

# European Federation of Neurological Societies (11th Congress)

25-28 August, 2007; Brussels, Belgium.

Is migraine a cardiac disorder? This startling question was posed at about nine o'clock on Sunday morning (my UK body clock was still at 0800) in a lecture on headache, stroke and patent foramen ovale (PFO), prompted by the high incidence of PFO, as defined by various imaging techniques, in migraine with aura (MA) but not migraine without aura. Might MA and PFO reflect common, genetically determined, endothelial and endocardial dysfunction? Whilst acknowledging that Belgium is the birthplace of Magritte, and



all in this world is not as it seems or is represented, nonetheless I cannot persuade myself that our cardiologists will be willing to take on the burden of headache. On the vexed question of PFO closure in MA, which has proven positive in some small series, the lecturer endorsed the statement of the European Headache Federation that there is "no reason to intervene"<sup>1</sup> although 2 RCTs (MIST, ESCAPE) are in progress. Professor Jean Schoenen, the chairperson of the Local Organising Committee, reviewed the mechanism of action of migraine drugs, pointing out the poor ("lousy") efficacy of drugs given during the aura, and hence the likelihood of non-efficacy in variants such as basilar migraine and migrainous vertigo. Questioned from the floor, he gave his first choice for migraine prophylaxis as riboflavine, on the grounds of excellent side effect profile, followed by propranolol and lamotrigine, choices which might raise eyebrows elsewhere and which, happily, contradict official EFNS guidelines on the subject.<sup>2</sup>

Continuing the theme of revised nosology, is progressive supranuclear palsy (PSP) a cognitive disorder? (It may be recalled that corticobasal degeneration, first defined as a movement disorder, has increasingly been recognised to present with cognitive deficits.) A study from Greece compared cognitive and behavioural function in patients with frontotemporal dementia (FTD) and PSP and found marked overlap, but with greater impairment in social/interpersonal interaction in FTD, presumably reflecting the greater orbitofrontal circuit disruption early in the disease course. Great interest was stimulated by Professor Ian Bone's report on the UK experience with pentosan polyphosphate (PPS) given to a small number of patients (n = 8) with prion diseases (vCJD,<sup>3</sup> GSS, human growth hormone-related iatrogenic CJD). These observational, uncontrolled data emphasised the frequency of complications with intraventricular catheters, and the variability of drug dose and follow up investigation. Although all patients progressed, many too far for clinical assessment, nonetheless survival exceeded the mean of other, historical, cohorts, especially for vCJD. Nonetheless,

reservations must remain as to the place of PPS therapy (for full results see [www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d](http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d))

A series of CJD patients reported from Madrid (21 sCJD, 2 fCJD) noted psychiatric presentation in 13%, indicating that this presentation is not exclusive to vCJD.

The genetic heterogeneity and complexity of restless legs syndrome (RLS), in which up to 60% of patients have a positive family history, was emphasised in a paper from Germany. Six loci have been defined (chromosomes 12q, 14q, 9, 2, 20, 6) to which a possible 7th was added (19p13). Several presentations, sponsored and otherwise, related to a RCT of efficacy and tolerability of the rotigotine patch in RLS. Continuous dopaminergic stimulation seems desirable despite the nocturnal exacerbation of symptoms. However, since application site reactions were much more frequent in the active group (42.5% vs. 1.7% in placebo) one might argue that the trial was partially unblinded.

The 1990s were described as a "magnificent decade" for stroke by Professor Bo Norrving. Now the emphasis is on the implementation of thrombolysis, the earlier the better, but delay in seeking care is a major problem with up to 75% of patients presenting after the three-hour window. The main cause is patient delay, due to social factors (living alone, consulting with a physician, relatives) and cognitive/emotional factors (appraising symptoms as not serious). Community stroke education via the mass media may help, but only transiently, information campaigns having little carry-over on patient behaviour. Those who thought heparin as a treatment for stroke was effectively killed off by trials such as IST, in part due to the haemorrhagic adverse effects, were obliged to think again following an excellent lecture by Angel Chamorro from Barcelona who presented various reasons for believing that heparin was not adequately tested previously and could be useful if given within three hours. However, the RAPID (Rapid Anticoagulation in Patients with Ischaemic Damage) trial recruited only 67 patients in three years.<sup>4</sup> His plea was for an academia-driven study.

