

FEBRUARY 2024 | ISSUE 2

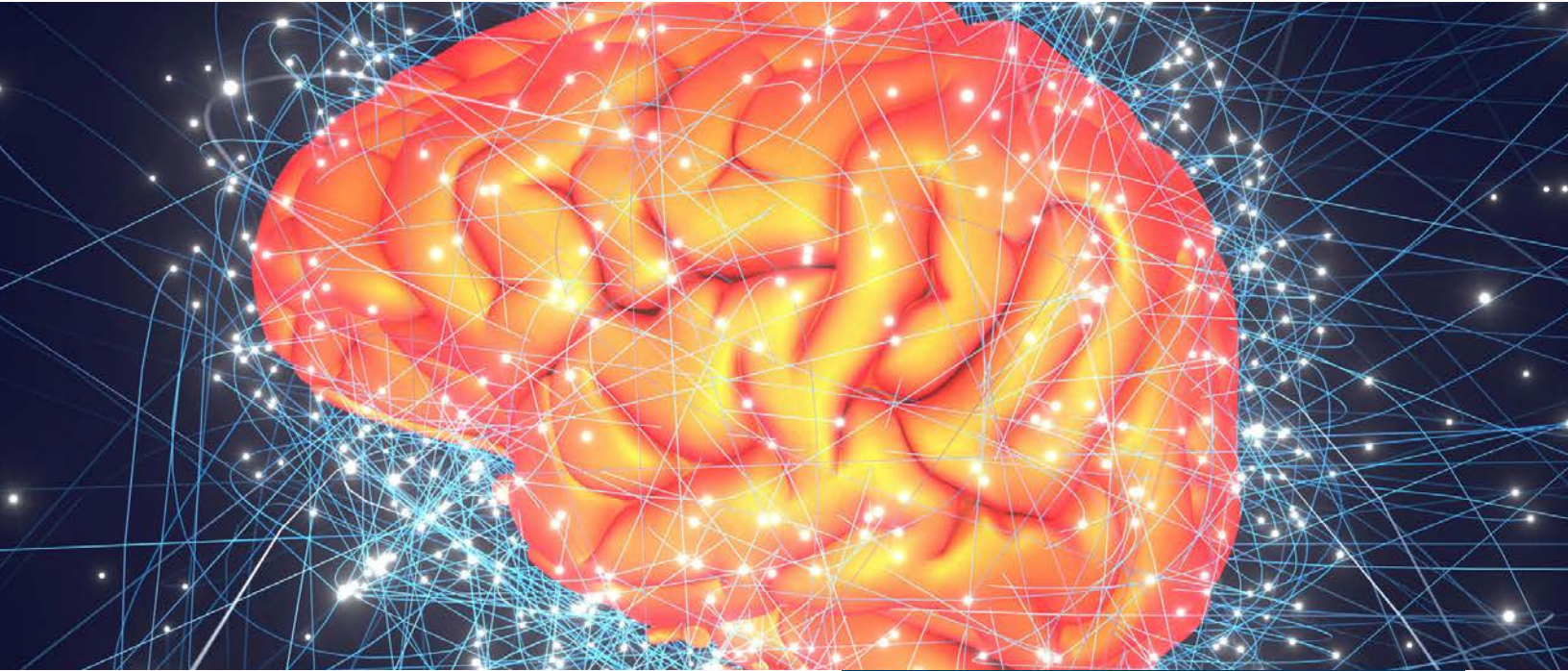
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# THE GEORGE WASHINGTON UNIVERSITY

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WASHINGTON, DC

The Neurology & Rehabilitation Medicine Newsletter



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The GW Medical Faculty Associates  
2150 Pennsylvania Avenue  
NW Washington, D.C. 20037  
202-741-3000

## A WELCOME MESSAGE

Dear Colleagues, patients, and families,

I am thrilled to share some exciting updates from the Neurology Department as we embark on new initiatives and witness outstanding accomplishments.

We are delighted to announce the establishment of the Epilepsy Diet Clinic, Transition Clinic, and Neuromodulation Clinic, demonstrating our commitment to providing comprehensive and specialized care to our patients. The development of multidisciplinary clinics is well underway, aimed at optimizing patient outcomes through collaborative efforts.

