

The second series of 10 brains of the backlog, which were processed macroscopically, included one from an HD patient who had committed suicide, and whose father had died of the disease. On gross examination of the coronal slices, the rostral part of the neostriatum appeared normal. However, the body of the caudate nucleus was half the expected thickness, and the tail was barely distinguishable. The globus pallidus was unremarkable. Microscopic examination revealed neuronal loss and gliosis involving the dorso-paraventricular region of the head of the caudate nucleus, the nearby caudo-putaminal gray bridges, and the dorsal third of the putamen, although no volume loss was noticeable on gross examination. Furthermore, subtotal neuronal loss involved the tail of the caudate nucleus and, to a lesser extent, the body. Evidently, this brain displayed changes involving the neostriatum that were detectable in the early stage of the illness. Thus, the question was raised whether this gradient of neuronal loss and gliosis reflected the temporo-spatial, selective vulnerability of the HD striatum. Our interpretation of the findings was that the dorsal third of the rostral neostriatum is especially prone to degenerate in contrast to the relatively preserved ventral third including the nucleus accumbens. That the transition third exhibited the microscopic features of its two flanked zones supported the claim. Thus, within the degenerated part, reactive astrocytes were the predominant cells, while neurons were virtually absent. In contrast, the relatively preserved area displayed the nor-

mally expected cellular population, and was distinguishable from the intercalated zone, in which a mixture of apparently normal or degenerating neurons and reactive astrocytes were identifiable. The initial awareness of the regional heterogeneity of the cellular population of the neostriatum at different periods of the toxic process needed to be confirmed. The serial processing of a pool of brains from carefully categorised HD patients according to a strictly applied protocol did indeed allow reliable comparison of changes at different stages of the same disease.<sup>2</sup> Concomitant to these evolving observations, a group of basic scientists including Dr Nancy Wexler, James Gusella, and Marcy MacDonald were deeply involved in the search for the gene causing HD. Close interaction with members of the group contributed to the consolidation and improvement of the grading system, which has 5 grades (0-4) of severity of striatal involvement. The awareness of the dynamic research on HD steadily increased the donation of brains, which was coordinated by Tom Stevens, among others. Thus, the spectrum of the disease became gradually evident and was critically and constructively verified and improved by collaborators such as Drs. Robert Ferrante, Marian DiFiglia, and Tessa Hedley-Whyte. Dr Eric Myers assessed the hereditary and clinical features pertaining to the brains evaluated, and analysed the correlations between them and the grade assigned to the brains.<sup>3</sup> When the candidate genes became available long before the actual gene was identified,

the samples that were most suitable for the tests were those from patients whose anterior neostriatum (e.g., at the level of the nucleus accumbens) was moderately involved. Indeed, these samples displayed within the same section the three previously mentioned zones of the neostriatum: one that was gliotic and devoid of neurons dorsally; an intermediary one less involved than the dorsal one; and the relatively preserved nucleus accumbens, which provided a kind of internal control.

The widely used grading system has helped to identify the earliest histopathological and biochemical changes in HD. For example, the analysis of low-grade HD striatum showed that immunoreactive enkephalin-containing neurons projecting to the external segment of the globus pallidus were more affected than the substance P-containing neurons projecting to the internal segment. It established that the striatal degeneration in HD appears to move simultaneously in a caudo-rostral direction and in a dorso-ventral/medio-lateral direction.

#### References

1. Vonsattel J-P, Myers RH, Stevens TJ et al. *Neuropathological classification of Huntington's disease*. *Journal of Neuropathology and Experimental Neurology*. 1985;44:559-77.
2. Vonsattel J-PG, DiFiglia M. *Huntington disease*. *Journal of Neuropathology and Experimental Neurology*. 1998;57:369-84.
3. Myers RH, Vonsattel JP, Stevens TJ et al. *Clinical and neuropathologic assessment of severity in Huntington's disease*. *Neurology*. 1988;38:341-7.

## Conference Report

# Primary Care Neurology Society Meeting

Birmingham, UK, 17 May, 2007.

The Primary Care Neurology Society (P-CNS; [www.p-cns.org.uk](http://www.p-cns.org.uk)) seeks to develop links between primary and secondary care in order to optimise the care and management of patients with neurological disorders. A select audience (GPs and specialist nurses vastly outnumbering neurologists) converged on the Birmingham Hippodrome to hear presentations on a variety of topics of mutual interest and concern, including dementia, stroke and TIA, Parkinson's disease, epilepsy and headache.

