

# European Federation of Neurological Societies (EFNS)

The EFNS was founded in 1991 in Vienna, Austria.

The role of the EFNS is

- To advance the development of neurology as an independent specialty caring for all patients with a disease of the nervous system
- To support that these services become available to all Europeans
- To support research and dissemination of research results throughout Europe
- To organise and support neurological teaching at the pregraduate as well as the postgraduate level throughout Europe
- To handle the current political issues in European neurology on behalf of its members

The EFNS is a federation of 44 European national neurological societies, 8 associate member societies and welcomes individual members from all over the world.

The federation is governed by a Council constituted of one representative elected by each affiliated national neurological society in Europe.

The Council delegates the day-to-day management of the EFNS the Management Committee, empowered to decide on all matters of the Federation when such decisions cannot be delayed until the next Council meeting. Important decisions made by the Management Committee must subsequently be ratified by the Council.

The European Federation of Neurological Societies is based in Vienna, Austria. We also have Branch Offices in Florence, Italy, and Prague, Czech Republic.

## Committees and Scientist Panels:

The EFNS has 8 standing committees and 24 Scientist Panels. The standing committees perform the ongoing functions vital to the EFNS on a long-term basis.

- Congress Programme Committee
- Training and Education Committee including the CME, E-learning and Teaching Course Sub-committees

- Liaison Committee
- Scientific Committee

The aims of the scientist panels are:

- to co-ordinate clinical research at a European level
- to disseminate good neurological practice throughout European countries
- to assist the Congress Programme Committee in organising congresses
- to assist the EFNS in training neurologists and in supporting continuing medical education.
- to develop European Neurological Guidelines

Topics:

Amyotrophic Lateral Sclerosis, Autonomic Nervous System disorders, Critical care, Dementia, Demyelinating diseases, Epilepsy, Genetics, Headache, History, Infectious diseases, EFNS/MDS-ES, Muscle disorders, Neuroimaging, Neuro-immunology, Neuro-oncology, Neuro-ophthalmology, Neuropathic pain, Neuropathies, Neurorhabilitation, Neurotraumatology, Palliative care, Public health, Sleep disorders, Stroke, Substance abuse.

## Congresses and meetings:

At its annual congresses, usually taking place in September, the EFNS provides an unmatched opportunity for neurologists to join over 5,000 colleagues to study and disseminate the latest research, clinical practices and treatments.

- 15th EFNS Congress, Budapest, Hungary 10-13 September 2011
- 16th EFNS Congress, Stockholm, Sweden 8-11 September 2012
- 17th EFNS Congress, Istanbul, Turkey Autumn 2014

Furthermore, the EFNS organises Regional Teaching Courses in Eastern Europe as well as in Africa. At these courses participants only pay for travel and accommodation. EFNS-RTCs are specially designed to disseminate best neurological practice directly to the countries in the East so that younger

neurologists do not have to travel long distances to congresses which may not be affordable for them. RTCs provide basic teaching in neurology and contribute to the development of collaboration and friendship between neurologists in different European countries.

At the annual EFNS Academy in Czech Republic, 120 young neurologists from all over Europe meet and listen to contributions by European experts. Participants only pay for their travel.

## Grants and Awards

### *Bursaries to EFNS Congresses:*

The EFNS offers up to 200 bursaries consisting of free registration to the congress and hotel accommodation for four nights to European neurologists up to the age of 35 who are not yet in permanent positions and whose abstract has been accepted for presentation at the congress.

### *Department-Department co-operation programme*

Up to 80 young neurologist per year, each receive a grant of €1500 plus travel expenses up to €300. The purpose of this award is to support their board and accommodation expenses in the host city. The grant is designed to allow for a visit of up to six weeks. If a participant is able to accept a low budget board, it may be possible to stay longer than six weeks in the hosting department. Candidates from all European countries are eligible. Applicants must be under the age of 40, and must be fluent in English or in the local language.

### *Fellowship programme*

The EFNS offers up to 10 scientific and 5 educational fellowships per year to support young European neurologists to carry out research projects in clinical and basic neurology.

