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WORLD FEDERATION OF NEUROLOGY

WORLD NEUROLOGY

THE OFFICIAL NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

PRESIDENT'S COLUMN

Taking the Next Steps With the World Federation of Neurology

Prof. Steven Lewis, new WFN president, presents his vision and goals for the organization during his tenure.

BY PROF. STEVEN L. LEWIS

STEVEN L. LEWIS, MD

I'd like to warmly welcome all neurologists — and anyone interested in neurology and brain health worldwide — to the first *World Neurology* issue of 2026. As this is also the first issue under my tenure as World Federation of Neurology (WFN) president, I'd like to introduce you, our readers, to the WFN. I would also like to briefly introduce myself and our goals for my presidential tenure.

The WFN is a federation of neurological societies, which was formed during the First International Congress of Neurological Sciences in Brussels in July 1957.[1] The WFN has grown over the 70 years since its founding to include 126 neurological societies as members. The member societies are broadly categorized into six regions of the world with six major independent regional organizations. They are:

- Africa: African Academy of Neurology (AFAN)
- Asian/Oceanian region: Asian Oceanian Association of Neurology (AOAN)
- Central and South America: Pan American Federation of Neurological Societies (PAFNS)
- Europe: European Academy of Neurology (EAN)
- North America: American Academy of Neurology (AAN)
- Pan Arab region: Pan Arab Union of Neurological Societies (PAUNS)

The WFN represents and advocates for neurologists and neurological care globally. Our stated mission is: "To foster quality neurology and brain health worldwide, a goal we seek to achieve by promoting global neurological education and training, with the emphasis placed firmly on under-resourced parts of the world."

WFN Goals

As my predecessor Prof. Wolfgang Grisold has described so well in his presidential columns over the last four years, the WFN pursues its goals through our work in multiple domains. Some of our many endeavors include initiatives in the following categories:

- **Education.** These initiatives include our WFN-accredited training centers and department visits, educational conferences such as our eLearning Days and World Congresses of Neurology, and many other educational activities, such as the distribution of the AAN's *Continuum* to low- and low-middle-income countries. The WFN also offers its **eLearning Hub**, which connects neurologists with free international educational activities from our collaborating organizations.
- **Advocacy.** The WFN's advocacy work includes efforts with the World Health Organization (WHO) and the U.N. Economic and Social Council (ECOSOC). We have also established

see **PRESIDENT'S COLUMN** *page 8*

The Hidden Power of Niche Publications

From case reports to citations, niche publications provide relevant clinical knowledge.

BY MASARU TANAKA AND LÁSZLÓ VÉCSEI

Case reports, once relegated to the sidelines of medical publishing, are re-emerging as powerful vehicles of discovery and innovation. Their renewed relevance lies in the intersection of open access models, digital discoverability, and artificial intelligence (AI)-driven indexing, which collectively amplify their visibility and influence.

In neurology, a single patient's presentation can unveil the earliest markers of novel syndromes, atypical drug responses, or rare comorbidities. By filling gaps that randomized trials often overlook, case reports serve as fertile niches of clinical knowledge, transforming isolated observations into signals that shape diagnostics, therapeutics, and even public health preparedness.

Many landmark breakthroughs in neurology first appeared in the form of case reports, acting as sparks for broader scientific exploration. Early descriptions of autoimmune encephalitis, novel epilepsy syndromes, and the neurological sequelae of COVID-19 exemplify how single observations can shift entire paradigms. These narratives not only refine diagnostic reasoning, but also provide fertile ground for therapeutic innovation, as seen with

MASARU TANAKA

LÁSZLÓ VÉCSEI

precision approaches guided by exome sequencing in rare neurodevelopmental disorders. By translating isolated clinical puzzles into structured knowledge, case reports create a scaffold for systematic studies, ultimately informing guidelines

see **NICHE PUBLICATIONS** *page 15*

INSIDE

STUDIES IN RARE NEUROLOGICAL DISEASES
PAGE 3

BRAIN HEALTH AS A DRIVER OF GLOBAL PROSPERITY
PAGE 6

LOOKING BACK ON ELECTROCONVULSIVE TREATMENT
PAGE 9

THE 15TH REGIONAL TRAINING COURSE FOR SUB-SAHARAN AFRICA
PAGE 11

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ANNOUNCEMENT

Nominate Candidates for WFN Secretary General, Trustee

BY PROF. STEVEN LEWIS, WFN PRESIDENT, AND LAURA DRUCE, WFN CEO

The World Federation of Neurology (WFN) invites nominations for two positions up for election in 2026. They are:

- **Secretary general**, a 4-year term (2027-2030)
- **Elected trustee**, a 3-year term (2026-2029)

The WFN encourages all member societies to suggest suitable candidates for both positions. Engagement in the WFN and neurology in a global context are expected. Availability, readiness for communication, and experience with international and global societies are required. English is the WFN's primary communication language. The submission deadline is **Friday, April 17, 2026**.

Secretary General

The secretary general plays a key role on the WFN executive leadership team. Responsibilities include oversight of the WFN secretariat, as well as helping ensure compliance with U.K. charity rules and regulations.

Dr. Marianne de Visser currently fills the position of secretary general. She was appointed by the trustees as acting secretary general after the previous secretary general, Prof. Steven Lewis, was elected as WFN president.

WFN Trustee

Elected trustees are members of the WFN trustee board and have voting rights for all decisions. Co-opted trustees have the same rights.

All trustees are appointed and serve under U.K. charity law and have full responsibility for the WFN. All trustees have special tasks and a personal portfolio. They are involved in short- and long-term decisions and support the WFN globally and in their region. The current trustees participate in many activities, including communication, regional representation, and website activities.

Dr. Mohammed Wasay ends his term of elected trustee immediately following the Council of Delegates (COD) meeting in October. He is eligible for re-election.