A number of talks focused on how much GPs can and/or should do before involving secondary care, particularly in light of NICE or expert guidelines; for example whether or not to give a trial of medication in suspected Parkinson's disease prior to the recommended referral to an 'expert' for diagnosis (Paul Morrish), or diagnosing dementia and using the dreaded 'D' word (Louise Robinson). A study suggesting an average four year delay from first GP-recorded symptoms of dementia to actual diagnosis (*Fam Pract* 2007;24:108-16) may reflect, at least in part, diagnostic and therapeutic nihilism in this area, although with the latest (2006) NICE guidance on cholinesterase inhibitor use (and non-use)

such reticence may not necessarily seem inappropriate. Interestingly, an absolute criterion for referral to the speaker's clinic was GP performance of the MMSE, whereas we have found that less than 20% of referrals to a dedicated Cognitive Function Clinic report this as having been done. There was no firm guidance to GPs on the best screening or assessment tool for dementia, the MMSE being described as "the best of a bad lot". P-CNS would seem ideally placed to investigate this further, and provide advice. On the other hand, it might perhaps be seen as odd that the subject of dementia should be on the conference agenda when NICE/SCIE guidance essentially envisages no role for neurology in the diagnosis and management of this condition, despite its being the archetypal disease of higher brain function.

In a discussion on TIA/stroke (Ganesh Subramanian) it was suggested that any cerebrovascular neurological event lasting longer than one hour, rather than the current twenty-four hours, should be regarded as a stroke rather than TIA, and the ABCD2 risk stratification for TIA was promoted for wider use. Practical advice was on hand for the management of dif-

icult problems, including neuropathic pain (Chris Wells), for which codeine is apparently worse than placebo. Delegates were urged to consider the possibility of a neuropathic component to many chronic pain syndromes, including low back pain, with the therapeutic options that this may open up. The recognition of epilepsy syndromes was covered (Richard Hills) with the aid of illustrative video-EEGs, but some eyebrows were raised when the findings of the recently published SANAD trial (see *ACNR* 7(2): 39-40) were called into question on methodological grounds. A talk on the diagnosis and management of headache (Andrew Dowson) prompted lively debate. The need to recognise concurrent anxiety, depression, and social phobias which may drive the illness behaviour in chronic headache was emphasised, a point also relevant to neuropathic pain.

The need for a collaborative approach between neurologists and GPs is self-evident and will hopefully engage more practitioners, especially neurologists, in future P-CNS meetings.

CAH Fisher, *Marches Surgery, Leominster*  
AJ Larner, *WCNN, Liverpool, UK*.



# 1st London Colloquium on Status Epilepticus

London, UK, 12-14 April, 2007.

I was looking forward to three packed days of presentations on status epilepticus – a condition that causes much clinical angst – and it was a rewarding meeting. It seems to me that beyond travelling to an interesting destination for a few days, a conference presents itself as a platform for information that might directly impact on the attendees' knowledge and hence practice. But there is a more covert value – putting a person's work into context. How does a given researcher think things through, respond to questions, or to another's work? Subsequently one can read articles differently, the 'between the lines' fills out.

Professor Sloviter started the day on the molecular nature of status epilepticus. He had been asked to be controversial and he rose to the occasion, questioning the applicability of animal models to human temporal lobe epilepsy and arguing for a different kindling paradigm. During the day talks highlighted different aspects of basic science, including neuroreceptors, modifiers of injury such as inflammation, a subject's age and germline or mitochondrial genes. Appropriately the day ended with Professor Meldrum's synopsis of past studies and future horizons.

The next day concerned more clinical aspects. The central theme seemed to be how to define the various manifestations of status – convulsive versus non-convulsive, partial versus generalised, prospectively or following a response to treatment – in order to study its natural history and management. This is a treacherous area as

clinical signs do not always give an accurate view, but the patients who are better described clinically and in terms of investigations are not necessarily representative. The paucity of good data on treatments and outcomes needs to be addressed and the studies by Profs Neville and Bleck (amongst others) showed that well designed studies can take us forward.

In the absence of evidence, treatment and management seem to produce the most divergence of opinion. This may be because we all have to act under these circumstances and treat dangerously sick patients; we are influenced by the medical culture we work in – interventionist or conservative, our personal approach to medicine – heroic or cautious, in the context of our society's view of good medicine – "the more tests and drugs the better!" to 'do you really have to give anything else – can't we wait and see?' Hence in discussions clinicians were often very sure of what they might do under certain circumstances but this may be quite different to what is done by others.

Matthew Walker introduced the topic of neuroprotection and emphasised the 'obvious dichotomy between neuronal damage and epileptogenesis,' and subsequent presentations also discussed the circuitry problem and the effects of preconditioning and drug resistance.

Outcomes for cognition and development of epilepsy in adults and children who have been in generalised or non-convulsive status were presented and there was a general feeling that the natural history of status does need further

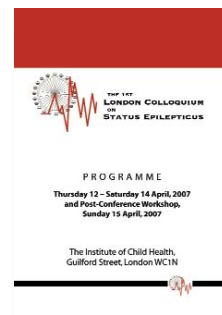
clarification.

