

# WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 21, NUMBER 2, JUNE 2006

## Neurology in South Africa



The Great Hall on the campus of the University of the Witwatersand, Johannesburg, South Africa

Neurology as a separate specialty started developing in this country in the 1950s and 1960s, when various doctors received neurological training in the USA, the UK, and the Netherlands. Within a

short time regular nationwide teaching sessions were held, and these gradually developed into an annual conference.

The Neurological Association of South

Africa was formed when there were enough neurologists to support such an Association. This Association recently held its 23rd Annual Conference in Durban. There are approximately 130 neurologists on the specialist register in South Africa. However, some of these have retired, and some have emigrated, but still maintain their names on the register. In reality there are probably a little over 100 neurologists in practice in the country. Of these, about half are in academic practice, and about half in private practice. These neurologists serve a population of approximately 48 million people.

About 30% of the population has medical insurance, and these people would tend to go to a neurologist in private practice for their treatment. The rest rely on the neurologists practising in the government hospitals. There are seven medical schools in South Africa, each of which has a fully-fledged department of neurology. Outside the hospitals which are associated with the medical schools,

*Contd. on page 5*

## PRESIDENT'S COLUMN

### Roadmap for Neurology in Africa?

*At nos hinc alii sitientis ibimus Afros.  
(But we from here will go some to arid Africa)  
(Virgil (70-19 B.C.): Eclogae)*

When I was elected President, I stated in my platform presentation that we have an

obligation to the developing countries. At the WFN Strategy meeting, held April 2 this year during the AAN meeting in San Diego, there was general agreement on a policy to work out a roadmap for developing neurology in Africa. This will be our leading vision for the next 4-year period, and we will work in collaboration with the

*Contd. on page 4*

**Acknowledgement: World Neurology is published with a generous grant from the Japan Foundation for Neuroscience and Mental Health.**

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- Council of Delegates Meeting
- Publications & Website Committee
- Interesting Papers published in J. Neuro Sciences
- Regional News
- Calendar
- ISS Bulletin

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## EDITORIAL

Dr Kevin Rosman's report on Neurology in South Africa makes for interesting reading. This country is far more advanced than most other nations on the African continent. It can lay claim to some 130 trained neurologists on its specialist

Register and its neurological services are well organized though maybe still a little short of WHO criteria. President Johan Aarli writes that WFN is taking a special interest in the welfare of people living in African states with poor or non-existent neurological services. I have urged in these columns in the past that the WFN Education Programme should be enhanced in Black Africa and General Physicians there should be trained to provide neurological services until trained neurologists can take up positions in these countries some of which have only very basic resources.

Pakistan is another developing country in which neurological services are gearing up to the needs of the community. My recent visit there was an emotional experience, bringing back memories of my childhood and of the traumatic scenes I witnessed at the partition of India into Pakistan and the present state of India some 57 years ago. I was invited to participate in the 4th Annual Epilepsy Conference and 12th Annual Conference of the Pakistan Society of Neurology. A visit to the school where I studied and the home where our family lived was nostalgic. The neurosciences in Pakistan have become stronger and more widespread with many well-equipped and advanced neurocenters. Around 70 trained neurologists and an equal number of neurosur-



*Bottom Row (From Left to Right):* Dr. Zareen Moghul, Mrs Chopra, Dr. Ismail A. Khatri, Prof. J. Chopra (Editor, *World Neurology*), Dr. Arsalan Ahmad, Prof. M. Tariq, Prof. Mohammad Sadah (UAE), Prof. Anees Ahmad, Prof. M. Mehndiratta (India), Dr. Najam Sheikh, Dr. Shahid Mustafa, Dr. Mughees Sheerani.

*Top Row (From Left to Right):* Dr. Zahir Shah, Dr Naila, Dr Farooq, Dr. Habibullah, Dr. Ali Hassan, Dr. Mohammad Wasay, Dr Alam Siddiqui, Dr. Ather Jamed, Dr. Bashir Soomro, Dr. Manzoor Lakher.

geons have brought about a great change in the neurological services, which were almost non-existent about four decades ago. Prof. Hassan Aziz deserves our special praise for his efforts to increase the awareness and management of patients suffering from epilepsy. He has indeed evolved a road map for the care of epileptics which may be adopted by many other developing countries. Details are available in the report in this issue of *World Neurology*.

An account of the Council of Delegates meeting in Sydney is also available in this issue. In the report of the Secretary-Treasurer General, Richard Godwin-Austen, the financial position of the WFN is summarised, showing further improvement over the previous year. He is to be congratulated and we appreciate his

efforts. The reports of other Chairpersons were on course for fulfilling the aims and objects of the WFN. Some Delegates have rightly shown their concern that Regional Directors should be involved in the preparation of the Scientific Programmes of World Congresses. They are the ones in the best position to know about research in their regions and the calibre of proposed speakers. The participation of speakers at a World Congress should be truly representative of all regions of the world and this would be helpful in spreading neurological awareness and improving neurological services globally, which in fact is the overall goal of the WFN.

*Jagjit S. Chopra, FRCP, PhD*  
Editor-in-Chief

## Winners of the WFN Junior Travelling Fellowships 2006

Name	Country	Meeting
GONDIM, Francisco	Brazil	XI International Congress of Neuromuscular Diseases—Istanbul, Turkey, July 2-8, 2006
BOBAN, Marina	Croatia	10th Congress of EFNS—Glasgow, Scotland, 2-5 September 2006
MARTINEZ GONGORA, Edilberto	Cuba	10th International Congress of Parkinson's Disease and Movement Disorders—Kyoto, Japan October 28 - November 2, 2006
KHACHIDZE, Irma	Georgia	EEG-Generation and Interpretation course—Kuopio, Finland, 28-30 August 2006
ALANNI, Mustafa Noori	Iraq	XI International Congress of Neuromuscular Diseases—Istanbul, Turkey, July 2-8, 2006
SALIH, Ammar Y	Iraq	10th Congress of EFNS—Glasgow, Scotland, 2-5 September 2006
DIAZ VASQUEZ	Peru	4th Latin American Congress on Epilepsy—Guatemala, September 6-9, 2006
GONZALES-QUISPE, Isidro	Peru	58th Annual Meeting of the American Academy of Neurology—San Diego, USA, April 1-8, 2006
KOCHANSKI, Andrzej	Poland	XI International Congress on Neuromuscular Diseases—Istanbul, Turkey, July 2-8, 2006
AKHMADEEVA, Leila	Russia	XI International Congress on Neuromuscular Diseases—Istanbul, Turkey, July 2-8, 2006
MITROKHINA, Tatiana	Russia	7th European Congress on Epileptology—Helsinki, Finland, 2-6 July 2006

**(President's Column***contd from page 1)*

World Health Organization.

This does not mean that developing countries outside of Africa will be left alone. The Education Committee has a comprehensive global programme to support neurological activities in various parts of the world. Our resources are, however, limited and international collaboration is an expensive activity. The main new initiatives will therefore be in Africa.

Why Africa? During the work with the Neurology Atlas, it became clear that less than 50 % of the responding countries in Africa have a national neurological association. But every country has its national health authority, and they correspond with WHO. If there are no neurologists, they do not communicate with WFN. The major conclusion from the Atlas is that the available resources are insufficient to meet the global burden associated with neurological disorders. Figures from Europe indicate that brain disorders cause 35 % of the burden of all diseases in Europe, mental disorders 62 % of this amount. We have no reason to assume that figures are much different in Africa. If we want to convince health authorities to give brain disorders a higher priority, the key challenges lie in strengthening health systems in developing countries. It is our responsibility to create standards for prevention and care. The decisions to provide more beds for patients with neurological disorders and to train more neurologists are political

WHO is, together with WFN and a few other non-governmental organizations, working on a new initiative, "Neurological Disorders: Public Health Challenges". This WHO report will focus on the main neurological disorders, including medical problems that have a special importance to Africa, such as neuroinfections, parasitic disorders and neurological disorders associated with malnutrition. The report will present Public Health aspects of neurology and focus on problems in resource-poor countries. As a result, we hope WHO will come up with a set of clearly specified recommendations on priorities.

