The Association of British Neurologists was welcomed to Harrogate for this year’s annual meeting. In his opening address as outgoing President of the association, Geraint Fuller informed us that the People of Yorkshire divided people into three types: those who come from Yorkshire, those who want to come from Yorkshire and those with no ambition at all!

The meeting started with a session on Neurosurgery. The treatment of Normal Pressure Hydrocephalus is always controversial, but Richard Edwards, from Bristol, gave some very compelling reasons why we should at least consider it. Caroline Hayhurst from Cardiff described the recent change in management of low grade gliomas, with the evidence that early aggressive treatment results in better long term outcomes than the traditional watch and wait. The session was rounded off by William Taylor from Glasgow, who told us when he would operate on himself.

The Holmes lecture from Prof Anthony Lang (Toronto, Canada), talked of his work on Corticobasal Syndrome, updating us on the underlying pathology, diagnosis and the hope for future treatments.

The ABN lecture took us through neurological infectious diseases, the challenges of Global health and the bureaucracy of research. Jeremy Farrar described his career, starting with Neurology, moving onto running an infectious disease unit in Vietnam for 18 years, before returning to the UK to take the helm of the Wellcome trust. He described how it could take 611 days to go from initially having a research question to enrolling your first patient in a clinical trial – a time scale that is too long to tackle modern day emerging health problems such as the Ebola epidemic.

The day was rounded off with parallel sessions. The advent of commissioning and the challenges and potential rewards this may bring were explored in an important managerial session.

The second day kicked off with an early start with several special interest groups holding parallel breakfast meetings.

The main sessions started with a review of ion channels, from a reminder of their structure and function from Dimitri Kullman, the psychiatric consequences of their dysfunction from Belinda Lennox and neuromuscular channelopathies with Nicholas Davies.

The ABN medallist this year was Andrew Lees, with a citation from William Gibb. Prof Lees described his extensive career in movement disorders.

The day was finished off with the annual general meeting and more special interest groups. An excellent opportunity to either catch up with friends and colleagues who share your interest or delve into an area of neurology that you have less experience with.

I attended the Infectious Diseases special interest group and learned a great deal in excellent, interactive case discussions.

The final day saw the ever-popular case presentation competition, sponsored by ACNR. The standards were exceptionally high, with the prize going to Dr Alexander Rossor from London with his description of a case of Brown Violetta Van Laera syndrome – self treated with mushy peas! Look out for this case report in a future issue of ACNR.

The morning was rounded off with a teaching session in the Psychiatric borders of neurology, including the acutely agitated patient, Autism spectrum disorder and Psychosis.

The final sessions of the day were new themes for the ABN. Nicholas Fox and Robert Hadden told us how they would approach the patient with cognitive impairment and generalised sensorimotor neuropathy. Very didactic sessions, but always good to see how the experts do it. Just to prove that neurologists no longer rely solely on steroids the afternoon was concluded with a roundup of the treatments for MS (Neil Scolding), CIDP (Michael Lunn) and Myasthenia (Jon Sussman).

The meeting was brought to a close with the awarding of prizes; best platform presentation went to Dr Joseph Masters, best Audit to Dr Amy Edwards, case presentation competition to Dr Alexander Rossor and best poster to Dr Saawa Kamourieh.

All in all an excellent meeting in a wonderful setting.
I attended the Association of British Neurologists trainee afternoon on Tuesday 19th May 2015 in Harrogate. I must say I found it to be very useful and relevant to clinical practice. It was a mixture of cases with interactive small group discussions.

The first part entailed small group teaching sessions on muscle diseases. We were divided into four groups depending on our level of training. The sessions were delivered by Professor Craig Turnbull from Newcastle, Dr Paul Maddison from Nottingham, Dr Mark Busby from Leeds and Dr John Walters from Swansea. They were rotating between groups and presenting cases for discussion. The first case was a patient with a diagnosis of chronic progressive external ophthalmoplegia. They explained the different genetics in this condition, which can have an effect on prognosis. For instance, if the patients have a large single deletion in mitochondrial DNA, this can increase the chance of serious cardiac conduction abnormalities and the 3243 mutation carries a poorer prognosis. The second case was rhabdomyolysis in a 27-year-old patient with learning difficulties and scapula winging who was found to have a limb girdle muscular dystrophy. We discussed the importance of history taking in muscle patients and also the need to establish if there are any clues in the history regarding the ‘second wind’ phenomenon, which can affect patients with McArdle’s disease. The third case was a patient who was found to have a laminopathy where the nuclear laminar and associated proteins such as emerin are affected. Once again, this case highlighted the importance of genetic testing for various genetic subtypes, which can cause significant cardiac abnormalities such as LVH. The fourth case was a patient with chronic fatigue and aches with mild calf hyper trophy and a persistently raised CK. A muscle biopsy with immunohistochemistry showed dystrophin, highlighting the importance of performing immunohistochemistry to look for muscle integrity.

The second session was a lecture by Dr Gillian Sare from Nottingham on ‘Moving Towards Consultancy’. This was a well-delivered and relevant talk. It outlined important interview skills as well as being an eye opener of what one needs to do to prepare for consultancy.

Following a well-deserved coffee break, the third session was again small group teaching sessions on dizziness in the general neurology clinic. The sessions were delivered by Dr Gerard Fuller from Gloucester, Dr Nicola Griffin from Bath, Dr Ralph Gregory from Poole and Dr Mark Lewis from Leeds. They were rotating between groups and presenting cases for discussion. The first case was a patient with acute vertigo with BPPV who had a positive Hallpike. We were shown how to do the Dix Hallpike and the therapeutic Epley manoeuvre. The second case was a Parkinson’s patient complaining of dizziness. We discussed different mechanisms of dizziness in Parkinson’s disease, varying from polypharmacy to postural hypotension and postural instability. The third case discussion was on how to differentiate between peripheral and central causes of vertigo. If the patient had a negative head thrust test with direction change nystagmus and a skew deviation then it is likely to be a central cause. The fourth case was a case of vestibular migraine with a combination of vertigo, balance disturbance with migraines. It is still under-diagnosed and the management is similar to migraines. There is also no strong evidence of risk of stroke if you are a migraine sufferer unless you are female and on the combined oral contraceptive pill.

During the second part of the afternoon we were joined by the foundation/core medical trainees and had a lecture by Prof Doug Turnbull and Dr Paul Maddison on red flags in muscle disease and top tips for neurology trainees and had a lecture by Prof Doug Turnbull and Dr Paul Maddison on red flags in muscle disease and top tips for neurology trainees. The last talk was ‘Lessons I’ve learned from my PhD and beyond’ by Dr Jon Rohrer from London. This was a great way to end the evening as it helped guide us on how to approach research and the important factors to consider.

So all in all this was certainly a packed and useful trainee session which was a good kick start to the meeting ahead!