Unity Defines Council of Delegates’ Meeting

BY MARK HALLETT, M.D.
Editor in Chief

The annual general meeting of the World Federation of Neurology’s Council of Delegates was held Sept. 26 in Geneva, during the 14th congress of the European Federation of Neurological Societies (EFNS). Right from the start, there was a show of unity within our international community when, during the roll call, it was announced that the delegate from Taiwan, Ching-Pao Tsai, had the proxy from China.

Vladimir Hachinski, president of the World Federation of Neurology, greeted the delegates warmly and introduced the central topics of the meeting. His main message was that work was proceeding well on all fronts, that the WFN was on stable financial footing, that projects were progressing very nicely. In addition and accessible.

Multiple Sclerosis Disease Activity May Vary Seasonally

BY JEFF EVANS
Elsevier Global Medical News

Disease activity on MRI in multiple sclerosis patients is most likely to occur and is most intense in the spring and summer, according to a retrospective, observational study of a 3-year period in Boston.

Although the rates of clinical attacks and new contrast-enhancing lesions were not associated with significant seasonal differences, new T2 lesions developed in the spring and summer at nearly twice the rate as in the fall and winter. This finding may raise concerns for design and analysis of clinical trials with MRI outcome measures. If left unaccounted this effect could bias longitudinal assessment both at individual as well as group level,” wrote Dominik S. Meier, Ph.D., of Brigham and Women’s Hospital, Boston, and colleagues.

The findings agreed with previous studies that measured the seasonality of clinical markers in Japan, Sweden, and the United States (Ohio and Arizona). Another three studies that have examined MRI markers across the seasons had biased inclusion criteria or poor longitudinal follow-up, according to the investigators.

They matched meteorological data with clinical data from 44 patients who underwent 939 brain MRI scans during 1991-1993. The cohort included 13 patients with chronic progressive MS and 31 with relapsing-remitting MS. They had a mean age of 38 years, a mean disease duration of 8 years, and a mean Expanded Disability Status Scale score of 3.9.

Each patient underwent eight weekly scans, followed by eight scans every other week and six monthly examinations. No patient received disease-modifying therapies (Neurology 2010; 75:799-806).

See Multiple Sclerosis • page 10
EDITOR IN CHIEF'S COLUMN

Working Together

One of the striking characteristics of the Council of Delegates meeting that I have reported on in the lead article in this issue is the cooperation among the different countries. That China gave its proxy to Taiwan and that the delegate from Israel moved the acceptance of the Palestinian Neurological Society were two manifestations of the community of neurologists working together for common goals.

With all the tensions in the world, all those factors that divide, sometimes they appear to be superficial and political. The common folks, like us neurologists, are friendly and have a similar purpose: to prevent neurological disease and to improve the lives of our patients.

There is also cooperation among societies. The American Academy of Neurology supplies copies of Continuum that can be used as educational material in developing countries. The International Brain Research Organization and the European Federation of Neurological Societies have cooperated with the World Federation of Neurology in running many training courses in neuroscience and neurology in Africa.

And, of course, the individual national neurological societies are cooperating with each other in many different ways and combinations within the umbrella of the WFN. It only was possible to generalize this cooperation even more. Every little bit helps, and it is worthwhile to spread the good news when it happens.

The main goal of the WFN, in pursuit of better patient care, is clearly the education of neurologists.

There are plans to have more educational material on the WFN Web site, e-learning activities, newly developed residency training programs, and, of course, the Federation’s biennial world congresses that will come to various parts of the world.

Neurological disorders are on the increase—head trauma, stroke, Alzheimer’s disease, Parkinson’s disease, and other disorders. The need for neurologists outstrips the supply, and clever ways to increase neurological care have been developed (and emphasized from time to time in WORLD NEUROLOGY). We will also need research, not only for improved treatments, but also for better ways of delivering patient care. The WFN has not been able to embrace much research as yet, but perhaps some of the currently available seed money could be used to support such work. Certainly, we would anticipate excellent cooperation from all involved.

WORLD NEUROLOGY 2011

4th European Neurological Conference on Clinical Practices
Jan 28-30
Lisbon, Portugal
www.paragon-conventions.net/enccp2011

10th International Conference on Alzheimer’s & Parkinson’s Diseases
March 9-13
Barcelona, Spain
www.kenes.com/aldpd

3rd Asian and Oceanian Parkinson’s Disease and Movement Disorders Congress
March 25-27
Taipei, Taiwan
www.aopmc2011taich.com/index2.html

63rd Annual Meeting of the American Academy of Neurology
April 9-16
Honolulu, Hawaii, USA
www.aan.com/go/am11

9th European Paediatric Neurology Society Congress
May 11-14
Cavtat-Dubrovnik, Croatia
www.epns2011.com

20th European Stroke Conference
May 24-27
Hanover, Germany
www.eurostroke.eu

21st Meeting of the European Neurological Society
May 28-31
Lisbon, Portugal
www.congrex.ch/ens2011

Movement Disorder Society 15th International Congress of Parkinson’s Disease and Movement Disorders
June 5-11
Toronto, Canada
www.movementdisorders.org/congress/congress11

European Neuro-Ophthalmology Society Meeting
June 18-21
Barcelona, Spain
www.eunos2011barcelona.com

World Congress on Huntington Disease
Sept. 11-14
Melbourne, Australia
www.worldcongress-hd2011.org

Asia Pacific Stroke Conference
Sept. 29-Oct. 1
Colombo, Sri Lanka
www.apsc2011.com

7th International Congress on Vascular Dementia
Oct. 20-23
Riga, Latvia
www.kenes.com/vascular

20th World Congress of Neurology
Nov. 12-17
Marrakesh, Morocco
www2.kenes.com/wcn/Pages/Home.aspx
Change, Continuity, Now Implementation

by Vladimir Hachinski, M.D.