The African continent is huge, and our endeavours will have to be limited. Sub Saharan Africa neurology appears to need to improve its networking functioning. This may be one portal to key people of strategic influence connected with

administrative government positions. Some countries are more advanced than others, and we hope to collaborate with them in a network programme. It will be important to reach the countries where neurology is less developed. The Education Committee has experience with pilot programmes in different parts of the world, and will apply this upon a few countries where there is already a nuclear neurological activity.

The number of neurologists in South Africa is too low to cover the needs of a population of 48 million people. This is clearly documented also in the Neurology Atlas. There is, however, an established and well-organised neurological infrastructure. A few candidates from neighbouring countries are already in training positions in South Africa. As pointed out in this issue of *World Neurology* by Dr. Kevin Rosman, the South African delegate to WFN, neurology in the public hospitals in South Africa is very strongly influenced by the presence of AIDS. On any given day, in any given academic department in a public hospital, more than 50% of the admissions are likely to be associated with an AIDS-related disease. This has put an enormous burden on the treating doctors, and represents therefore a challenge also to WFN.

The Pan African Association of Neurological Sciences (PAANS) brings together African neurosurgeons and neurologists. Several of the colleagues I have met felt that PAANS must become stronger and that it does not have the international voice it deserves in neurology. They argued that the PAANS congresses should have more attention and be the venue for African neurology like for example PAUNS and EFNS are in their respective regions. Some suggested that WFN should support the organisation with their organisational experience if and when PAANS feels that they need such support. Clearly, in a region where neurology is underdeveloped, an umbrella organisation covering Africa will have much stronger input on the health authorities than the few individual neurologists will have in their respective countries.

PAANS is the regional association of African neurosciences. Professor Gilbert Avode from Benin, is *ex officio* the first WFN Regional Director for Africa. PAANS organises annual congresses and includes a wide spectre of African coun-

tries, some of them with French and some with English as administrative languages. The language barrier might represent a problem, but the European equivalent to PAANS, EFNS, meets with much more complicated language barriers without major functional problems.

The Regional Directors shall serve as links between the central administration of the WFN and the regional neurological association they are representing. They are to be responsible for liaising with their WHO Regional Office in order to:

—Collaborate with the regional levels of WHO

—Assist in the identification of areas where there exists a need for campaigns aimed at the prevention of neurological disease

—Provide information on neurological disorders in the region.

The new WHO regional Director for Africa is Dr. Luis Gomes Sambo. Dr. Sambo has his degree in medicine from the Faculty of Medicine in Angola and faces one of the toughest jobs in public health, to tackle the world's highest disease burden in a region where 45 % of the population lives on less than US\$ 1 a day.

The *African Journal of Neurological Sciences* is the official journal for the Pan African Association of Neurological Sciences. It is devoted to the publication of papers on original work and review of all aspects of neurosciences (neurology, neurosurgery, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuroradiology, electroencephalography etc.). Papers on clinical or research studies relevant to African countries receive particular attention. World Federation of Neurology will support this journal, hoping it may develop into a potential mouthpiece of African neurology. Various WFN committees, such as Education, Finance, Publications, Membership, Research, WFN Liaison, are meeting new challenges in the work for a roadmap for neurology in Africa.



Johan A. Aarli, MD  
President WFN

## (Neurology in South Africa

contd from page 1)

there are no neurologists whatsoever practising in any other public hospitals.

Neurology in the public hospitals is very strongly influenced by the presence of AIDS. On any given day, in any given academic department in a public hospital, more than 50% of the admissions are likely to be associated with an AIDS-related disease. This has put an enormous burden on the treating doctors. The spectrum of neurological disease in the private sector is probably very similar to that in any Western country. However, the pattern of neurological diseases seen in the public sector probably more accurately reflects a mixture of tropical neurology, with a good dose of nutritional problems, as well as the rest of the neurological spectrum.

While all the academic hospitals have a CT scan, only recently has the first MRI scanner been installed in one of the academic hospitals. In all other instances, a rationing process occurs to allow some,

but not all of the patients to have an MRI scan. At the end of 2005 the very first PET scanner was installed in a private hospital in Johannesburg. Neurological training in South Africa consists of a minimum of four years in a registrar post in an academic hospital. One of the four years may be in a related discipline, such as internal medicine or psychiatry. An exit examination is required in order to register with the Health Professions Council as a neurologist. This examination is divided into two parts, which are usually written at about a two-year interval. The first part focuses on basic sciences, and the second part relates to clinical neurology. These examinations are generally taken in the course of the training period. The examination most commonly taken is run under the auspices of the College of Neurology. Some of the universities also offer a Masters degree in Neurology, which is run on a similar basis, but under the auspices of the relevant university. A dissertation may or may not be required in this instance. Only after achieving one of these two examinations, and having

the training time accepted by the Health Professions Council, is an individual entitled to register as a neurologist, and to practice as such. Once registered, one may not practice any form of medicine other than neurology. While most newly qualified neurologists would prefer to remain in the academic setting for at least a number of years, a severe limitation on the number of specialists' posts causes many young neurologists to have to enter private practice before they would have preferred. Very few, if any, posts exist in the non-academic public hospitals for neurologists. Generally neurologists in private practice will tend to work in solus practices, with only a few having one or two partners. Most neurologists will own their own EEG machines, which will be run by an EEG technician. Usually some type of call rota is arranged with colleagues practising nearby to allow for some time off.

*Dr. Kevin Rosman*  
WFN National Delegate South Africa,  
Johannesberg

## COUNCIL OF DELEGATES MEETING

### SYDNEY CONVENTION CENTRE, SYDNEY, AUSTRALIA

12.30 pm Sunday 6th November 2005  
(and 12.30 pm Thursday 10th November 2005)

#### Present

**Trustees.** Dr J Kimura, Dr R Godwin-Austen, Dr J A Aarli, Dr J Bogousslavsky, Dr W Carroll, Dr M De Visser, Dr T Munsat  
**Others.** Delegates and Observers.

**Staff in Attendance.** Mr K. Newton, Miss S. Bilger.

**Welcome & Introduction by the President.** Dr Kimura welcomed all Delegates, Representatives and others attending the meeting. He was delighted to see such a good attendance and thanked everyone for coming to Sydney.

**Minute's Silence.** Dr Kimura led a minute's silence for Dr Donald Paty and Dr Victor Soriano, both of whom had died since the last AGM. They had both made great contributions to the WFN and to neurology in general and were greatly missed.

**Roll Call and Proxies.** The roll-call of

Delegates and Representatives from approximately seventy WFN member countries was performed by the Secretary-Treasurer General, Dr Godwin-Austen. Five of those present held proxy votes for six absent countries.

**Apologies for Absence.** Apologies for absence were received from nine countries.

**Minutes of the last Annual General Meeting.** Minutes of the last Annual General Meeting, held 5th September 2004 in Paris, were approved.

**Receipt of the Accounts of the Federation for the last financial year.** The accounts for the financial year ended 31 December 2004 had been circulated to the Delegates. Income was £316K representing a significant rise over the previous year. However, costs had also risen, especially under the Unrestricted Fund column, resulting in a relatively small deficit of £17K. There was a small credit balance on the year of £8K. The bottom line was £1,375K carried forward, whereas the previous year £1,388K had been carried forward, so that resources had declined very slightly. Overall the Federation remained in credit balance

and was maintaining its reserves in the region of £1 million in accordance with the approved policy. **The accounts were approved by all present.**

**Recommendation that Messrs Griffin Stone, Moscrop & Co. be reappointed auditors for the Federation.** It was strongly recommended that Messrs Griffin Stone, Moscrop & Co. be reappointed for another year. **Approved**

**Elections & Presentations.** In the envelope in front of all Delegates were 4 voting papers for the elections and a 5th for voting on the next venue of the World Congress. Delegates were asked not to consider WCN 2009 today, but to listen to the presentations, visit the booths and deposit their vote at the WFN booth at any time up until midday on Wednesday. The result would be announced at the Council of Delegates on Thursday. For each of the positions Delegates should give their order of preference. This would eliminate having to re-vote in the event of a tie.