I am proud to report that our Residency, Fellowship, and Clerkship programs continue to receive the highest accolades not only within our university but also nationwide. This recognition reflects the dedication and excellence of our faculty and trainees.

In the realm of research, our contributions remain at the forefront, with our work being highly cited and among the most downloaded from esteemed medical journals. This success is a testament to the impactful research endeavors led by our talented team.

Looking ahead, we have exciting news to share about new recruits joining the Neurology Department from top academic programs across the country. These individuals will bring diverse expertise in various neurological subspecialties, further enhancing our capabilities and contributing to the advancement of our department.

As we move forward, I encourage you to stay tuned for more updates on our ongoing initiatives and the valuable contributions of our team members. Your continued support and dedication to excellence are instrumental in our department's success.

M. Z. Koubeissi, MD  
Professor and Interim Chair  
GW Department of Neurology & Rehabilitation Medicine



# OUR NEWS



Dr. Andrew Becker has been selected as one of the winners of the 2024 Academic Medical Enterprise Pillars of Excellence Award. The Pillars of Excellence Awards were created this year to recognize a group of outstanding faculty and staff from across SMHS and the MFA who have done exceptional work in support of our shared missions.



Dr. Ted Rothstein's paper titled 'Cortical Grey Matter depletion Links to neurological sequelae in post COVID-19 "long haulers"' in *BMC Journals*, was one of the five most downloaded articles of 2023.



Dr. Ted Rothstein gave the Medicine Grand Rounds on the 12/19/2023 titled: 'Neuropathology of COVID-19'



Dr. Henry Kaminsky and Dr. Pritha Ghosh's paper titled 'Mycophenolate Mofetil for the Long-term Treatment of HTLV-1 Associated Myelopathy: A Case Report' published in the *Journal of Neuroimmunology*



Dr. Mohamad Koubeissi was the course co-director and speaker of the 5th Epilepsy Review Course and Best Practices. Jan 19-20, 2023, Alexandria, Egypt. Joined by Dr. Yamane Makke as a guest Speaker



Dr. Mohamad Koubeissi was moderator and speaker at the 50th Annual Meeting of the Clinical Neurological Society of American (CNSA). Key Largo, FL. Jan 14, 2024.



Dr. Mohamad Koubeissi published a paper titled 'Evaluation of Paroxysmal Events in Critically Ill Patients: Relationship of Primary Diagnosis to Long-Term EEG Yield.' in *The Hospitalist*



# WHAT'S NEW IN NEUROLOGY

## WHAT'S NEW

**New imaging techniques used to determine eligibility for clot-busting medications in stroke.**

## WHY IT MATTERS

**Imagine someone wakes up with symptoms of a stroke (like weakness on one side of the body), but they do not know when these symptoms started. Normally, if more than 4.5 hours have passed since they were last seen normal, they are not eligible to receive certain stroke medications that can break down blood clots. In this trial, patients got a quick MRI scan of their brain. This scan helped doctors determine if the brain was still healthy enough to benefit from a medication, called intravenous alteplase. Those who met the criteria and received the medication based on the MRI results had a much better chance of recovering well.**

Reference: Ma et al. (2019). Thrombolysis guided by perfusion imaging up to 9 hours after onset of stroke. *New England Journal of Medicine*. 380: 1795-1803.

## WHAT'S NEW

**New imaging techniques used to determine eligibility for clot-busting medications in stroke.**

## WHY IT MATTERS

**This trial focused on patients who developed stroke symptoms within 4.5 to 9 hours, but it was not clear when they first started having the symptoms. A different type of brain scan called perfusion imaging via computed tomography (CT) or magnetic resonance (MR) was performed to determine if patients could still benefit from the clot-busting medicine. If the scan met specific criteria, indicating the brain tissue could still be saved, they received the medication. Just like the previous trial, these patients also had a significantly better chance of a good recovery.**

Reference: 1.Thomalla et al. (2018). MRI-guided thrombolysis for stroke with unknown time of onset. *New England Journal of Medicine*. 379: 611-622.



