



Your Questions Answered

BASILAR MIGRAINE

Q I was just diagnosed with basilar migraine after having first been misdiagnosed with multiple sclerosis. What is basilar migraine, and what treatments are available?



**DR. DEBORAH
I. FRIEDMAN
RESPONDS:**

A Basilar-type migraine (BTM) was first described in young women, but it can affect men and women of all ages. This rare form of migraine is characterized by aura symptoms arising from parts of the brain supplied by the basilar artery, which is one of the major arteries delivering oxygen to the brain. These symptoms can include spinning dizziness, imbalance, double vision, loss of vision in both eyes, numbness, trouble speaking, tinnitus (ringing in the ears), trouble with hearing and coordination in the arms, and, in more severe cases, loss of consciousness.

If the spells occur frequently, preventive treatment is recommended. A class of drugs called calcium channel blockers can reduce symptoms by stabilizing the walls of blood ves-

sels to prevent spasms. Other medications typically used for migraine prevention, such as antidepressants or anti-convulsants, may be used. Beta blockers, another class of preventive migraine medication, are less commonly prescribed for BTM because they may worsen the condition in some cases.

For less frequent episodes, symptomatic treatment is effective. Pain and anti-inflammatory medications appear to be safe and effective in migraine symptom management. The migraine-specific medications triptans and ergotamines, however, have traditionally been avoided for BTM because they may constrict the basilar artery and possibly lead to stroke.

It's helpful for people with migraine to examine triggers in their diet and lifestyle. Monitoring stress levels and changes in one's environment can be useful in identifying triggers, as is keeping a food journal. Certain aged foods such as cheese and cured meats, as well as alcohol, artificial sweeteners, and (I'm sorry to say) chocolate have been shown to trigger migraine, so it might be best to avoid them.

Deborah I. Friedman, M.D., M.P.H., Fellow of the American Academy of Neurology, is a professor of ophthalmology and neurology at the University of Rochester School of Medicine.

BRAIN TUMORS

Q Is it true that combining drugs is the best way to treat malignant brain tumors?



**DR. LYNNE
P. TAYLOR
RESPONDS:**

A Since combining chemotherapy with other cancer drugs has been around for decades, I suspect your question was raised by the promising results of a recently published study regarding the two-drug regimen of bevacizumab (Avastin) and irinotecan (Camptosar) to treat malignant brain tumors.

In this clinical study that was published in the *Journal of Clinical Oncology* in 2007, patients with brain tumors were treated with a combination of bevacizumab and irinotecan. The combination was found to be an effective treatment for recurrent brain tumors.

Bevacizumab is an antibody that recognizes and at-

tacks a protein produced by cells that stimulates the growth of blood vessels. By shrinking the vessels, bevacizumab starves the brain tumor of blood and nutrients.

Irinotecan is a chemotherapy drug that inhibits topoisomerase 1, an enzyme that winds and unwinds DNA. By cutting the DNA strand, the drug kills the tumor cells.

The treatment thought to be best for malignant brain tumors has been a combination of oral chemotherapy drugs with radiation and surgery. Unfortunately, malignant brain tumors always recur, and bevacizumab and irinotecan have been used as a final therapy when they do. Now, because of the positive results of the 2007 study, a larger clinical trial is underway to test the effectiveness of the combination chemotherapy drugs as an *initial* treatment for malignant brain tumors. Once those results are published, we'll know even more about the efficacy of this drug combination.

Lynne P. Taylor, M.D., Fellow of the American Academy of Neurology, is a neuro-oncologist at Virginia Mason Medical Center in Seattle, WA.

AUTISM

Q My child has Asperger's syndrome, and he is an only child. What will happen to him when my husband and I are gone? What services are available?



**DR. ISABELLE
RAPIN
RESPONDS:**

A Since Asperger's syndrome (AS) is a behavioral diagnosis with a broad range of severity—and not a specific disease—it's difficult to predict your child's future without more specific information. The services that are available and appropriate for your son will be dictated by his specific condition and needs. However, the following factors will shape the future of any person with AS: level of intelligence, social skills, and quality of intervention. With counseling and support, some people with AS are able to function independently, attend college, have a job, and get married.

Asperger's syndrome is one of the autism spectrum disorders, which are characterized by abnormalities of social interactions and communication, restricted interests, and repetitive behavior. The Department of Health and Human Services estimates that the prevalence of autism spectrum disorders in the U.S. is 1 in 110 births.

Many people with AS find it difficult to make long-term plans, so this responsibility often falls to their parents. If you have the means, consider establishing a trust to secure your son's future. Or, if he is handicapped, get information about benefits he may be eligible to receive. Does he need a group home or assisted living facility? If so, start looking now—the process of finding the right environment can take years. Finally, consider assigning a guardian, someone who will safeguard the interests of your child.

An excellent resource for support groups and online resources is the Autism Society of America Foundation (autism-society.com).

A success story for people with AS is to find a social and vocational niche that fits their needs as well as a support system that helps them function. Therefore, it's important for parents to talk to their children, let them know that there is a name for their difficulty, and remind them that they are not alone. Then let them decide what they want to do and help them find their niche.

Isabelle Rapin, M.D., Fellow of the American Academy of Neurology, founded the Child Neurology Service and Fellowship Training Program at the Albert Einstein College of Medicine in New York where she is a professor of neurology and of pediatrics.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS?

Send it to neurologynow@lwwny.com

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