A wide range of issues were put before the delegates in poster presentation ranging from basic science to the relational psychiatric treatment of 'status pseudoepilepticus' by way of several interesting clinical series and vignettes. The most frequent theme, no doubt due to its novelty, was of cases where intravenous levetiracetam was given to patients in status.

The last talk of the meeting looked at what guidelines exist. It was helpful to consider studies of the utility and uptake of other guidelines prior to the next day's workshop to develop recommendations and options for the treatment of status epilepticus in Europe – a report of which will follow.

The first London Colloquium on Status Epilepticus was everything one could want in a conference – Professor Shorvon's team brought international experts to discuss their understanding and research in a difficult and clinically relevant area. The organisers had asked the first speaker of each section to be controversial and this generated lively discussion. It brought clinicians and bench scientists together. There was time to discuss issues in the breaks and meet new colleagues in the field.

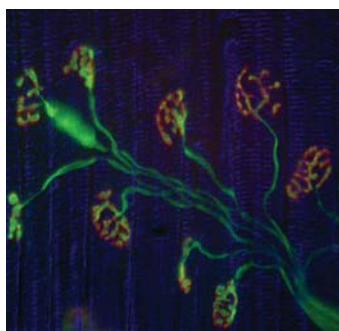
*Bridget MacDonald, Consultant Neurologist  
Mayday Hospital, Croydon, UK.*



## PREVIEW: Moving Forward with Motor Neurone Disease: a translational research symposium

The Royal Society of Edinburgh, UK, 29-30 August, 2007.

Motor Neurone Diseases (MND), including amyotrophic lateral sclerosis (ALS) and spinal muscular atrophies (SMA), have variable onset and rate of progression, but are united by motor neurone death, limited efficacy of treatment and an absence of any cure. A coalition of basic scientists and clinicians, based mainly in Edinburgh, involved in studying the biology of motor neurones and/or motor



neurone disease formed The Edinburgh Motor Neurone Disease Research Group (EdMoND) in 2006. We held a successful local colloquium in our first year, but for 2007 we have invited key speakers from the clinical and research communities in the UK and USA, as well as from the EdMoND group, to take part in a 2-day Symposium on translational research into MND. The meeting will focus on developing national and international collaborations in order to bring about improved understanding

and more effective treatment of MND. The Symposium will bring together those involved in wide-ranging aspects of MND research, with sessions on: cognitive function; roles of neuronal activity and glia in cellular mechanisms of degeneration; motor neurone development and SMA; molecular and cellular biology of ALS; and neuroprotective and regenerative strategies for developing more effective treatments.

The meeting will be held at the Royal Society of Edinburgh and will be fully catered during both days. The venue is in the centre of the historic city of Edinburgh and the meeting occurs towards the end of the Edinburgh International Festival, so why not combine science with culture and join us this August in Edinburgh?

Places are limited to 150 delegates but

Registration is only £50, thanks to the generosity of our sponsors. Limited accommodation is available at additional cost. On-line Registration and Abstract submission for the Poster sessions are open now and until 16th July at:

<http://www.edinburghneuroscience.ed.ac.uk/MNDmeeting2007>

We are extremely grateful to the following for their generous sponsorship of the Symposium: The Scottish Motor Neurone Disease Association, Wyeth Research, Edinburgh Neuroscience, The Anatomical Society, Olympus microscopes, The Scottish Centre for Regenerative Medicine, The Centre for Neuroscience Research, The Motor Neurone Disease Association, The School of Biomedical Sciences, The Physiological Society, Leica Microsystems, and Media Cybernetics.

# MS Frontiers

London, UK, 14-15 June, 2007.

**M**S Frontiers 2007 was the largest MS Society conference for professionals yet, providing collaboration between the MS Societies of the UK, US, Australia and Canada and bringing together experts from across the world to speak on MS research. This year there were over 350 delegates and 35 renowned speakers, providing the opportunity for researchers and healthcare professionals within the multiple sclerosis field to present their latest work, share ideas and identify key challenges for the future. International speakers included Claudia Lucchinetti, Professor of Neurology at the Mayo Clinic in Minnesota, Professor Trevor Kilpatrick, Head of the Centre of Neuroscience at the University of Melbourne, Australia, and Professor Brenda Banwell, Director of the Paediatric Multiple Sclerosis Clinic at the University of Toronto, Canada.