The objective is to support young and active neurologists wishing to expand their knowledge in neurology by working on scientific projects, and most of all, to study the practice of neurology in different countries, and thereby also create new international connections. Accordingly, the research work must be carried out at a European academic neurological department outside the country of residence.

Amount: Net salary in accordance with the salary scale of the host institution up to a maximum of €2,000 per month plus travel expenses.

### *Investigator award:*

All free presentations (short communications, posters), selected for presentation at the annual EFNS Congress automatically



Council of delegates.



EFNS Academy 2011.

compete for an Investigator Award. The EFNS Scientist Panels are responsible for the evaluation process (independent from other awards and the programme organisation). The award for each selected presentation will be €500, a diploma, and the winners will be announced in the European Journal of Neurology and the EFNS Newsletter. The award will be given to the first author who needs to be the person to present the work at the congress.

#### **Tournament for young neurologists**

A tournament for young neurologists takes place at each EFNS Congress. It will be carried out in two groups, one on clinical related research, and one on basic neurological science. Neurologists in training not older than 35 years are entitled to participate. The Congress Programme Committee will select 6 candidates for each tournament on the basis of the contents of the abstracts submitted. The clinical subjects should be received from authors who work and carry out their projects in Europe. Candidates selected for the tournament receive a bursary consisting of free registration to the Congress, up to four nights hotel accommodation, and a travel grant.

**Prize:** The winner of each group will receive the *Uschi Tschabitscher Prize for Young Neurologists* consisting of: Free registration at the upcoming EFNS Congress, up to four nights hotel accommodation, a travel grant, as well as €1,000. The second prize will consist of €200 and a certificate.

#### **CME articles online**

All registered users of the EFNS website do have the possibility of answering questions related to articles selected from the *European Journal of Neurology* and receiving a CME certificate.

#### **Partners and collaborators**

Our Partners and Collaborating Societies consist of:

- European organisations dedicated to any associated speciality related to clinical neurology

- European subgroups of clinical neurology
- European patient organisations and
- Neurological organisations outside of Europe.

Collaboration with the EFNS promotes co-operation and co-ordination in mutual areas of interest and creates more representative (and therefore more powerful) influence on national health authorities and the European Union.

Our partners are:

European Association of Young Neurologists and Trainees, European Brain Council, European Board of Neurology, European Federation of Neurological Associations, European Federation of Autonomic Societies, European Headache Federation, European Epilepsy Academy, European Neurological Society, Movement Disorders Society-European Section, World Federation of Neurology.

#### **Publications**

*European Journal of Neurology* (EJoN): 12 issues per year – FREE OF CHARGE online access for members of the EFNS.

*The European Journal of Neurology* covers all areas of clinical and basic research in neurology, including pre-clinical research of immediate translational value for new potential treatments. Emphasis is placed on major diseases or disorders with a large clinical and socio-economic importance (dementia, stroke, epilepsy, headache, multiple sclerosis, movement disorders, and infectious diseases).

The journal provides a forum for European activity in clinical neuroscience and medical practice and helps strengthen the links between research workers and clinicians in Europe and other parts of the world. The journal also publishes the official EFNS task-force papers and CME Articles which can be read to gain CME credits. ISI Journal Citation Reports® Ranking: 2009: 66/167 Clinical Neurology; 129/230 Neurosciences New 2009 Impact Factor: 2.51 <http://www.europeanjournalofneurology.com>

#### *EFNS Newsletter*

Four issues per year; free of charge for everybody who is interested.

#### *European Handbook of Neurological Management*

*The European Handbook of Neurological Management*, is a unique book that brings together peer-reviewed guidelines for the treatment and management of neurological disease. For the first time, neurologists can find advice on management aspects of most neurological disorders that is either evidence-based or, where the evidence is inadequate, the consensus guidance of an international European panel of experts. Each chapter of the handbook is written by task forces with a multinational European authorship in accordance with prespecified guidance for collecting evidence and reaching consensus. Whenever possible, these task forces have collaborated with the corresponding disease-specific European society. In some cases societies and authors from outside Europe have contributed.

