

Patients with emergency brain disorders denied specialist care

The majority of patients admitted to hospital as an emergency with brain-related disorders will never be seen by a neurologist. It is a matter of luck and where you live. A report, *Acute Neurological Emergencies in Adults*, published by the Association of British Neurologists (ABN) describes the alarming inequality and lack of specialist treatment throughout the UK because there are simply not enough neurologists to provide adequate care.

Professor Charles Warlow, from Western General Hospital in Edinburgh and President of the ABN said at the launch of the report, "We believe that all hospitals should have a neurological service around the clock to give prompt and accurate diagnosis and treatment to all patients who are admitted with acute neurological illnesses. This is routinely achieved in other European countries. The numbers of neurologists around this country vary significantly, showing there is great disparity in

the level of care patients may receive." The ABN is calling on the Government and health authorities to increase the number of neurologists from 350 to 1400 over the next ten years in order to establish a comprehensive UK service. Currently there is just one neurologist for every 177,000 people in the population, which is dramatically worse than all other European countries where these data are available. "We need at least 600 neurologists just to cope with outpatients alone between the hours of nine to five," said Professor Warlow.

Professor Warlow concluded, "Our goals for the next 10 years are ambitious but entirely necessary. The Government must recognise the crisis we and our patients are in."

Acute Neurological Emergencies in Adults is available from the Association of British Neurologists free of charge. Tel. 020 7405 4060, Fax. 020 405 4070, E-Mail. abn@theabn.org

Long-term benefits of Exelon in Alzheimer's disease

Exelon® (rivastigmine) provides sustained benefits for people with Alzheimer's disease for at least two years, according to a large multicentre data analysis presented at the Seventh International Geneva/Springfield Symposium on Advances in Alzheimer's Therapy.

The report included data from the longest studies conducted to date on Exelon, involving over 2,000 patients, and showed the drug slowed cognitive decline compared to placebo or no treatment for up to two years. Exelon is currently approved for treatment of mild to moderate Alzheimer's disease.

"These are important results because they are the

first to confirm the benefits of Exelon over such a long period of time and in a large number of patients," said George Grossberg, MD, lead author of the report and Director of Geriatric Psychiatry at Saint Louis University School of Medicine in St. Louis, Missouri, USA. "The finding of a sustained benefit is good news for individuals with Alzheimer's disease and for the physicians and family members who care for them," he said.

For further information contact Novartis Pharmaceuticals UK Ltd, Tel. 01276 692255, Fax. 01276 698427.

Routine testing for anti- β -interferon binding antibodies in multiple sclerosis?

Patients with relapsing-remitting multiple sclerosis treated with recombinant β -interferon (IFN β) often exhibit an immune response, with detectable levels of interferon-binding antibodies (BAb) in the peripheral blood. Some of these are neutralising antibodies (NAb) with the capacity to reduce or eliminate the biological activity of the cytokine; for example its' antiviral properties.

The recent PRISMS-4 study¹ showed that efficacy of IFN- β -1a was reduced in the third and fourth years of treatment in those patients who were NAb-positive. The authors concluded that there were considerable implications for IFN β therapy because the development of NAb may influence treatment decisions, particularly where there is a poor clinical response.

This evidence indicates that regular measurement of NAb levels should now be considered for adoption as a routine procedure to support the clinical assessment of patients receiving IFN β .

The tests used to determine the levels of NAb are complicated bioassays (CPE, MxA etc.), which are not practical for routine application and not widely avail-

able. However, since NAb generally do not occur in BAb-negative patients, measurement of BAb levels using a simple immunoassay provides a means of excluding the majority of patients from a further test for NAb². BAb-positive patients, especially those who appear not to be responding well to therapy, may be further investigated for the presence of NAb or for other immunomodulatory markers in order to support any decision either to maintain or modify therapy.

The anti-IFN β - BAb EIA, developed by Bühlmann Laboratories in Switzerland, is a simple enzyme immunoassay kit for the detection of BAb in serum. The test is relatively inexpensive, rapid, easy to perform and uses technology standard in most routine clinical immunology laboratories.