The Inaugural Ian McDonald Memorial Lecture paid tribute to Ian McDonald, who died in December last year but who made a unique and unparalleled contribution to our understanding of MS. Ian McDonald was a true leader in the research field and made important contributions in the areas of genetics, physiology and most recently imaging. With the support of the MS Society, he pioneered the use of magnetic resonance imaging in improving the diagnosis and understanding of MS and importantly, the way in which we can use imaging to improve and speed up clinical trials. It is highly appropriate that his name has been applied to the Keynote Speaker session of the MS Frontiers Conference as a tribute to his lifetime of achievements. This year the Keynote Speaker was Lawrence Steinman, Professor of Neurology at Stanford University who presented work on future therapies for MS. He spoke about two negative regulators, aB Crystallin and PPAR- $\alpha$ , and a positive regulator of autoimmunity, osteopontin, which play key roles in MS. He introduced research about how sex hormones and the fact that women develop more robust immune responses than men, make them much more likely to develop autoimmune conditions such as MS.

An outstanding presentation was given by Brian Weinshenker, Professor of Neurology at the Mayo Clinic on his recent work on Neuromyelitis optica (NMO). In recent years, analysis of the clinical course, pathological features and radiological features of the condition have distinguished it as separate from MS. Brian Weinshenker's discovery of a specific antibody (NMO-IgG) in patients with NMO, but not in patients with MS has opened new avenues for understanding the pathogenesis of NMO, as this is the first instance in which a specific target for an immune reaction resulting in an inflammatory demyelinating disease in humans has been identified. NMO-IgG is now used as a clinical test for NMO and will hopefully provide considerable insight into the pathogenesis of the condition.

Several sessions of the conference focused on



Brian Weinshenker's discovery of a specific antibody (NMO-IgG) in patients with NMO, but not in patients with MS has opened new avenues for understanding the pathogenesis of NMO

the global patterns in the epidemiology of MS and the roles of genes and the environment in the development of the condition. Dr Eli Silber, Consultant Neurologist at Kings College Hospital, London spoke about racial differences and their role in NMO and MS development, as well as presenting evidence of a large latitudinal role in MS development, while Professor Alastair Compston, Head of the Department of Clinical Neurosciences at the University of Cambridge, spoke about discovering candidate genes and new technologies which are allowing discovery of further associations. The conference then turned to The Canadian Collaborative Study on Genetic Susceptibility to MS, which involves 30,000 MS individuals. George Ebers, Professor of Neurology at Oxford University, presented his studies showing how familial recurrence, adoptees, half-sibs, step-sibs, conjugal pairs, parental transmission, intrafamilial migration and familial autoimmu-

nity have allowed more insight into MS susceptibility. He also identified a category of alleles which are protective against MS and may offer the potential for novel treatment targets.

Subsequent to the educational trip to India organised by the UK's Multiple Sclerosis Society in conjunction with the MS Society India, Lekha Pandit, Professor of Neurology at the KS Hegde Medical Academy, Derlakatte, India also introduced a session about MS in India and the issues facing the country.

Breakout sessions allowed the delegates to branch off into their preferred specialities, with one session covering rehabilitation, exercise and quality of life for people with MS, while the other detailed current research into models of MS including humanised mice and Professor Robin Franklin's work on stem cells, precursors and myelin repair at the Centre for Myelin Repair in Cambridge.

The conference next turned its attention to the pharmaceutical research and development priorities, with a panel of representatives from companies such as Biogen, GSK, Schering and Genzyme answering questions about their short and long term goals and how they felt partnerships between industry and academia could be improved to provide better products and services for people with MS. They commented on their current clinical trials and were asked about their plans for novel therapeutics for progressive MS.

The final session of the conference found Dr Alasdair Coles, Consultant Neurologist at the University of Cambridge, and ACNR's Co-Editor, giving his thoughts on some of the current and potential treatments for MS and how the risks of taking these treatments were perceived and understood by patients. He summarised his trial data on alemtuzumab (Campath-1H), as well as some other disease modifying agents and focused on the sort of information patients received about treatments, side effects and MS disease course and whether it was possible to individualise MS risk. He ended by urging people to consider the mismatch between the type of data we obtain from trials, which last two to three years, and the knowledge we need about the effect these drugs will have over a lifetime in order to be able to convey accurate risk information to patients. He also questioned who should be responsible for the final decision on which risks are justifiable.

The conference was a huge achievement, encouraging communication, cooperation and collaboration throughout the many disciplines involved in MS research. The conference provided a forum for the best minds in the field to come together to relay information and promote understanding in order to move us closer to discovery of potential treatments for people with MS. Interviews with the scientists and a full conference breakdown are available at <http://www.mssociety.org.uk/>

*Dr Laura Bell, Research Communications Officer, Multiple Sclerosis Society.*

# PREVIEW: Syringomyelia 2007: 2nd International Symposium on Syringomyelia and Chiari

Rugby, UK, 23-26 October, 2007.

