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Editorial/Commentary

Short Takes

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LaFaver K., Miyasaki J.M., Keran C.M. et al. Age and sex differences in burnout, career satisfaction, and well-being in US neurologists. Neurology 2018;91:e1928-e1941. Doi:10.1212/WNL.0000000000006497

Flash summary: This study examined age and sex differences in individuals with burnout and well-being among neurologists. The study aims to document burnout among neurologists while breaking down age and sex differences. The study surveyed 4127 practicing neurologists who belong to the American Academy of Neurology. A 57-question survey was mailed to the neurologists. A 22-item Maslach Burnout Inventory—Human Services Survey was used to measure burnout and well-being.

Responses were obtained from 1671 neurologists (35% female). Depersonalization improved with increasing age. Emotional exhaustion, fatigue, and overall quality of life initially worsened and then improved with increasing age. Burnout rates were higher in women than men, but gender did not independently predict burnout in age-adjusted models. Qualitatively, women experienced burnout differently than men. The study concludes that burnout, career satisfaction, and well-being differ based on age and sex.

Bottom line: As in all surveys, conclusions are always limited by low response rates. With age things seem to improve and this might reflect dropout effects, i.e., as neurologists' age, the ones who are most unhappy quit, so the "survivors" might be the happier bunch. As usual, there are no data for child neurologists.

Sex differences are interesting and expected because there are societal gender differences in stress and overall workplace and family dynamics. This study did not attempt to study gender-specific stresses. This would be important to try to ameliorate any gender differences in burnout.

My main take away question is why is the Academy spending money to study burnout? Burnout is a result of societal changes, financial burdens of seeing patients, and performance metrics that do not measure quality. I believe there is a breakdown in the profession of medicine. This is coupled with the burden imposed by the electronic medical record and billing programs. These burnout studies are akin to studying the Titanic sinking in real-time and describing what happens in a sinking ship.

The Academy might be wiser to attempt to change what it can rather than to describe a sinking profession (the analogy to a slow sinking Titanic). For the life of me, I do not understand why the Academy is paying for these surveys, which I find depressing. What exactly is the point and why are my fees going to depressing descriptions instead of attempts in shoring up and ameliorating the challenges our profession is facing?

Gilbert D.L., Murphy T.K., Jankovic J., et al. Ecopipam, a D1 receptor antagonist, for the treatment of Tourette syndrome in children: A randomized, placebo-controlled crossover study. Mov Disord 2018;33(8):1272-1280

Flash summary: A novel D1 receptor antagonist was given to 40 patients in a double-blind placebo crossover treatment trial for tics in Tourette syndrome. This was deemed a phase 2b trial. The study enrolled patients from 10 centers. The age range of patients was seven to 17 years. The first patients were treated with either the medication or placebo for 30 days. After a two-week washout period, patients were crossed over to the alternative (medication versus placebo). On two of three scales, there was improvement in tics by 16 and 30 days, whereas on one scale there was improvement that failed to reach statistical significance. Patients had mild side effects compared with expected side effects observed with standard D2 receptor antagonists. The pharmaceutical company sponsoring this study has announced an upcoming larger study.

Bottom line: Ecopipam is thought to modify a direct excitatory pathway. Therefore this is a novel treatment for a tic disorder. Traditionally, alpha 2 agonists, diazepams, and D2 receptor antagonists are medically used for the treatment of tics. Cognitive behavioral therapy for tics is a more recent approach and may result in tic improvement.

Many practitioners are prescribing fewer and fewer medications for individuals with tics. In my practice, I now treat tics rarely because my patients seem to do well enough with reassurance alone. Patients with substantial comorbidities are the ones that typically need more aggressive interventions and often the comorbidities compared with the tic disorder are the bigger problem. Having said this, it is always wonderful to have another choice for children who might need treatment of their tics because the effectiveness of the current medications is often subpar.

Editor's note: Short Takes offers a brief analysis by Steven G. Pavlakis of selected articles that may be of interest to child neurologists. Articles that strike the fancy of the analyst or the editors are selected for inclusion, but we welcome suggestions.

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This trial is a bit odd, because it was not powered for a phase three trial. Gilbert et al. (with the pharmaceutical company) designed this as a so-called phase 2b trial with a placebo crossover design rather than designing a more thorough and, of course, more expensive trial. As I have stated in the past (at least for the most part), only phase three trials should have placebo arms unless the treatment is for a rare disease. In rare diseases, all the rules can be modified because real phase three trials are impossible. Tics are not rare, so it is unclear why Gilbert et al. chose this modified phase three trial and called it a phase 2b trial. Another striking issue is the participation of 10 centers, which means each site enrolled four patients on average. One of the biggest outcome variables in a multicenter study is the center where patients are recruited. Here each center contributes a small number, making result variability between centers a potential concern. Therefore the conclusions are suspect, but the trial is promising and a better, larger trial is necessary to confirm these preliminary findings.

For this present article, the pharmaceutical company may have done a study to analyze recruitment, site enrollment, and trial performance before designing a more complete trial. So because this medication seems well tolerated, I am hopeful that a larger trial confirms efficacy. The present data are not strong enough to allow many conclusions.