EFNS Guideline papers are included in the *European Journal of Neurology, Handbook* and are also available to all FREE OF CHARGE on the EFNS website. An important aim of the EFNS is to establish European standards of diagnosis, treatment and care within the various subfields of neurology. Teaching course syllabi are available in the e-education area of the EFNS website as well as on CD-Rom.

**For further details and information on the EFNS, please visit the EFNS Website [www.efns.org](http://www.efns.org) or contact**



# The History of the European Federation of Neurological Societies



**RICHARD HUGHES**  
PRESIDENT OF THE EFNS

## The birth of the EFNS

This will be the fifteenth EFNS Congress and marks 20 years since the foundation of the EFNS, a good time to take stock of our history and look forward to the future. The first glimmerings of the EFNS appeared in 1986 at the Danube-Neurology Congress where Professor Mieczyslaw Wender, Poland, proposed a unified European neurological society. In 1989 Professor Daniel Bartko, President of the Czechoslovakian Neurological Society, picked up the idea and organised a pan European congress for neurology attended by 1500 participants. In 1991 a second pan European congress for neurology was held in Vienna under the Presidency of Professor Franz Gerstenbrand. At that congress with the encouragement of Professor John, now Lord, Walton, the Federation of European Neurological Societies was founded with Professor Gerstenbrand as its first President and a Council of Delegates consisting of representatives from each founding national European society. Dr. Friederike Tschabitscher was appointed as executive director and ran the secretariat from the first EFNS office in Rosenhügel, Vienna.



Professor Franz Gerstenbrand

except in 2001 when the EFNS collaborated with the Association of British Neurologists to host the World Congress of Neurology in London.

## Growth of the EFNS

The Federation has grown steadily since 1991 with the addition of individual members almost every year so that we now include almost all countries within deliberately generously drawn geographical and political boundaries of "Europe".

## National societies which have joined the EFNS since its Foundation

- 1992: Albania, Croatia, Moldova, Slovenia
- 1994: Ukraine
- 1995: Belarus, Georgia, Israel, Latvia, Luxembourg, Switzerland, Turkey
- 1999: Cyprus,
- 2003: Armenia, Lithuania
- 2004: Uzbekistan
- 2007: Bosnia and Herzegovina
- 2008: FYROMacedonia
- 2009: Montenegro

## Founding National Societies

Austria	Italy
Belgium	Norway
Bulgaria	Poland
Czechoslovakia (now: Czech Republic and Slovakia)	Portugal
Denmark	Romania
Estonia	USSR (now: Russia)
Finland	Yugoslavia (now: Bosnia & Herzegovina, Croatia, FYRO Macedonia, Kosovo, Montenegro, Slovenia, Serbia)
France	Spain
Germany	Sweden
Greece	The Netherlands
Hungary	United Kingdom
Iceland	
Ireland	

There were further meetings in 1993 in Berlin organised by Professor Karl Einhäupl and in 1994 in Poznan, Poland organised by Professor Wender but the first formal EFNS Congress was organised by Georges Serratrice in Marseilles, France in 1995. Since 1998 there have been annual Congresses

As a consequence the EFNS now has 44 national societies as members representing altogether more than 19000 individual neurologists. To these must be added associate member societies from surrounding countries Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Tunisia and Syria whose delegates are also welcome at EFNS Congresses.

The expansion of the Federation in size and scope demanded more facilities and better offices. In 2002 the Head Office moved to the Wiener Medizinische Akademie, Vienna and in 2005 to its own premises in Breite Gasse in the vicinity of the Museum Quarter of Vienna. Branch offices were opened in Florence in 1998 and Prague in 1999.



