

Contents

Preface	xi
Randolph W. Evans	
Migraine: A Question and Answer Review	245
Randolph W. Evans	
Internists commonly treat migraine, which affects more than 29 million Americans yearly. This article reviews epidemiology, pathophysiology, comorbidity, clinical features, diagnostic testing, acute and preventive treatment, and women's issues. Physicians and migraineurs would like to see more effective and more tolerable medications.	
Dizziness	263
Ronald J. Tusa	
Dizziness is an imprecise term used to describe various symptoms, each of which has a different pathophysiologic mechanism and significance. In 80% of outpatients presenting with dizziness, it is severe enough to require medical intervention. This article describes causes, assessment, and management of dizziness.	
Neck Pain	273
Michael Devereaux	
Neck pain is less common than low back pain but still a relatively common reason for seeing a primary care physician. Therefore, it is necessary for the primary care physician to be comfortable with salient points in the history and to be able to perform a basic neurologic examination. Important aspects of the history and physical examination are reviewed. Important clinical syndromes and treatment options are also reviewed.	
Entrapment and Compressive Neuropathies	285
Barbara E. Shapiro and David C. Preston	
Entrapment and compressive neuropathies of the upper and lower extremities are frequently encountered disorders in the office. Certain clinical clues in the history and examination, along with electrodiagnostic testing and imaging studies, often suggest the correct diagnosis. Some of the more common neuropathies are discussed, along with suggestions regarding testing and treatment.	
Peripheral Neuropathy	317
Robert M. Pascuzzi	
Patients presenting with symptoms of peripheral neuropathy are commonplace in the practice of generalist physicians, office based or hospitalists.	

Although there are at least a thousand different causes for peripheral neuropathy, the majority of patients can be properly diagnosed (and managed) based on framing the diagnostic possibilities within one of six typical scenarios. The case presentations in this article illustrate common and less common but essential presentations and the approach to evaluation and treatment. For these patients the key to success lies in the history and clinical examination findings.

Seizure Disorders

343

Steven C. Schachter

The diagnosis and management of patients with epilepsy is often undertaken by pediatricians, internists, and geriatricians (primary care physicians [PCPs]). Although referral to a neurologist may be necessary if the diagnosis of epilepsy is unclear or if the patient does not respond to initial therapy with antiepileptic drugs, PCPs may subsequently follow-up with patients to implement the recommendations of the neurologist. To maximize the likelihood of treatment success, PCPs should supplement antiepileptic drug therapy with patient education and referrals for psychosocial and vocational support when needed. Special considerations are warranted for women of childbearing potential and elderly patients.

Cerebrovascular Disease

353

Louis R. Caplan, D. Eric Searls, and Fong Kwong Sonny Hon

Effective management of patients who have cerebrovascular disease depends on accurate diagnosis. Many conditions cause clinical findings that closely mimic cerebrovascular disorders and are often ruled out through brain imaging or laboratory findings. Diagnosis of cerebrovascular disorders is based on the presence of risk factors for vascular disease, the tempo of onset, the presence of concurrent conditions, and the clinical course of development of neurologic symptoms and signs. This article shares a process by which clinicians can combine a patient's history, neurologic examination, and brain and vascular imaging to localize a lesion and diagnose cerebrovascular disease.

Movement Disorders

371

Meghan K. Harris, Natalya Shneyder, Aimee Borazanci, Elena Korniychuk, Roger E. Kelley, and Alireza Minagar

Abnormal involuntary movements are major features of a large group of neurologic disorders, some of which are neurodegenerative and pose a significant diagnostic and treatment challenge to treating physicians. This article presents a concise review of clinical features, pathogenesis, epidemiology, and management of seven of the most common movement disorders encountered in a primary care clinic routinely. The disorders discussed are Parkinson disease, essential tremor, restless legs syndrome, Huntington disease, drug-induced movement disorder, Wilson disease, and Tourette syndrome.

Memory Complaints and Dementia 389

Roger E. Kelley and Alireza Minagar

With people having the luxury of living longer there is an increasing epidemic of dementia throughout the world. It is important to distinguish true dementia from the not-unexpected loss of mental acuity as people age. This latter process has been termed “benign forgetfulness of senescence.” We are all probably susceptible to memory loss if we live long enough. Progressive cognitive impairment to a clinically significant degree, with no obvious identifiable factor, such as a metabolic disturbance, drug intoxication, or medication effect, probably indicates a dementing illness, however.

Review of Sleep Disorders 407

Lori A. Panossian and Alon Y. Avidan

Sleep disorders are common and may result in significant morbidity. Examples of the major sleep disturbances in primary care practice include insomnia; sleep-disordered breathing, such as obstructive sleep apnea; central nervous system hypersomnias, including narcolepsy; circadian rhythm sleep disturbances; parasomnias, such as REM sleep behavior disorder; and sleep-related movement disorders, including restless legs syndrome. Diagnosis is based on meticulous inventory of the clinical history and careful physical examination. In some cases referral to a sleep laboratory for further evaluation with polysomnography, a sleep study, is indicated.

Neurological Aspects of Syncope and Orthostatic Intolerance 427

Louis H. Weimer and Pezhman Zadeh

Sudden falling with loss of consciousness from syncope and symptoms of orthostatic intolerance are common, dramatic clinical problems of diverse cause, but cerebral hypoperfusion is the ultimate mechanism in most. Cardiac, reflex, and orthostatic hypotension are important forms to consider. Syncope must be differentiated from seizures, psychiatric events, drop attacks, and other mimics. However, factors such as syncopal induced movements, ictal bradycardia, and insufficient clinical information can confound accurate diagnosis and hamper appropriate treatment. Progress in the diagnosis, treatment, and understanding of underlying mechanisms is continually advancing.

Multiple Sclerosis 451Ardith M. Courtney, Katherine Treadaway, Gina Remington,
and Elliot Frohman

Multiple sclerosis is the most common disabling neurologic disease affecting young adults and adolescents in the United States. The first objective of this article is to familiarize nonspecialists with the cardinal features of multiple sclerosis and our current understanding of its etiology, epidemiology, and natural history. The second objective is to explain the approach to diagnosis. The third is to clarify current evidence-based treatment

strategies and their roles in disease modification. The overall goal is to facilitate the timely evaluation and confirmation of diagnosis and enhance effective management through collaboration among primary physicians, neurologists, and other care providers who are confronted with these formidably challenging patients.

Low Back Pain**477**

Michael Devereaux

General internists and family practitioners play an important role in the initial evaluation and treatment of acute low back pain and chronic low back pain. Given the usual time constraints placed on the primary care physician for evaluation of a patient with back pain, it is imperative that the generalist be acquainted and comfortable with the salient points in the history, the essentials of the examination, the appropriate use of diagnostic tests, and the effectiveness (or lack thereof) of available treatments.

Index**503**