General Nomination and Election Information

Email nominations to **elections@wfneurology.org**. All applications must be made electronically.

A nominee must:

- Be a member of an eligible WFN member society in good standing
- Have a national and international reputation
- Have made contributions to regional and global neurology
- Be committed to the WFN
- Have no conflict of interest with other societies
- Only apply for one position

The Nominating Committee will consider all applicants for their suitability for the positions. Gender and geography are considered. Current elected trustees are from three of the six WFN regions. We would like to have participation from as many regions as possible.

A WFN member society must submit:

- The name(s) of the candidate(s)
- A statement signed by the candidate confirming his/her willingness to stand for election
- A brief curriculum vitae (a single typewritten page)
- A letter of support from the member society

The Nominating Committee's recommendations as well as statements from each of the applicants will be published in *World Neurology* and on the WFN website.

Late Nominations

Nominations made after April 17 may be accepted. In addition to the criteria above, the candidates with late applications must be supported with signatures of member society delegates from at least five WFN member societies. An explanation for the late application is also required.

All late nomination documents must be received by the London office by **Friday, Aug. 28, 2026** — 30 days prior to the start of electronic voting. Please see the **WFN website** for additional information.

Email nomination documents to **elections@wfneurology.org**. Applications will be reviewed for completeness and forwarded to the Nominating Committee for evaluation. All applications are confidential.

The voting will be electronic, and the results of the vote will be announced by the WFN president at the COD meeting **Tuesday, Oct. 27, 2026**. •

Studies in Rare Neurological Diseases

Teaching courses, workshops held at the 2025 World Congress of Neurology in Seoul, South Korea.

BY ANTONIO FEDERICO, EVA FELDMAN, AND MARIA JUDIT MOLNAR

Rare neurological diseases (RNDs) are a heterogeneous group of disorders that mainly affect the central and peripheral nervous systems and muscle. Because RNDs account for almost 50% of all rare diseases, neurologists play a key role in their diagnosis and research. Traditionally, however, neurologists primarily direct their attention toward more common diseases, such as dementia, multiple sclerosis, headache, epilepsy, and stroke. This results in a reduced attention on RNDs that collectively has had a profound impact on health systems in Europe as well as in other countries around the world.

Rare diseases are commonly considered "orphan" diseases, as only a few of them have treatments. A recent article on RNDs, **"Awareness and Care Practices for Rare Neurologic Diseases Among Senior Neurologists: A Global Survey,"** published by the World Federation of Neurology (WFN) Subspecialty Group highlights the significant global effort still needed to ensure that these orphan diseases are no longer left without doctors capable of treating them.

In recent years, considerable interest in RNDs has emerged in Europe and the U.S., stimulating more specific programs of care and management. In fact, the diagnostic difficulties and the need for super-specialization in the RND field have prompted the organization of dedicated networks of RND centers around the world. These centers collect patient data to support diagnosis, treatment, and research advances.

The WFN, along with many other international organizations, has been sensitive to this problem, promoting interest in the development of activities and projects focused on RNDs. In 2020, the Subspecialty Group on RNDs was created. The aims of this group include:

- Improving the diagnosis and treatment of RNDs
- Providing a forum for discussion and exchange of experiences on all issues related to RNDs
- Advising and collaborating with international organizations to promote the prevention of and care for RNDs

Specific activities of the WFN Subspecialty Group on RNDs include stimulating interest in RNDs among world neurologists, facilitating RND diagnosis and therapy when possible, promoting the collection of epidemiological data across the world, and facilitating the development of different models of cross-border health care.

The group also seeks to promote the exchange of ideas and information regarding quality-of-life issues, develop and disseminate best practice guidelines, collect data on RND diagnostic capabilities in different countries, and analyze how world neurologists perceive RNDs. Finally, the group is dedicated to identifying RND care organizations in different countries and to collaborating with European networks, organizations focused on RNDs (e.g., National Organization for Rare Disorders, Orphanet, EURORDIS-Rare Diseases Europe, and European Reference Networks), and other WFN specialty groups to educate neurologists on RNDs, especially in developing countries.

With the assistance of experts present in the group, it also can act as a resource for information on RNDs, answer questions from patients, families, and doctors, and collaborate with family-based associations and disease-specific groups.

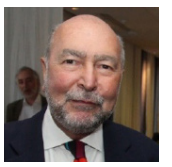
Notably, the Subspecialty Group on RNDs has organized several workshops during World Congress of Neurology (WCN) meetings that focus on different aspects of RND diagnosis and care. During the WCN that took place Oct. 12-15, 2025, in Seoul, South Korea, two activities were organized — a teaching course that was divided into two sessions and a focused workshop.

Teaching Session Presentations

The first teaching course, "The Diagnosis and Therapy of Rare Neurologic Disorders (Part 1)," was dedicated to the general clinical approach to the diagnosis and care of RNDs. This session included lectures from three main experts in the area.

Helen Cross

The first presentation was made by **Prof. Helen Cross**, the Prince of Wales's Chair of Childhood Epilepsy and head of the Developmental Neuroscience Program at the University College London-Great Ormond Street Institute of Child Health. She is also an honorary consultant in pediatric neurology at the Great Ormond Street Hospital for Children NHS Foundation Trust in London and Young Epileps in Lingfield, U.K. She brilliantly covered aspects of rare genetic epilepsies, where understanding the pathogenetic mechanism was important to improving and personalizing therapies and consequently improving clinical outcomes.



Antonio Federico

Next, **Prof. Antonio Federico**, chair of the WFN Subspecialty Group on RNDs and emeritus professor at the University of Siena, discussed the common issues of years-long delays or misdiagnosis of RNDs that frequently stem from confusing them with more common neurologic disorders. In his presentation, "Rare Neurologic Disorders Mimicking a MS-like Phenotype," he reported on many cases with white matter changes that for a long time were considered multiple sclerosis but were

see **STUDIES** *page 4*

BOOK REVIEW

'My FIGHT With PD'

Author Blacker shares his story of living with Parkinson's disease.