In association with the University Of Birmingham, the Society Of British Neurological Surgeons and the Spine Society of Europe

The last international syringomyelia symposium was held in Kobe Japan 2000. It is with great pleasure that we invite you to the historic town of Rugby, UK, to join a meeting of specialists in the management of syringomyelia, at an international symposium arranged by the Ann Conroy Trust. The event is to be held at the ancient seat of learning and the birthplace of Rugby Football, Rugby School.

The aim of the symposium is to define the present state of understanding of syringomyelia and related disorders, discuss controversies in practice and provide direction for future research.

Keynote speakers include Edward Oldfield (USA), Thomas H Milhorat (USA), Tatsuya Nagashima (Japan), Marek Czosnyka (UK), Graham Flint (UK), Dieter Grob (UK), Ulrich Batzdorf (USA) Jorg Klekamp (Germany), and Clare Rusbridge (UK).

Invited professionals include Neurosurgeons, Paediatric Neurosurgeons, Spinal Injuries Specialists, Neurologists, Spinal Orthopaedic Surgeons, Specialists in Pain Management, Physiologists, Radiologists & Veterinary Specialists.

## Human & Veterinary Medicine

Syringomyelia is a condition that affects several mammalian species. This is a unique opportunity for clinicians and scientists from the worlds of human and veterinary medicine to collaborate and exchange knowledge and understanding.

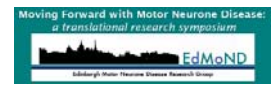


## Delegates Social Programme

A full programme offers delegates and accompanying persons the very best of English heritage from the historic heart of England.

## Register Now!

For more detailed information please go to [www.syringomyelia2007.org](http://www.syringomyelia2007.org)  
Continuing Professional Development approval applied for



## Symposium topics will include:

- Historical perspectives
- Hindbrain related syringomyelia
- Post-traumatic syringomyelia
- Mathematical modelling
- Idiopathic syringomyelia
- Tumours
- Scoliosis
- Arachnoiditis
- Tethered cord
- Paediatric aspects
- Genetics
- Epidemiology
- Aetiology
- Pathology
- Psychological aspects
- Nursing aspects
- CSF physiology
- Clinical presentation
- Radiology
- Electrophysiology
- Surgical approaches
- Pain management
- Experimental work
- Rehabilitation
- Medico-legal aspects
- Veterinary aspects
- Patient Perception

## Events Diary

To list your event in this diary, email brief details to Rachael Hansford at [rachael@acnr.co.uk](mailto:rachael@acnr.co.uk) by 10 August, 2007

## 2007

### July

**Meeting the Challenges of Severe Aphasia**  
5 July, 2007; Connect, London  
E. carolecross@ukconnect.org,  
[www.ukconnect.org/connectcourses\\_19\\_92.aspx](http://www.ukconnect.org/connectcourses_19_92.aspx)

**Aime 2007 Workshop: Artificial Intelligence In Functional Neuro-Imaging**  
8 July, 2007; Amsterdam, The Netherlands  
Sennay Ghebreab, E. ghebreab@science.uva.nl

**27th International Epilepsy Congress**  
8-12 July, 2007; Singapore  
T. +353 1 205 6720, F. +353 1 205 6156,  
E. [Singapore@epilepsycongress.org](mailto:Singapore@epilepsycongress.org),  
[www.epilepsysingapore2007.com](http://www.epilepsysingapore2007.com)

**The Autistic Spectrum - Insights into Causes, Management and Treatment**  
10 July, 2007; London, UK  
T. 01722 716007, [www.mahealthcareevents.co.uk](http://www.mahealthcareevents.co.uk)

**Neurology Review 2007**  
10-20 July, 2007; Rome, Italy  
T. +1 800 422 0711, F. +1 727 527 3228,  
E. [sandra@continuingeducation.net](mailto:sandra@continuingeducation.net)

**Pain and the Brain**  
11 July, 2007; Livingston, UK  
T/F. 020 8394 0400, [www.physiouk.co.uk](http://www.physiouk.co.uk)

**3rd Congress of the International Society for Vascular and Cognitive Disorders (VAS-COG)**  
11-14 July, 2007; San Antonio, USA  
<http://vas-cog.org/vas-cog2007/index.html>

**Pain and the Brain**  
12 July, 2007; Manchester, UK  
T/F. 020 8394 0400, [www.physiouk.co.uk](http://www.physiouk.co.uk)

**7th IBRO World Congress of Neuroscience**  
12-17 July, 2007; Melbourne, Australia  
E. [ans@sallyjayconferences.com.au](mailto:ans@sallyjayconferences.com.au),  
[www.ans.org.au/anshome.htm](http://www.ans.org.au/anshome.htm)

