

# What's new in Neurology 5 (2017)

## Some of the new information and major changes included in *Therapeutic Guidelines: Neurology*, version 5.

---

All topics were discussed in detail by the expert writing group. A focus was to make the guideline more helpful to a general practitioner or a junior doctor.

A new topic on **acute management of seizures and status epilepticus** has a stepwise approach from an initial seizure through to status epilepticus. Acute symptomatic seizures and immediate follow-up after a seizure are also discussed. Management for confirmed epilepsy is in **epilepsy and seizures**, with a greater focus on advice for primary care.

Headache and facial pain are discussed in a series of 11 topics. A new topic, **headache and facial pain classification and diagnosis**, includes a table (printable from *eTG complete*) to help the practitioner diagnose some key types of headache—the diagnosis directs investigation and management. **Migraine** advice includes a list of beneficial habits for patients (also helpful in **tension headache**), printable from *eTG complete* as a patient handout. The approach to choosing a drug for migraine prophylaxis is based on the patient's comorbidities, with examples in a new table. Situations when a general practitioner is advised to refer patients with migraine to an expert are listed in a new section. Acute treatment for **cluster headache** has been revised. New sections discuss **idiopathic intracranial hypertension** and **differentiating pain in or around the eye from primary headache**.

Advice on **idiopathic hypersomnolence and narcolepsy** has been updated.

The 10 topics on movement disorders include **Parkinson disease**, which has a new section on dementia. Another new section discusses managing a patient taking antiparkinson drugs who needs to be nil-by-mouth—a table (printable from *eTG complete*) helps the clinician calculate a transdermal dosage, if replacement is needed. Advice on **Sydenham chorea** has been expanded.

The approach in **multiple sclerosis** is to introduce immunotherapy early, to slow or minimise disability. A new diagram illustrates the course of multiple sclerosis, and a new table lists immunotherapy drugs.

Neuromuscular disorders are discussed in 14 topics, including updated advice on **diagnosing muscle diseases** and classifying and diagnosing **immune-mediated myopathies**. A new table lists drugs to avoid or use with caution in patients with **myasthenia gravis** (printable from *eTG complete*). Advice on treating symptoms of **motor neurone disease** (including sialorrhoea) has been expanded.

Treatment for **restless legs syndrome and periodic limb movements of sleep/wakefulness** has been revised.

Information on the presentation and initial assessment of acute **stroke and transient ischaemic attack** has been updated. Advice on brain imaging for adults and for children is included. The definition of a transient ischaemic attack has become less strictly based on time.

Vestibular disorders are discussed in 12 topics. In **dizziness and vertigo diagnosis**, a new figure summarises the differential diagnosis of vertigo. Stroke that involves the vertebrobasilar circulation can cause spontaneous vertigo—a new section on **stroke and vertigo** includes a table summarising test results that can help differentiate stroke from peripheral causes of vertigo. **Benign paroxysmal positional vertigo** (BPPV) is treated with particle repositioning manoeuvres (Epley manoeuvre, Semont manoeuvre) or exercise therapy (Brandt-Daroff exercises)—new simple graphic illustrations (printable from *eTG complete*) give instructions for clinicians and for patients.

---

**For more information and orders visit [www.tg.org.au](http://www.tg.org.au)  
or freecall 1800 061 260 (within Australia)**

**Therapeutic  
Guidelines**

 **eTG  
complete**  
For computers and mobile devices

**NEW**    
Download the eTG complete app