Fe
tina lente, make haste slowly, admonished Emperor Augustus. That’s easier said than done in our texting-, blogging-, tweeting-obsessed world, and yet it remains sound advice.

The current administration was elected on a platform of continuity and change. Educational programs and teaching courses are continuing, the Journal of Neurological Sciences is doing well scientifically and financially, World Neurology is heading toward new heights, as are the World Congresses.

My proposal as Vice President in 2001 that the World Congress of Neurology be held every 2 years was greeted with both enthusiasm and skepticism. We chose to “make haste slowly” and evaluate the options on the premise that hard thinking leads to easy implementation. It is already evident that the move to biennial congresses has resulted in greater continuity in the organization of the Congresses and the composition of the Scientific Program Committee, with resulting efficiency and an increased income from the more frequent Congresses.

The approach of systematic evaluation and priority setting is serving the administration well. We began with an inventory of all our activities by establishing the value of a current or proposed activity, its viability, its impact, and a number of Delegates and Committee Chairs, and the American Academy of Neurology in Toronto in April, and R

At the end of the 3 days of WFN meetings, the Trustees held a synergium with the attendees. “Synergy” the concept, became “synergy” the action, and the sense of collegiality and common purpose that was stirred at the London Retreat bloomed and flourished in Geneva. Festina lente has been worthwhile!

As Mark Hallett writes in his column and lead story, the cooperation and exchange between the delegates reflected the extent to which WFN neurologists are willing to work together for a common cause, despite prevailing political tensions between some of their countries. For example, a land dispute dating back to the 19th century between Bolivia and Chile simmered to this day, yet the Chilean Delegate, Renato Verdugo La
torre, brought the proxy vote of his Bolivian counterpart, Juan Carlos Duran. Some years back, President John Aarli and Secretary-Treasurer General Raad Shakir negotiated a way to comply with the “one-China policy” without expelling Taiwan. They created a China Region of the WFN comprising Taiwan, Hong Kong, and China, each with one vote. This September, Ching-Piao Tsai, President of the Asian and Oceanian Association of Neurology and Delegate of Taiwan, carried the proxy for Chun-Zhen Lu from China. Naton Born
dstein, Delegate for Israel, proposed the Palestinian Neurolological Society for WFN membership.

Having planned change on a baseline of continuity and stability, we are ready to move ahead in the coming year at an accelerated pace. The WFN is inviting applications for projects through the different Com

by Ainhi Ha, B.Sci. (Med.), B.Med./BB.Surg., and Joseph Jankovic, M.D.

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There are at least 250 million people with brain disorders in the developing world, yet in many regions there is a severe shortage of neurological health care services. Patient:neurologist ratios generally fall well below the suggested 1 neurologist per 100,000 population: a large study on neurological services in Africa, for example, reported that 23 of the continent’s 53 nations averaged 1 neurologist per 5 million population (Neurology 2005;64:412-5). In addition to the shortage of neurologists, imaging and diagnostic facilities are more often than not scarce, underresourced, or nonexistent.

Given these restrictions, general practitioners (GPs), especially those working in remote rural areas, have to pick up the neurological disease burden. They need to know how to diagnose, treat, and manage neurological disorders and when to use resources to transport patients for specialized neurological care — and to do that, they need training. However, training projects may be hampered because of limited funding and resources.

The World Federation of Neurology (WFN) is working to find ways to offset the shortage of neurologists by providing neurological education for GPs. I am a member of the Education Committee and in charge of undergraduate and non-neurologist education in developing countries, and through this article, I hope to raise awareness of this shortage of neurologists, describe possible ways of improving generalist neurological training, and seek your support and recommendations on how we can proceed.

This is what my colleagues and I are thinking at the moment: We would like to establish a database of curricula and teaching resources for neurological educators to access on the WFN Web site and set up a Web-based forum so that the educators can share and develop teaching strategies.

Core neurology e-texts — such as the symptoms-based approach to neurological complaints by the American College of Physicians and the American Academy of Neurology — would be made available to GPs. The joint ACP-AAN multimedia tool, Approach to Common Neurological Symptoms in Internal Medicine (www.aan.com/go/education/curricula/internal10c), was designed to improve neurological knowledge at the undergraduate and postgraduate levels and would be a valuable resource for generalists who practice in remote rural areas.

Other useful neurology e-texts and Web links, such as those to AAN practice guidelines and medication information, would all help in disseminating information to GPs.

There are several ways in which we could promote neurological learning in remote locations. Web-based resources could be used, depending on the availability of computers and Internet connectivity, or discs and videos with neurological information could be distributed to areas where connectivity is a problem. We also need to have more detailed modules on common and dangerous neurological disorders that occur in developing countries.

Another possibility would be to have a Web-based forum where GPs can discuss patient cases with a practicing neurologist. Case-based learning through telephone consultations with a neurologist is another extremely effective teaching tool.

Neurologist Mamta Bhushan Singh has described an initiative in India called the LifeLine Express, which was established to reduce the incidence of curable or treatable conditions such as epilepsy, blindness, deafness, physical handicaps, and deformities in the country’s rural areas (World Neurology, August 2010, p. 1). Dr. Singh and her team participate in the program to treat epileptic patients and to provide a basic epilepsy orientation course for local doctors. Perhaps the model for this program could be applied elsewhere and adapted to address other neurological disorders.