**Techniques and Applications of Molecular Biology: A Course for Medical Practitioners**  
16-19 July, 2007; Coventry, UK  
T. 024 7652 3540,  
E. [Charlotte.Moonan@warwick.ac.uk](mailto:Charlotte.Moonan@warwick.ac.uk),  
[www.warwick.ac.uk/go/bioscienceshortcourses](http://www.warwick.ac.uk/go/bioscienceshortcourses)

**Olfaction & Neuroscience Symposium**  
24-25 July, 2007; Wye, Kent  
E. [jvoliver@semiochemica.org.uk](mailto:jvoliver@semiochemica.org.uk)

**Translational Research Symposium: Moving Forward with Motor Neurone Disease**  
29-30 July, 2007; Edinburgh, UK  
E. [Edinburgh.neuroscience@ed.ac.uk](mailto:Edinburgh.neuroscience@ed.ac.uk),  
[www.edinburghneuroscience.ed.ac.uk/MNDmeeting2007.html](http://www.edinburghneuroscience.ed.ac.uk/MNDmeeting2007.html)

**25th Annual National Neurotrauma Society Symposium**  
30 July-1 August, 2007; Kansas City, USA  
[www.neurotrauma.org/2007/index.htm](http://www.neurotrauma.org/2007/index.htm)

### August

**International Dysarthria Conference: Whats New?**  
2-3 August, 2007; Sheffield, UK  
[www.trainingmadeeasy.co.uk/](http://www.trainingmadeeasy.co.uk/)

**Social Communication Following Brain Injury**  
10 August, 2007; Ely, UK  
Tel. 01353 652176.

**Eurepa Distance learning course on Genetics of epilepsy (III.) (Autumn 2006 to Spring 2007)**  
15 August, 2007; Application Deadline  
Verena Hézser-v.Wehrs  
T. +49 521 144 4310,  
F. +49 521 144 4311,  
E. [office@epilepsy-academy.org](mailto:office@epilepsy-academy.org),  
[www.epilepsy-academy.org](http://www.epilepsy-academy.org)

**9th Nordic Meeting In Neuropsychology**  
19-22 August, 2007; Göteborg, Sweden  
E. [nordic2007@neuropsychologi.org](mailto:nordic2007@neuropsychologi.org)

**Baltic Sea Summer School on Epilepsy**  
19-23 August, 2007; Lithuania  
E. [ruta.mameniskiene@yahoo.com](mailto:ruta.mameniskiene@yahoo.com),  
[www.epilepsy-academy.org](http://www.epilepsy-academy.org)

**13th International Congress of Immunology**  
21-25 August, 2007; Rio de Janeiro, Brazil  
[www.immunorio2007.org.br/](http://www.immunorio2007.org.br/)

**11th Congress of the European Federation of Neurological Societies**  
25-28 August, 2007; Brussels, Belgium  
T. +43 1 889 05 03,  
F. +43 1 889 05 03 13,  
E. [headoffice@efns.org](mailto:headoffice@efns.org)

**Annual British Association of Cognitive Neuroscience (BACN)**  
29-31 August, 2007; Dundee, UK  
[www.dundee.ac.uk/psychology/bacn/welcome.htm](http://www.dundee.ac.uk/psychology/bacn/welcome.htm)

### September

**MSc Advanced Neuroimaging**  
1 September, 2007; London, UK  
Tel. 020 7837 3611.

**The Pharmacological Treatment of Epilepsy, 2nd Eilat International Educational Course**  
2-9 September, 2007; Eilat, Israel  
E. [eilatedu@targetconf.com](mailto:eilatedu@targetconf.com)  
[www.eilat-aeds.com](http://www.eilat-aeds.com)

**Epilepsy, Behaviour and Neurology: An integrated approach to childhood epilepsy**  
4 September, 2007; London, UK  
For further information contact Felicity Pool,  
T. 01342 831202, E. [fpool@ncype.org.uk](mailto:fpool@ncype.org.uk)

**World Federation of Sleep Research Societies World Congress**  
1-8 September, 2007; Cairns, Australia  
[www.icmsaust.com.au/wfsrcs2007](http://www.icmsaust.com.au/wfsrcs2007)

**The Pharmacological Treatment of Epilepsy, 2nd Eilat International Educational Course**  
2-9 September, 2007; Eilat, Israel  
F. +972 3 5175155,  
E. [eilatedu@targetconf.com](mailto:eilatedu@targetconf.com),  
[www.eilat-aeds.com](http://www.eilat-aeds.com)

**Glial Cells in Health & Disease: VIII European Meeting**  
4-8 September 2007; London, UK  
Laura Milne, T. 0870 143 6981,  
F. 020 7808 5620,  
E. [info@euroglialcell.org](mailto:info@euroglialcell.org),  
[www.euroglialcell.org](http://www.euroglialcell.org)

An extended version of this diary is available on our website at <http://www.acnr.co.uk/regular.htm>

# European Stroke Conference: Nursing and AHP Study Day

Glasgow, UK, 29 May, 2007.