The four candidates for the position of President briefly outlined their vision of what they would do if elected. They were: **Dr Johan Aarli (Norway), Dr Jagjit Chopra (India), Dr Wolf-Dieter Heiss**

**(Germany), Dr Roger Rosenberg (USA)**

Candidates for the position of First Vice President gave a brief outline of their eligibility and vision for the WFN. Their platform presentations had been published in *World Neurology*. They were: **Dr William Carroll (Australia), Dr Vladimir Hachinski (Canada), Dr Theodore Munsat (USA)**.

Candidates for the position of Secretary-Treasurer General made brief statements. They were: **Dr Leontino Battistin (Italy), Dr Julien Bogouslavsky (Switzerland), Dr Richard Kay (Hong Kong), Dr Ra'ad Shakir (UK)**.

**ELECTION RESULTS:**

PRESIDENT: Dr Johan Aarli (Norway).  
FIRST VICE-PRESIDENT: Dr Vladimir Hachinski (Canada).  
SECRETARY-TREASURER GENERAL: Dr Julien Bogouslavsky (Switzerland).  
ELECTED TRUSTEE: Dr Marianne De Visser (Netherlands).

**Regional Directors.** Dr Kimura explained that the WFN would no longer be electing Regional Vice Presidents but instead would appoint Regional Directors, proposed by their region. There was not yet a full slate of Directors for all the regions but Dr Jacques de Reuck (EFNS President) had been proposed for the Europe Region and Dr Ashraf Kurdi for the Pan-Arab Region.

**WCN 2009 Presentations.** The bidding countries were each allowed 10 minutes for their presentation, which were delivered by the following: **Prague (Czech Republic):** Dr Ivan Rektor; **Paris (France):** Prof Jean-Marc Leger; **Florence (Italy):** Prof Antonio Federico; **Monterrey (Mexico):** Dr De La Maza; **Madrid (Spain):** Dr Jordi Matias-Guiu; **Bangkok (Thailand):** Prof Niphon Pongvarin.

WFN Delegates were asked to visit the bidding countries' booths at the Congress and cast their vote at the WFN booth up until midday on Wednesday.

**Membership.** Dr de Visser said the CME programme had kindled interest in the WFN. **United Arab Emirates** was on the agenda but it had turned out that the existing member society (Emirates Neurosciences Society) had simply changed its name, and it was not a case

of a second member society applying for membership, as had been previously thought. The change of name to Emirates Neurology Society was accepted. **Uganda** (Uganda Neurology Association) had applied for membership of the WFN. This was approved unanimously. Delegates were asked to welcome Uganda as a member. **Vietnam** (Vietnam Neurological Association) had asked for membership as a non-voting member because dues could only be paid for a very small number of members. At the 1999 Planning meeting here in Sydney it was felt that the WFN should be inclusive rather than exclusive. It was proposed that the Vietnamese Society be granted Provisional Membership as a non-paying member with full voting rights for a period of 5 years with the possibility of renewal.

Dr Kimura invited comments and Professor Katrak (India) asked if this would set a difficult precedent with other poor countries.

After some discussion it was agreed to grant provisional membership to Vietnam with full voting rights but without payment of dues for a period of 5 years and to see how it went.

**China:** Dr Kimura had held provisional negotiations with the new China representative. He was moderately optimistic about the outcome. There had been similar discussions four years previously with Professor Chen who had sadly died and negotiations had collapsed. A fresh attempt was now being made, but the position of Taiwan within WFN would remain secure. Dr Kimura had told the Chinese that WFN recognised their one-China policy and that the Chinese Neurological Society would be regarded as the national society in line with it.

The meeting adjourned at 4.10 pm. Dr Kimura re-convened the meeting and thanked those present for coming back to the second part of the Council of Delegates.

**Receipt of the Annual Report.** The annual report had already been published in *World Neurology*. Dr Kimura summarized events since the previous Council of Delegates held in Paris. In between Council of Delegates' meetings the Trustees held monthly telephone conferences which usually lasted around 90 minutes. This worked very well as they rarely needed to meet face-to-face. At

the Paris AGM, the Council of Delegates had agreed that the Trustees should explore the use of a professional management company. They had tried but did not achieve a conclusion. This was still pending and there would be a report on it from the Committee concerned. Dr Carroll and the Organizing Committee were to be congratulated on staging such a successful Congress here in Sydney. It was gratifying that, at this year's elections on Sunday, there had been so many distinguished candidates. He congratulated those who had been elected and thanked those equally capable and distinguished candidates who had not. He asked them to continue their interest in the WFN and thanked them for allowing their names to be placed on the ballot slips. This level of interest was a good sign for the WFN.

As this was his last meeting as President, Dr Kimura wanted to thank everyone for their support. The WFN had come a long way but there was much more to do. He hoped everyone present would continue to support the WFN.

**First Vice President.** Dr Aarli presented Dr Kimura with a plaque in gratitude for his many years of service to the WFN: as Chairman of the Constitution & Bye-Laws Committee; as First Vice-President; and as President. Dr Aarli said that everyone wished to thank Dr Kimura and to express the hope that he would still be available to be called on for various WFN activities.

**Public Relations and WHO Liaison Committee:** Dr Aarli: The achievements of this committee were represented by two milestones, both related to collaboration with WHO. The first was the Atlas of Neurology with which so many of the Delegates had assisted by providing data. Officially launched during the Congress, it was an important document that had already sold out, though copies were available for Delegates at this meeting. The second milestone was the consortium formed to produce a report on the public health aspects of neurology. Work would start soon and, he hoped, be completed by late 2006 or early 2007. It would summarise the public health challenges and focus on problems relating to developing nations.

**Secretary-Treasurer General:** Dr Godwin-Austen: His full report and papers had been circulated but he wanted to say a few words about the

Reserves Policy of the WFN as this had been the cause of some misunderstanding. Under UK charitable law it was allowed to hold substantial monetary reserves. The WFN's main income derived every four years from the profits of the World Congress. However, there was always the possibility that a WCN might not be successful and if this were to happen the effect on the WFN would be significant. Sufficient money therefore needed to be set aside to draw on—for 4 years or longer—in these circumstances. At present, the Finance Committee was considering the Reserves Policy and would be making recommendations to the Trustees. It had previously been recommended by the committee that reserves should be around £1 million, and that was the present situation. The money was well invested and produced interest of more than 5% per annum. This was an important percentage of our income to cover WFN expenditure. Dr Godwin-Austen invited comments and questions were asked about the circumstances under which a catastrophe might occur, and whether insurance could be taken out as protection. Dr Godwin-Austen said that although insurance was routinely considered, he could only speak about his experience with the London Congress. When insurance had been explored on that occasion, it had not been possible to obtain any useful cover for this sort of eventuality.

Dr Korczyn (Finance Committee Member) commented that it was important to differentiate between a loss and a lack of profit. A loss should be borne by the host country. Then there was the question of how the operations of the WFN would proceed over the next four years if there were no income from a congress. It was to cover such an eventuality that a sum of money was kept in the bank. Dr Godwin-Austen agreed that this was correct. The contract for this and future congresses stated that if the congress made a loss, that loss was borne by the host country. But if the congress failed to make a profit, the WFN's outgoings for the next four years—approximately £250,000 per year—needed to be funded, and this was the reason for the £1 million Reserve.

**Research Committee:** The Committee had met on Monday and about 20 research groups had been present to submit their reports. All were developing programmes and there had been vigorous discussions. The committee would

like to request from the Scientific Programme Committee of the national neurological society hosting the 2009 World Congress that it consult them in picking topics and speakers, so that the scientific programme had an international flavour with all 30 or so research groups represented.

**Constitution & Bye-Laws Committee:**

Dr Kurdi said the Articles of Association were meant to be broad in scope. The Committee saw a need for these to be supplemented by more detail. Other issues that had been addressed included: the role of the Nominating Committee and the system of sifting candidates for office prior to voting; and the interrelationships between the various committees, which was very poor. There should be a greater degree of integration and more use of sub-committees.

