

Association of British Neurologists Autumn Meeting Jointly with British Neuropsychiatry Association

2-4 October, 2002
At the Royal College of Physicians, London

The juxtaposition of two societies with similar, but sometimes different angles on brain function and mis-function, had by its very nature, clear potential to both excite or disappoint. Either side might fail to appreciate the nuances of the argument from the opposite standpoint, perhaps translated into failure to attend sessions not thought to be directly relevant to their field. Happily, this was far from the case for this meeting, and the end of conference consensus was that this had been an inspiring and friendly meeting, with large amounts of ground shared, and knowledge gained, which would be of great use in tackling the clinical problems common to both.

The meeting was enlivened by two controversial debates: 'that neither neurologists nor psychiatrists are competent to manage conversion disorder' and 'published trials provide sufficient evidence to warrant the use of aspirin for the secondary prevention of ischaemic stroke'. A fine tour of frontal lobology was provided by Professors Robbins, Neary and David.

We were proud to have two senior guests of honour: Lord Owen who described to us, from first hand experience, how serious illness had impacted on Heads of Government, and indeed had on occasion changed history. The next day Lord Walton received the ABN Medal and recalled an imposing career in both neuroscience and politics.

Great thanks must also be paid to Professor McDonald as Harveian Librarian, who delighted us with a fantastic display of neuroscience documents from the College Library over the centuries.

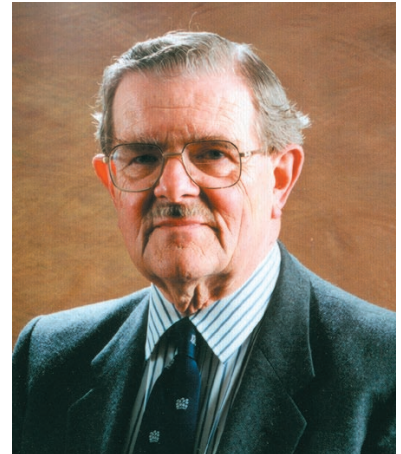
The eight mini-reports below provide some of the flavour of the conference, but full credit must be paid to all those who talked and provided posters for this meeting.

- The 12 year prognosis of unilateral functional weakness and sensory disturbance.** Stone, Edinburgh and Oxford: 60 patients who had received a diagnosis of unilateral functional weakness or sensory disturbance between 1985-1992 were reviewed, with a mean duration of follow-up of 12 years. Over 80% still reported weakness or sensory disturbance, with self reported limitation of function common. Only one had developed a neurological disorder to explain the symptoms.
- Corticosteroids do not prevent optic nerve atrophy following optic neuritis.** Hickman, London: the central question was whether pulsed high dose steroid reduced optic nerve atrophy in optic neuritis. Analysing optic nerve images from a recent trial of steroid versus placebo, no evidence of a preventive effect was found.
- The accuracy of the pulvinar sign on MRI in the diagnosis of vCJD.** Collie, Edinburgh: the MRI scans of the available 92/100 cases of vCJD were reviewed independently by two neuroradiologists. Despite variation in scan protocol, hyperintensity of the posterior thalamus relative to the anterior putamen (the 'pulvinar' sign) was positive in 85% of cases. Using FLAIR imaging the current sensitivity of this sign is 95% - the most accurate non-invasive diagnostic test for vCJD.

"In patients with
epilepsy, déjà vu occurred
significantly more often,
lasted longer, and
was associated with more
physical features and
dissociation than
in controls."

4 Cognitive and behavioural profile of atypical Parkinsonian syndromes.

Bak, Cambridge: applying a variety of cognitive tests to four extra-pyramidal syndromes, characteristic profiles of impairment were found. Progressive supranuclear palsy (PSP) had the greatest impact on verbal fluency, dementia with lewy bodies (DLB) on orientation, and corticobasal degeneration (CBD) on language; psychiatric symptoms were more frequent in CBD and DLB. Multiple system atrophy emerged relatively unscathed.



Lord Walton of Detchant, who received the ABN medal at the meeting.