BY PROF. TISSA WIJERATNE

In 2020, the World Federation of Neurology (WFN) launched World Brain Day with the theme of "Stop Parkinson's Disease." The first voice heard on the global webinar was that of Prof. David Blacker, who movingly shared his own story as a neurologist living with Parkinson's disease (PD). That video captured the attention of thousands of people worldwide, and his new book, "My FIGHT With PD," builds on that moment with honesty, science, and hope.

TISSA WIJERATNE

The book traces Blacker's journey from leading stroke neurologist to person with PD. He recounts the subtle early signs, the long road to diagnosis, and the challenge of balancing professional identity with the realities of illness. Written with clarity and humility, it provides both clinical insight and a deeply personal perspective rarely seen in medical literature.

Central to the narrative is the creation of FIGHT-PD (Feasibility of Instituting Graduated High-Intensity Training), a noncontact boxing program developed with former boxing champion Rai Fazio. Blending neuroscience, exercise science, and lived experience, this project shows how physical training can improve function and outlook for people with PD. Blacker's role as both researcher and participant gives the story unusual depth.

The latter sections reveal his resilience in facing COVID-19, eye surgery, depression, and prostate cancer, while continuing to advocate for exercise, patient support, and new research directions, such as the link between pesticides and PD. He also shares practical lessons about living with PD, offering encouragement to both patients and clinicians.

"My FIGHT With PD" is more than a memoir. It is an invitation to rethink how we support people with Parkinson's disease through science, community, and compassion. It echoes the goals of World Brain Day and the World Health Organization's Intersectoral Global Action Plan (IGAP): better care, more research, and stronger advocacy for brain health worldwide. I will soon be inviting you all to join a webinar on this book with him. Watch *World Neurology* for more information. •

Prof. Tissa Wijeratne is a WFN elected trustee and chair of World Brain Day.

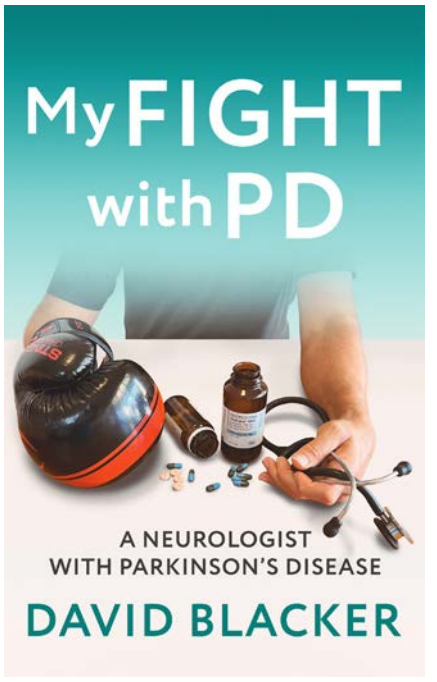


Photo courtesy of Leschenault Press and the Book Reality Experience.

STUDIES

continued from page 3

ultimately diagnosed as metachromatic leukodystrophy, Krabbe disease, CADASIL, and Leber's hereditary optic atrophy, among others.


Amadou Gallo Diop

Finally, rare causes and forms of vascular brain diseases were described by **Prof. Amadou Gallo Diop**, professor of medicine and neurology at the faculty of medicine at the University of Dakar in Senegal.


Maria Judit Molnar

In a separate teaching course, four additional experts also presented on RNDs. **Prof. Maria Judit Molnar**, is professor of neurology, psychiatry, clinical genetics, doctor of the Hungarian Academy of Sciences, and director of Semmelweis University's Institute of Genomic Medicine and Rare Disorders. She is also a member of the Committee of Orphan Medicinal Products of the European Medicines Agency and a recognized leading expert on the management of RNDs.

Prof. Molnar shared information on the new gene therapies for many RNDs that can change the clinical course for such patients.


Riadh Gouider

Prof. Riadh Gouider, professor of neurology and head of the department of neurology at Razi Hospital in Tunisia, reported his experience on Friedreich's ataxia and similar phenotypes. The Tunisian School of Neurology had a great role in differentiation of Friedreich's ataxia and other less common forms, such as vitamin E deficiency. The recent advances on treatment of Frederich's ataxia were also presented.


Kailash Bhatia

Next, rare causes of genetic extrapyramidal diseases were extensively described with case reports by **Prof. Kailash Bhatia**, a professor of clinical neurology in the Sobell Department of Movement Neuroscience at the University College London Queen Square Institute of Neurology, and an honorary consultant neurologist at the affiliated National Hospital for Neurology and Neurosurgery in London, U.K. Prof. Bathia is president-elect of the European Academy of Neurology.


Eva Feldman

A final lecture on how to improve diagnosis and therapies for RNDs in the world was presented by **Prof. Eva Feldman**, an American physician-scientist known for her work in the field of neurodegenerative diseases. She serves as the James W. Albers Distinguished University Professor at the University of Michigan and the Russell N. DeJong Professor of Neurology, professor of neurosurgery, and director of the NeuroNetwork for Emerging Therapies and ALS Center of Excellence at Michigan Medicine. Her presentation offered several recommendations for changing attitudes on orphan diseases.

Digital Technologies Workshop

The second activity organized by the Subspecialty Group on RNDs in Seoul was a focused workshop, "How Digital Technologies Are Improving Rare Neurologic Diseases Management." Emerging digital technologies are beginning to transform medicine and health care and could also improve the diagnosis and care of RNDs.