**Education Committee:** The WFN's mission was to improve public health worldwide by accessing key providers especially in developing countries. Dr Munsat presented his report with the help of slides showing the list of current programmes that the committee was supervising, the core of which was the CME programme. Consisting of six courses a year, it would soon be available on line. A discussion group for each course was an important part of the programme. Feedback had been very positive. Dr Munsat drew particular attention to the contribution of Monica Brough whose work as CME Manager was excellent.

The WFN seminars were coming along and three of them were now available on line. These were publications specifically designed for developing countries by experts in the practice of neurology in developing countries. The Book Exchange Programme was growing all the time, and some 7,500 volumes had now been distributed. In Zambia Dr Birbeck was doing superb work and that programme was spreading to Malawi and other African countries. The primary goal was to improve neurological care by improving the skills of the neurologist or non-neurologist. In the future there were plans to expand the current programmes, and coordinate educational efforts through the Regional Directors who would be more important in the next administration. The emphasis should be on Sub-Saharan Africa and on establishing neurology training programmes where there were none; or in assisting in the development of training pro-

grammes. Countries which felt that the WFN could be of help to them in their education programme were most welcome to make contact.

It was suggested that coordination between the various regions would be a great help. Europe, for instance, had 2-3 education programmes. It would be very helpful to have better information as to what was going on in other parts of the world. Dr Munsat said it was indeed the plan to coordinate closely with the EFNS and their education programmes in order to ensure they were complementary.

**Stroke Affairs Committee:** Dr Bogousslavsky: This relatively new committee had been formed because of how stroke was classified at the WHO: under the Cardiovascular Section in the cluster of chronic diseases. It was therefore felt useful to have a separate committee to liaise with WHO. This dealt with the Global Stroke Initiative—a joint project of WHO-WFN-ISS with different levels of activity. Its aims were: collecting data from published material all over the world; the prospective collection of mortality and morbidity data; and, a third stage, trying to implement some simple preventive measures in low resource countries.

**Fund-Raising Committee:** Dr Bogousslavsky: Besides Carrie Becker's fund-raising for the Education Committee, general fund-raising had been broadened to include other WFN activities, including, as just mentioned, the Global Stroke Fund—in order to support the Global Stroke Initiative. The most recent activity of the committee had been to assess some relations and activities between the national fund-raising bodies which had been or were supposed to be raising funds in their local region in favour of the WFN and to report to the WFN in order to improve relations at this level.

**Structure and Function Committee:** **Dr Bogousslavsky:** The WFN operates through its Secretariat in London. The committee had presented a report to the Trustees about implementing professional management for at least a large part of the administrative activities of the WFN and this report had been endorsed by the Council of Delegates including the selection of a company. This had been put on hold by the Trustees, however, because of unforeseen difficulties as it had been felt the company's initial commitment to implement a smooth transition between

the present arrangement and professional management had not been fulfilled. The election of new Officers was awaited and all committee activity had therefore been temporarily suspended.

**World Neurology:** Four issues a year were being published. It was an expensive venture but was supported by a generous donation of \$ 50,000 per year from the Japan Foundation which Dr Kimura had first negotiated three years previously and which needed to be renegotiated annually. This amount almost covered the costs, most of which lay in the mailing. There were two more years to go, 2007 being the final year.

**Members' Suggestions for additions to the Agenda. Prof S M Katrak (India):**

i) 'There should be a symposium on some aspects of neurology in developing countries.' Professor Katrak wished to amend his proposal to read: 'The Regional Directors of the six areas should be members of the Scientific Committee—so that each region can contribute to the Scientific Programme'.

ii) 'The national organisations should be consulted before nominating speakers for symposia and lectures as it has been observed that the same speakers appear to be nominated at the WCN.'

The same speakers were invited to WCNs repeatedly. To avoid this repetition, and to enable the Scientific Committee to get a wider variety of speakers, the Regional Directors should be consulted. This year there had been a main theme symposium on infections from developing countries. But this dealt solely with infections in the developed countries—HIV and encephalitis. Two-thirds of the world lived in developing countries and there needed to be greater representation from those places in the scientific programme.

Dr Aarli said he had been elected on the platform of developing neurology in resource-poor countries and a congress needed to be held in the next four years where neurology in developing countries played an important part. At a meeting of the Public Relations and WHO Liaison Committee in Sydney it had been decided to try and organise a regional congress in 2007 focusing just on neurology in developing countries. This would be the most important part of our work in the

next four years. It would be called a "Window on the Future".

Prof Kay (Hong Kong) warned of the need to ensure a good turnout. In constructing a programme exclusively for developed countries, it was important to bear in mind why people attended congresses.

Dr Santoni did not like a distinction being drawn between 'developed' and 'developing' countries: everyone was interested in the same topics, but some things were peculiar to certain countries. On behalf of Dr Del Brutto he asked that a symposium on parasitic diseases be held at the next World Congress, especially cysticercosis. Prof Burke (Australia) endorsed Prof Kay's comments. There were two aspects to consider: representation and content. Not all countries were adequately represented. In terms of content, for the bulk of neurology, areas were not specific. If a Congress had too many regional symposia that were poorly attended and for which too many people from overseas had to be invited, the Congress would become unaffordable and nobody would attend.

Dr Hassab Rassoul S A Mohammad (Sudan) suggested that the WFN should sponsor some people to come from certain countries through a dedicated programme.

The Egyptian Delegate said that many African countries had no neurologists at all. One solution was training courses; pick individuals from those countries and make them neurologists in 2-3 months. This had already been tried on a small scale but there was of course the risk that an individual would not return to his country after training. This should be a WFN programme involving going to a developed country to train in EEG. There were rich people in Egypt and South Africa willing to help. There were also rich countries prepared to take responsibility for developing people.

**Finance:** Dr Korczyn (Member of

Finance Committee): said that there was now a much better relationship with WHO—thanks to the hard work of our incoming President—which was set to continue at very little cost. Second, Dr Munsat had reported on the important work of the Education Committee, though more still needed to be done. The problem was financial. Most of the money needed to cover the running costs of the WFN came from the World Congresses, the profits of which had so far been divided 50-50. He moved that this be changed and that 75% should revert to the WFN and 25% to the host country. The additional 25% for WFN would be earmarked for the improvement of education in underdeveloped countries: through assistance to attend World Congresses, and the promotion of neurological care and the improvement of care in countries that do not have any neurologists, most neurology being practised currently by non-neurologists.

Also, the income from research group congresses needed scrutiny. Some held very large meetings advertised prominently as WFN events, though the WFN did not share in the proceeds. If WFN endorsement was wanted, research groups should pay for the privilege.

With regard to financial transparency, the whole WFN budget should be on the website so that every member could see how money was assigned and spent.

Dr Donaghy believed that there would be little motivation for a country to host a Congress if, in addition to bearing any loss, the proportion of any profits were reduced to 25%.

**Announcement of the Venue for WCN 2009.** Mr Newton announced the result of the voting for the location for the 2009 World Congress of Neurology: **WCN 2009 to be held in Bangkok, Thailand.**

Prof Pongvarin thanked everyone who had voted for Bangkok.

## Publications & Website Committee

### Sydney Convention Centre, Sydney, Australia

13.00 Wednesday 9th November 2005

**Present.** Dr P. Antuono (Chairman), Dr R.

Daroff, Dr J. Kimura, Dr H. Shibasaki, Dr D. Truong

**Staff in attendance.** Ms S. Bilger

**Welcome.** Dr Antuono welcomed everyone to the meeting. He had recently taken over the Chair from Dr Boller who



had to stand down because of his new position with NIH.