For more information contact Diagenics Ltd on Tel. 01908 376376, Fax. 01908 376375.

1) The PRISMS (prevention of Relapses and Disability by Interferon- β -1a subcutaneously in Multiple Sclerosis) Study Group; and the University of British Columbia MS/MRI Analysis Group. *Neurology* 2001; 56 (2 of 2):1628-1636.

2) Pachner A R. *Neurology* 1997, 49: 647-650.

EMG-3 Monitor



If you are involved in Botulinum Toxin injection procedures that require EMG monitoring, then EMG-3 is a cost-effective solution.

EMG-3 is the latest in an established line of portable EMG monitoring equipment and includes a number of improvements on earlier versions, whilst maintaining their essential functionality.

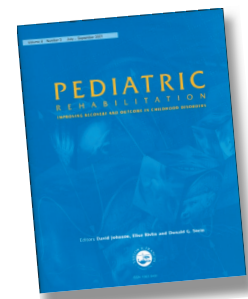
EMG-3's features include: Single-touch function control buttons; Full micro-processor control over all functions; Convenient electrode/skin impedance measurement, giving complete confidence that the reference & ground electrodes are properly connected to the

patient; Large area graphic LCD showing highly visible signal bargraph, audio volume setting, display sensitivity, mode selection and battery status; and intelligent volume and sensitivity controls that remember their settings from the previous power-down.

All in all, EMG-3 gives greater control over BT clinic organisation & procedures.

For more details contact The Department of Clinical Engineering, Royal Liverpool University Hospital, Prescot Street, Liverpool, L7 8XP UK. Tel: 0151 706 4202, Fax: 0151 706 5803, E-Mail: das@liv.ac.uk

Pediatric Rehabilitation



Pediatric Rehabilitation is a developing speciality in healthcare. The journal, *Pediatric Rehabilitation*, in its new format, promotes greater understanding, research and service development in a wide range of physical and psychological disorders in childhood.

Pediatric Rehabilitation encompasses current practices, new developments, theoretical and historical antecedents in research and service delivery together with ethical and legal perspectives.

The journal welcomes empirical papers, subject reviews and commentaries, single case studies and preliminary reports in animal and human studies.

For more details Tel. 020 7842 2282, Fax. 020 7842 2131, or visit www.tandf.co.uk/journals/titles/13638491.html

Successful PD symposium in Oxford

Amersham Health hosted an extremely successful symposium at the ABN in Oxford, attended by over 100 delegates. The symposium, 'Developments in Parkinson's; Imaging and Autopsy studies' featured speakers Professor Andrew Lees, who discussed clinical diagnostic accuracy based on pathological studies, and Professor David Brooks, who looked at neuroimaging of PD. David Burn spoke on the topic of 'Imaging at the Interface of PD and dementia'. The symposium was followed by a dinner at Exeter College, Oxford.

For more information contact Zillah Moore on 01494 798697.

First 3 Tesla whole body systems installed



The Magnetom Trio 3 Tesla magnetic resonance imaging system

The first installations of Magnetom Trio, Siemens 3T whole body system, are demonstrating the benefits of a new concept in Ultra-High Field design, patient friendly systems which provide real patient and clinical benefits on the ideal research platform.

Siemens has, to date, 2 Magnetom Trio systems operational in Europe and 1 in the USA. All systems are providing additional clinical information.

There has also been a tremendous interest in 3 Tesla systems within the UK with a significant number of research sites aspiring to purchase systems this year. These sites will spearhead research to evaluate how the benefits of twice the signal-to-noise translate into clinical performance. Expectations are that neuro imaging including diffusion and spectroscopy, cardiac and very high resolution orthopaedic imaging will all benefit.

New MR Service for Basildon

The new Siemens Magnetom Symphony 1.5 Tesla MR was opened recently at Basildon Hospital.

"The addition of MRI to the services offered by the Imaging Department has been of enormous benefit to our patients," said Tina Faulkner, Imaging Manager at the Hospital. "Previously we had access to a shared service, which was restrictive in scanning time and involved significant travelling for patients. This was inconvenient for outpatients and of real concern when transferring sick inpatients. This new facility occupies a purpose-designed area, which is patient and staff friendly."

