In this issue of *Neurodegenerative Disease Management*

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Welcome to the fourth issue of *Neurodegenerative Disease Management* of 2017, which features a range of review and original research content that we hope will be of interest to our readers.

As some of our readers may be aware, the Journal encourages the submission of unsolicited article proposals. In 2017, to date we have published a range of content spanning the field of neurodegenerative diseases, from an international authorship. So far, our most popular articles this year have included a Review article from Mariana Figueiro (Rensselaer Polytechnic Institute, NY, USA) on the use of light therapy in Alzheimer's disease and related dementias, discussing this promising nonpharmacological treatment for some of the sleep and behavioral problems experienced by this population [1]. Also in the field of Alzheimer's treatment, Nilüfer Ertekin-Taner (Mayo Clinic, FL, USA) discussed her work in the burgeoning field of big data research, using this to identify new therapeutic targets and biomarkers, in a popular Interview published in May [2]. And in the management of multiple sclerosis (MS), Meca-Lallana *et al.* (HCUVA-IMIB, Spain) presented an interesting Case Report on the treatment of relapsing–remitting MS with natalizumab in a real-world setting [3].

This issue starts with the presentation of original research from Bhidayasiri and colleagues, looking at the problem of bed mobility in Parkinson's disease patients. Night-time symptoms of Parkinson's have long been acknowledged, and an inability to turn in bed has been rated as particularly troublesome by patients. In this study, the authors' set out to determine the ability of Parkinson's disease patients to turn in bed by “utilizing inertial axial sensors to measure torque of axial rotation in the patient's home environment and compare these findings with their spouses” [4].

Next follows a review from Jamora and Miyasaki, in which they discuss the treatment gaps in Parkinson's disease care in low-income and developing countries, in particular the Philippines. The authors examine a range of areas, including epidemiology, healthcare, financial coverage, pharmacotherapy, surgical treatment and manpower. They conclude that significant gaps and challenges still remain in this area of the world, which is likely reflected in other countries with similar economic challenges [5].

In the first of two Special Reports, Street discusses the fact that up to 78% of people with MS do not participate in any meaningful physical activity due to a variety of barriers such as MS-related fatigue, heat sensitivity, self-efficacy, pain, access to knowledgeable professionals and reduction in mobility. To potentially address the last of these points, in particular foot drop, Street reviews the use of functional electrical stimulation of the peroneal nerve. Street also discusses the impact of using exercise-related activity to manage the symptoms of MS along with the potential neuroprotective effects [6].

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Finally in this issue, in a second Special Report from Gutmanis *et al.*, an initiative in Southwest Ontario is reported, Behavioral Support Ontario (BSO), which applied a collective impact framework in an attempt to change the way care is provided to older adults living with cognitive deficits and behavioral issues. The authors' conclude that the "BSO experience shows that multisector change is possible with multilevel leadership and coordination when: aligned with quality improvement principles; key structures and backbone supports are in place; and change strategies build on existing capacities and are standardized across sectors" [7].

As always, we welcome feedback, comments or questions to the Editor, either via email or one of our social media channels. I encourage you to follow the Journal on Twitter [8], or join the Future Science Group Neurology group on LinkedIn [9]. We hope you enjoy this issue.

Financial & competing interests disclosure

L Dormer is an employee of Future Medicine Ltd. The author has no other relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.

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