Drug of the conference, as judged by ubiqui-

ty, lay between rotigotine (patches), and lacosamide (1 presentation and 13 posters, according to my calculation). The latter seems to be good as an add-on for seizures of partial origin and for neuropathic pain, as in diabetic neuropathy.

Two topics dominated the history sessions at EFNS: Belgium, and the World Federation of Neurology (WFN), the latter celebrating its 50th anniversary. It was at the International Congress of Neurological Sciences in Brussels in July 1957 that the WFN was founded. An eye wit-

ness account, and details of the subsequent development of the WFN, were given by Lord Walton, sometime president, including his personal reminiscences of Ludo van Bogaert, the first WFN president (1957-1965). Van Bogaert's life and work were discussed in the session devoted to the Belgian contribution to neurology: apparently his driver doubled as a technician performing some of the post mortem work! WFN has recently collaborated with the World Health Organisation, producing an atlas of neurological resources.<sup>5</sup> A striking graphic of neurologists per head of population showed a forlorn British Isles sticking out at the northwest corner of Europe with a ratio lower than virtually every other European country, and on a par with north Africa. Perhaps Belgium's greatest neurologist, Arthur van Gehuchten (1861-1914), was the subject of the Clifford Rose Memorial Lecture by Professor Aubert. Van Gehuchten was the first to use the term "Babinski sign", previously known as the "toe phenomenon", and also to film it, as shown in the lecture. Van Gehuchten was also commemorated in the 1957 meeting at which WFN was founded, as were three other neuroscience greats, the 100th anniversary of whose births fell in that year: Sherrington, Babinski, and Horsley.

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## References

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# Joint 4th European and 3rd World Congress on Huntington's Disease

7-11 September, 2007; Dresden, Germany.

I felt like one of Raphael's cherubs from 'The Sistine Madonna' (housed in Dresden's Gemäldegalerie Alte Meister (Old Masters Picture Gallery), which can be seen on-line at [http://www.skd-dresden.de/media/400\\_pressebild\\_sixtina.jpg](http://www.skd-dresden.de/media/400_pressebild_sixtina.jpg)), as I listened to the latest developments at the joint European and World Congress on Huntington's Disease (HD) held in Dresden. Both meetings were intended for all interested groups in HD including laboratory researchers, clinicians, professions allied to medicine, carers and importantly patients themselves, with specialist interest groups open to all delegates.

The European meeting's opening talks were intended to reflect 'hot' topics in HD, such as Gillian Bates' clear summary of RNA as a target for potential therapy, using RNA interference to reduce mutant huntingtin protein expression and thereby aim to prevent the subsequent abnormal cascade of events resulting in neurodegeneration. While promising basic research is emerging from this field, the limitations of such a technique were addressed, including mode of delivery, currently intra-ventricular injections; potential to stimulate a presumed unwanted immune response; and also whether reduction of normal huntingtin protein in the adult which would occur alongside mutant protein reduction would in fact be deleterious as it is for the developing embryo. The other opening talks about weight loss, apathy versus depression, and curiously a talk on self-medication, did not match their 'hot' position and failed to engage the diverse backgrounds of the delegates, which was always going to be difficult to achieve.

Sarah Tabrizi introduced a development

from the biomarker working group, Track-HD. This is a three-year observational study to examine the sensitivity of single and multiple tests to track the subtle change in clinical phenotype between gene-positive asymptomatic HD and clinically evident HD, with the aim of finding evidence based biomarkers for eventual use in randomised clinical trials. Their net is wide including peripheral biomarkers such as saccadic eye movements, blood sampling for DNA, RNA and cytokines, a battery of cognitive tasks, and imaging with 3-T MRI using voxel-based and cortical thickness analysis. I wish them luck, as presumably a significant number of patients will need to clinically change sufficiently, over a relatively short time, to be certain that any changes seen are sensitive to disease progression.