If you have any suggestions about improving generalist neurological education, please contact me at bscherokman@gmail.com.

We are specifically interested in help with the following:

- Undergraduate and postgraduate neurological training curricula and teaching resources
- Availability of computers to GPs in remote locations
- A list of the most common and dangerous disorders that occur in your country that GPs should be especially aware of
- Ideas providing neurological consultations for remote GPs
- Ways in which your country is currently trying to address the shortage of neurologists.

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**的风险: 颈动脉支架植入术的短期和长期风险**

**作者:** Mary Ann Moon

**出处:** Elsevier Global Medical News

**摘要:** 颈动脉支架植入术比颈动脉内膜切除术有更高的风险。然而，对于不适合内膜切除的患者，支架植入术是一个有效的替代选择。

**主要发现:** 颈动脉支架植入术的风险是48%高于颈动脉内膜切除术。在完成的手术中，死亡或中风的风险是24%。

**数据源:** 一项对13个随机临床试验的数据进行了荟萃分析，反映了两个方面的成功。

**背景:**

在短时间的估计中，与内膜切除术相比，支架植入术有31%的增加。在长时间的估计中，两者都增加了。然而，支架植入术的短期和长期风险是不同的。

**结论:**

尽管支架植入术的风险较高，但对于不适合内膜切除的患者来说，它仍然是一个有效的替代选择。

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**中风信息：象征的效力**

**作者:** Barbara Scherokman, M.D.

**出处:** Elsevier Global Medical News

**摘要:** 中风是一个重要问题，需要有象征性的标志来提高意识。

**主要发现:** 中风是一个严重问题，需要一个象征性的标志来提高意识。

**数据源:** 一个由15000名中风幸存者参与的调查，显示了中风的符号的效力。

**背景:**

中风是一个严重问题，需要一个象征性的标志来提高意识。这个符号需要具有强大的象征效力。

**结论:**

中风是一个重要问题，需要一个象征性的标志来提高意识。这个符号需要具有强大的象征效力。
Temperature Also a Factor
Multiple Sclerosis  •  from page 1

In the study, 31 patients developed 310 new T2 lesions, whereas 13 patients had no new lesions. In 42 patients, imaging detected a mean of 22 new contrast-enhancing lesions per patient. Clinical attacks during this period were related to 51 occasions in 24 patients, with a mean of 2.1 per patient.

The distribution of disease activity across the seasons was distinctly higher in the spring and summer even after applying several different methods of correcting for individual disease severity.

The point estimates for the rate of new T2 lesion accrual per day were higher in the spring (0.024) and summer (0.030) than in the fall (0.010) or winter (0.016).

Disease activity also was strongly correlated with warmer temperature and greater solar radiation, but not precipitation. Patients with chronic, progressive MS tended to have an earlier and more pronounced high-activity period but lacked the peak of activity in August found in relapsing-remitting patients.

The findings did not change significantly in a separate analysis that excluded 18 patients who had been treated with brief bouts of steroids.

The findings could have an impact on MS clinical trials. The magnitude of an effect on the spring and summer incidence of disease activity is likely affected by factors such as genetic affinity, disease phenotype, and geographic location, which will have particular implications for multicenter trials that pool data from geographically distant locations, according to the investigators.

They also noted that biases may arise in studies that use pre-screening MRI or in trials with crossover arms, depending on the timing of the trial arms.

Disclosures. Many of the investigators involved in this study disclosed that they had received research support from the National Institutes of Health and the National Multiple Sclerosis Society, as well as research support, speaker honoraria, or served on scientific advisory boards from MS drug manufacturers.
Handy Pocket Guide Puts the Facts at Your Fingertips

Pocket Neurology
Edited by David M. Greer (Philadelphia: Lippincott Williams & Wilkins, 2010)

Many of us carried Pocket Medicine (The Massachusetts General Hospital Handbook of Internal Medicine) faithfully through intern year, finding solace in the middle of the night in its neat charts of abnormal electrolytes and causes of chest pain, and we can date ourselves by the color of the plastic binding on our edition. The shock of starting neurology residency was often accompanied by the realization that no similar ring-bound edition existed in our chosen specialty, leading many residents to devote hours to compiling charts and order sets into small, unofficial guides, usually specific to one’s own program.

The residents and fellows of the Partners Neurology Residency Program in Boston have now produced a text truly worthy of being clutched by PGY-2s (second-year postgraduates) as they nervously begin their residencies, although this book will likely be useful to a much larger audience than junior residents alone. Designed to be “concise and complete,” it impressively achieves both of these descriptors, although some may find it more complete than concise.

Junior residents may be overwhelmed by this level of detail and might have been aided by more clearly labeled tabs to reach the different sections more easily (neuro-oncology and neuro-ophthalmology, for example, are both labeled NO in the tabs) but they will likely find the thorough index very helpful in this regard. The most clinically salient sections have large tables that make scanning these sections easier: the “Epilepsy” section has nice tables guiding the choice of antiepileptic drugs, and similarly helpful tables are found in every section. Overall, more illustrations, diagrams, or pictures would definitely add to the text and might be more helpful to some trainees rather than their carrying around a pocket guide that includes every epilepsy syndrome.

At US$45 on amazon.com, this 288-page guide will fit nicely in a white coat pocket, but is a bit heavier than Pocket Medicine. The formatting is user friendly, with good use of color and outlines making for easy scanning.