This workshop reviewed the possible use of these technologies in improving the knowledge of rare diseases. Additionally, there was a presentation of the consequent improvement of diagnostic skills through the use of an artificial intelligence (AI) electronic-based approach for identifying RNDs. This included several algorithms that have been used to recognize many neurodegenerative disorders, from genetic to neuroimaging to clinical big data collections.

Leveraging digitalization in health care — including electronic health records, telemedicine, and wearable devices — offers unprecedented opportunities for data collection and analysis. Big data analytics techniques enable the identification of patterns and biomarkers from large datasets, while AI and machine learning algorithms facilitate diagnosis, prediction, and personalized treatment strategies. Integrating drug development into this paradigm offers promising avenues for therapeutic innovation. By leveraging large-scale data analysis, AI-driven drug discovery platforms can accelerate the identification of potential drug targets and therapeutic compounds.

The session also brought attention to the problems of using these technologies in several areas of the world and to potential ethical issues.

Speakers in the workshop were Profs. Federico and Molnar, who also presented in the teaching course, and **Prof. Smail Daoudi**, head of the neurology department at Nedir Mohammed Teaching Hospital in Tizi Ouzou, Algeria.


Smail Daoudi

Prof. Daoudi described the situation in Africa and the necessity to have links with other more organized countries. Notably, this will be the focus of upcoming proposals of the Subspecialty Group on RNDs, which is establishing a partnership with the African Academy of Neurology (AFAN) to enhance the education of African neurologists on the diagnosis and care of RNDs.

Finally, we are preparing a review on the content of the main presentations related to RNDs to submit, on behalf of the Subspecialty Group on RNDs, to the *Journal of Neurological Sciences*. Our goal is to further stimulate the knowledge on these interesting areas of neurology, which we consider a touchstone for neurosciences and for general neurology. •

The Future of Pediatric Neurology

The 19th International Child Neurology Congress is scheduled for May 25-29 in Taipei, Taiwan.

BY PROF. PRATIBHA SINGHI

On behalf of the organizing committee, it is my pleasure to invite you to participate in the upcoming International Child Neurology Congress (ICNC) 2026. It promises to be an exciting and enlightening experience.


PRATIBHA SINGHI

The International Child Neurology Association's Scientific Committee has curated a program that seamlessly blends modern advancements with practical approaches in child neurology. Over the course of the conference, we will delve into cutting-edge topics, explore innovative treatment strategies, and share best practices in the field. Our distinguished speakers will share their expertise and provide valuable insights that will help shape the future of pediatric neurology.

We're excited to offer a dynamic range of activities, including state-of-the-art plenary lectures, thought-provoking debates, interactive symposia, engaging discussions, and opportunities for special interest groups focused on specific areas of pediatric neurology.

Test your knowledge with our quizzes and take advantage of our pre- and post-congress scientific workshops. These are designed to provide hands-on learning experiences and in-depth exploration of key topics such as neonatal neurology, neuromuscular diseases, and neurocritical care.

For our young members, this is not only an excellent learning opportunity, but also an opportunity to meet several international experts in person and build research collaborations. Our special Career Development Symposium is dedicated to our budding neurologists. Beyond the scientific content, I am sure you will enjoy Taiwanese hospitality and take some time to explore the local culture.

We're thrilled to have you join us on this journey. Register early, start packing your bags, and enjoy the academic feast where the West meets the East.

Registration is open now. •

Pratibha Singhi is head of pediatric neurology at Amrita Hospital in Faridabad, India, and is the president of the International Child Neurology Association.

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WORLD FEDERATION OF NEUROLOGY DIGITAL NEUROLOGY UPDATES (WNU 2026)

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Brain Health as a Driver of Global Prosperity

Conference highlights Africa's growing role in the global brain health landscape.

BY MORRIS FREEDMAN

The Davos Alzheimer's Collaborative (DAC) Brain House, in partnership with the Science for Africa Foundation, convened a landmark conference, Brain Health as a Driver of Global Prosperity: A G20 Call to Action, on Nov. 4, 2025, in Johannesburg, South Africa. I attended as a representative of the World Federation of Neurology (WFN), serving as a trustee and treasurer.

Livestreamed on CNBC Africa, the event brought together global leaders, scientists, policymakers, and advocates to reframe brain health not only as a medical priority, but also as a critical economic and societal investment — particularly for Africa and the broader Global South.

A major theme of the conference was Africa's growing role in the global brain health landscape. Although Alzheimer's disease and related dementias were once considered challenges primarily in high-income countries, recent projections reveal a striking shift. By 2050, nearly 70% of dementia cases are expected to occur in low- and middle-income countries, with Africa accounting for a significant share. The number of cases on the continent is projected to rise sharply, reaching an estimated 14 million by mid-century. That's roughly 12% of global dementia cases and up from around 3 million in 2019. This dramatic increase underscores the urgency of prioritizing brain health as a central component of Africa's public health and economic development strategies.

Fifi Peters, journalist and senior anchor at CNBC Africa, opened the session by underscoring the urgency of placing brain health at the center of global development dialogues. She was followed by George Vradenburg, founder and chair of the Davos Alzheimer's Collaborative, who issued a compelling call for governments to invest in human intelligence with the same intensity devoted to artificial intelligence (AI). He spoke about the concepts of brain capital and the brain economy.

Brain capital is a form of human capital that combines brain health with essential cognitive, emotional, and social skills. These include empathy, creativity, analytical thinking, and adaptability. The brain economy is an economic paradigm that positions brain capital as a core asset. This model is driven by advances in neuroscience and responds to the increasing demand for these skills in the modern workforce.[1, 2]

Brain health has long been a priority for the WFN. Over the past four years, the WFN has dedicated consecutive World Brain Day campaigns to brain health, with a focus on prevention, disability reduction, and the promotion of brain health across the life course. These global initiatives underscore the central role of brain health in overall well-being, productivity, and societal resilience.