5. Long term outcome in children born to mothers with epilepsy.

Adab, Liverpool and Manchester: approximately 250 children born to mothers with epilepsy were assessed in terms of their verbal IQ. 80 were unexposed to anti-convulsants, the remainder to a variety of drugs. Mean VIQ was significantly lower in the valproate group compared to both non-exposed and other monotherapy groups.

6. A study of déjà vu in patients with temporal lobe epilepsy, students and neurology outpatients. Warren-Gash, Edinburgh: in patients with epilepsy, déjà vu occurred significantly more often, lasted longer, and was associated with more physical features and dissociation than in controls. 88% of controls had experienced déjà vu sensations.

7. Homocysteine and cerebral small vessel disease.

Hassan, London and Leeds: homocysteine is postulated to be toxic to endothelium. In this study, mean levels were higher in lacunar stroke (>2 months after last event) than in matched controls. The risk increased with increasing levels of homocysteine.

- Do rates of cerebral atrophy in Alzheimer's disease accelerate?** Janssen, London: patients with early onset Alzheimer's disease were imaged longitudinally to determine the rates of atrophy. There was considerable variation in the inter-patient rate of progression, however the intra-patient rate remained relatively constant with a gradual acceleration over time.

*Jeremy Chataway, Consultant Neurologist
St Mary's Hospital, London and
National Hospital for Neurology and Neurosurgery,
Queen Square, London*

7th International Congress of Parkinson's Disease and Movement Disorders

10-14 November, 2002
Miami, Florida

The 7th International Congress on Parkinson's disease and Movement Disorders was held in the Fountainebleau Hilton Resort and Towers, Miami Beach, between the 10th and the 14th November. The surroundings were beautiful and the sight of sun, surf and sand were a welcome break for the numerous UK delegates.

The meeting itself was of the highest calibre, with a mixed programme, generally well paced, comprising plenary sessions (11 in total) and poster sessions (seven in total). A minor criticism was that with over 1180 posters on display, the time available for viewing was somewhat restricted, necessitating some homework before each session and a clear focus.

When writing a report from such a large meeting, it is impossible not to "cherry pick", clearly reflecting one's own preferences (and sometimes attendance!). I will not comment upon the posters, since the space available would make this virtually meaningless (interested readers may refer to the Movement Disorders Journal Supplement 5, 2002 for a full list of abstracts anyway). There was, however, the usual eclectic mix of work, ranging from the nature of Ravel's neurodegenerative illness and the effect of golf upon Parkinson's disease, to leading edge genetic and therapeutic studies.

Three reports particularly attracted my attention in the plenary sessions. Vincenzo Bonifati (Italy) described the clinical features of recessive Parkinson's disease (PD). Notably, however, he announced the gene, DJ-1, believed to underpin the PARK 7 phenotype (onset < 40 years of age, slowly progressive, dystonic features and psychiatric manifestations). This gene is located on chromosome 1p36. Its seven exons encode a ubiquitous 189 amino acid protein thought to modulate transcription and to be involved in the oxidative stress response. The elegant studies described put another tantalising piece into the jigsaw of PD pathogenesis and will undoubtedly spawn important work in other parkinsonian genotypes and phenotypes.

Stanley Fahn (USA) described the results of the ELLDOPA study. This multicentre, randomised, placebo-controlled study examined the effects of levodopa in early PD. Three hundred and sixty-one drug-naïve patients were randomised at a time when they did not require anti-parkinsonian treatment to either placebo or one of three doses of levodopa (150mg, 300mg or 600mg per day). Study duration was 40 weeks and the majority of patients were then re-examined after a two-week washout period (the washout period was later extended in some patients). Fifty six per cent of 361 patients underwent b-CIT SPECT at baseline and 95% of these subjects were re-scanned at 40 weeks. Primary end-point was the change in Unified Parkinson's Disease Rating Scale (UPDRS) between baseline and after 40 week washout.