## Scientist Panels and Guidelines

One of the tremendous advantages of a European Federation is the ability to bring together sub- (or super- according to your viewpoint) specialists together in sufficient numbers to reach critical mass, an ability not shared for all topics by national societies. From the founda-

EFNS Congresses				
1st	EFNS Congress	Marseilles, France	1995	1500 Participants
2nd	EFNS Congress	Rome, Italy	1996	2000 Participants
	EFNS Meeting	Prague, Czech Republic	1997	1500 Participants
3rd	EFNS Congress	Seville, Spain	1998	4200 Participants
4th	EFNS Congress	Lisbon, Portugal	1999	3000 Participants
5th	EFNS Congress	Copenhagen, Denmark	2000	2200 Participants
	WCN	London, UK	2001	Co-organiser
6th	EFNS Congress	Vienna, Austria	2002	3500 Participants
7th	EFNS Congress	Helsinki, Finland	2003	3200 Participants
8th	EFNS Congress	Paris, France	2004	4300 Participants
9th	EFNS Congress	Athens, Greece	2005	4500 Participants
10th	EFNS Congress	Glasgow, UK	2006	4500 Participants
11th	EFNS Congress	Brussels, Belgium	2007	4000 Participants
12th	EFNS Congress	Madrid, Spain	2008	5100 Participants
13th	EFNS Congress	Florence, Italy	2009	5500 Participants
14th	EFNS Congress	Geneva, Switzerland	2010	5100 Participants
15th	EFNS Congress	Budapest, Hungary	2011	

tion of the federation, Scientist Panels have existed to foster research, practice and training in their own specialist fields. The most obvious output from these panels has been the European guidelines which aim to provide unbiased evidence based guidelines on important, and often controversial, neurological management problems. These are regularly updated and freely available on the EFNS website. The first collection of 40 guidelines was collected into a popular European Handbook of Neurological Management in 2006 which was republished as Volume 1 of a revised second edition in 2010. Volume 2 will be issued shortly.

### Continuing Education

One of the major functions of the EFNS is education, most obviously delivered in the teaching courses but also in the scientific sessions at the Congresses. The EFNS has awards 200 bursaries to enable young European neurologists to attend each congress. However the Federation supports many other educational activities apart from the Congress. Three regional teaching courses are held in Eastern European countries every year to which local neurological trainees are invited. For the past three years the EFNS has also run an African regional teaching course in partnership with the Pan African Neurological Society. Since 2000 the EFNS has run a summer school or Academy for about 120 young neurologists at Staré Splavy in the Czech Republic. Since 2001 short interdepartmental visits for trainees to visit centres in other European countries are enabled by popular competitive grants. Since 2004 there have been opportunities for interdepartmental training and research fellowships lasting three to twelve months.

### European Journal of Neurology

The EFNS founded its own journal in 1995 which contributes to its educational activities and disseminates European and international research. EFNS guidelines are published first in the European Journal of Neurology. Under the editorship of Professor François Boller and now Professors Matti Hillbom and Anthony Schapira its impact factor rose steadily to 2.5 and is set to rise further.

### Staff

Professor Jes Olesen, Denmark, succeeded Professor Gerstenbrand as President and served for a unique six years until 2001. He was in turn succeeded by Professor Wolf-Dieter Heiss, Germany, Jacques De Reuck, Belgium in 2005 and myself in 2009. The achievements of the EFNS would not have been possible without excellent staff. The founding Executive Director, Dr Friederike Tschabitscher, sadly died in 2003 and



Staff: Anja Sander, Lisa Müller, Eveline Sipido, Julia Mayer, Julia Scheidl, Magda Dohnalova.

was succeeded by Lisa Müller who continues to oversee all our activities now. She is assisted in the Vienna office by Anja Sander, Julia Mayer and Julia Scheidl, in the Prague office by Magda Dohnalova and in the Florence office by Eveline Sipido. We are fortunate to have such devoted staff and owe them our thanks.

### The future

No institution can afford to stand still and there are exciting developments in prospect. This year in collaboration with the British National Health service, University College London and the European Neurological Society we will be launching e-Brain an on line neurological education programme with several hundred sessions.