A text so thorough in its scope is unlikely to have many limitations, and indeed Pocket Neurology covers almost every base. The inclusion of references where evidence exists for clinical recommendations is essential, as it should be noted that some topics without references are possibly controversial, or might represent institution-specific guidelines. This is less of a limitation than an important reminder for all neurologists that our guidelines are frequently changing and sometimes not entirely evidence based.

In summary, this is an impressively comprehensive pocket guide that is likely to prove useful to neurologists at all stages of practice.
Global Links Help Build a Regional Specialty

BY ARIF HERERAAR, M.D.
Dr. Hererar is a consultant neurologist at Dow University of Health Sciences and medical director of the Neu-rodiagnostic Centre at Hamdard University Hospi-tal, both in Karachi.

In the absence of diagnostic tools and reliable, applic-able studies to date, patients in remote rural areas tend to rely more heavily on spiritual treatments. Some researchers have begun exploring stem-cell therapies.

Drugs and Herbal Remedies

By 1995 and now have been trained to use the machines, let alone interpret the scans. These days, CT scanning and MRI are cheaper and more accessible — we had 1 MRI ma-chine in 1995 and now have about 36.

Care and Training

Pakistan is a developing country with only 50-60 fully qualified neurologists serving a population of 168 million, so almost every neurologist is both a child and adult neurologist — as well as a neuro-ophtalmologist, a physical rehabilitation specialist, and an epileptologist.

Institutions such as Dow University of Health Sciences and the Aga Khan University Hospital, both in Karachi, have steadily improved the quality of care and created better diagnostic facilities. But not all patients have access to such high-end care. General hospitals, which cater to the majority of patients, have neurological facilities but they are limited.

Quality and scope of training have improved. There are more postgraduate facilities, and we hope that as neurology expands as a specialty, these fields will produce their own experts. There are postgraduate institutions such as the College of Physicians & Surgeons Pakistan, whose qualification is recognized internationally.

Focus on the Clinical Examination

In the absence of diagnostic tools and reliable, applicable research data, neurologists have learned to rely heavily on the clinical examination, focusing on the signs and symptoms the patient presents with. This has produced some outstanding clinicians. Such examinations can be long and tedious and often inconclusive because the diagnosis depends on the experience of the neurologist — his or her experience essentially defines the quality of examination.

Lumbar puncture was — and is — widely used. Every young doctor learns the procedure. Although it is risky to do without a CT scan or MRI, it is still common because tuberculous meningitis, which remains prevalent in Pakistan, cannot be diagnosed and treated without CSF cytology and biochemistry.

Subacute sclerosing pan-encephalitis cases related to the measles infection are also more prevalent in Pakistan, compared with in developed countries with routine immuniza-tion programs, as are the various CNS manifesta-tions of tuberculosis and tuberculomas. More gen-erally, in our daily practice we treat headache; epilepsy (see box); stroke; Parkinson's disease; childhood disorders such as headache, mental retardation, leukodystrophies, and poliomylitis (though much less now); and other pro-gressive neurological disorders.

The UEMS represents the national as-sociations of medical specialists in the European Union. Several medical specialties, not just neurology, have had board examinations in place for a num-ber of years. But that changed last year for neurology when, after a 3-year de-velopmental stage, the EBN launched its European board examination at the ENS congress in Milan.

The examination has been designed for UEMS member states in which train-ing and skills are approved by the na-tional medical societies. This year, Turk-ish candidates were also admitted to sit for the examination.

The examination took place during the European Federation of Neurological Societies (EFNS) congress in Geneva in Sep-tember. It was developed by the EBN, a division of the Brussels-based UEMS, in collaboration with the European Neuro-logical Society (ENS) and the EFNS.

The examination has been described as a 120-term multiple-choice test and a struc-tured oral presentation focusing on four cases. They can also elect to do a short presentation on a separate case or re-search work for extra credit.

The questions are devised by the sci-entific panels of the ENS, EFNS, as well as members of the UEMS and EBN, then entered into a database for inde-pendent evaluation by the examination committee. Questions above the passing limit are evaluated by medical education experts at Ege University, Izmir, Turkey, for accuracy and clarity.

The next examination will take place next year on May 27 at the ENS congress in Lisbon.

For more information, please visit www.uems-neuroboard.org.

Vitamin E Trial Hints at Improved Brain Injury Outcomes

BY LAIRD HARRISON
Elsevier Global Medical News

High doses of vitamin E significantly reduced in-hospital mortality following a traumatic brain injury in the first-ever randomized, controlled clinical trial of this treatment.

High doses of the vitamin cut in-hospital mortality from traumatic brain injury (TBI) by 29% relative to the overall mortality of patients who received treatment with low or high doses of vitamin C or placebo. The study also showed the benefits of high-dose vitamin C in stabilizing or reducing the diameter of perilesional edema and infarct, said Dr. Ali Razmkon, a neurosurgeon resident at the Shiraz (Iran) University of Medical Sciences, at annual meeting of the Congress of Neurological Surgeons in San Francisco.

The theory behind the study is that lipid peroxidation causes secondary damage in head injuries. "There are well-documented reports about vitamin C in human stress in many conditions, including common cold and stroke," Dr. Razmkon said in an interview. "Plasma concentration is reduced. The body needs more and uses more."

Previous studies have suggested vitamin C could reduce the risk of stroke and that vitamin E could decrease the rate of lipid peroxidation.