Unsurprisingly, dyskinesias occurred more frequently in the higher dose L-dopa group (16%) and wearing-off was also more common in these patients. After washout, the total and motor UPDRS scores were improved (-1.4 and -1.3, respectively) in the 600mg/day L-dopa group, compared with baseline, while there was also a highly significant improvement in quality of life on this dose. Patients allocated placebo deteriorated by 7.8 and 5.2 points in the total and motor UPDRS scores, respectively. Professor Fahn discussed the possibility that L-dopa might actually be neuroprotective, although there is an obvious clinical price to pay in terms of motor complications. Furthermore, the results of the SPECT study showed a significantly greater loss of striatal tracer uptake in the higher L-dopa group (-1.4% versus -7.2%). These values were comparable to those previously reported in the CALM-PD study, which also used SPECT. It is interesting that greater emphasis was put on the clinical output from the ELLDOPA study, despite the "contrary" SPECT correlate. Eleven per cent of subjects had normal SPECT scans; a new term to describe these patients was coined "SWEDDs" (subjects without evidence of dopaminergic deficits). The more cynical observer might call these patients essential tremor!

Warren Olanow (USA) presented the results from a two-year double-blind controlled trial of foetal nigral transplantation in PD. Thirty-four

patients with advanced disease (aged 35-75) were allocated to either bilateral transplantation with one donor per side, four donors per side or bilateral placebo surgical procedures (the inner cranial vault and dura mater were not penetrated). Some jaws dropped in the audience when they heard that the placebo patients, like those in the active treatment groups, also took cyclosporine A for six months. The primary endpoint for the study was the change in motor UPDRS score in a practically defined "off" state. Two deaths, unrelated to the transplant procedure, occurred during the study. A post-mortem in one subject (who had received four donors per side) indicated approximately 100,000 tyrosine hydroxylase-positive surviving cells per striatum. Despite this, and the fact that 18F-dopa PET scans showed a significantly increased tracer uptake in transplanted patient groups, the study was "negative" as clinical (primary and also secondary) endpoints did not show a significant improvement ($p=0.24$ for primary endpoint). There was no benefit in younger versus older patients, but patients with less severe disease (motor UPDRS < 49 at study entry) did show a greater improvement. Furthermore, and consistent with the earlier Freed study, 13 of the 23 patients receiving transplants showed "off" medication dyskinesias (so-called "runaway" dyskinesias). Three of these patients were so disabled by their dyskinesias, they required "additional surgery". Olanow presented the data beautifully, but it is impossible not to feel deflated by another negative transplantation study. No doubt the media will go to town and suggest that this is the last nail in the coffin for this procedure. Certainly a more measured approach, as advocated by workers in this area in the UK, with greater emphasis on underlying neurobiological mechanisms and more exhaustive initial use of animal models, is indicated if this treatment is to be resurrected.

In terms of "all round education and enjoyment" the plenary session on tauopathies took the biscuit for me. Perhaps it was the more clinically-based approach, supplemented by video and case studies that got this off to such a good start. David Neary's talk, concerning the phenotypic and pathological correlates of frontotemporal dementias, was outstanding and of particular help to those clinicians, including myself, who do not (knowingly) see these patients very often. This was followed by Peter Heutink (Netherlands) who gave an accessible state of the art dissection of the molecular genetics of the tauopathies.

Other high spots included a debate between Professor Andrew Lees (UK) and Charles Duyckaerts (France) with the title "Is Parkinson's disease with dementia and dementia with Lewy bodies the same disease?". Professor Lees argued they were and with the use of a well-practised debating style, humour and no little substance, carried the day for me (even though no "official" vote was taken).

David Brooks (UK) gave the Stanley Fahn lecture (yes, it is possible in the USA to still be alive and have a lecture named after you!). There is no auditorium too large to cramp his inimitable style, laced with humorous interjections, in clearly getting across complex imaging paradigms and results. He briefly described the outcome of the REAL-PET study in showing that patients receiving the dopamine agonist ropinirole displayed significantly less progression in their 18F-dopa scans when compared with patients allocated levodopa. His talk also, however, touched upon a wide range of other topics including the application of PET to non-motor complications of PD such as depression (reduced noradrenergic function in limbic areas) and dementia (potential use of the amyloid-binding tracer 11C-PIB).

In conclusion, I found that attendance at this meeting was extremely rewarding from a professional perspective. This seems to have been the view of the majority of UK colleagues who I saw during the five days in Miami. Furthermore, I also managed to keep my sun-tan to a respectable shade!

David J Burn,
Newcastle upon Tyne