NEUROPHARMACOLOGY, NEUROTOXICOLOGY, AND NEUROENDOCRINOLOGY

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Neuropharmacology is an integral part of almost all areas of neurological practice. An increasing number of drugs are available for the treatment of neurological and other diseases and knowledge of their indications, modes of action, interactions, and adverse effects are fundamental to the care of our patients. This supplement does not aim to be comprehensive in covering all these aspects of neuropharmacology, many of which are discussed in earlier supplements covering specific areas on neurology, but rather to bring together a series of focused articles of practical value.

In this issue of *Neurology in Practice*, Katherine and Donald Grosset address the important neurological complications of prescribed drugs and their less commonly encountered syndromes. They highlight the importance of a good drug history in the patient evaluation. This then links in to neurotoxicology with Peter Enevoldson exploring the neurological consequences of the so-called "recreational" drugs. He provides some practical advice on how to recognise these as the potential cause of the problem, particularly as drug use may not always be admitted to. Claire McIntosh and Jonathan Chick then consider the most commonly used "recreational" drug, alcohol, and its effects on the nervous system. They provide a list of "key references" for the interested reader. One particular form of neurological injury that affects those who abuse alcohol (among other causes) is characterised by the osmotic syndromes. Roswell Martin explores their mechanisms, prevention, and management in detail.

There are many other neurotoxins and John Harris with Peter Blain provide an overview to this potentially bewildering field, emphasising just what a neurologist needs to know. Ajith Goonetilleke and John Harris discuss clostridial neurotoxins and in their additional article provide essential information on animal poisons, their recognition, and management.

Neuroendocrinology is a large area to consider and here we have been highly selective. Andrew Levy reviews pituitary disease, its presentation, diagnosis, and management. The assessment of pituitary disease is shared by several disciplines, often depending on local practice and expertise. Neurologists must, however, be able to recognise the sometimes subtle presenting features and understand the investigative and management pathways involved. A useful website is suggested.¹ This supplement does not discuss the most common endocrinological disease, diabetes mellitus. The diabetic peripheral neuropathies have been discussed in an earlier supplement.² A valuable comprehensive review of all the neurological manifestations of diabetes is worth reading.³ Thyroid disease and adrenal disease are associated with some neurological complications and may present with neurological problems especially involving muscle.⁴

Hashimoto's encephalopathy is considered a steroid responsive encephalopathy associated with high titres of anti-thyroid antibody. This inflammatory disorder should not be considered a neuroendocrine syndrome as the antibodies are probably a marker for an autoimmune process rather than being directly pathogenic. An article that addresses the controversies that surround this entity is recommended.⁵

REFERENCES

- 1 <http://www.pituitary.org.uk>.
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- 4 Adams RD, Victor M, Ropper AH. The endocrine myopathies. In: *Principles of neurology*, 6th ed. New York: McGraw-Hill, 1997:1440-2.
- 5 Chong JY, Rowland LP, Utiger RD. Hashimoto's encephalopathy: syndrome or myth? *Arch Neurol* 2003;**60**:164-71.

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