The service was fortunate to acquire the skills of experienced MR radiographers, to establish and lead the service and a significant reduction in waiting times has already been achieved.

The Siemens Magnetom Symphony 1.5T MRI features its unique Integrated Panoramic Array coil design, which speeds both set-up times and patient throughput. The system also speaks Syngo™, Siemens common hardware and software platform for all imaging modalities, enabling users to work with all their equipment with the minimum of additional training.

For further information contact Mike Bell at Siemens, Tel. 01344 396317.



(L to R) Tina Faulkner, Imaging Manager, Chris Quinn, Senior/Lead Radiographer MRI, Lesley Hearn (seated), Senior/Lead Radiographer MRI, Dr Pam Cory, Consultant Radiologist and Graham Walker, Siemens Medical Solutions Sales Manager.

Celance (Pergolide) 30 Day Starter Pack

FREE RESOURCE

The dopamine agonist Celance is well established in adjunctive use with levodopa in Parkinson's disease. In late 2000 the licence for Celance was extended to include monotherapy of Parkinson's disease.

This has created a need for a new starter pack to assist with dose titration, because it can sometimes appear complex to patients. Recognising this, Lilly have worked with packaging experts to develop a simple starter pack which takes patients from Day 1 to Day 30 of a course of monotherapy. On Day 1 the patient takes one 50 microgram tablet building to a dosage of six 250 microgram tablets by Day 30. This is achieved by use of thirteen wallets containing from one to four

days therapy. The wallets allow an individual day's therapy to be removed from the pack whilst ensuring they are protected from damage.



As the new pack takes the patient to Day 30 of therapy the dosage of 1.5mg per day is closer to a maintenance dose than would be achieved with the earlier 14 Day Starter pack, designed for adjunctive therapy. Whilst this is clearly beneficial it remains important for the patient's dose of Celance to be adjusted following the initial 30 Day period to ensure an optimal response to therapy.

For more information, or an empty starter pack which can be used to show patients and carers how to initiate therapy, Tel. 01256 315999 and ask for Celance marketing.

The Association of Physiotherapists in Parkinson's disease: Europe (APPDE)

The APPDE is a new Association which was launched by Mrs Mary Baker, President of the European Parkinson's Disease Association, on 3rd October 2000 in Brussels.

The aim of the association is to provide a forum where physiotherapy management and treatment of Parkinson's disease can be developed and disseminated throughout Europe. Membership comprises physiotherapists, medical and non-medical professionals and people with Parkinson's disease together with other organisations (voluntary, statutory and private), working in this field.

The APPDE will hold a conference "Physiotherapy

treatment in the overall management of Parkinson's disease", on 26th October 2002 in Vienna. This conference is part of the programme of the European Federation of Neurological Societies (EFNS). The conference is organised by the APPDE and the European Federation of Neurological Associations (EFNA).

The APPDE are particularly keen to attract nurses to this conference, as they recognise the importance of the multidisciplinary team in the management of Parkinson's disease.

For further information contact Mariella Graziano, Tel. 352 26 53 15 51, Fax. 352 26 53 15 52, E-Mail. mariella.graziano@internet.lu

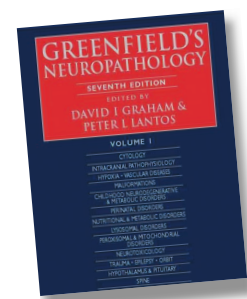
ReQuip slows progression of Parkinson's disease compared with L-dopa

A groundbreaking new study presented at the 54th Annual Meeting of the American Academy of Neurology showed that the dopamine agonist ReQuip® (ropinirole) significantly slows the progression of early Parkinson's disease compared to treatment with L-dopa. This 2 year, double-blind, multinational study used 3D PET to measure changes in ¹⁸F-dopa uptake, a marker of dopamine function, in the putamen and substantia nigra. Central analysis of putamen ¹⁸F-dopa uptake showed significantly slower disease progression with ReQuip (-13% ReQuip vs -20% L-dopa, p=0.022). Statistical parametric mapping detected significantly greater dopamine function in both

the putamen and substantia nigra in the ReQuip group (putamen: -14% ReQuip vs -20% L-dopa, p=0.034; substantia nigra: +3% ReQuip vs -8% L-dopa, p=0.035). A significantly lower incidence of dyskinesias was also seen in patients taking ReQuip (3% ReQuip vs 27% L-dopa, p< 0.001). "These impressive results should certainly have an impact on the way we treat early Parkinson's disease in the future", commented Professor David Brooks, lead investigator and Hartnett Professor of Neurology, Hammersmith Hospital, London.

