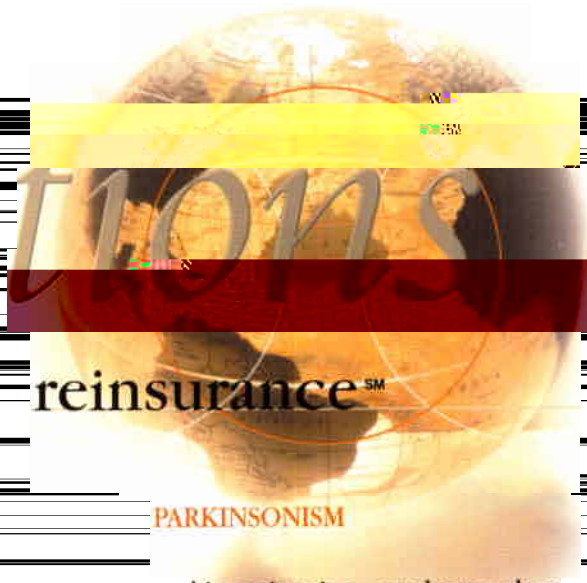

LETTER FROM THE EDITOR

PARKINSONISM

kinsonism is a syndrome char-

>>>America. It tends to be underdiagnosed, usually because of the insidious nature of its onset and chronic

mortality ratios in younger patients await further study. With respect to the frequency of dementia in PD

[redacted]

irreversible progression. In many cases patients and

prevalence studies have shown approximately one

Pathophysiology and etiology

Diagnosis

Underwriting MS

annual incidence is 11/100,000 persons, which has increased from 6.3/100,000 in 1996 and 1.2/100,000 in 1914 for reasons unknown. MS most

MS is unpredictable at best. There are, however, features that can help stratify cases. Favorable factors include a high degree of recovery after the first attack, a preponderance of sensory symptoms and a benign condition after the first five years of MS. Unfavorable findings include progressive disease from the outset, a preponderance of motor and cerebellar symptoms, and an MRI clearly consistent with MS at the time of initial symptoms. Use extreme caution in MS patients with significant depression.

Like most impairments, mortality of MS is affected by the severity of the disease. Thus it is very important to gauge the degree of impairment. The Kurtzke Expanded Disability Score is a detailed neurological physical evaluation, which can be used to stratify MS patients by severity of disease. Mild MS has a Kurtzke Score of 0 to 2.5, moderate MS a score of 3.0 to 4.5, severe MS 5.0 to 6, while a Kurtzke Score of over 6.5 relates to very severe MS. More importantly, the Kurtzke Score has been shown to correlate with mortality (Table 2). The Kurtzke Score, if available in the APS, should be utilized in underwriting of MS.

Table 2. Mortality Ratio correlates to the Kurtzke Expanded Disability Score in 2,348 patients over a 10-year period.

Kurtzke Score	**Mortality Ratio**
0 - 3.5	1.60
4.0 - 7.0	1.84
>7.5	4.44

If no recent Kurtzke score is available, one must analyze the APS and application to assess the severity of MS to determine if excess mortality exists. One method is to divide symptoms into broad organ systems: motor and coordination, sensory, mental, visual and brainstem, and bowel and bladder. Most, if not all deficits in these systems, may be assessed as mild, moderate, severe or very severe. By looking at multiple types of symptoms, rather than just focusing on, for example, ambulation, one can better gauge the overall severity of MS. The global risk can then be

SEIZURE DISORDERS TYPES AND TREATMENTS

There are more than two million people in the U.S. diagnosed with seizure disorders. Seizure disorders can begin at any age, although they are more prevalent in children and young adults. These disorders generally do not get worse with age. There are many causes of seizures, including brain injuries, toxins, structural abnormalities in the brain including tumors, high fever in children, and illnesses. However, in most people diagnosed with seizure disorder (defined as having more than one seizure), a cause is not found.

Seizures result from inappropriately signaling nerve cells, called neurons, in the brain. Normally, signals are sent from neuron to

Partial vs. Generalized Seizures

Types of Partial Seizures

Types of Generalized Seizures

se previously described.

consciousness and drops suddenly to the ground.

Treatment of Seizure Disorders

an operable tumor), the first line of defense against
te. Sometimes more than one drug is necessary to
levels of these drugs need frequent monitoring; as

rgery is only performed when a person has parti

he ketogenic diet. This is a carefully
called ketosis. In many children

TUMORS OF THE CNS AN

The human central nervous system (CNS), like all tissue, is susceptible to neoplastic growths, both benign and malignant. While other organ systems offer their own diagnostic and therapeutic challenges, the CNS has two additional impediments to early diagnosis and treatment—the cranium and the blood-brain barrier. The cranium, while vital for the protection of the vulnerable brain, interferes with both early diagnosis and therapy, and

Astrocytomas

Meningiomas