### Journal of the Neurological Sciences.

There was discussion of how the journal could be made more profitable. Dr Truong believed we should be able to get advertising. Dr Daroff said the only way the journal can make money is for individual members to pay a fee, but this had been suggested to the WFN and they do not want to do that. Nobody wants to support a journal with a fixed subscriber list. He was surprised we get as much as we do. Dr Truong had tried to get the pharmaceutical industry to support it. This was a good idea but Dr Daroff did not think it would work as there is strong competition from other journals. IFCN has a journal with no competition and makes lots of money.

Dr Truong had tested the ground that morning with one company; this company would not want to put an advertisement in a worldwide journal but they were willing to put an insert in the Journal for just one country. Dr Antuono said that model works in some cases but it would not work for, say, UK or USA who have their own journals. He thought there would be a lot of work but not much income. Dr Truong thought it would push up the subscription. He believed we should approach countries that have only 50-100 neurologists and ask a drug company for \$20,000 to get advertising. He had already discussed the idea with Peter Bakker with a view to Elsevier having 1-2 pages as an insert..

Dr Antuono was unsure whether advertising would be more attractive regionally. Advertising is totally different from one country to another, but PB should be familiar with this. PA agreed that this would be worth pursuing. In view of the position with the Journal, any idea should be discussed. This idea was worth bringing up at the Editorial Board meeting the next day. JK thought it would be a good idea. Asked how you distribute the Journal in this case, Dr Daroff said the publisher sends it to distributors. He had been involved with the Journal for more than 15 years and it is making more money now than it ever has before. We want the Journal to be as successful as possible and so does Elsevier. Elsevier know where the money is. The contract BD signed with Elsevier had made the difference as we get a share of Elsevier's profits. Dr Antuono referred to our new contract with Elsevier for JNS. He would

check with PB regarding the number of subscriptions. Dr Kimura said the Journal is getting better but the distribution is very low. Only libraries buy it because it is too expensive. Dr Antuono to present the idea of regionalising the Journal to Peter Bakker. PB will understand the issues involved and the costs.

### Editor, JNS

Dr Lisak was nominated Editor in 1997. "The rule is 5 years plus 3 years." RL is now serving his second term. JK thought he had been reappointed for another 3 years. When the time of Dr Lisak's retirement approaches a Search Committee will need to be appointed to find a new Editor. We need to check the date and alert Dr Aarli to this.

### Elsevier—WFN Awards for Young Neurologists.

Two awards were given in 2005—to Dr James Toole and Dr Mark Hallett. The next awards would be given to young contributors to the Journal. The deadline for applications had been pushed to early 2006. There would be two awards of \$3,000 each. It was thought that one would be for basic science and the other for clinical neurology. PA would clarify this. It was thought that the awards would be made at the AAN in San Diego. Dr Lisak and his Editorial Department would make the selection. JK asked if Dr Lisak was aware of this. As regards the age limit, the awards had been advertised by Elsevier in JNS/WN; the age must have been mentioned there. There had been very few enquiries.

**World Neurology.** At an earlier meeting there had been discussion of whether *World Neurology* should continue as a paper journal or whether it should be electronic. Everyone wants to retain the printed version but if we do not get replacement funding, we will be forced only to send it electronically. The Japan Foundation have approved support for 5 years and we have received it for 3 years but Dr Kimura has to re-apply each year. He will re-apply for next year and for 2007 and that will be the end of it. Starting 2008 we will need a large amount of money—about US\$50,000 per year. JK suggested that PA should make a proposal to the Trustees as to how we could fund WN at the end of the Japan Foundation support.

Dr Truong suggested that *World Neurology* could be integrated into

Elsevier's current newsletter—in whatever form they suggest—in order to secure its survival; and that we give them our mailing list to send it out. Dr Daroff stressed that *World Neurology* has to be about the WFN. He asked Dr Truong to ask Peter Bakker to send us a proposal in writing. Dr Truong believed we need to improve the quality of the newsletter. Dr Antuono said that a start had been made of having synopses of JNS articles appear in *World Neurology*.

**MOTION to the Trustees:** *To move to an electronic journal for World Neurology after the end of the Japan Foundation support if replacement funding cannot be found.*

**Editor, World Neurology:** Dr Chopra had been Editor since 1999 and "was in his second term". There had been an earlier recommendation to appoint an Assistant Editor. When the time of Dr Chopra's retirement approaches a Search Committee will need to be appointed to find a new Editor.

**WFN Website.** Dr Antuono had asked around for views on the WFN website. Some people like it and some do not. It had been proposed earlier that we find someone amongst us who could take a look at it, and Francis Walker was identified. JK confirmed that FW would be a good person to do this, but a lot of work is required to maintain a website. PA would contact FW and ask him his view of the website and then see what he says. PA asked how much we pay Bento for the website. *PA to contact Francis Walker.*

**Other Business.** The next meeting was expected to be at the AAN Meeting in San Diego in April 2006. There being no Other Business the meeting closed at 2.10 pm.

### Summary

- PA to raise the proposal of regional advertising for the JNS with Peter Bakker
- The dates when Dr Lisak's and Dr Chopra's terms of office end need to be clarified
- A Search Committee will need to be appointed to find a new Editor for the JNS.
- A Search Committee will need to be

appointed to find a new Editor for WN.

● PA will need to tell JA about this.

● PB to be asked to put a proposal in writing to maintain WN as a printed newsletter.

● PA to contact Francis Walker and ask him to be our consultant for the website.

## Interesting Papers published in J. Neuro Sciences

### Diagnostic and predictive value of CSF d-ROM level in influenza virus-associated encephalopathy.

*Gaku Yamanaka, Hisashi Kawashima, Yusuke Suganami, Chiako Watanabe, Yoshiaki Watanabe, Tasuku Miyajima, Kouji Takekuma, Satoshi Oguchi, Akinori Hoshika*

J. Neuro Sciences 2006; 243: 71-75

The fact that patients with severe influenza become encephalopathic has been known for many years, and in fact, most of us have had some personal experience of this. While other upper respiratory infections also cause fever and aching, the apathy, drowsiness and social withdrawal associated with severe flu are something of a hallmark. The reason for this influenza-associated encephalopathy is unknown, but possibilities include direct viral invasion of the brain, effects of the systemic disease such as respiratory distress or congestive heart failure, or the effects of cytokines on the nervous system. The latter is a likely cause since most patients do not have the other complications and influenza viral encephalitis is exceedingly rare. In any case, severe influenza encephalopathy can result in significant morbidity or even mortality, especially in children.

A number of publications have documented the involvement of cytokines (and related molecules) in influenza encephalopathy, including interleukin-6 (IL-6), IL-10, tumor necrosis factor alpha (TNF $\alpha$ ) and TNF $\alpha$  receptor (TNF $\alpha$ R). It is known that these molecules induce other species, such as free radicals of oxygen and nitrogen, which are in part responsible for tissue damage. The presence of these latter has been correlated with encephalopathy. The detection of such species in serum and CSF is difficult, however, due to their evanescent existence and the difficulty of the assays. Recently, assays have been

developed for long-lasting molecular markers of these reactions, such as reactive oxygen metabolites (ROM), and this paper details the detection of hydroperoxides, products of peroxidation of various peptides, lipids, and other cellular constituents to confirm their presence in the serum and to assay them, for the first time, in the CSF. The assay for hydroperoxides used was the Diacron reactive oxygen metabolites (d-ROM).

In this study, 33 Japanese children with one of the following: (1) influenza-associated encephalopathy (IE), (2) febrile seizures due to influenza, (3) febrile seizures due to other infections and (4) enterovirus-associated encephalopathy (EE) were compared with respect to various inflammatory markers (such as white blood cell (WBC) and platelet counts, aspartate aminotransferase (AST), creatinine kinase (CK), lactate dehydrogenase (LDH), C-reactive protein (CRP), IL-6 in the serum and IL-6 in the CSF), in addition to the levels of d-ROM in the serum and CSF.

The results were as follows. There was no difference in the inflammatory markers (WBC, platelets, AST, CK, etc), including IL-6, in the blood among the 4 groups, but CSF IL-6 was significantly increased in the cerebrospinal fluid (CSF) of the influenza encephalopathy patients (approx 215 pg/mL) compared to patients in the other groups (4.86-34.2 pg/mL).