The European Stroke Conference organisers have, for the first time, held a Nursing/Allied Health Professions (AHP) Stroke Study Day which was delivered on the opening day of the European Stroke Conference.

The Organising committee, Professor Peter Langhorne (University of Glasgow, UK) and Professor Caroline Watkins (University of Central Lancashire, UK), with the support of Dr Julie Bernhardt (National Stroke Research Institute, Australia) and Dr Marion Walker (University of Nottingham, UK) put together an exciting programme including stroke researchers and clinicians from leading centres in stroke care and research from across the world.

The aim of the programme was to reflect the stroke care pathway (from pre-hospital to later recovery). Interactive plenary and poster presentation sessions took a practical focus whilst highlighting the best available evidence.

Professor Lorraine Smith (University of Glasgow, UK) deftly steered the main programme, encouraging discussion, whilst keeping speakers to time. In the morning session, Professor Ann Wojner-Alexandrov (USA) delivered an erudite synopsis of stroke as a medical emergency and the benefits of nurse led stroke specialist hyper-acute stroke care. Dr Maxine Power (UK) kindly returned from her



fellowship in the USA, to deliver a thought provoking account of MDT issues for identification and management of dysphagia, and Professor Nadina Lincoln (UK) explained how understanding psychological responses to stroke can improve outcome.

The lunchtime poster session, chaired by Dr Marion Walker (UK) gave the 210 delegates, from across Europe, North America and Australia, the opportunity to discuss issues raised in four selected posters.

Anne Loege and Eirik Naalsund, key members of the team from the trail blazing stroke unit in Trondheim (Norway) set the afternoon in full swing with their ground breaking methods of getting people moving early after stroke. Dr Julie Bernhardt (Australia) adroitly outlined the issues in performing robust research

in early mobilisation. Dr Audrey Bowen and Sandra Wilson (UK) spelt out the challenges for people with stroke, their carers and staff for people with communication problems. Dr Hild Fjaertoft (Norway) outlined and appraised research exploring facilitated return to the community.

The thought-provoking final session delivered by Professor Ann Ashburn (UK) and mediated by Dr Marion Walker, left the audience in no doubt as to the challenges that lie ahead in terms of not just performing research, but ensuring implementation in practice.

These are exciting times in stroke care and research, the world is finally getting the message that change needs to happen. Stroke services need to be developed and redesigned in line with current thinking. There needs to be investment in both implementation of existing research and future key topics, and most of all it is imperative that in these efforts we do not lose sight of our ultimate goal: improving the lives of those who have a stroke and those close to them.

Following the resounding success of this day, the Organising Committee feel confident that the ESC organisers will ensure that this Nursing/AHP day will become an annual event.

*Professor Peter Langhorne, Glasgow, UK.*

## 2nd Meeting of the UK Parkinson's Disease Non Motor Group

London, UK, 21 April, 2007.

The lives of people with Parkinson's disease (PD) are made more complicated by a range of non motor symptoms (NMS). Even though the last 30 years have seen enormous advances in the management of the motor symptoms of PD yet the NMS complex of PD have remained relatively unexplored. The International Parkinson's Disease non motor group (PDNMG), a non profit-making multidisciplinary educational group bringing together neurologists, geriatricians, psychologists, sleep experts, nurse specialists and cognitive experts, emphasises on the importance of NMS in the modern and holistic management of PD in the 21st century.

The UK Parkinson's Disease Non Motor Group held its second meeting on Saturday 21st April 2007 at the Royal Society of Medicine (RSM), London, entitled the 'Second meeting of the UK PD Non Motor group – Non Motor symptom complex of Parkinson's Disease'. The panel was exceptional, with 21 international experts who provided up-to-date information on the various aspects of NMS and 263 people attended this full day meeting. The welcoming speech was made by Dr Chaudhuri, Chairman of the PDNMG.

The opening talk was by Prof Wolters, Professor of Neurology at the University of Amsterdam, who described the stages of PD according to the Braak hypothesis stated. He pointed out that NMS are due to the depletion of not only dopamine but also due to other neurotransmitters, noradrenalin, serotonin and acetylcholine.

Prof AHV Schapira, Clinical Head of Service for Neurosciences at the Royal Free Hospital, London, continued the Braak theme and highlighted early signs and detection of PD, DAT scans to detect the progression of PD and MIBG scans are useful in identifying NMS and the presymptomatic aspects of PD.