For further information contact Glaxo SmithKline on Tel. 020 8990 9000, Fax. 020 8990 2937.

Greenfield's Neuropathology



The 7th edition of *Greenfield's Neuropathology* will be available from 1st June, greatly revised, containing new material and research, and accompanied by a CD ROM containing over 2,000 illustrations. *Greenfield's Neuropathology, 7th ed* and *Greenfield's Neuropathology Illustrated* are available separately or as a set. Order before June 1st and save up to £80.

For more information, visit www.arnold-publishers.com/greenfields, contact Arnold publishers on 020 7873 6355, or E-Mail. healthsci.marketing@hodder.co.uk

Art and science meet HEAD ON

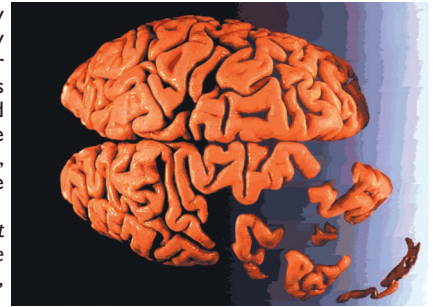
The Science Museum in London has unveiled **Head On**, a new exhibition based in the new gallery sponsored by the Wellcome Trust. **Head On** showcases artists' insights into the relationship between art and science and features sculpture, painting and other installations. Well-known works such as Mark Quinn's 'Self', a cast of his head filled with frozen blood, sit alongside specially commissioned collaborations between artists and high profile scientists.

Commissioned collaborations between artists and scientists include: Osi Audu and Professor Christopher Kennard, Imperial College School of Medicine, London; Andrew Carnie and Dr Richard Wingate, at the MRC centre for developmental neurology at King's College, and Professor Richard Frackowiak, Head of the Functional Imaging Laboratory at the Institute of Neurology, London; Annie Cattrell and the Royal Institution of Great Britain Director, Professor Susan Greenfield, and Dr Mark Lythgoe, Great Ormond Street Hospital; Katharine Dowson and Dr Piers Cornelissen, Newcastle University, and Dr Peter Hanson, Oxford University; Gerhard Lang and

Professor Uta Frith, University College, London; Tim O'Riley and Professor Christopher Kennard, Imperial College's School of Medicine and Professor Chris Frith, the Institute of Neurology, UCL, and curators at the Science Museum.

For more information contact Matt Moore, The Science Museum, on 020 7942 4364, E-Mail. m.moore@nmsi.ac.uk

Our front cover picture, 'Superior aspect of a human brain falling to pieces' is taken from the exhibition, courtesy of Heidi Cartwright/Wellcome Photo Library.



Movicol for use in extended constipation

Norgine Ltd have been granted an extension to the Movicol product licence for maintenance use. Long-term use of laxatives may be required for many patients who suffer from chronic constipation as a result of a primary disease or as a side effect of drug treatments.

Movicol is licensed for maintenance use in: Patients with severe chronic or resistant constipation; patients whose constipation is secondary to neurological conditions such as Multiple Sclerosis or Parkinson's Disease; and constipation induced by regular constipating medicines (eg opioids or antimuscarinics).

For further information, please contact Norgine on 01895 826600 or E-Mail medinfo@norgnie.com



Use of cannabis in MS

The Multiple Sclerosis Trust (MS Trust) has welcomed the possibility of cannabis based medicines being available on prescription, but is cautious about the involvement of NICE.