The levels of d-ROM also showed an increase in the CSFs of patients with IE and EE, but not in the other two groups. Those IE patients with very high CSF values of d-ROM were more likely to have residual neurological deficits than those without (average levels of 73.8 vs 18.5 units, respectively). There was no statistically significant difference in the levels of serum d-ROM in the other groups.

These are interesting results. They confirm for us that cytokines are an important contributor to the pathogenesis of IE and that IL-6 is specifi-

cally so, with increased levels in the CSF. Further, products of oxidation are also increased in the CSF but not serum, of patients with viral-associated encephalopathy, both IE and EE. Further refinement of these results will lead to better characterisation of IE.

### Differential patterns of dopamine transporter loss in the basal ganglia of progressive supranuclear palsy and Parkinson's disease: analysis with [123I]IPT single photon emission computed tomography.

*Im JH, Chung SJ, Kim JS, Lee MC*  
J. Neuro Sci 2006; 243: 103-109

Some movement disorders can have overlapping manifestations and be very difficult to distinguish from each other despite quite different underlying disease processes. This is especially true in the syndromes with bradykinetic rigidity, such as Parkinson's disease (PD) and progressive supranuclear palsy (PSP), which can present identically. In PD, the substantia nigra degenerates, with diminishing production of dopamine for transport to the striatum by the nigrostriatal tracts. In PSP, there is a more widespread degeneration of basal forebrain, thalamic and brainstem structures, including some of those affected by PD. There is no easy way to distinguish between these diseases clinically early in the course, and there are no consistent imaging criteria. Pathological examination will make the diagnosis, but is impractical. Differences have been seen using functional imaging, such as PET scans, to look at the quantity and distribution of dopa decarboxylase activity, which is the final step in the synthesis of dopamine. However,

PET scanning, which requires an on-site cyclotron to manufacture the relevant labeling radionuclide, is very scarce and expensive and not easy to interpret.

In this study, the authors used single photon emission computed tomography (SPECT) scanning to detect the distribution of <sup>123</sup>I IPT, a ligand which binds to the dopamine transporter molecule (DAT), found on the terminals of dopaminergic neurons. SPECT scans using this ligand were

taken of normal controls, nine PSP patients and twenty PD patients are compared.

The results are interesting and suggestive. The radiolabelled ligand <sup>123</sup>I IPT is taken up strongly and equally by the caudate and putamen in the normal subjects, as would be expected. In the PD group, the uptake was slightly decreased in the caudate, but strongly decreased in the putamen. In the PSP group, uptake was strongly decreased in both. This would be

consistent with the known more widespread pathology in PSP. Further studies of this type may lead to a method of reliable early diagnosis and possibly a surrogate marker of disease for use in natural history studies and clinical trials, in the future.

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## Regional News

### Conference of Epilepsy Association of Pakistan presents a new epilepsy-care model for developing countries



From Right to Left: Prof M. Tariq, Dr. Shaukat Ali, Prof. Jagjit S. Chopra, Mr Anwar Mahmood, Fed. Sec. Health (Chief Guest), Prof. Hasan Aziz (Convenor)

The 4th Annual Conference of Epilepsy Association of Pakistan (EAP) was held on April 21st, 2006 in the twin city of Rawalpindi-Islamabad. This well attended conference had four sessions; invited talks, original paper presentations, epilepsy for primary care physicians and a video-conference. Prof. Jagjit Singh Chopra from Chandigarh, India was one of the keynote speakers whose talk on neurocysticercosis and epilepsy along with others on Epilepsy Surgery in countries with limited resources like Pakistan and Resistant Epilepsy was of very keen interest. A video-conference with Dr. Raj Sheth of Madison, USA, on Women with Epilepsy, had enthusiastic participation.

EAP President, Prof. Hasan Aziz presented the indigenous Epilepsy Care Model that has been tried and tested over the last five years, with main focus on creating public awareness and provision of

near-home-care facility. Pivotal to its sustainability is its original "bottom-up" approach, functioning within the existing health delivery system, diagnostic accuracy by neurologists and a sustained public health education scheme. Its success is the result of twenty years of tireless efforts of a focused volunteer force and stepwise evolution.

Ground-realities were established through a population-based study conducted on a 24000 urban and rural population in 1987-1989 to quantify the prevalence and perception of epilepsy, Knowledge, Attitude and Practice, treatment-seeking behavior, stigmatization and quality of life. Published results provided pointers for future strategies of epilepsy care in Pakistan. This was followed by human resource development and CMEs to strengthen the numbers of specialists who would be the integral part of future volunteer force. Fifty-seven neurologists (diploma-holders in Clinical Neurology/Fellows/Doctorate in Neurology) were trained during 1990-2001. Epilepsy CMEs further trained ~3000 Family Physicians all over the country. Public health education through more than ten repeat telecasts of two teaching-interviews on National Television educated ~30,000,000 people.

Comprehensive Epilepsy Control Programme of Pakistan (CECP) was officially launched on March 1st, 2001 and is working under the umbrella of ILAE/IBE/WHO Global Campaign Against Epilepsy but without any technical or financial assistance from them. Integral CECP components achieved so far include:

establishment of Satellite Epilepsy Centres for near-home-care (47 centres established), holding Free Epilepsy Camps for consultation and awareness (43 camps held; of the 8248 persons seen, 4773 had epilepsy), School Awareness Workshops for students and school-teachers (17 held), affixation of specially designed Epilepsy Awareness Posters in Schools (4600 affixed). Public health education is done through print and electronic media, celebrating Epilepsy Day and holding Epilepsy Walk (~35 million lay public educated). Training of medical and allied persons through CMEs for Primary Care Physicians (350 Family Physicians, 250 School Health Doctors), senior medical students (700 students) and lady health workers (225 workers) has been

#### 16<sup>th</sup> Migraine Trust International Symposium RESEARCH: THE WAY TO THE FUTURE

Monday 18<sup>th</sup> – Wednesday 20<sup>th</sup>  
September 2006

The Conference Centre,  
Kensington Town Hall, London, UK

#### Programme features include:

- Update Lectures
- Invited Lectures
- Migraine Trust Lecture
- MacDonald Critchley Lecture
- Poster Sessions

#### Confirmed speakers include:

- Professor Allan Basbaum (San Francisco)
- Professor Lars Edvinsson (Lund)
- Professor Jeffrey Mogil (Montreal)
- Professor Allan Purdy (Nova Scotia)
- Professor Jean Schoenen (Liege)

Continuing Professional Development accreditation will be available for UK Physicians and EACCME (European Accreditation Council for Continuing Medical Education Institution of the EUMS) for overseas Physicians.

For further information on Registration, the Scientific Programme, on-line Abstract Submission, visit [www.mtis.ukevents.org](http://www.mtis.ukevents.org)

Deadline for receipt of abstracts 28<sup>th</sup> July 2006

#### SECRETARIAT

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completed.

There is no direct measure to quantify CECP's success in this endeavour. However, some estimates can be obtained from two indirect measures of success, viz. a 50% reduction in workload of the largest Epilepsy Clinic in a public sector hospital and 139% increase in the anticonvulsants sale (published independent data) as compared to the pre-CECP era, while all other variables remained constant. This is indicative of a trend towards reduction in the treatment gap.

It can be summarized that CECP in Pakistan has proven to be successful. This model is simple and can be easily replicated in other countries where similar constraints of human, financial and technological resources limit the development of full-scale "western" models of epilepsy care. (for detailed information; Email hasanaziz60@hotmail.com).