Planning for future Congresses is well advanced. The 16th EFNS Congress will be held in Stockholm, Sweden from 8-11 September 2012. The World Congress of Neurology will be held in Vienna, Austria, from 22-27 September 2013 as guests of the Austrian Neurological Society. Since the EFNS traditionally does not hold a Congress in the year in which the World Congress is in Europe, the Austrians have kindly invited with them in hosting this meeting. The 17th EFNS Congress will be held in Istanbul, Turkey in 2014.

During the last 20 years, our sister institution the European Neurological Society has been developing in parallel and offering a series of equally exciting and educational annual congresses; negotiations between the two organisations are under way with the intention of organising a giant joint Congress in Germany in 2015 and further closer collaboration thereafter. This collaboration should help make European neurological congresses and European neurology the best in the world.



# EFNS STOCKHOLM 2012

16<sup>TH</sup> CONGRESS OF THE EUROPEAN  
FEDERATION OF NEUROLOGICAL SOCIETIES  
STOCKHOLM, SWEDEN, SEPTEMBER 8 – 11, 2012  
[WWW.EFNS.ORG/EFNS2012](http://WWW.EFNS.ORG/EFNS2012)



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Co-sponsored by the European  
Federation of Autonomic  
Societies (EFAS)



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World Federation of  
Neurology (WFN)

## Stimulating Solutions

for Clinical Neurophysiology



DS5 Biphasic Constant Current Stimulator



DS7A/AH Constant Current Stimulator



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D360 8 Channel Isolated Amplifier



D179 Performance Checker



D175 Electrode Impedance Meter



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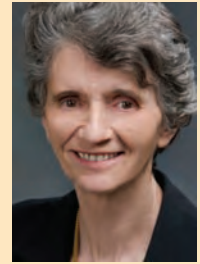
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# The widening spectrum of antibody-mediated neurological diseases: from neuromuscular junction to brain

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## Abstract

There are an increasing number of relatively rare conditions that are associated with serum autoantibodies to receptors, ion channels or associated proteins in the nervous system. Particularly exciting has been the recent recognition of autoimmune central nervous system (CNS) diseases, associated with specific antibodies to neuronal targets, which improve substantially with immunotherapies. In addition, there are antibodies to glial or myelin targets in demyelinating conditions. Although rare, the identification and treatment of these conditions can be very rewarding.

## Introduction

The pathogenic roles of antibodies to acetylcholine receptors, muscle specific kinase and voltage-gated calcium channels in the peripheral myasthenic disorders are well established. These diseases are usually chronic and can be associated with tumours (thymomas or small cell lung cancer) but most patients do well neurologically with a combination of symptomatic and immunosuppressive therapies. In addition, antibodies to voltage-gated potassium channel complexes (VGKC-complex) are found at low levels in some patients with acquired neuromyotonia which is associated with thymoma in about 20%.

By contrast, antibodies to CNS antigens such as Hu, Yo, Ma2 are established markers for the presence of a tumour, but the antigens are intracellular proteins and the antibodies are not thought to be pathogenic (with one or two exceptions, eg<sup>1</sup>); these paraneoplastic conditions seldom respond well to immunotherapies. In the last ten years, however, the roles of antibodies in CNS conditions has expanded considerably with identification of antibodies binding to extracellular domains of neuronal proteins and, which are highly likely to alter neuronal function, as has been shown in a few instances;<sup>2,3</sup> the presence of the antibodies is taken to define an immunotherapy-responsive disorder. Here, I will briefly describe the antigenic targets, the antibodies and the associated syndromes. Many detailed reviews can be found elsewhere.<sup>4,6</sup>