Nicola Russell, Director of Services of the MS Trust said, "Many of the 85,000 people with MS in Britain suffer from symptoms such as muscle stiffness, spasms and pain. For many of these people, cannabis has provided significant relief from these and other symptoms, seemingly without side-effects. We are hopeful that this latest announcement has brought the possibility of licensed cannabis based medicines a step closer. We understand that NICE is to be asked to review the situation and we have some concerns that this may lead to a delay in these new medicines being made available to patients, as has been the case with beta interferons. Let us hope that the process can be streamlined and that we do not end up in the situation where yet another treatment is denied to people with MS."

For further information contact the MS Trust on Tel. 01462 476700.

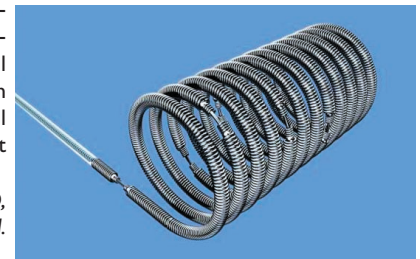
The new unique variable detachment coil from Dendron

Neurotechnics Ltd has announced the first UK insertion of the Dendron VDS coil at the Southern General Hospital Glasgow. The patient was treated by Dr J Bhattacharya and Dr E Teasdale. The VDS is the first variable detachment coil offered to the market and allows for the coil to be detached at various lengths, which allows the aneurysm to be packed as dense as necessary and alleviates the risk of a protruding coil in the parent artery.

Ian Graney, Neurotechnics Managing Director

said, "This is a major step forward for the neuroradiology market, it now means that neuroradiologists can use less coils to treat the patient and will potentially have less wastage of difficult-to-position coils. We believe that this new product range will greatly support the neuroradiologist and help meet the financial challenges that hospitals face today."

For further information and a free product CD, contact Neurotechnics on Tel. 01844 260777, E-Mail. info@neuro-technics.com



FREE RESOURCE

Neuro-imaging data shows Parkinson's drug may slow progression of the disease

A new study presented at the AAN showed evidence that patients with Parkinson's disease may benefit if treated initially with Mirapexin™ (pramipexole) in the early stages of the disease rather than with levodopa. The findings support recently presented laboratory studies from the UK that also suggest that pramipexole may slow the loss of dopaminergic neurones in Parkinson's disease.

This study used SPECT (single photon emission computed tomography), an established imaging technology that measures functional changes in the brain. Investigators found that patients who started treatment with pramipexole demonstrated a significant reduction in the rate of loss of striatal β-CIT uptake as compared to patients initiating treatment with levodopa. β-CIT is a marker for dopamine neurone function. The difference between patients treated with pramipexole and patients treated levodopa was approximately 40% after 46 months.

Professor Anthony Schapira, Chairman of the University Department of Clinical Neurosciences, Royal Free and University College Medical School, London, led the laboratory studies to assess whether pramipexole may exert a modifying effect on Parkinson's disease progression. He said, "Protection in cell and animal models against a variety of toxins, including MPTP (and-erase) 6-hydroxydopamine and rotenone, confirms that this agonist has an in vitro and in vivo neuroprotective action. Evidence is now emerging that some of this effect might be mediated by direct action on mitochondrial membrane potential and the inhibition of apoptosis. This laboratory evidence is complementary to the SPECT data and provides a scientific rationale for a possible mechanism of action of pramipexole."

For further information contact Pharmacia on Tel. 01908 661101.

British Epilepsy Association launches Epilepsy Action

On May 1st Epilepsy Action was introduced as the working name for British Epilepsy Association. With a new logo and a striking new colour scheme, Epilepsy Action aims to raise the profile of this often forgotten condition.

Epilepsy is the UK's most common serious neurological condition affecting 450,000 people but there are still too many myths and misunderstandings surrounding it.

Epilepsy Action is the largest member led epilepsy organisation in the UK with 22,000 members. As well as campaigning to improve epilepsy services and raise awareness of the condition, the organisation also offers help and support through a national network of branches, accredited volunteers, regular regional conferences and a Freephone Epilepsy Helpline (0808 800 5050).

Epilepsy Action also provides a website www.epilepsy.org.uk, which is the most frequently visited epilepsy website in Europe.

epilepsy action