Letters

AUTHORS ELUCIDATE ANTI-GQ1B IGG ANTIBODIES/BICKERSTAFF BRAINSTEM ENCEPHALITIS CONNECTION

On the heels of their publication in *Practical Neurology*'s last edition, authors clarify reports from another publication.

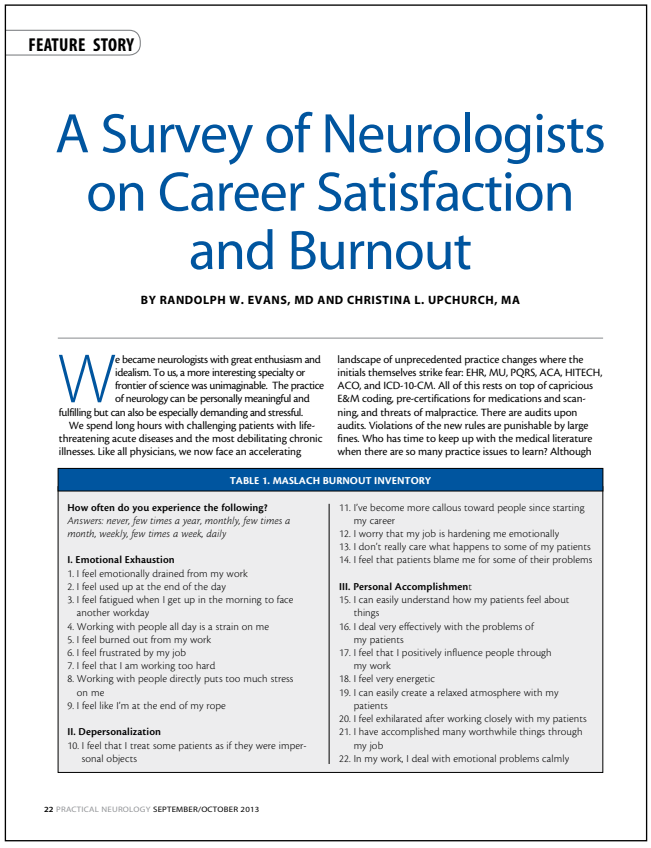
By Raji Shameem MD, Steven Mandel MD, and Niket Sonpal, MD

T A Cho, et al. recently presented in *New England Journal of Medicine* an interesting case of a young male with complaints of oltagia, slurred speech, and ataxia with a final diagnosis of post-infectious cerebellaritis. (N Engl J Med. 26;369(13):1253-61) The authors rightly included Bickerstaff Brainstem Encephalitis (BBE) and other variants of the Anti-GQ1B antibody syndrome in the differential diagnosis. However, the authors state that BBE is characterized by the presence of Anti-GQ1b IgG Antibodies, which is misleading.

BBE is an extremely rare neurological condition classically characterized by a constellation of signs and symptoms including ophthalmoplegia, ataxia, and altered sensorium and is commonly preceded by an upper respiratory tract infection.[1,2] The clearly described absence of ophthalmoplegia and altered sensorium in the case makes BBE an unlikely diagnosis however, it should be noted that BBE has many variants. When the diagnosis is considered, seropositivity for Anti-Gq1B IgG antibodies can help strengthen the likelihood of an accurate diagnosis. However, it should be noted that negative antibody testing does not preclude the diagnosis. In an analysis of 62 cases of BBE with a strict diagnostic criteria of acute symmetrical opthalmoplegia, altered sensorium, and ataxia, anti-Gq1b antibodies were positive in 66% of patients.[1] A study with a larger study population over 500 cases also showed anti-Gq1b seropositivity in approximately 68 percent of patients.[3] In a subset of patients with atypical neurological symptoms and/or negative antibody testing there may be a delayed onset in recovery.[4]

In conclusion, new onset ataxia that is preceded by an infectious illness warrants special consideration for BBE, and seropositivity for Anti-GQ1B antibodies can help make the diagnosis but by no means rules out the diagnosis. ■

Read the "Expert Opinion" from last edition at PracticalNeurology.com: http://bmctoday.net/practicalneurology/2013/10/article.asp?f=bickerstaffs-brainstem-encephalitis-a-rare-variant-of-the-anti-gq1b-antibody-syndrome



FEATURE STORY

A Survey of Neurologists on Career Satisfaction and Burnout

BY RANDOLPH W. EVANS, MD AND CHRISTINA L. UPCHURCH, MA

We became neurologists with great enthusiasm and idealism. To us, a more interesting specialty or frontier of science was unimaginable. The practice of neurology can be personally meaningful and fulfilling but can also be especially demanding and stressful.

We spend long hours with challenging patients with life-threatening acute diseases and the most debilitating chronic illnesses. Like all physicians, we now face an accelerating landscape of unprecedented practice changes where the initials themselves strike fear: EHR, MU, PQRS, ACA, HITECH, ACO, and ICD-10-CM. All of this rests on top of capricious E&M coding, pre-certifications for medications and scanning, and threats of malpractice. There are audits upon audits. Violations of the new rules are punishable by large fines. Who has time to keep up with the medical literature when there are so many practice issues to learn? Although

TABLE 1. MASLACH BURNOUT INVENTORY

How often do you experience the following?
Answers: never, few times a year, monthly, few times a month, weekly, few times a week, daily

I. Emotional Exhaustion
1. I feel emotionally drained from my work
2. I feel used up at the end of the day
3. I feel fatigued when I get up in the morning to face another workday
4. Working with people all day is a strain on me
5. I feel burned out from my work
6. I feel frustrated by my job
7. I feel that I am working too hard
8. Working with people directly puts too much stress on me
9. I feel like I'm at the end of my rope

II. Depersonalization
10. I feel that I treat some patients as if they were impersonal objects
11. I've become more callous toward people since starting my career
12. I worry that my job is hardening me emotionally
13. I don't really care what happens to some of my patients
14. I feel that patients blame me for some of their problems

III. Personal Accomplishmen:
15. I can easily understand how my patients feel about things
16. I deal very effectively with the problems of my patients
17. I feel that I positively influence people through my work
18. I feel very energetic
19. I can easily create a relaxed atmosphere with my patients
20. I feel exhilarated after working closely with my patients
21. I have accomplished many worthwhile things through my job
22. In my work, I deal with emotional problems calmly

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ARE YOUR BURNT OUT?

We've been receiving feedback to last month's article "A Survey of Neurologists on Career Satisfaction and Burnout" by Randolph W. Evans, MD and Christina L. Upchurch, MA. We'll publish comments in our next edition. It's not too late to share your thoughts. E-mail editor@bmctoday.com.

You can access the article at PracticalNeurology.com: http://bmctoday.net/practicalneurology/2013/10/article.asp?f=a-survey-of-neurologists-on-career-satisfaction-and-burnout

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2. Odaka M, Yuki N, Hirata K. Anti-Gq1b IgG antibody syndrome: clinical and immunological range. J Neurology, Neurosurgery, and Psychiatry 2001. 70:50-55.
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