## New targets for autoantibodies

Until recently, it was thought that VGKC antibodies were directed against the voltage-gated potassium channels themselves. However, it is now clear that the majority of the VGKC antibodies are directed towards proteins that are tightly complexed with VGKCs in the nervous system. These VGKC-complex proteins include leucine-rich glioma-inactivated 1 (LGI1), contactin-associated protein-like 2 (CASPR2), and Contactin-2.<sup>7,8</sup> These proteins are all expressed in the CNS but CASPR2 and Contactin-2 are also important components of the juxtaparanodes of peripheral motor and sensory axons. NMDA, AMPA, GABA(B) and glycine receptors are all components of brain synapses although they are also expressed to variable extents extrasynaptically. The only intracellular antigen that is relevant here is glutamic acid decarboxylase (GAD), an intracellular enzyme expressed in GABAergic neurons. In addition to these neuronal targets, the water channel aquaporin-4 (AQP4) is an important astrocytic protein, and myelin-oligodendrocyte glycoprotein (MOG) is a membrane component of myelin. With the exception of GAD, these antibodies are most appropriately identified by binding to cells that have been engineered to express the target antigen on their cell surface (cell based assays), although immunoprecipitation for VGKC-complex antibodies is a useful first screen.

## Encephalopathies

Morvan's syndrome is a very rare condition that involves all parts of the nervous system. It presents typically with a combination of peripheral nerve hyperexcitability causing neuromyotonia, autonomic disturbance such as constipation, cardiac arrhythmias and sweating, and CNS disturbance, particularly insomnia and confusion. MRI and cerebrospinal fluid (CSF) abnor-

malities are uncommon, but serum VGKC-complex antibodies are present in the majority of patients, and a high proportion have thymomas. Some also have myasthenia gravis or other autoimmune diseases (Irani et al in preparation).

Limbic encephalitis is increasingly recognised as a cause of non-paraneoplastic memory loss and seizures with 100s of cases reported in the last ten years. Some patients have partial syndromes presenting with predominant psychosis, epilepsy or memory loss. High signal in the medial temporal lobes on MRI and hyponatraemia at onset are common, but not invariable, and the CSF may be inflammatory or normal. Oligoclonal bands are also variable. The exclusion of other causes (infectious, toxic, metabolic, tumours etc) and the presence of antibodies to VGKC-complex proteins particularly LGI1,<sup>9</sup> AMPAR,<sup>10</sup> or GABAB<sup>11</sup> will help to secure the diagnosis, direct the search for an appropriate tumour in a minority, and prompt immunotherapies which can be very successful. Another form of limbic encephalitis is associated with antibodies to GAD. Although these antibodies are unlikely to be pathogenic, as GAD is intracellular, the antibodies appear to be markers of an immune-mediated syndrome.<sup>12</sup>

A seizure-semiology has been recognised in patients with VGKC-complex antibodies directed against LGI1. These often occur preceding the full features of limbic encephalitis, and consist of brief dystonic movements usually of one arm and the ipsilateral face. There is seldom loss of consciousness but they can be very frequent (up to 70 per day). Early recognition and immunotherapy may be able to prevent development of limbic encephalitis.<sup>13</sup>

NMDAR antibody encephalitis has only recently been recognised but 100s of patients have now been identified.<sup>5,14</sup> They present with neuropsychiatric features, seizures and amnesia but develop, over days to weeks, choreoathetoid movement disorders, facial dyskinesias, mutism, reduced consciousness, brainstem, autonomic and hypothalamic involvement. Once seen these are very characteristic features but some patients present with attenuated forms and are more difficult to recognise. MRI is seldom helpful but the CSF is usually cellular and oligoclonal bands are found, although not necessarily at presentation.<sup>14</sup> Typically, ovarian teratomas are found in up to 50% of women between puberty and middle age, but tumours are uncommon at other ages or in males. This condition is increasingly identified in small children, some less than one year in age, who present with bizarre behaviours and movements, screaming and seizures. Although most patients make a substantial recovery following appropriate tumour treatment and immunotherapies, the course is often protracted with weeks in intensive care; prompt diagnosis and aggressive treatments are likely to be important in reducing hospitalisation and long-term disability.<sup>5</sup>

Stiff person syndrome (SPS) and its association with GAD antibodies is well known. Progressive encephalomyelitis with rigidity and myoclonus (PERM) is a related syndrome which is even rarer but more often fatal. Recently antibodies to glycine receptors have been identified in a few patients with PERM, SPS or related syndromes. Although uncommon, when recognised this condition can respond to immunotherapies which may prevent a fatal outcome<sup>15,16</sup> (Leite et al in preparation).