To test this theory, Dr. Razmkon and his colleagues at Shiraz enrolled 100 patients (83 men) with traumatic brain injury. The patients all had Glasgow Coma Scale scores of 8 or less and radiologic diagnoses of diffuse axonal injury. Patients with significant liver or renal disease, previous head injury, or glucose-6-phosphate dehydrogenase deficiency were excluded.

They randomly assigned patients to low-dose intravenous vitamin C (500 mg daily) for 7 days, high-dose intravenous vitamin C (10 g on admission and again on the fourth day, then 4 g daily for 3 more days), intramuscular vitamin E (400 IU daily) for 7 days, high-dose intravenous vitamin E (500 mg daily) for 7 days, or placebo. The groups had no significant differences in diagnosis, age, or sex.

During the study, 26 patients died, and 67 (91%) of the remaining 74 patients attended follow-up at 2 and 6 months.

Hospital mortality was significantly lower in patients in the vitamin E group (20%) than in the groups receiving low- or high-dose vitamin C (30% and 29%) or placebo (33%).

The researchers concluded that low-dose vitamin C didn’t affect the patients’ healing but that high doses slowed the progression of perilesional edema, likely a result of secondary oxidative insults. Neither dose seemed to affect neurologic outcomes.

In an interview, Fernando Gomez-Pinilla, Ph.D., of the University of California Los Angeles, said vitamin E has shown promise in protecting the brain against the effects of TBI. "Its powerful antioxidant action seems effective in reducing free radical contents in the brain, which would otherwise impede optimal function of neurons. The vitamin has also shown positive effects on reducing memory decay and is a strong candidate for reducing cognitive impairment in Alzheimer’s disease,” said Dr. Gomez-Pinilla, professor of neurosurgery, and integrative biology and physiology at UCLA.

The Iranian National Elite Foundation funded the study. The researchers and Dr. Gomez-Pinilla reported no conflicts.

IN PATIENTS ON HIGH-DOSE VITAMIN C, THE DIAMETERS OF THE PERILESIONAL HYDRODENSE REGIONS WERE STABILIZED OR REDUCED OVER 7 DAYS.
Silent Cerebral Aneurysms More Common in Women

BY ALEX TSELIS, M.D., PH.D.

Stroke patients have generalized vascular disease, often involving vessels of various types in various organs. Thus, strokes, myocardial infarctions, retinopathy, nephropathy, and large and small peripheral vessel disease all have common risk factors and tend to appear together in an affected individual. Furthermore, their risk factors are also risk factors for other vascular diseases such as aneurysm, and possibly for putatively nonvascular conditions such as Alzheimer’s disease.

The coincidence of these diseases involving different sets of vessels is most likely not by chance, and it is reasonable to ask whether some combinations of them are more likely than others. Do microvascular diseases occur more commonly in brain hemorrhage than in infarct?

In a patient with diffuse nephropathy? Similarly, do aneurysms occur more commonly in brain hemorrhage than in infarct?

A particularly interesting and clinically relevant question for the vascular neurologist focuses on the significance of asymptomatic cerebral aneurysms (CA) that are discovered in patients who have had strokes. Is there a higher risk of CA in particular stroke subtypes? Does the presence of CA in stroke patients imply a worse outcome than in stroke patients without CA?

Dr. Yuichi Ishikawa and his colleagues in the department of neurology at Toho University’s Omonori Medical Center in Tokyo examined these questions in a series of 492 stroke patients who were seen at the center during 2007-2008. They evaluated the patients for CA by magnetic resonance angiography (MRA) and compared its prevalence in brain infarction and brain hemorrhage patients and controls. The researchers found that 3.3% of the brain infarct group, 4.7% of the brain hemorrhage group, and 2.1% of controls had CA. There was no significant difference among the groups in prevalence, size of aneurysm, and its location. There were no ruptures in any of the aneurysms 3 months after the MRAs were done.

However, the risk of having CA was greater in women than in men with stroke (P less than 0.01); the risk of CA was also greater in women than it was in men in the control group (P less than 0.01).

The prevalences were somewhat higher than in other studies, possibly because different detection methods were used or the study population differed from those in previous studies or both. It would be interesting to see data from studies using the same detection methods in other population groups. The value of the study lies in the suggestion that aneurysms may be in part a coincidental epiphenomenon, appearing equally in different stroke types and in normal controls, and can be considered as a separate issue.

Dr. Ken Ikeda, the senior author of this study, has long had an interest in the study of stroke prevention and treatment. He notes that although the presence of cerebral aneurysms in stroke patients is uncommon, it can make the assessment and management of the patient more challenging.

This does not tell us that the use of anticoagulants and TPA is beneficial or even safe in such patients, and physicians should “examine incidental CA cautiously in female IIt patients’ who are treated with TPA, Dr. Ikeda and his colleagues asserted in their report. The researchers are planning studies to address these issues.

Dr. Tselis is associate professor of neurology at Wayne State University in Detroit, USA, and book review editor for the Journal of the Neurological Sciences.

Palatucci Fellows Pass On Leadership, Advocacy Message

Graduates of the American Academy of Neurology’s Donald M. Palatucci Advocacy Leadership Forum have established a working group within the World Federation of Neurology to teach the forum’s advocacy techniques at an international level.

The purpose of the program is to train neurologists in effective advocacy for patients, caregivers, and the public at the local, state, and national levels. About 240 neurologists have trained through the leadership forum since its launch in 2003. Fellows have come from Australia, Austria, Belgium, Canada, China, Jamaica, Japan, Georgia, Guatemala, India, Ireland, Nigeria, Pakistan, the Philippines, Sri Lanka, and the United States.