*Prof. Emeritus Hasan Aziz*  
President, Epilepsy Association of Pakistan

## The 12th Annual Meeting of Pakistan Society of Neurology (PSN)

The 12th annual meeting of Pakistan Society of Neurology took place at Shifa International Hospital (SIH), Islamabad on April 22-23, 2006. This meeting was jointly organized by PSN and Shifa International Hospitals. 40 out of the 70 Neurologists from nine major cities around the country as well senior neurologists from India and U.A.E participated in the meeting. The president of PSN Professor Muhammad Tariq and chairman organizing committee Dr. Arsalan Ahmad, Head Section of Neurology SIH welcomed the participants. The Chief Guest of the inaugural session was Prof. Dr. Anees Ahmed, Vice Chancellor Riphah International Islamic University. In his address he said the need was to design an integrated educational system where ethical, emotional and spiritual aspects are also part and parcel of the curriculum so that our doctors develop humanitarian approach towards their profession. He said that doctors and health professional must be motivated to pursue new arenas for research, analysis and treatment of diseases.

## OBITUARY



Sadly, I must inform the neurological community that Prof. Dr. Klaus Poeck, the former chairman of neurology at the University of Aachen, Germany, and former vice-president of the WFN passed away on May 10, 2006, at the age of 80 years after an extended illness.

Klaus Poeck was born in Berlin, Germany, in 1926. He studied medicine in Berlin and Heidelberg, Germany, and received his medical degree in 1953. He received his training in neurology in Heidelberg, Germany, Düsseldorf, Germany, Pisa, Italy, and Bern, Switzerland, and received his Ph.D. from the University of Freiburg, Germany, in 1961.

He was elected first chair of the newly founded Department of Neurology at the Medical School of the Rheinisch-Westfälische Technische Hochschule in Aachen, Germany. He served there until his retirement in 1992.

Klaus Poeck has become known worldwide as the founder of modern clinical neuropsychology in Germany. He created an interdisciplinary team of neurologists, psychologists, and linguists; developed new methods for evaluating and treating disturbances of higher cognitive functions; and was a pioneer in neuropsychological rehabilitation in patients after stroke and other neurological diseases. His publications on aphasia and apraxia have deeply influenced clinical and theoretical knowledge.

He was also mentor of the influential Aachen Cerebrovascular Group, which pioneered modern stroke treatment, including thrombolytic therapy, interventional neuroradiology, and critical care medicine.

Klaus Poeck was an honorary member of many national and international scientific societies. He was vice-president of the World Federation of Neurology and chairman of WFN Research Committee. He was a fellow of the American Academy of Neurology, the Royal Society of Medicine, and the Royal College of Physicians and an honorary member of the American Neurological Association. He was president of the German Neurological Society, Chairman of the World Congress of Neurology in 1985 in Hamburg and, most recently, he was named honorary president of the German Neurological Society.

Poeck's scientific legacy is immense. His German language textbook of neurology is now in its 12th edition and has influenced generations of students in Germany. Klaus Poeck was an outstanding scientist, a great academic teacher, and a wonderful person. We will remember him always.

*Werner Hacke, MD PhD*

Dept. of Neurology, University of Heidelberg/Germany

The annual meeting of the Pakistan Society of Neurology was spread over 2 days and comprised 5 scientific sessions, 41 platform presentations including 10 invited lectures and 20 poster presentations. The invited speaker Prof. Emeritus, Jagjit S Chopra (India) spoke about his experience on Neurocysticercosis, Prof. M.M. Mehndritta (India) spoke about stroke treatment as practiced in different regions of India, including thrombolysis and results. Dr. Muhammad Saddah from UAE gave an in-depth review of brain death; Dr. Saad Shafqat, Aga Khan University (AKU) presented an overview of women with epilepsy, Dr. Ather Enam (AKUH) gave an update on brain tumors, Dr. Ismail Khatri (SIH) spoke about dementia, Prof. Musadiq Khan (RMC) presented his vast experience of carotid endarterectomy in Islamabad, Dr. Tanveer ul Haq (AKU) presented his data on interventional neuro-radiology, Professor Emeritus. Hassan

Aziz (JPMC) gave a migraine update, and Dr. Nadir A Syed (AKU) presented a review of the future role of stem cells in stroke. Several authors from all over the country presented their research in the form of platform presentations.

During the meeting, a poster exhibition had also been arranged where various neurologists displayed their research findings and areas of interest graphically in the form of scientific posters. Participants took keen interest in these posters and found them to be highly informative and interesting.

A sumptuous banquet dinner was arranged to welcome the participants at the serene Daman-e-Koh hill resort on the outskirts of Islamabad. The ambience was impressively incandescent. Three outstanding neurologists were awarded annual PSN awards during a brief ceremony; Dr. Saad Shafqat from AKU,

Karachi—Advocacy award, Dr Mughees Sheerani from AKU, Karachi—Best Teacher award and Dr. Ismail Khatri from SIH, Islamabad—Young Investigator award. The awards were presented by Prof. Emeritus Jagjit S. Chopra.

At the dinner, Dr. Saddah who is the president of the Emirates Neurology Society, said that Pakistan was his second home and he didn't feel like he was in another country. Prof. Chopra expressed his special interest in sharing knowledge and latest research findings with Pakistani neurologists and enhancing the scope and quality of neurology in the two countries. He said that the time has come for the two nations to extend cooperation in all areas and make a good example for the world to follow. He also suggested organizing a combined meeting of Indian and Pakistani neurologists in the coming year.

At the end of the last academic session, shields were given to participants and special mementos were presented to

guest participants from India and UAE. The meeting ended with a vote of thanks by Dr. Ali Hassan, Secretary organizing committee.



*Dr Arsalan Ahmad,*  
Chairman Organizing  
Committee, Shifa  
International Hospital,  
Islamabad, Pakistan.



*Dr Mohammad  
Wasay*  
Secretary, PNS

## The 1st Annual Conference of Psychiatry, Neurology and neurosurgery, Tripoli-Libya

The first annual conference of psychiatry, neurology and neurosurgery was held in Tripoli between 15-16 June 2006 and was attended by about 250 participants from

Libya and the neighbouring Arab countries as well as some Europeans. The important topics of the conference included:

- Regional problems in psychiatry such as treatment and rehabilitation of addiction in Benghazi
- Psychological aspects of typical vs. atypical antipsychotics
- Possession states
- Schizophrenia and the cultural factors
- Epilepsy; medical and surgical
- Stroke in young adults
- Multiple Sclerosis
- Problems of Parkinson's Disease in the Arab world
- Cervical spine trauma; diagnosis and management.

The conference was organized by the Libyan Association of Psychiatry, Neurology and Neurosurgery. The association was founded on May 5th 2005, and now has 70 members.

*Ashraf Kurdi,*  
Regional Director, EMRO

## CALENDAR

### 2006

#### 2nd Biennial Conference of the International Society for Bipolar Disorders

*August 02 - 04, 2006*  
Edinburgh, Scotland, UK  
[www.kenes.com/isbd/](http://www.kenes.com/isbd/)

#### 10th European Conference on Epilepsy & Society

*August 02 - 04, 2006*  
Copenhagen, Denmark  
<http://www.epilepsyandsociety.org/>

#### Huntington's Disease Satellite Meeting (to the 11th International Congress of Human Genetics)

*August 04 - 05, 2006*  
Queensland, Australia  
[www.huntingtons2006.com/index.php](http://www.huntingtons2006.com/index.php)

#### 11th International Congress of Human Genetics

*August 06 - 10, 2006*  
Brisbane, Australia  
[www.ichg2006.com/](http://www.ichg2006.com/)

#### 9th World Down Syndrome Congress

*August 22 - 26, 2006*  
Vancouver, BC, Canada  
[www.wdsc2006.com/](http://www.wdsc2006.com/)

#### 5th Annual International Neuro-Oncology Update

*August 24 - 25, 2006*  
Memphis, Tennessee, TN, USA  
[http://neuro.methodisthealth.org/Fourth\\_Annual\\_International\\_Neuro-Oncology.743.0.html](http://neuro.methodisthealth.org/Fourth_Annual_International_Neuro-Oncology.743.0.html)

#### 10th European Federation of Neurological Societies Congress

*September 02 - 05, 2006*  
Glasgow, Scotland, UK  
[www.kenes.com/efns2006/](http://www.kenes.com/efns2006/)

#### World Federation of Neurology Council of Delegates (Annual General Meeting)

*September 03, 2006*  
Glasgow, Scotland, UK  
[www.wfneurology.org](http://www.wfneurology.org)