Look for Signs of **STROKE** and

**BE FAST** Dial 4100

Call a **BRAIN ATTACK**



**B**alance

*Loss Of Balance, Dizziness*



**E**yes

*Vision Changes*



**F**ace

*Facial Drooping, Severe Headache*



**A**rms

*Weakness, Numbness*



**S**peech

*Trouble Speaking, Confusion*



**T**ime

**Steps to call in a Brain Attack:**

*Dial 4100 if at GW Hospital*

*Call 911 if outside GW Hospital*

**RESPOND QUICKLY! Time Lost Is Brain Lost.**

For more information, visit the American Stroke Association at [www.stroke.org](http://www.stroke.org).



THE GEORGE WASHINGTON  
UNIVERSITY **HOSPITAL**



Interview with

# Dr. Victoria Vinarsky



## How did epilepsy change over the years?

Epilepsy has been around as long as humans have been around. Now we're able to diagnose it, and also treat it. With technology and drug development, we have more options for treatment that are medical and non-medical. Non-medical treatments include diet therapy, surgery, and neurostimulation.

Medicine as a whole is also moving towards precision-based medicine that looks at patient specific genetics as a way to treat. Overall, these advances are moving to a place where we can more quickly diagnose and treat patients at the individual level.

## What does GW offer to patients with epilepsy?

GW has a multidisciplinary team that also closely works with Children's National to offer diagnosis and treatment of Epilepsy. Our multidisciplinary team includes epileptologists, radiologists, psychologists, and neurosurgeons. GW offers different diagnostic opportunities: Epilepsy monitoring unit, MRI, functional MRI, PET scan and neuropsychological testing. We offer medical treatment, surgical interventions, dietary therapies, and neuromodulation using such devices as RNS, VNS, and DBS.

## What is the transition clinic and why is it important for patients with epilepsy?

The transition clinic is for our young adult population. I have dual appointment at Children's National and GW. This allows me to see patients at Children's National who are transitioning from pediatric care to GW for their adult care, where I continue to care for them.

Some of these individuals have seizures that are well controlled, while others have seizures that are resistant to medications. Overall, "transition" is a purposeful process that addresses the medical, psychosocial, and educational/vocational needs of young people with chronic epilepsy as they move from child-centered to adult-oriented health.

It is important to have a transition in place for patients that are moving from pediatric to adult care because we know from prior data that transition can be a difficult time and a planned process likely enhances medical and psychosocial outcomes for young people with epilepsy. Poor transition can lead to suboptimal seizure control, increased risk of sudden unexpected death in epilepsy (SUDEP), poor psychological and social outcome and inadequate management of comorbidities.

Many patients have been in the pediatric system their entire lives, where there are nursing staff, physicians, and all the support that they are used to. As they begin to transition to being older and needing to be in an adult facility, we guide them through that process. We start the process when they are teenagers and work with them until they are transferred to the adult facility. A lot of it is about giving patients autonomy and independence as they are going from pediatric to adult stage in their life which encompasses new challenges like work and school. It's a sensitive time from an emotional perspective, so it's important that the transition process is smooth and happens before there's a problem. We want our patients to feel fully supported as they transition to adult care.

## Interview with

# Dr. Victoria Vinarsky



### **What is the importance of diet in epilepsy and why is it crucial to have a diet clinic at our institution?**

Dietary therapy is another intervention that can help reduce seizures and is commonly used in addition to typical medication therapy. Our diet clinic involves an appointment with both an epileptologist and a dietician. We first assess whether diet therapy is safe for the patient, and we discuss the possible side effects of the diet. We consider the dietary therapy like a medication where we have specific doses for various diets. Although some of the mechanisms of action for diet therapy are unknown, most therapies rely on achieving ketosis initially, where the brain uses an alternate energy source other than glucose. Some of the dietary therapies we offer are low glycemic diet, modified Adkins diet, and ketogenic diet. For certain conditions, the ketogenic diet is the treatment of choice, and it should be the first to administer. As we all know, food is a social experience, so you want to make sure that it's something that's doable for a person and doesn't cause them harm.

### **How long have you been at GW and what do you like the most about GW?**

I pursued my clinical training in Pediatric Neurology at Children's National and my Epilepsy Fellowship at GW, so I've been at GW for a year and half now. I love the team; everyone is really supportive of each other. For everyone of us come on the epilepsy team is a family. At work we support each other by discussing difficult cases, and outside of work we have established great friendships among the team members. What I also value about GW and Children's National is the plethora of educational opportunities with journal clubs, seminar series, board review courses, and interactions with world class epileptologists.