Now, two Palatucci fellows, Dr. Man Mohan Mehndiratta, professor of neurology at the G.B. Pant Hospital, Delhi University, India, and Dr. Mohammad Wasay, associate professor of neurology at Aga Khan University, Karachi, Pakistan, are leading the effort to train other neurologists in the techniques and tools of advocacy they learned during their participation in the forum. So far, they have conducted advocacy skills development programs in Australia, India, the Philippines, Sri Lanka, and Thailand, together with Michael Finkel.

The first international program was presented in New Delhi in 2008. The faculty included Palatucci fellows from India, Pakistan, the Philippines, and the United States, with onsite support from AAN advocacy staff and the local organizers of the 12th Asian Oceanian Congress of Neurology and the 16th annual conference of the Indian Academy of Neurology. Four of the new fellows helped form an advocacy subsection of the Indian Academy of Neurology.

Also in 2008, the team trained 12 advocates at a workshop on advocacy in stroke care during the 5th Asia Pacific Conference Against Stroke in Manilla, the Philippines. Among the other workshops was one in Colombo, Sri Lanka, during the 2nd Annual Scientific Meeting of the Association of Sri Lankan Neurologists; and another at the 6th Asia Pacific Conference Against Stroke in Cairns, Australia. And at last year’s World Congress of Neurology in Bangkok, finally about 40 neurologists from numerous countries enrolled in a full-day advocacy workshop.

The program offers workshops in:

- Action planning. Participants learn to plan, identify goals, and focus on timelines.
- Media training. They are coached in giving interviews to raise awareness of the program.
- Grassroots legislative training. Fellows learn the importance of understanding how government works to help them achieve desired legislative outcomes.
- Results of the advocacy training can be rapid and concrete. After Dr. Wasay went through the training program, he returned to Pakistan to head the tetanus and rabies eradication task force of the Pakistan support of Medicine, in collaboration with the Infectious Disease Society of Pakistan and the country’s ministry of health. The group carried out a survey about public awareness of these disorders, and a new tetanus and rabies eradication program is now active in Karachi (J. Pak. Med. Assoc. 2006;58:157-8).

The advocacy team plans to hold more training workshops in other Asian countries and to expand to Africa. The cost of the programs has been modest, with faculty and AAN staff contributing their time and expertise.

Two other initiatives are under discussion: the establishment of global days of recognition to focus attention on certain neurological disorders; and starting an online advocacy resource center from which WFN member societies and individuals can obtain guidance and materials.

The Donald M. Palatucci Advocacy Leadership Forum honors the memory of Donald M. Palatucci, M.D., who was a member of the American Academy of Neurologists’ board of directors. It is funded by the fellowship established in his name, and organized by the AAN.

For more information about the program, e-mail Dr. Mehndiratta (mmehn- di@hotmail.com), Dr. Wasay (mohammed.wasay@aku.edu), or Melissa Larson (mlarson@aam.com); or go to www.aan.com/go/advocacy/active/palf.

By Man Mohan Mehndiratta, M.D., Chair, WFN Task Force on Advocacy; Mohammad Wasay, M.D., Chair, WFN Public Awareness and Action Committee; Michael Finkel, M.D., President, World Foundation of Neurology; and Donna Bergen, M.D., Chair, WFN Applied Research and WHO Liaison committees.
Quality Training and Care Top the Agenda

BY ALTYNAY KARIMOVA, M.D.

The League of Neurologists of Kazakhstan was established in November 2008 by a group of 12 neurologists, Dr. Nurlan Kaishibayev of Kazakh National Medical University, Almaty, and chief neurologist at the Kazakhstan Ministry of Health, is chair of the league. The general secretary is Dr. Gulnaz Kaishibayeva, deputy director of the Institute of Neurology in Almaty, and Dr. Leila Dairbayeva, also of the Institute of Neurology, is the treasurer. League membership now stands at 50.

Mission and Activities

The league’s mission is to care for neurological health by working to ensure access to high-quality care that is delivered ethically, facilitate training for neurologists, primary care physicians, and other providers; support research; and disseminate neurological information.

A significant amount of time and resources is dedicated to education and training, especially at the postgraduate level. We are careful to ensure that the training and technology are in line with global standards and are working on introducing a continuous medical education program and providing supplemental training for health care workers and patients and their relatives. We also place great value in connecting with our regional and international colleagues by participating in congresses, meetings, and symposiums, and by collaborating in research. We maintain close contact with our neurology colleagues in neighboring Uzbekistan, Kirgizstan, and Russia and have formed an alliance with the European Federation of Neurological Societies.

Putting Registries to Good Use

About 500 out of every 100,000 people in Kazakhstan die annually from cardiovascular diseases and about half those deaths are caused by stroke. According to data from a stroke registry that has been in place since 2005, a total of 15,000 people have suffered strokes in the last 4 years, and about 40% of those patients died.

Unfortunately, there are no official data for any other neurological conditions. However, since May, we have had registries on epilepsy and transient ischemic attacks and we hope soon to be able to analyze the data on these two conditions to help inform government and health policy makers in the hope that the infrastructure for diagnosing, treating, and managing neurological diseases can be improved. We have similar registry plans for neurorehabilitation, demyelinating diseases, and myasthenia.

Primary Care and Practice Facilities

In Kazakhstan, a succession of specialists is now available in Spanish, Russian, Italian, French, Chinese, and Japanese. Qualified neurologists are starting to use the private clinics because the costs of improving their skills are low – the average rate is US$380. If there is a shortage in a particular specialty in one of the regions, then the regional administration will fund a candidate’s postgraduate training in that specialty. Qualified neurologists earn very low salaries – the average range is US$200–400 monthly.