#### 6th International Congress of Neuropsychiatry

*September 10 - 14, 2006*  
Sydney, Australia  
[www.inacongress2006.com/welcome.htm](http://www.inacongress2006.com/welcome.htm)

#### XXVIIIth International Congress of Clinical Neurophysiology

*September 10 - 14, 2006*  
Edinburgh, Scotland, UK  
[www.iccn2006.com/](http://www.iccn2006.com/)

#### 18th Congress of the European Sleep Research Society

*September 12 - 16, 2006*  
Innsbruck, Austria  
[www.esrs2006.at/](http://www.esrs2006.at/)

#### XXXI Congress of the European Society of Neuroradiology

*September 13 - 16, 2006*  
Geneva, Switzerland  
[www.esnr.org/02.asp](http://www.esnr.org/02.asp)

#### 16th Migraine Trust International Symposium

*September 18 - 20, 2006*  
London, United Kingdom  
[www.migrainetrust.org/research/symposia.shtml](http://www.migrainetrust.org/research/symposia.shtml)

#### European Charcot Foundation Symposium 2006

"Mending the brain: stem cells and repair in multiple sclerosis."  
*November 16-18, 2006*  
Taormina, Sicily, Italy  
[www.charcot-ms.org](http://www.charcot-ms.org)

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# What's New in Neurology...

## Selection of recently published articles in Journal of the Neurological Sciences



### **Clinical characteristics of cortical multiple sclerosis**

Zarei, M.

*Journal of the Neurological Sciences*, Volume 245, Issue 1-2, pp. 53-58

### **Insulin resistance, inflammation, and cognition in Alzheimer's Disease: Lessons for multiple sclerosis**

Watson, G.S. and Craft, S.

*Journal of the Neurological Sciences*, Volume 245, Issue 1-2, pp. 21-33

### **Motor activation in SPG4-linked hereditary spastic paraplegia**

Scheuer, K.H., Nielsen, J.E., Krabbe, K., Paulson, O.B. and Law

*Journal of the Neurological Sciences*, Volume 244, Issue 1-2, pp. 31-39

### **Differences in cerebral activation patterns in idiopathic inflammatory demyelination using the paced visual serial addition task: An fMRI study**

Rachbauer, D., Kronbichler, M., Ropele, S., Enzinger, C., Fazekas, F.

*Journal of the Neurological Sciences*, Volume 244, Issue 1-2, pp. 11-16

### **Fatigue in multiple sclerosis is related to disability, depression and quality of life**

Pittion-Vouyovitch, S., Debouverie, M., Guillemin, F., Vandenberghe, N., Anxionnat, R., Vespignani, H.

*Journal of the Neurological Sciences*, Volume 243, Issue 1-2, pp. 39-45

### **Diagnostic and predictive value of CSF d-ROM level in influenza virus-associated encephalopathy**

Yamanaka, G., Kawashima, H., Suganami, Y., Watanabe, C., Watanabe, Y., Miyajima, T., Takekuma, K., Hoshika, A.

*Journal of the Neurological Sciences*, Volume 243, Issue 1-2, pp. 71-75

### **Cardiovascular dysautonomia in de novo Parkinson's disease**

Oka, H., Mochio, S., Onouchi, K., Morita, M., Yoshioka, M., Inoue, K.

*Journal of the Neurological Sciences*, Volume 241, Issue 1-2, pp. 59-65

### **Autoantibodies against HSP70 family proteins were detected in the cerebrospinal fluid from patients with multiple sclerosis**

Chiba, S., Yokota, S.-I., Yonekura, K., Tanaka, S., Furuyama, H., Kubota, H., Fujii, N., Matsumoto, H.

*Journal of the Neurological Sciences*, Volume 241, Issue 1-2, pp. 39-43

### **Incidental findings in magnetic resonance imaging of the brains of healthy young men**

Weber, F., Knopf, H.

*Journal of the Neurological Sciences*, Volume 240, Issue 1-2, pp. 81-84

### **Cognitive fatigue in multiple sclerosis: Findings from a two-wave screening project**

Barak, Y., Achiron, A.

*Journal of the Neurological Sciences*, Volume 245, Issue 1-2, pp. 73-76



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## International Stroke Society

### The Regional Asian Stroke Congress and First Indian Stroke Association Congress

January 5th-8th , 2006 at Chennai India

About 300 delegates from all over India and the neighbouring countries participated in this congress. The scientific programme included presentations on various aspects of stroke by the faculty, free paper presentations, panel discussions and an extra cranial and transcranial neurosonology workshop.

The visiting faculty included Dr. Donnan (Australia), Dr. Hacke (Germany), Dr. Steiner (Germany), Dr. Pongvarin (Thailand), Dr. Ratanakorn (Thailand), Dr. Wong (Hong Kong), Dr. Ramani and Dr. Chang (both from Singapore).

The topics discussed included the etiopathology, cost effective diagnostic work up, imaging procedures, risk factor management, acute stroke therapy and rehabilitation measures as relevant to this region. One session was devoted to the epidemiological and clinical research aspects and organization of stroke units and support groups in India and South East Asia.

On the concluding day Dr. Donnan conducted a highly engaging and interesting panel discussion with case examples on dealing with cerebral oedema, blood pressure control, swallowing disorders during the acute phase of stroke.

Another highlight of this congress was the satellite sessions of practical demonstration of cervical vessels duplex studies and transcranial Doppler studies by expert Neurovascular Sonologists from Singapore and Thailand.

The salient features, which emerged during the deliberations, were

- Need of early treatment
- Early treatment is effective in ischemic and hemorrhagic strokes
- Dedicated care in stroke units could minimize damage and improve outcome
- Risk factors treatment and modification could delay onset of stroke and also minimize the severity.
- Life style changes to minimize pro-

gression of known risk factors and pre-onset early diagnostic tests of inherited risk factors like hypertension, diabetes, lipidemia in families with these diseases.

- Early rehabilitation & life long treatment of risk factors are essential

### The 2nd Helsingborg Consensus Conference

#### "European Stroke Strategies"

A Pan-European meeting took place in Helsingborg, Sweden, 8-10 November, 1995 to improve stroke management in Europe. The meeting was arranged by the World Health Organization Regional Office for Europe and the European Stroke Council, in collaboration with the European Federation of Neurological Societies, the International Stroke Society, the World Confederation of Physical Therapy-Europe and the World Federation of Occupational Therapists. The meeting adopted the Helsingborg Declaration on Stroke Management which defined clear targets to be reached by 2005.

The 2nd Helsingborg Consensus Conference was arranged between March 22 and 24 in Helsingborg. The meeting was this time organised by the International Society of Internal Medicine, the International Stroke Society, and the European Stroke Council, and was co-sponsored by the World Health Organization Regional Office for Europe.

Plenary sessions covering five domains of stroke care reviewed current core sci-

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entific issues, and how far the goals of the 1995 Declaration had been reached in practice.

The revised Helsingborg Declaration, setting targets for 2015, will be finalised in June 2006 and will then be available at the websites of the organising bodies. Publication in scientific journals is also planned. The Helsingborg Declaration Goals for 2015 are:

- In Europe all patients with stroke will have access to a continuum of care from organized stroke units in the acute phase to appropriate rehabilitation and secondary preventive measures.
- More than 85% of stroke patients should survive the first month after stroke.
- More than 70% of survivors should be independent in their activities of daily living at three months after the onset of stroke.
- All patients with acute stroke potentially eligible for acute specific treatment should be transferred to hospitals with technical capabilities and expertise to administer thrombolytic treatment.
- The mortality of stroke should be reduced by at least 20 % from the level of 2005.
- All countries should aim at reducing major determinants of stroke in their populations, most importantly hypertension and smoking.
- All patients who have suffered a stroke should receive appropriate secondary preventive measures.
- Three months after the stroke onset, over 70 % of the surviving patients should be independent in activities of daily living.
- All Member States should establish a system for routine collection of data needed to evaluate the quality of stroke management, including patient safety issues.