Speaking at the conference, Mireille Wenger, provincial minister of health and wellness for South Africa's Western Cape, underscored brain health as a fundamental aspect of human dignity. She highlighted the necessity of health systems that safeguard both the mind and body to ensure social and economic thriving. Wenger emphasized the importance of Africa's role in conversations about global brain health, including research and policy, noting that the continent is beginning to age and must prepare for this demographic shift. She stressed that prevention must begin early — even before birth.

Reinforcing this, Dr. Holly Baines spoke about The First 1000 Days (1kD), a $45 million initiative uniting experts in life sciences, engineering, and computer science from universities, nonprofits, and the private sector to develop scalable methods for measuring and promoting healthy brain development in infants.

Dr. Tom Kariuki, CEO of the Science for Africa Foundation, highlighted the transformative potential of AI and digital innovation to advance mental wellness and early childhood development, particularly in low-resource settings. He emphasized that Africa's true wealth lies in the human minds of its people and argued that investments in brain health are investments in the continent's long-term prosperity.

The conference also featured an inspiring address by Hatim Eltayeb, CEO of the African Leadership Academy, which is dedicated to identifying, developing, and connecting a new generation of effective leaders across Africa.

Several panel sessions highlighted key themes in brain health. These included:

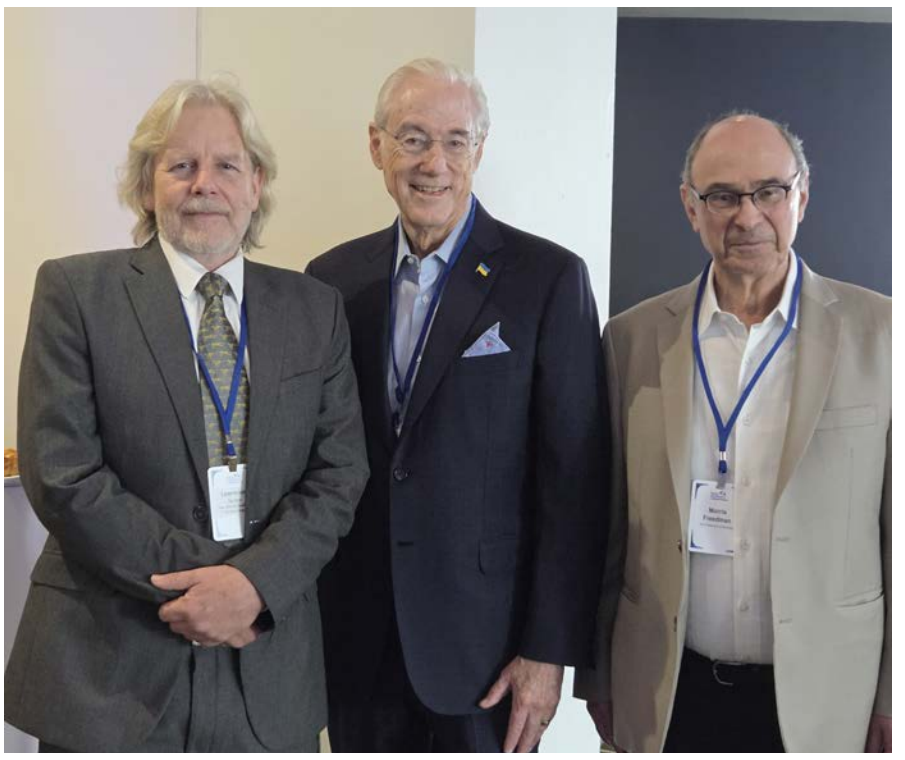
Brain Economy Around the World: Perspectives From the Global South (Moderator: Fifi Peters)

Panelists discussed how investing in brain health can catalyze economic development and resilience across the Global South. They shared perspectives from their regions and proposed scalable strategies for strengthening health systems while promoting inclusive economic growth.

The Economic Imperative of Brain Health (Moderator: Drew Holzapfel)

This session examined why brain health is a critical economic investment and how different stakeholders can prioritize it. Panelists highlighted the fact that brain health disorders — including mental health conditions, substance use disorders, and neurological diseases — impose a heavy economic burden, costing trillions in lost productivity. They emphasized that investing in brain health not only creates a healthier workforce but also stimulates innovation and strengthens economic resilience.

From left to right: Dr. Temitope Farombi, Atlantic Fellow for Equity in Brain Health, Trinity College, Dublin, and neurologist at University College Hospital in Ibadan, George Vradenburg, board chair of Davos Alzheimer's Collaborative, and Dr. Morris Freedman.



From left to right: Dr. Lawrence Tucker, president of AFAN, George Vradenburg, and Dr. Morris Freedman.

The 6x5 Plan: A Roadmap for Africa's Future (Moderator: Dr. Mie Rizig)[3]

A major highlight of the conference was DAC's 6x5 Plan, a five-year roadmap built around six pillars to advance early detection, timely care, data-driven systems, and equitable innovation to prevent Alzheimer's disease and improve brain health globally, particularly in the Global South.

The plan aligns with G20 priorities while addressing Africa's pressing health system needs. Speakers emphasized that investing in brain health translates to investments in education, workforce productivity, and national resilience, and that achieving these goals requires collaboration across sectors.

Brain Health as Co-Investment in Noncommunicable Diseases (NCDs) (Moderator: Dr. Chi Udeh-Momoh)

This panel explored brain health as an essential component of the NCD agenda. The discussion followed the life course, highlighting interventions at critical

see BRAIN HEALTH page 7

BRAIN HEALTH

continued from page 6

inflection points — from nutrition and socialization to education, cardiovascular health, and healthy aging. Panelists emphasized the need for a whole-of-life approach to build brain resilience, prevent cognitive decline, and co-invest in strategies that strengthen both brain health and broader health systems.

