

Report from the ARG on Migrant Neurology, April 13, 2017

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The ARG on Migrant Neurology had the following activities:

I-A business meeting was organized in the AEN Congress in Berlin on Monday 22, June 2015 from 17:30 to 18h30. Fifteen neurologists from North Africa, Middle East and Europe participated in the meeting

Dr Mustapha El Alaoui Faris gave an overview on the issue of the migration of populations from the Middle East, North Africa and sub-Saharan Africa to Europe and the impact on the health of migrants.

Following a lecture by Dr El Alaoui Faris (see below), participants discussed different aspects of neurological disorders in Migrants

Neurology in Migrants: An overview by Prof. Mustapha El Alaoui Faris

The migration of population is a global phenomenon which raises social, political as well as medical and neurological aspects. The incidence, prevalence and clinical presentation of neurological disorders may differ depending on the geographical origin of migrants and their genetic background.

The high prevalence of infectious diseases such as HIV in Sub-Saharan Africa, can lead to severe cognitive disorders in some African migrants.

Cultural and religious beliefs in many developing countries from which originating the majority of migrants, make epileptic seizures under-diagnosis and often untreated. While incidence of epilepsy is higher in this population because of the prevalence of brain birth injury and the frequency of neurocysticercosis. The stigma against epileptic patients in some migrant communities must be taken into account in the care of these patients.

Specific disease of a region such as Behçet's disease in the Mediterranean area can be ignored in some European countries. The under-diagnosis of this disease and delay in treatment can lead to serious neurological and cognitive complications.

The frequency of inbreeding in the migrant population can be responsible for the high prevalence of some neurogenetic diseases with autosomal recessive transmission, usually rare in other context, such as genetic myopathies, neuropathies or ataxias.

The frequency of specific gene in a given population must be known in order to correctly diagnose and treat some genetic diseases. For example, in the North African population, Parkinson's disease is due to the mutation of the LRRK2 gene in more than 30% of the patients. These patients are often young and have severe rapid Levodopa-induced dyskinesias.

Stroke is a real public health problem in migrants given the high prevalence of hypertension, diabetes, smoking and rapid acculturation in this population. Migrants can have severe stroke at younger age with high mortality and persistent neurological disability. Specific attention must be paid to the prevention of vascular risk factors, health education and better lifestyle in migrants.

Another aspect of Migrant Neurology is the aging of migrant population, which an increasing number has now reached the point where they are likely to have cognitive disorders. These people are often from non-Western origin and are not fluent in the language of the host country. In such cases, the diagnosis of cognitive disorders requires specific neuropsychological tests adapted for every given population. The care of migrants with cognitive disorders must take into account the cultural and religious beliefs of these patients

The aim of the ARG on Migrant Neurology is to attract the attention of neurologists worldwide and health policy maker in the host countries, on the particularity of the neurological disorders in the migrant population.

The ARG on Migrant Neurology will be involved in education activities of the WFN as well as in the biannual WFN congresses, it also will organize special meetings on Neurological disorders in in specific groups of migrants

Worldwide neurologists interested are invited to advocate and commit themselves to better knowledge of neurological disorders in the migrant population

II- In Rabat, on December, 17, 2016, Mohamed Taiebine, a Moroccan member of the ARG on Migrant Neurology, gave a lecture on the health policy of migrants that has been carried out by Australia for several years, indeed Australian hospitals provide migrants with translators who speak their languages. For many months, Mohamed Taiebine worked as translators for Moroccan immigrants in Melbourne. His work will be presented in the International Association of Logopedics and Phoniatrics in August, 2017 in Bremen

III- in WCN2017 in Kyoto, a session on Migrant Neurology is planned with the following speakers:

- Antonio Federico (Italy): Neurology and Migrants: what we know, what we learned by neurosciences, what we can do.
- Mustapha El Alaoui Faris (Morocco): Neurocognitive disorders in aging migrants
- Serefnur Öztürk (Turkey): Cerebro-vascular disease in migrants

IV- A business meeting will be organized by ARG on Migrant Neurology in the EAN Congress in Amsterdam on June, 25, 2017

V-A scientific meeting focused on neurological disorders among North African and Middle Eastern migrants in Europe will be held in Casablanca on November 2017

VI- the ARG on Migrant Neurology had the agreement to the EAN to organize a session on Migrant Neurology during the Lisbon congress on June, 2018. The following speakers will participate in this session: Mustapha El Alaoui Faris, Antonio Federico and Gunhild Waldemar (Copenhagen)

Prof. Mustapha El Alaoui Faris, chair of the ARG on Migrant Neurology