### **Message to Epilepsy patients**

Any patient should advocate for themselves and work on getting the best treatment option along with their physician and I do think that GW is a place where they can do that. The physicians and the team are empathetic and work hard to get what is best for the patient. We go outside of the box to achieve that.

## **Interview with**

# **Dr. Victoria Vinarsky**





January 9, 2024  
**Adam Ostendorf, MD**  
Nationwide Children's National, Ohio,  
United States  
Title: The Future of The Epilepsy  
Monitoring Unit

February 13, 2024  
**Emilio Perruca, MD, PhD, FRCP**  
University of Melbourne, Australia  
Title: Recent Advances and Future  
Perspectives in The Pharmacological  
Treatment of Epilepsy

March 12, 2024  
**Fred Lado, MD, PhD**  
Northwell Health, New York, United  
States  
Title: TBA

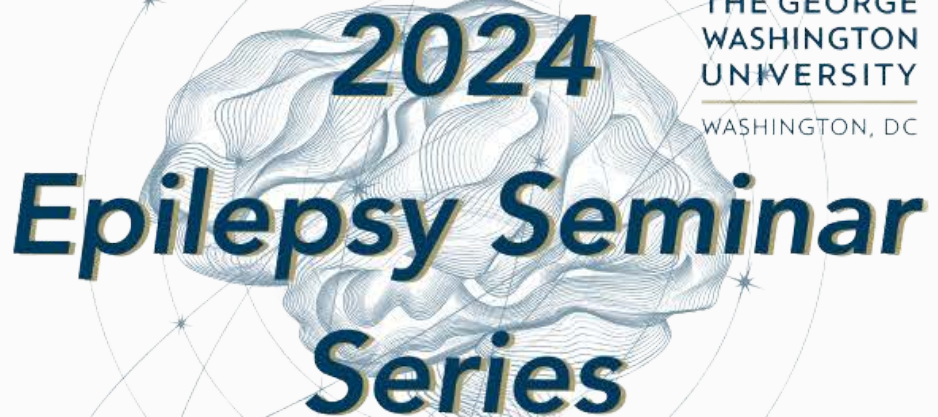
April 9, 2024  
**William Stacey, MD, PhD**  
University of Michigan,  
United States  
Title: Predicting Surgical Outcome With  
Network Properties of HFOs

May 14, 2024  
**Judy Liu, MD, PhD**  
Brown University, Rhode Island, United  
States  
Title: Metabolic Pathways in Epilepsy

June 11, 2024  
**Samir Sheth, MD, PhD**  
Columbia University, New York,  
United States  
Title: Network-Minded Epilepsy Surgery

July 9, 2024  
**Brian Lundstrom, MD, PhD**  
Mayo Clinic, Minnesota  
United States  
Title: Low Frequency Brain Stimulation

August 13, 2024  
**Michael Fox, MD, PhD**  
Brigham and Women's Hospital,  
Massachusetts, United States  
Title: Causal Mapping of Epilepsy and Other  
Symptoms Onto Human Brain Circuits



**2024**  
**Epilepsy Seminar**  
**Series**

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON, DC

September 17, 2024  
**Carrie McDonald, PhD**  
University of California San Diego,  
United States  
Title: Imaging of Cognitive Networks in  
Epilepsy

October 15, 2024  
**Lori Isom, PhD**  
University of Michigan,  
United States  
Title: Discovering Mechanisms of  
Developmental and Epileptic Encephalopathy  
With SUDEP

November 11, 2024  
**Jeff Noebels, MD, PhD**  
Baylor College Of Medicine, Texas,  
United States  
Title: Glioblastoma Epilepsy: A  
Hypersynaptic Ring of Fire

December 17, 2024  
**Joseph Tracy, PhD, ABPP/CN**  
Thomas Jefferson University, Pennsylvania,  
United States  
Title: TBA