The World Congress opened with a moving tribute by Alice Wexler about her father, Milton Wexler, who died earlier this year. He was a psychoanalyst that founded an organisation in 1968 that has become the Hereditary Disease Foundation. This was his reaction to discovering that his then ex-wife had HD, and therefore had the potential to affect both of his daughters. This was followed by his other daughter, Nancy Wexler, speaking about her work with a group of villagers living on Lake Maracaibo in Venezuela who are thought to have a common ancestor who had HD. This included a video of a couple who both had HD, and their 10 children, with some children as young as 5 already clearly symptomatic.

The rest of the congress was followed by a mixture of talks broadly divided into scientific, clinical, and those aimed at the International Huntington Association support group.

Highlights included:

- Anne Young's description of basal ganglia dysfunction, describing differences with both the internal circuitry, and also in the flow of transmission or 'oscillations' down the neural networks still present.
- Jean-Paul Vonsattel, who created the 'Vonsattel' grading of HD pathological specimens, gave an entertaining account of his work (see ACNR 7:3) and details of HD mimics that he is still attempting to diagnose!
- Paul Muchowski's work on targeting microglial activation, and the importance of pursuing ideas to the extent that he asked his father, a retired biochemist, to re-create a compound that a drug company was unwilling to donate, and then proceeded in improving its bioavailability.

The neuro-inflammation session in general was contentious. Early human and animal data suggests up-regulation of the acute phase reaction with increases in IL-6, IL-8 and TNF- $\alpha$ , but it remains unclear whether this is centrally or peripherally mediated, and, like microglia activation, whether this is due to tissue pathology or as result of mutant huntingtin protein expression, and its significance. The potential to use such information as a reliable biomarker will be explored further courtesy of Track-HD, and it will be interesting to see whether this will back-up the data presented thus far.

I left Dresden more enlightened and enthused than when I arrived. On that basis it was a successful conference, but I am also certain that while HD research has come far in the past 40 years, it still has a long way to go.

*Ben Wright, Cambridge, UK.*

## APO-go Reborn

6 September, 2007; London, UK.

Dr Patrick Trend chaired the 'APO-go Reborn' meeting in September at Southwark Cathedral in London, which was attended by around 70 PD professionals. The meeting agenda covered talks on APO-go, CDS and Non-motor symptoms by Prof. Ray Chaudhuri, Infusion effects on motor fluctuations and dyskinesia by Prof. Per Odin from Germany, and Injection techniques "State of the Art" by Dr Marion from St Georges Hospital. The afternoon debate was chaired by Alison Forbes, PDNS at Kings College Hospital, and discussed various induction techniques to minimise hospital administration.

For more information contact Britannia Pharmaceuticals, T. 01737 773741.



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Symposia:

### "Brain Plasticity as a Target of Therapy"

Prof Paul Matthews (Vice-President for Imaging, Genetics and Neurology;  
Head, GlaxoSmithKline Clinical Imaging Centre, Imperial College London)

### "Does Rehabilitation Prolong Illness"

Prof Derick Wade (Oxford Centre for Enablement, Oxford)

### "Experimental Modulation as a Basis for Rehabilitation"

Dr Tom Manly (MRC Cognition and Brain Sciences Unit, Cambridge)

# MS Society Professional Network Conference

21 September, 2007; London, UK



The British Library conference centre was full to bursting on 21 September when the MS Society's professional network considered the topical theme of self management, self care and MS at its annual conference. The professional network is a virtual grouping of more than 2,500 health and social care professionals who have a shared interest in improving services for people affected by MS. Membership is free and services to members include a magazine and opportunities for learning and information exchange – of which the annual conference is one.