## Demyelinating conditions

Neuromyelitis optica is a well described condition associated with relapses of optic neuritis and extensive spinal cord inflammation; at onset the diagnosis can be confused with multiple sclerosis, particularly in children who may have florid brain lesions. The association with antibodies to AQP4<sup>17</sup> has dramatically increased the recognition of this syndrome, and the use of immunotherapies such as plasma exchange and intravenous immunoglobulins, rather than interferon beta and other immune modifiers which may make it worse, should improve the prognosis. There is now good evidence for the pathogenicity of AQP4 antibodies<sup>6</sup> although the role of cellular immunity is not yet explored.

Acute disseminated encephalomyelitis (ADEM) can present in a similar manner, or with florid brain lesions involving both white and grey matter. It is found more frequently in children than adults and is by definition a monophasic disease. The discovery of antibodies that bind native MOG<sup>18,19</sup> is beginning to help define this condition at onset, and may also be useful in distinguishing ADEM from early cases of NMO.

### Concluding remarks

These conditions are very satisfying to diagnose and to treat. Searching for antibodies in children and adults with more common forms of encephalitis, psychosis, epilepsy and dementia, and identification of new antigenic targets in patients with similar presentations are important future goals for everyone in this exciting field. There are many unanswered questions regarding the causes of the non-paraneoplastic conditions, the cellular targets and mechanisms of the antibodies and how they alter neuronal or glial function; more experimental studies need to be done.

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## SOCIAL PROGRAMME

### SATURDAY, SEPTEMBER 10, 2011

19:00

Opening ceremony at Hungexpo  
Followed by a Welcome Reception

### MONDAY, SEPTEMBER 12, 2011

EVENING

Special Social Event at the Budapest Market Hall

### TUESDAY, SEPTEMBER 13, 2011

15:45

Closing session

## TEACHING COURSES

### SATURDAY, SEPTEMBER 10, 2011

09:30 – 11:00

Free Teaching Course: How do I examine...

11:30 – 13:30

Teaching Course 1: Movement disorders – basic clinical knowledge  
Teaching Course 3: Stroke: neurological complications in the long term. Basic clinical knowledge  
Teaching Course 5: Multiple sclerosis – basic clinical knowledge  
Teaching Course 7: Luigi Amaducci teaching course on dementia – basic clinical knowledge  
Teaching Course 9: Treatment of epilepsy – basic clinical knowledge  
Teaching Course 11: Chronic headache: update on epidemiology, mechanisms and treatment  
Teaching Course 13: Neuromuscular diseases I  
Teaching Course 15: Neurosonology  
Teaching Course 17: Metabolic neurogenetic disorders  
Teaching Course 19: Therapy in neurology

14:30 – 16:30

Teaching Course 2: Movement disorders – advanced  
Teaching Course 4: Advances in stroke in the young  
Teaching Course 6: Management of multiple sclerosis by early and persistent immunotherapy – advanced  
Teaching Course 8: Luigi Amaducci teaching course on dementia – advanced  
Teaching Course 10: Advanced aspects of epilepsy for the clinician  
Teaching Course 12: Neuroimaging of neurodegenerative diseases  
Teaching Course 14: Neuromuscular diseases II  
Teaching Course 16: Neuro-ophthalmology  
Teaching Course 18: My most difficult cases

### SUNDAY, SEPTEMBER 11, 2011

07:30 – 09:00

Teaching Course 20: Hands-on course on clinical neurophysiology – Nerve conduction  
Video Teaching Course – Epilepsy Video Session

20:30

Scientific Gulyás Dinner: Neuroimmunology: a walk through the woods

### MONDAY, SEPTEMBER 12, 2011

07:30 – 9:00

Teaching Course 21: Hands-on course on Doppler sonography – practical demonstration in four groups  
Teaching Course 22: Hands-on course on clinical neurophysiology