SPECIALISTS have few resources to cover the costs of improving their skills. Many rely on self-study in libraries or on the Internet, but that too, is limited, because most regions do not have medical libraries or Internet. That is why we channel so much of our resources into quality postgraduate training for neurologists.

Dr. KARIMOVA is the coordinator at the League of Neurologists of Kazakhstan.

Quality Training and Care Top the Agenda

Governmental care is well developed and free for children and mostly free for adults, who have to pay for some services. The average price for an examination in a private hospital is 3,000 tenge (US$20). The services are available at polyclinics, emergency care, and hospitals as well as at specialized medical institutions such as the Institute of Neurology in Almaty and Institute of Neurosurgery in Astana. More people are starting to use the private clinics because of the shorter waiting times.

Training and Salaries

Neurologists can train in Kazakhstan at nine higher medical institutions. The country has 1,506 neurologists – 10 per 100,000, or 15,219,300 people.

Trainees pay for their own postgraduate specialty training, starting at a monthly rate of 55,000 tenge (about US$380). If there is a shortage in a particular specialty in one of the regions, then the regional administration will fund a candidate’s postgraduate training in that specialty. Qualified neurologists earn very low salaries – the average range is US$200–400 monthly.

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Another area of steady growth has been in subscriptions – more so since the journal went online and also enhanced online data supplements. Yet, he cautions, “The financial viability of the enterprise is being severely tested by a model of medical publishing is under siege ... and the traditional model of medical publishing is under siege, and financial viability is being tested.”

Dr. FISHER’s success could be summed up by is its impact factor, which denotes the frequency with which a journal’s articles are cited.

In 2002, Stroke’s impact factor was 5.176 and it is currently 7.041, almost twice that of its nearest competitor. This year, Mark Fisher of the department of neurology at the University of Massachusetts takes over the 5-year editorship from Dr. Hachinski. Among his priorities are to continue to foster growth and innovation within the journal, to expand its scope internationally, and enhance online data supplements. Yet, he cautions, “many challenges must be confronted. The traditional model of medical publishing is under siege ... and the financial viability of the enterprise is being severely tested.”

This article is based on material provided by Stroke.
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I became his most devoted disciple, reading everything he wrote, and ready at any time to listen to his pithy conversations and wise aphorisms.

—Henry Head, of the German physiologist, Ewald Hering

In the late 19th and early 20th centuries, many neurologists forged professional relationships with their overseas counterparts. With that exchange of clinical and scientific knowledge often came cultural exchanges and lasting friendships, as was the case with the German physiologist, Ewald Hering (1834-1918) and the English neurologist, Henry Head (1861-1940).

Before Head matriculated at Trinity College in Cambridge, England, to read for the Natural Sciences Tripos, he worked in Germany with the physiologist Julius Bernstein. Back in England, he completed the Tripos with a first class honors, then returned to the continent, this time to Prague, where he studied for 2 years under Hering at the German University, where Hering had become professor of physiology at the age of 36 in 1870. Head later wrote of his first meeting with Hering: “I found him at work and was instantly impressed both by his genial personality and by the splendid opportunities for research displayed in his laboratory.”

Hering’s research on binocular vision contributed substantially to the study of strabismus. In his ingenious work on eye movements—he placed a small “stethoscope” against the eyelids to “listen” to eye movements—he observed jerky movements of the eyes. And he discovered that apparently smooth eye movements during reading in fact consist of jerky movements of the eyes.

Hering also studied the respiratory reflexes in cooperation with Joseph Breuer, an Austrian physician whose early work paved the way for psychoanalysis. Their collaboration remains well known today, encapsulated in the eponym “Hering-Breuer reflexes,” which describes the vagus nerve-mediated reflexes that control expiration and inspiration. Hering returned to that subject when the 23-year-old Head arrived in Prague. Head subsequently repeated Breuer’s respiration experiments, although by then he was able to apply improved methods that allowed him to make accurate recordings (kymographs).

After Head returned to England he became a clinical neurologist, but the lessons from his time with Hering in Prague probably influenced his study of the physiology of human sensation and in particular, the importance of psychological investigation in physiological research.

He studied the pain of visceral disease, which was the subject of his thesis for his medical doctorate in 1882 (J R Soc Med. 1991;84:107-9). According to Caoimhghin S. Breathnach, author of the 1991 article, Head asserted that “tenderness in consistent cutaneous areas found in visceral disease bore some definite relation to nerve distribution.” Those patches of hyperalgesia are known today as Head’s areas. He later published, with Alfred Walter Campbell, on the pathology of herpes zoster and its bearing on sensory location (Brain 1900;23:351-524). Such was Head’s desire to understand and explore that he had curtailed branches of his arm transected and sutured in a study of the sensory effects of nerve healing, which he undertook with William Rivers, the English anthropologist and psychologist.

The biography charts Head’s struggle with Parkinson’s disease, which forced him into early retirement (Medicine and Modernism: A Biography of Sir Henry Head, by L S Jacyna. London: Picke…)


WFN TRAVELLING FELLOW

Hands-On Workshops Help Refine Practical Skills

BY GAYAN AGHAHAKANIAN, M.D.

The World Federation of Neurology’s travelling fellowships offer neurologists from low- and lower-middle income countries the opportunity to attend neurological meetings where they can broaden and strengthen their clinical and scientific knowledge, meet colleagues from other countries, and learn about the latest innovations and technology.

