

# Brain Activation in Unresponsive Patients with Acute Brain Injury: Words of Caution

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Functional and structural integrity of severely injured brain remains a challenge for clinicians and neuroscientists.<sup>1</sup> New studies<sup>2</sup> are further expanding our understanding on noninvasive methods to evaluate the structural integrity of brain functions.<sup>1,3</sup> Apparently, it has been presumed that the patients have normal hearing; however, auditory response has been shown to be reduced after brain injury in many clinical studies.<sup>4,5</sup> There is a need to identify the presence or absence of pre-existing hearing impairment to find out its impact on brain activation. It needs to be further clarified whether evoked potential can help us to confirm the integrity of hearing. It is also important to note that apparently global insult due to systemic factors (cardiac arrest) causes more damage than more focal insult

(TBI > SAH). There is a further need to understand the severity of injury, e.g., imaging evidence of global versus focal injuries, dominant versus non-dominant side lesions. Studies have shown promising results as majority of the patients at follow-up though dependent were alive. How to interpret and apply these findings on individualized basis is the next challenge.

## REFERENCES

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## FDA Approves First Orally Disintegrating CGRP for Migraine Relief

The US FDA has given approval to rimegepant, the first calcitonin gene-related peptide (CGRP) receptor antagonist, available in a fast-acting orally disintegrating formulation for the acute treatment of migraine in adults.

In a trial, a single 75 mg dose of rimegepant has been found to yield rapid migraine pain relief with patients returning to normal activities within 1 hour. Sustained benefit was shown to last up to 2 days in many patients. About 86% of the patients treated with a single dose did not need a migraine rescue medication within 24 hours... (Medscape)