Innovation, Digital Health, and Artificial Intelligence for Brain Health (Moderator: Dr. Vaibhav Naryan)

I participated in this panel in which innovation, digital transformation, and artificial intelligence (AI) emerged as powerful enablers for brain health. Experts discussed how AI and digital health solutions could help Africa overcome traditional barriers to care with a focus on "Why Africa, why now?"

I emphasized that Africa is facing a rapidly growing prevalence of dementia, and we need to act now to be prepared. Although the solutions must be multipronged, virtual care is a key strategy to ensure equitable access to dementia care and prevention across the continent. Virtual care allows people to receive care wherever they are, without traveling to a hospital. It relies on widely available cell phones and internet connectivity, which remains a challenge in many areas but can and should become more accessible.

Dr. Temitope Farombi from Nigeria reported there are about 70 neurologists in Nigeria for 230 million people, with 60% of those aged 60 years and older living in rural areas. She underscored the potential of 800 million mobile phones in Africa to deliver scalable digital health services to individuals at higher risk of dementia.

Prof. Riadh Gouider from Tunisia, then WFN first vice president-elect, stressed virtual care and telemedicine's role in reducing health care disparities, especially for the large proportion of Africans living in rural areas. He emphasized that Africa must not "miss the train" on advances in AI and digital health, which are essential to the continent's future, particularly for brain health.

From left to right: Prof. Riadh Gouider, Dr. Temitope Farombi, George Vradenburg, Dr. Chi Udeh-Momoh, neuroscientist at Aga Khan University and Wake Forest University, Dr. Morris Freedman, and Dr. Lawrence Tucker.

I showcased the novel Virtual Behavioral Medicine (VBM) program, which was developed at Baycrest, in Toronto, Canada.[4] VBM is unique in the world and functions as a "virtual inpatient behavioral neurology unit" for management of patients with severe neuropsychiatric symptoms of dementia such as physical aggression.

The program has demonstrated a 60% reduction in need for admissions to specialized behavioral units in people living with dementia and behaviors such as aggression. Patients are assessed and managed virtually, remaining in their familiar community or long-term care environments rather than being transferred to emergency departments or acute care hospitals. The VBM model can be adapted and co-developed for Africa and other regions globally.

I also highlighted plans for development of an AI-driven chatbot for caregivers to provide 24/7, year-round support for caregivers of people with dementia in Africa. Discussions are underway to co-develop this AI chatbot in collaboration with experts in Nigeria, Tunisia, and Canada. Both VBM and the AI chatbot are cost-effective, adaptable, and suitable for Africa and other regions of the world.

Closing Conversation: The Path Forward (Moderator: Fifi Peters)

The conference concluded with a high-level discussion moderated by Fifi Peters, featuring George Vradenburg, Dr. Claudi Bassetti of the European Brain Council, and Kana Enomoto of the McKinsey Health Institute. Recommendations for advancing brain health included:

- Investing in dementia prevention
- Childhood nutrition and education
- Human intelligence
- Fostering public–private partnerships
- Supporting data-informed policy making
- Translating essential human health priorities into new economic and geopolitical strategies
- Promoting collaborations between artificial intelligence and humans

As George Vradenburg noted, the vision shared in Johannesburg is grounded in Africa's unique context and innovations. With sustained investment and collaboration, Africa could become a global leader in brain health. •

Morris Freedman, BSc, MD, FRCPC, is the treasurer of the World Federation of Neurology. He is also a professor of neurology in the Department of Medicine at the University of Toronto; and medical director of the Pamela and Paul Austin Centre for Neurology and Behavioral Support at Baycrest Health Sciences in Toronto, Canada.

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PRESIDENT'S COLUMN

continued from page 1

World Brain Day as an annual event highlighting brain health initiatives worldwide.

- **Publications.** WFN's official research journals include the *Journal of the Neurological Sciences, eNeurological Sciences*, and this publication, *World Neurology*.
- **WFN Specialty Groups.** These groups have fostered the establishment and nurturing of academic collaborations in the neurological community.

The WFN has a myriad of other longstanding and ongoing initiatives which, along with the above, will be discussed in future editions of *World Neurology*.

The WFN has also been critically and firmly involved in the overarching goal of promoting brain health worldwide, a concept that has grown exponentially and globally over the last few years and has been long ingrained in the WFN's motto.

WFN Organizational Structure

As a U.K.-registered charity, the WFN must remain compliant with U.K. charity laws in all the work performed as we undertake this important mission on behalf of our member societies. Responsibility for the WFN actions and initiatives, and adherence to U.K. charity laws, is shared by all WFN trustees. In addition to the president, these positions and trustees currently include the following new and continuing members:

- **First vice president:** Newly-elected Prof. Riadh Gouider brings years of dedication and experience as a WFN trustee to this position.
- **Treasurer:** Prof. Morris Friedman
- **Elected trustees:** Prof. Mohammed Wasay, Prof. Chandrashekhar Meshram, Prof. Tissa Wijeratne
- **Acting Secretary General:** Prof. Marianne de Visser, who was recently named by the trustees to this position, and completes the remaining year of my secretary general term. The trustees thank Prof. de Visser, a highly respected neurologist with years of experience with the WFN as a trustee and committee chair, for taking on this role, adding her expertise and insights to the team.

Prof. Riadh Gouider (left) and Prof. Steven Lewis at the World Congress of Neurology (WCN) 2025 in Seoul, South Korea soon after being elected first vice president and president of the WFN, respectively.

Prof. Alla Guekht delivering the WFN's formal statement on Jan. 27, 2026, at the 2026 U.N. Economic and Social Council (ECOSOC) Partnership Forum. The WFN was the only medical organization invited to give a plenary intervention. The intervention was prepared by Prof. Lewis, Prof. Guekht, and Dr. Ksenia Pochigaeva. Also, Dr. Pochigaeva delivered three statements from the WFN at the 158th Who Executive Board Session in February 2026.