Professor David, Consultant at the Institute of Psychiatry, London, who talked about the origin and treatment of PD hallucinations, stated that hallucinations are usually accompanied by cognitive impairment and an effective management of psychosis is achieved by a psychiatric assessment and the review of the PD regime.

Professor Barone from Naples stressed the importance of treating depression in PD. Depression precedes motor symptoms in 30% of PD cases and is more common in young female patients and also added that various studies have shown that the inclusion of a dopamine agonist in the regime of PD patients can significantly reduce the depressive symptoms.

Professor Brooks from Imperial College, London, talked about imaging in dementia associated with PD. The differentiation between cortical Lewy body disease, coincidental Alzheimer's disease (AD) and degeneration of projections of cholinergic, mesofrontal dopaminergic, serotonergic, noradrenergic was discussed.

Dr Salvage, from King's College University, London, considered novel dopaminergic therapies with antiparkinsonian, antipsychotic, antidepressant effects which are currently under trial. She also mentioned non-dopaminergic therapies in development, namely glutamate antagonists, cannabinoids, opiates, alpha2 adrenergic antagonist-idazoxan, fipamezole, 5HT1a agonists, adenosine antagonists with additive effects with L-dopa to decrease off periods, and the AMPA receptor antagonist talampanel.

Professor Brown, from the Institute of Psychiatry, London, talked about fatigue in PD and its treatment. He highlighted the problems in defining fatigue, understanding the cause(s), measuring and treating fatigue in PD.

Professor Stocchi, IRCCS Neuromed, Italy, stressed on the problems of autonomic dysfunction and the impact on quality of life. He covered gastrointestinal dysfunction, its correlation with Lewy body degeneration of dorsal nucleus of vagus, non effective peristalsis, swallowing problems, delayed emptying of stomach-leading to more off periods, drooling of saliva.

Professor Van Hilten, Leiden University Medical Centre, Amsterdam, talked about the olfactory dysfunction in PD. The issue of whether olfactory loss was linked to cognition was discussed. The hypothesis of network interaction failing as a cause for olfactory dysfunction was put forward.

Professor Oertel from Germany talked about the sleep disorders in PD. The neurochemical causes of sleep disturbance were postulated to

be due to reduced dopamine, serotonin, and adrenergic stimulation.

Professor Odin, Bremenhaven, Germany, reviewed sexual dysfunction in PD. No reported difference in sexual dysfunction between those on L-dopa to those on dopamine agonists. Both decreased and increased sexual interest was noted. Those reporting increased sexual interest were on dopamine agonists, especially at high doses. Clozapine and other agents like olanzapine, risperidone have been used to tackle the problem (although the latter two agents run the risk of worsening parkinsonism).

Dr Macphee, from Southern General Hospital, Glasgow, introduced the problem of fibrosis associated with ergot derived dopamine agonists and quoted case reports of these drugs causing constrictive pericarditis, pleural thickening, pulmonary fibrosis, fibrotic valvulopathy. These drugs have been withdrawn by FDA in the USA while in the UK they may be used as second line agents, but under close monitoring with serial echocardiography.

Dr MacMahon, Cornwall, and Mrs Forbes, London, discussed constipation in PD, including the extent of the problem and the treatment modalities involved (mainly laxatives although botulinum toxin may be used for ineffective rectal emptying problems with increased anal tone).

Dr Voon, from Toronto, talked about the compulsive syndromes of PD: Prevalence and clinical features. The presentation began with an introduction into the reward seeking/incentive based repetitive behaviours, then a pathophysiological explanation for these behaviours and management issues of these behaviours were discussed.

Dr Piccini, Imperial College and Hammersmith Hospital NHS Trust, London, talked about the Imaging in Compulsive syndrome in PD. The nucleus accumbens, target of dopaminergic projections from ventro tegmental area is implicated in addictive behaviours. Imaging techniques like PET can be used to show increased endogenous dopamine release.

**The 3rd meeting of the UK Parkinson's Disease Non Motor Group will be held on the 8th March 2008 at the Royal Society of Medicine, London.**

## Are you attending any of these meetings?

### Would you like to write a short report for ACNR?

If so, please contact [Rachael@acnr.co.uk](mailto:Rachael@acnr.co.uk) or call Rachael on 01747 860168 for more information.

- BSRM: Rehab today and tomorrow
- 16th European Stroke Conference Glasgow
- MS Frontiers
- European Neurological Society
- From Science to Practice, Multidisciplinary care in PD
- 11th International Congress of PD & Movement Disorders, Istanbul
- International Headache Society Congress Stockholm
- 27th International Epilepsy Congress, Singapore
- 11th EFNS, Brussels
- 1st World Congress on Controversies in Neurology, Berlin
- World Congress on Huntington's Disease, Dresden
- ECTRIMS (MS) - Prague
- International Psychogeriatric Association Meeting, Osaka