This year, more than 220 people from all specialties came to listen to speakers from the Department of Health, the Expert Patient Programme Community Interest Company and the Foundation for Assistive Technology, among others.

Vicky Harker, who has MS, described the positive impact the expert patient programme had had on her life and how she had managed to limit the impact of many of her symptoms. Gavin Croft and Karen Saville spoke of how they use Gavin's individual budget to minimise the impact of MS on their lives. They do this by designing a support plan that fits with their lifestyle and makes sense to them. This enables Gavin to continue to live independently despite increasing disability.

Karen Walker from Skills for Care reminded us that the White Paper *Our Health, our care, our say* commits the government to developing a self care competence framework for the whole health and social care workforce. Over the past year, Skills for Health has been working with Skills for Care and the Department of Health to develop a set of core principles for self care. The six principles are:

- Ensure individuals are able to make informed choices to manage their self care needs;

- Communicate effectively to enable individuals to assess their needs and gain confidence to self care;
- Support and enable individuals to access appropriate information to manage their self care needs;
- Support and enable individuals to develop skills in self care;
- Support and enable individuals to use technology to support self care
- Advise individuals how to access support networks and participate in the planning, development & evaluation of services.

The Department of Health and Skills for Health and Care are now in discussion about how to implement and disseminate this work across the whole workforce.

Complementing this was Keren Down, chief executive of the Foundation for Assistive Technology who presented the self care approach to assistive technology. Helena Jordan talked about the Working in Partnership Programme, set up to create capacity in primary care through improved workload management. The conference also contrasted MS services in the UK with those in India.

A key area of the conference – and a growing area of interest for MS professionals – is mental health. The day before the conference, the MS Society launched a new interest group as part of its professional network – for professionals with a specific interest in mental health and wellbeing aspects of MS.

For more information about this or any other aspect of the MS Society's professional activities, email [msnetwork@mssociety.org.uk](mailto:msnetwork@mssociety.org.uk)

## Epilepsy, Behaviour and Neurology: An Integrated Approach to Childhood Epilepsy

4 September, 2007; London, UK.

The National Centre for Young People with Epilepsy (NCYPE), the UK's leading provider of specialist services for young people with epilepsy, hosted an international meeting of epilepsy experts in association with the UCL Institute of Child Health in September.

The event was held at the UCL Institute of Child Health in London and featured presentations from Professors Christopher Gillberg, David Taylor and Eric Taylor, also Dr Philippa Russell CBE the Disability Rights Commissioner, and Dr Isobel Heyman.

The meeting was chaired by Brian Neville, Europe's first Professor of Childhood Epilepsy, who holds the position of The Prince of Wales's Chair of Childhood Epilepsy.

The programme focused on a practical approach to the common cognitive, psychological and psychiatric problems of children with epilepsy with the aim of producing comprehensive guidelines. The speakers covered different aspects of this topic and a discussion took place as to how such a programme could be put in place. It is hoped that some significant changes in services might be seen as a result of this event attended by around 140 delegates from all parts of UK.

Following the event, Professors Brian Neville, Christopher Gillberg and David Taylor held a workshop with staff from The NCYPE to further discuss the behavioural issues raised at the symposium and how they relate specifically to The NCYPE.

Speaking about the symposium, Brian Neville said, "In this symposium we have taken a practical approach to the common cognitive, psychological and psychiatric problems of children with epilepsy in the hope that



Pictured: Professors David Taylor (back row, on the right), Christopher Gillberg (front row, on the right and in black) and Brian Neville (front right) with staff from The NCYPE during the workshop at the charity's Lingfield campus.

we can produce comprehensive guidelines.

"From my perspective the integration of psychiatry and paediatric neurology can work brilliantly but frequently doesn't work at all. A major problem for educational integration is the lack of recognition of the major special educational needs of children with epilepsy."

For further information on future events please contact Felicity Pool, Meeting Co-ordinator at The NCYPE on T. 01342 831202, E. [fpool@ncype.org.uk](mailto:fpool@ncype.org.uk)