A Little About Me

I've been a WFN trustee for over 11 years, most recently as the secretary general. My main responsibilities included overseeing the secretariat in London and overseeing compliance with U.K. charity laws.

With my career interest in education, I've chaired the WFN Education Committee and have helped hone and grow the many activities my predecessors shaped under their leadership. My non-WFN U.S.-based educational endeavors have included stints as chair of the organizations that certify neurologists and accredit residency and fellowship training programs in the U.S.

As a former and current editor-in-chief of several neurological journals/publications, I have enjoyed bringing high-level, evidence-based, contemporary neurologic education to a global audience.

As a general clinical neurologist, I'm privileged to be involved in recent global initiatives to advocate for the importance of general neurology as a viable clinical and academic career option. These initiatives include the EAN's General Neurology Task Force,[2] an endeavor rooted in the interest of improved global access to neurological care.

I also want to reiterate my sincere appreciation and acknowledgment to the WFN past presidents whom I have had the privilege of serving under within the WFN. These include, in order from earliest to most recent: Prof. Raad Shakir, Prof. William Carroll, and Prof. Wolfgang Grisold. All three individuals have served as role models exemplifying unique leadership skills and profound institutional knowledge and fairness. I have also had the pleasure of interacting with Prof. Vladimir Hachinski, the immediate predecessor of those I served directly under. I will not hesitate to consult with these four outstanding neurological leaders for their wise counsel and experience.

My Goals for the WFN

My immediate goals for the WFN include continuing to expand, with our trustees, upon the work of my predecessors with regard to global neurologic education and training (especially in under-resourced areas of the world), global advocacy endeavors — including with the WHO and the U.N. — and our many other ongoing and growing global activities.

I will work to ensure inclusivity, engagement, collaboration, and visibility of the WFN and the practice of neurology on the global stage. All these endeavors must be performed while maintaining careful fiduciary stewardship of the WFN's financial and human resources.

My vision is that each of our 126 member societies will be increasingly engaged with the federation and recognized for what each brings to the global table regarding neurology, neurological access, equitable and inclusive care, and commitment to brain health. The WFN can assist these member societies — small and large around the world — in communicating and collaborating to achieve synergies as we encounter the many issues confronting our field globally.

The trustees and I look forward to a highly collaborative relationship with each of the six regional organizations and their leaders. They are:

- Prof. Christopher Chen, AOAN
- Prof. Amina Gargouri, PAUNS
- Prof. Elena Moro, EAN
- Prof. Natalia Rost, AAN
- Prof. Lawrence Tucker, AFAN
- Prof. Renato Verdugo, PAFNS

We will work closely together as we fulfill our mutual missions, especially regarding access to the highest quality of neurology and neurological education and care globally, and advocacy and support of our remarkable profession worldwide.

The WFN also will enhance the communication and potential collaborations initiated by my predecessors with international subspecialty organizations; analogous world federations such as the World Psychiatric Association, the World Federation of Neurological Societies, and the International Child Neurology Association; patient organizations; disease-based organizations and others. We can work together as we encounter overlapping issues and learn best practices from each other.

Prof. Marianne de Visser was recently named acting secretary general of the WFN by the WFN trustees.

The WFN (with our 126 member societies) will also be a prominent and highly visible proponent and advocate of Brain Health on the global stage, creating programs and collaborating with the exponentially growing multi-stakeholder initiatives devoted to Brain Health worldwide.

The WFN Administrative Team

I want to call out our hardworking and always available executive team in our London-based secretariat, who are critical to these missions and goals. They are:

- Laura Druce, CEO

see **PRESIDENT'S COLUMN** *page 15*

HISTORY

Looking Back on Electroconvulsive Treatment

The history of ECT as psychiatrists and neurologists evaluated its use and effectiveness since the early 1900s.

BY PETER J. KOEHLER

Last year, I received an antique electroconvulsive treatment (ECT) device for placement in the museum of the Dutch **Trefpunt Medische Geschiedenis Nederland** [Meeting Point Medical History, the Netherlands]. It was probably produced in the 1950s by a Dutch company called Elther, likely a contraction of "electric therapy."

Looking at the small but heavy device, I wondered when and how neuropsychiatrists began working with it. What happened in the 1970s? Is it still used today? This article will examine the possible answers to those questions.

Shock Therapies

In previous issues, we covered several so-called somatic therapies applied by neuropsychiatrists, including **malaria fever therapy** and **insulin coma therapy** (**ICT**). Both of these therapies were introduced in the 1920s, but there were more to come.

Medical historian Edward Shorter mentions them in his book, "A Short History of Psychiatry." Sleep therapy was among the first somatic therapies, and it was soon followed by various shock and coma treatments, and then lobotomy.[1] ICT had been introduced by Austrian Manfred Sakel (1900-1957) soon after the discovery of insulin in 1922. He published a monograph in 1934.[2,3]

About that time, another shock therapy was introduced by the Hungarian neuropathologist and neuropsychiatrist Ladislas Meduna (1896-1964), who worked at the Brain Research Institute in Budapest, which was founded by Károly Schaffer (1864-1939). It was a chemically induced shock therapy. It used Metrazol/Cardiazol (pentylenetetrazol), which produced convulsions without coma.

Both types of shock therapies, insulin and Metrazol, soon disappeared and were replaced by ECT. In the meantime, the first publications on prefrontal leucotomy by António Egas Moniz (1874-1955) appeared in 1936.[4]

Prototype of the Cerletti-Bini electroshock device (©Museo di Storia della Medicina della Sapienza, Rome).

