

Pass the grain; spare the brain

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Alzheimer disease (AD) is the most common form of dementia with an estimated US prevalence of over 5 million. Recent discoveries have focused on identifying biomarkers for early detection of disease, and a great deal of information is available on amyloid processing. However, to date, there have been few data to suggest how the progressive course of AD can be modified in symptomatic patients for clinically meaningful outcomes. In this issue of *Neurology*®, Scarmeas and colleagues report on the benefit of adherence to the Mediterranean diet (MeDi) on reducing mortality in AD.¹ The MeDi is characterized by high intake of cereals, vegetables, legumes, fruits, and fish in association with a high intake of unsaturated fatty acids (such as olive oil). In contrast, MeDi has a low intake of saturated fatty acids, dairy products, and meat and poultry. A moderate amount of alcohol is consumed mostly in the form of wine, taken with meals.

Diet questionnaires were used to gather information on consumption and adherence. Although this might seem to be a questionable tactic in the AD patient whose recall may be faulty, the use of diet scoring systems through survey methods is an informative way to increase the understanding of the role of diet and dietary compliance in chronic disease,² either when examining the potential protective effects or when examining disease outcome modification. In this study, the authors found a significant reduction in mortality risk in AD patients, even with the potential for reporting and recall biases. This suggests that survey methods are informative in individuals with cognitive deficits.

Higher adherence to MeDi was associated with lower mortality in AD with a positive dose-response effect. Adherence to the MeDi in highest tertile demonstrated a 73% risk reduction leading to average survival of nearly 4 years compared with those individuals in the lowest tertile of MeDi adherence. These findings remained signif-

icant after controlling for all covariates and were consistent in all racial and ethnic groups studied.¹

Several large population studies indicate that the MeDi offers protection from death from any cause.³ Previous studies have demonstrated the adherence to MeDi may reduce the risk of development of AD in European and North American populations.^{4,5} The ability to accurately measure adherence to specific dietary patterns will become increasingly important in epidemiologic studies not only for neurodegenerative disease, but also in numerous other conditions including cardiovascular disease, cerebrovascular disease, and cancer.² In the case of AD, not only do dietary changes appear important, but evidence now exists that exercise^{6,7} and mental stimulation⁸ may also reduce risks and consequences of disease, such as modifying the course of cognitive decline⁹ and delaying mortality.¹

The “discovery” that diet adherence may provide protective benefits across a number of chronic diseases may lead to increased understanding of environmental and social adaptations that have occurred in the transition from “hunter-gatherer” diets to diets and lifestyles more common to Western societies (*trans* fats, processed foods, “refined” sugars, sedentary lifestyles)¹⁰. These changes have been linked to the increased prevalence of cardiovascular disease and may in part lead to increased incidence of other chronic diseases of the older adult, such as AD.¹⁰ It is interesting that considering all the medical and pharmaceutical advances made in the last century, perhaps the most important things we can still tell our patients, regardless of why they come to the office, is to stay mentally active and physically fit and to eat a healthy and balanced diet.

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Neurology[®] Redesign: Updates from the Editor-in-Chief

Neurology[®] released an extensive redesign in April. Reader response was overwhelmingly positive and included numerous constructive suggestions. The Editor expresses his appreciation for the recommendations from readers resulting in the following additional design improvements, some of which have already been implemented in the past several issues of the *Journal* and all of which apply in the current issue.

- **Structured abstracts:** Additional space between sections will enhance readability and ease of use.
- **Glossary:** A glossary at the beginning of each article will provide quick reference to the meanings of abbreviations and acronyms.
- **Cover:** The cover text is now darker and clearer.
- **Graphic icons** have been added to the cover, table of contents, and article titles. These icons indicate e-Pub ahead of print , Podcasts , Patient Pages , articles with accompanying online videos , and CME quizzes .
- **This Week in *Neurology*[®]:** The Editor now devotes an entire page to highlighting important findings reported in each issue.
- **Figure legends:** The legends are now darker and their format is cleaner. Long legends are placed under the figure rather than in the margin.
- **Figures:** Figures are larger and clearer, and the gray shading over line drawings is lighter.
- **Calendar:** Reduced type size will allow the Calendar to include more listings.
- **Page size:** The width of the inside margin (from text to binding) has been increased to simplify reading, handling, and photocopying of the printed journal.
- **Recent Abstracts from *Neurology*[®]:** The type for abstracts from past issues of the *Journal* is now larger.

The *Journal* continues to welcome readers' suggestions at journal@neurology.org.

John H. Noseworthy, MD, Editor-in-Chief

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