

Association of British Neurologists Spring Meeting

2-4 April, 2003; Cardiff, UK

A fine venue in the centre of Cardiff, train station and hotel within walking distance, no parallel sessions to tax our ability to make decisions, and the sun was shining; all the ingredients of a refreshing and helpful conference, and so it proved to be.

The format was traditional and began on Wednesday afternoon with a lively educational symposium on difficult consultations. In the evening symposium Professor Nick Wood brought us up-to-date with the genetics of Parkinson's Disease with an impressive and wide-ranging lecture. Thursday was enriched by Professor Steve Dunnet's lecture on the current status of cell transplantation for neurodegenerative diseases. The society was honoured that Professor Peter Harper accepted honorary membership and we were privileged to hear his superb lecture on Myotonic Dystrophy on Friday.

Professor Warlow interrogated the clinical aspects of the clinicopathological conference and Dr Jim Neal presented the pathological findings of merantec endocarditis in a lady who had a low grade ovarian carcinoma.

The evening reception on Wednesday was in Cardiff Castle. The conference dinner on the Thursday evening was in the National Museum of Wales. The Society was addressed by Mr Richard Mills, Consultant ENT Surgeon and his rousing address was followed by a recital by the Blaenavon Male Voice Choir.

The platform presentations and posters were of a high standard and strict time-keeping allowed adequate time for questions and discussion.

I have selected some of the presentations and attempted to summarise them below. It is not possible to describe all of the presentations but I know that the hosts were very grateful to all those who contributed to the scientific sessions.

1. Early risk of recurrent stroke by aetiology sub-type: implications for stroke prevention. Lovett, Oxford.

Analysis of data on 1670 patients suggests that recurrent stroke risk varies significantly between sub-types; patients with stroke due to large artery disease had the highest odds of recurrence at both 7 and 30 days suggesting that this group requires early preventative treatments.

2. Diffusion weighted magnetic resonance imaging in acute ischaemic stroke: pathophysiological insights with quantitative positron emission tomography (PET). Guadagno, Cambridge.

A 53 year-old patient was imaged 7-9 hours following stroke onset with back-to-back DWI and quantitative PET mapping of cerebral blood flow and cerebral metabolic rate of oxygen. The study demonstrated for the first time that the DWI lesion can contain still viable tissue and, therefore, may not represent a core of irreversibly damaged brain.

3. Oligodendrocytes produce neurotrophic and axonotrophic factors in vitro Wilkins, Cambridge

Using rat neurones cultured in oligodendrocyte-conditioned media or control media, soluble factors released by oligodendrocytes were shown to increase axonal survival in culture which may have important implications in determining the causes of axonopathy in multiple sclerosis. Characterisation of neurotrophic factor production by oligodendrocytes may lead to therapeutic strategies to prevent irre-

versible axon loss in late stages of the disease.

4. Quantification of walking mobility in multiple sclerosis using an ambulatory activity monitor: a pilot study. Pearson, Cardiff

The mobility of 12 MS patients and 14 volunteers was assessed with ambulatory monitoring which allows unobtrusive counting of every step over prolonged periods. Strong correlations were demonstrated with commonly used indices of mobility in MS and the face validity of counting every step over many days may lead to such methodology becoming a gold standard for measurement of actual – rather than claimed or derived – walking mobility.

5. Gastrostomy tubes for MND in Scotland: frequency, timing and survival. Swingler, Dundee and Belfast

Patients with motor neurone disease who underwent endoscopic gastrostomy were identified from the Scottish MND Register between 1989 and 1998. 142 PEG episodes were identified with a mean age of 66.8 years at insertion with a mean disease duration of 24 months. Median survival from PEG insertion was 146 days but the 1 month mortality post-gastrostomy was 25%. Gastrostomy did not appear to confer a survival advantage.

6. Meeting the Association of British Neurologists guidelines: provision of 24 hour acute neurology care by neurologists. Carroll, Plymouth

Derriford Hospital provides a 24 hour neurology on take service to a population of 500,000 with the equivalent of four consultants, three SpR's and four SHO's with a 37 bed ward. Admissions to the department were analysed prospectively over a 3 month period. Currently each SpR spends 18 hours per week involved in the care of acute admissions. Meeting the ABN guidelines will require an increase in neurology bed provision to at least 15.2 per 100,000 population with the equivalent of three consultant sessions (11 hours per week).

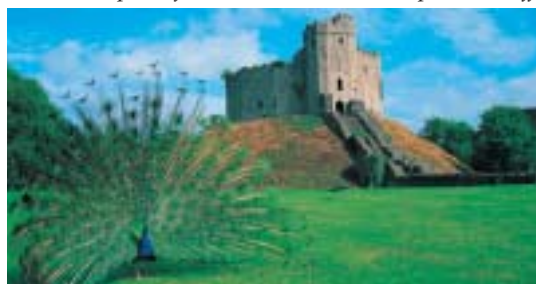
7. Cerebrovascular disease and the failure of elimination of amyloid β from the ageing and Alzheimer brain: implications for therapy. Weller, Southampton and Newcastle

In this study thromboembolic occlusion of penetrating cortical arteries was associated with complete block of elimination of amyloid β along perivascular drainage channels and the development of severe capillary amyloid angiopathy. This suggests that cerebrovascular disease is a major factor in the failure of clearance of amyloid-beta from the ageing and Alzheimer brain.

Dr Tom Hughes, Consultant Neurologist, University Hospital of Wales and Rockwood Hospital, Cardiff.



National Museum of Wales where the conference dinner was held



Cardiff Castle, the venue of the evening reception