15:30 – 17:00

FREE Teaching Course 23: How to do a treatment trial

### TUESDAY, SEPTEMBER 13, 2011

07:30 – 09:00

Teaching Course 24: Hands-on course on clinical neurosonology  
Teaching Course 25: Hands-on autonomic testing – from bedside to laboratory investigations of ANS disorders

## MAIN TOPICS

### SUNDAY, SEPTEMBER 11, 2011

08:30 – 10:30

Main topic 1: Translational research in movement disorders

Main Topic 2: Neurobiology of migraine

Main Topic 3: Recent advances in neurocritical care

Main Topic 4: Biotherapies for neurological diseases: mechanisms of action, efficacy and safety

### MONDAY, SEPTEMBER 12, 2011

08:30 – 10:30

Main Topic 5: Invasive treatment strategies for ischemic stroke

Main Topic 6: Frontotemporal dementia (FTD) – from molecule to behaviour

Main Topic 7: Acute vertigo: neurophysiology, clinical approach, and treatment

Main Topic 8: Paradigms in epilepsy treatment

### TUESDAY, SEPTEMBER 13, 2011

08:30 – 10:30

Main Topic 9: Atrial fibrillation and stroke.

New insights, new dilemmas

Main Topic 10: A translational view on narcolepsy: what we know, and what we don't know

Main Topic 11: Neuroprotection and environmental factors in multiple sclerosis

Main Topic 12: Controversies in neurology

12:00 – 13:00

EFNS Lecture on Clinical Neurology

Angela Vincent, Oxford, UK

## FOCUSED WORKSHOPS

### SUNDAY, SEPTEMBER 11, 2011

15:30 – 17:00

Focused Workshop 1: Optimising stroke care in Eastern European countries

Focused Workshop 2: New perspectives in neurological therapies

Focused Workshop 3: The early course of multiple sclerosis

Focused Workshop 4: New insights into treating mitochondrial disease

Focused Workshop 5: Epilepsy in resource-poor countries: an emerging issue for European public health

### MONDAY, SEPTEMBER 12, 2011

15:30 – 17:00

Focused Workshop 6: Movement disorders of the face

Focused Workshop 7: Neuromodulation in headache

Focused Workshop 8: White matter changes (leukoaraiosis)

Focused Workshop 9: Common dilemmas in muscle disease

Focused Workshop 10: Neurofibromatosis and the neurologist

### TUESDAY, SEPTEMBER 13, 2011

14:00 – 15:30

Focused Workshop 11: Update on multiple system atrophy

Focused Workshop 12: Cerebral microbleeds

Focused Workshop 13: Opportunistic infections of the nervous system

Focused Workshop 14: Monoclonal gammopathies of undetermined significance (MGUS) and peripheral nerve disorders

Focused Workshop 15: The chronic secondary headache

## SPECIAL SESSIONS

### SATURDAY, SEPTEMBER 10, 2011

16:30 – 17:30

Brain disorders in Europe: future directions  
Symposium dedicated to the 70th birth anniversary of Professor Jes Olesen in recognition of his outstanding contribution to the fields of neurology and development of the EFNS and the European Brain Council

### SUNDAY, SEPTEMBER 11, 2011

11:00 – 13:00

Joint Session EFNS – Mediterranean Neurological Societies:

Movement Disorders

14:30 – 17:00

European Basal Ganglia Club Session

15:00 – 17:00

EFNS-EFNA Special Session: "The Good Life"

17:30 – 18:40

EAYNT Session

### MONDAY, SEPTEMBER 12, 2011

15:00-17:00

EFNS-ILAE-CEA Joint Session: Treatment of epilepsies  
EFNS – EFNA Awareness Session

### TUESDAY, SEPTEMBER 13, 2011

10:30 – 12:00

Music and neurology

13:30 – 15:30

Neurology in central and eastern Europe: roots and development

14:00 – 15:30

Joint Session EFNS – WSO (World Stroke Organisation): Cardinal Principles of Stroke Management