# NEW ARRIVALS



**Asish Gulati, DO**  
Vascular Neurology



**Young-Xing Zhou, MD**  
General Neurology



**Victoria Vinarsky, DO**  
Epilepsy  
Transition and Diet clinic



**Alexandra Eid, MD**  
Epilepsy  
Neuromodulation



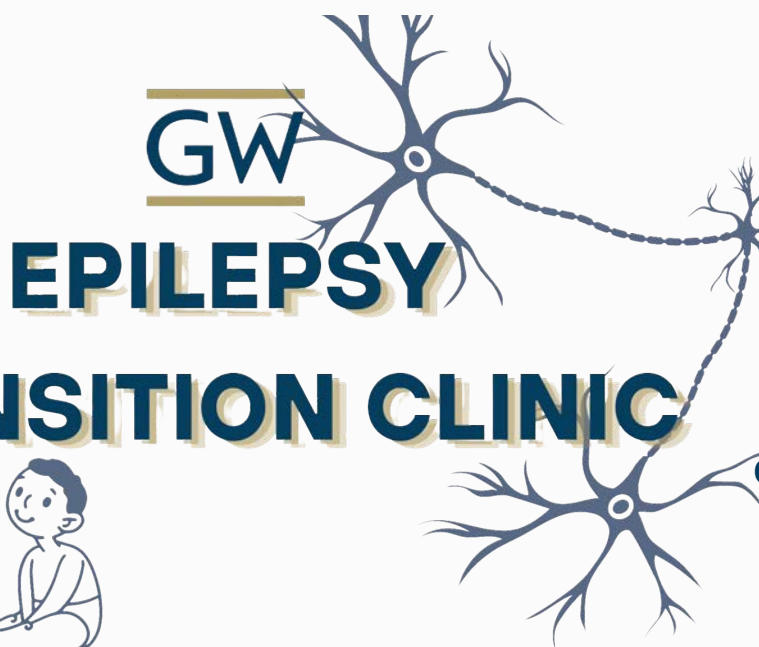
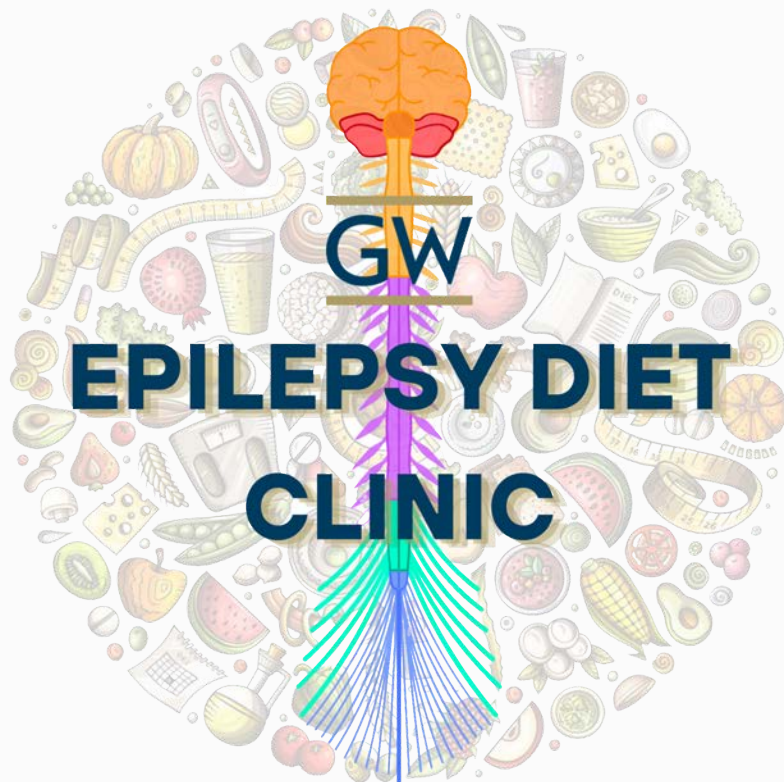
# ANNOUNCEMENTS

**Opening of our new Epilepsy Diet Clinic**

**Please Schedule Appointments on One of The Following Dates:**

- January 9
- February 6
- March 12
- April 9
- May 14
- June 11

**Contact Center Patient Scheduling  
Line: 202-741-2700**



**Announcing our new Epilepsy  
Transition Clinic**

**Contact Center Patient Scheduling  
Line: 202-741-2700**



Connect with us



*Thank you*

The GW Medical Faculty Associates  
2150 Pennsylvania Avenue  
NW Washington, D.C. 20037  
202-741-3000



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