Through the fellowship, I attended the 14th congress of the European Federation of Neurological Societies in Geneva in September. The scientific program featured symposiums on clinical neurology and clinical and basic neuroscience. There were also teaching courses (some of which were free and greatly appreciated), hands-on courses on clinical neurophysiology, workshops, and satellite symposiums.

I was inspired by the lecturers’ expertise and the depth of their presentations. I especially enjoyed a lecture on Parkinson’s disease and movement disorders, and another on behavioral neurology. I came away with new insights into the clinical application of deep brain stimulation and aspects of cognitive neuroscience and the neuronal basis of behavior.

Two symposiums on epilepsy were extremely useful and informative. One addressed drug-resistant epilepsy, and the other, presented by the EFNS and EUREPA (European Epilepsy Academy), dealt with treatments in general. EUREPA and the International League Against Epilepsy collaborate on a distant education program called VIREPA (Virtual Epilepsy Academy of the European Epilepsy Academy and the EUREPA), in which I have participated to update and refresh my epileptological knowledge.

I presented a poster based on work I had done with my colleagues, Hrachia Bakunts, Alexei C. Torosyan, and Kristina F. Bagdasaryan, entitled, “Products of the Catabolic Breakdown of Cell Receptors (R-Proteins) in Patients With Cerebrovascular Disorders.” I also represented Armenia on Prof. Bakunts’ behalf at the annual general meeting of the WFN Council of Delegates. It was fascinating to see the officers, committee chairs, and delegates, headed by the President Vladimir Flachinski, working together on Federation business. I am now eager to be more involved in neurological society activities in Armenia, because I can see that by doing so we can raise our standards of neurological care.

Learning is a continuous task for all clinicians and scientists. Being at the congress helped me refine my practical standards and improve my knowledge of neurological disorders, patient care, and research techniques. I think that now I have a deeper understanding and appreciation of neurology and neuroscience. I would like to express my gratitude to the WFN for offering the fellowship and I thank it for this opportunity.
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Reports Reflect Vibrant Agenda
Council of Delegates • from page 1

Tenure, continues to support it with Prof. Njamnshi.
Trustee Ryuji Kaji (Japan) described the Asia Initiative, which Jun Kimura (Japan), another Past-President, supports. Again, Dr. Kaji emphasized education, including a program on traveling fellowships. Dr. Hachinski noted that the Asian region has more than half of the world’s population.

Another Trustee, Gustavo Roman (USA), described the Latin America initiative that has support from Albert Aguayo (Canada). This program will help support the Pan American Congress of Neurology in La Paz, Bolivia (March 5-8, 2012). Dr. Roman said the initiative is contributing to the development of a new residency program in Panama, similar to that developed in Honduras by Marco T. Medina with WFN help.

Committee Updates and New Members
William Carroll (Australia), chair of the Membership Committee, described several activities of his committee. One is to reevaluate the WFN’s dues and voting structure. Countries vary widely in their numbers of members (and the amount they pay in dues), but each currently has the same one vote. A second task is to try to increase the number of member countries, which of course might entail the development of neurology as a specialty in countries where the field is poorly developed.

Dr. Bergen, chair of the Applied Research Committee, noted that there are currently 27 Applied Research Groups, which vary widely in their activities and some of which are very strong and active. She is trying to improve communications between the groups and the WFN and offered help where needed.

The next item on the agenda was voting on three new member societies. Their applications had been passed already by the Membership Committee and the Trustees, but each society needed separate action by the Council of Delegates. The societies were Ivory Coast (its representative, Therese Sonan, was not able to attend), Palestine, which was represented by Adel Misk, and Yemen, represented by Hesham Awen. All three societies were elected unanimously.

It was of note that the motion to admit Palestine was made by Natan Bornstein from Israel and seconded by Dr. Freedman. Dr. Hachinski made a special mention of this, reminding the delegates again of the cooperation of China and Taiwan seen earlier in the meeting.

Marrakesh Congress Plans on Track
El Mostafa El Aloui Faris (Morocco), the President of the upcoming World Congress in Marrakesh, noted that the plans for the Congress are going very well and many of the scientific sessions are already organized. He extended an invitation for all to attend. In response to a question about travel to Marrakesh, he said that there are several flights directly to Marrakesh, but if travelers were to come to the busier airport in Casablanca, bus transportation to the Congress venue would be arranged.

Dr. Hacke reported on the Congress Organizing Committee’s plans for the 2015 Congress, which is to be held in the Americas. A few countries have already submitted their bids to host it, and the organizing committee will evaluate the bids and put forward a slate of the top applicants to be voted on at the Marrakesh meeting.

Dr. Hacke also noted that the plans for the 2013 meeting in Vienna were moving along well.

Dr. Kaji had served to the end of his first term as an Elected Trustee. He was eligible to run for a second term, and since no candidate came forward in opposition to him, he was reelected by acclamation. Two new Regional Directors were introduced at the meeting. Ahmed Khalifa (Syria) was introduced as the new Regional Director for the Pan-Arab region. He noted an upcoming congress in Bahrain and spoke about efforts in the region to improve the quality of patient care and increase emphasis on subspecialty development. Prof. Tsai was introduced as the new Regional Director for Asia-Oceania.

The Secretary-Treasurer General, Raad Shakir, delivered the financial report. He made clear that the organization was doing well, with capital of £2,643,334, including a reserve of £3,100,000.

Dr. Shakir noted that the accounts have been audited and asked for — and received — approval to reappoint the auditors. Dr. Shakir mentioned that small amounts of funds were available to seed new projects, and he welcomed applications.