Electrotherapy of the Central Nervous System

Today, when talking about the use of electricity in the treatment of conditions affecting the central nervous system, most neurologists will think of deep brain stimulation (DBS) for Parkinson's disease. Its history was discussed in the article, **Brain Stimulation for Psychiatric Indications Preceded Movement Disorders**, in the May/June 2016 issue of *World Neurology*.

Electricity, however, has been applied as therapeutic option for several centuries. It had been applied for paralysis[5] and headache[6], but also for migraine. Elizabeth Garrett Anderson (1836-1917), England's first female physician, advised it in her doctoral thesis, *Sur la Migraine*.[7,8] Conditions that today we would call functional neurological disorders were also treated by electrotherapy.[9]

In psychiatry, cranial electrotherapy was already applied for melancholy in the 18th century. (**Franklin and Ingenhousz on Cranial Electrotherapy**, *World Neurology*, March 2016.) In the late 19th century, however, the German neuropsychiatrist Paul Julius Möbius (1853-1907) pioneered the idea that curative effects of electrotherapy, in which he also wrote about its peripheral use, were based on suggestion.[10]

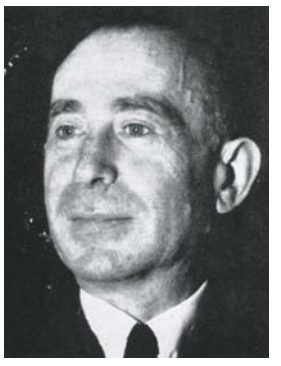
Convulsions Elicited by Electricity

If you have the opportunity to visit Rome, you might want to include a tour of the *Museo di Storia della Medicina della Sapienza* at the University of Rome. There you will find the Cerletti-Bini device for ECT. The Italian neuropsychiatrist Ugo Cerletti (1867-1963) and his student Lucio Bini (1908-1964) introduced ECT in 1938.

Cerletti had studied under neurologist Giovanni Mingazzini (1859-1929), whom we know from the Mingazzini test,[11] and worked with Nobel Laureate Camillo Golgi (1843-1926).[12] As a medical student, Cerletti also worked with Franz Nissl (1860-1919) in Heidelberg and as a postgraduate student with Emil Kraepelin (1856-1926) in Munich.

During his research on epilepsy in Genoa, where he had become director of the Neuropsychiatric Clinic in the early 1930s, Cerletti applied electricity to dogs to elicit seizures. After moving to Rome in 1935, he and his residents compared insulin coma, Metrazol shock, and electric shock, continuing his Genoa research.

Electric shock apparatus with control panel, built in the Netherlands, probably in the 1950s (9 kg, dimensions 21x23x36 cm).

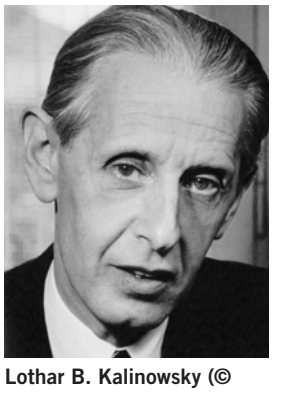


Manfred Sakel (© National Library of Medicine).

Ladislav Meduna (public domain).

Elizabeth Garrett Anderson (1836-1917) (© Wellcome Collection).

Ugo Cerletti (public domain).



Lothar B. Kalinowsky (© University Hospital Charité, Berlin).

Bini showed that electricity delivered on a dog's temples was safe. He also experimented on pigs in a slaughterhouse and found that there was a wide margin between lethal and convulsive doses. After some hesitation, Cerletti and his residents began applying it to patients. Following several unsuccessful previous attempts, they were able to induce an epileptic seizure in a schizophrenic patient with good results, at least temporarily with respect to his psychotic episodes.[13,1] Although side effects were observed, including muscle tears, jaw luxation, vertebral fractures, and memory loss, they decreased with the use of muscle relaxants and the use of shorter current pulses.[14]

Diffusion From Italy: Forced Emigration

Interestingly, the spread of pharmacological shock (insulin and Metrazol) and electroshock therapies was accompanied by the forced emigration of Jewish physicians and scientists by National Socialism.[15] Sakel left Vienna to go to New York in 1936; Meduna left Budapest and emigrated to Chicago in 1939.

Neurologist Lothar B. Kalinowsky (1899-1992), working at Charité hospital in Berlin, had to leave Berlin and went to Rome, where he got an unpaid job at Cerletti's clinic to study ECT (1935).[16] He was able to provide some income through a partnership in Bini's patents. However, when the Pact of Friendship and Alliance (Pact of Steel) between Nazi Germany and Fascist Italy was signed in 1939,

see **HISTORY** *page 10*

HISTORY

continued from page 9

Kalinowsky also had to leave Rome. Via France, the Netherlands, and England, he finally arrived in New York. Along the way, he presented his experience to colleagues.

In the Netherlands, for example, he helped introduce ECT to neuropsychiatrist Johannes Barnhoorn (1899-1975), who wrote: "Through his kind mediation, on behalf of Prof. Bini, I received from the Arcioni company in Milan full details of the equipment, while Prof. Cerletti requested one of his assistants, who happened to be in our country, to provide me with all the information I required. The latter, Dr. Kalinowski [sic], informed us of various technical details and of the results achieved up to that time."

Kalinowsky told Barnhoorn that approximately 1,500 ECT procedures had been performed in Rome without complications. Even one year after treatment, no adverse effects had been observed. Pathological examination of dogs treated with ECT had shown no microscopic changes.

Barnhoorn started with ECT in July 1939 and reported on 23 patients in January 1940. "The therapeutic results cannot yet be judged of," he wrote. However, he was able to mention a number of advantages above pharmacologic convulsion treatment. "Apparently the method is innocuous."[15,17] Kalinowsky presented his experiences in January 1940 at a meeting of the Royal Society of Medicine in London. He later moved to Columbia University in New York.

ECT in the Antipsychiatry Period

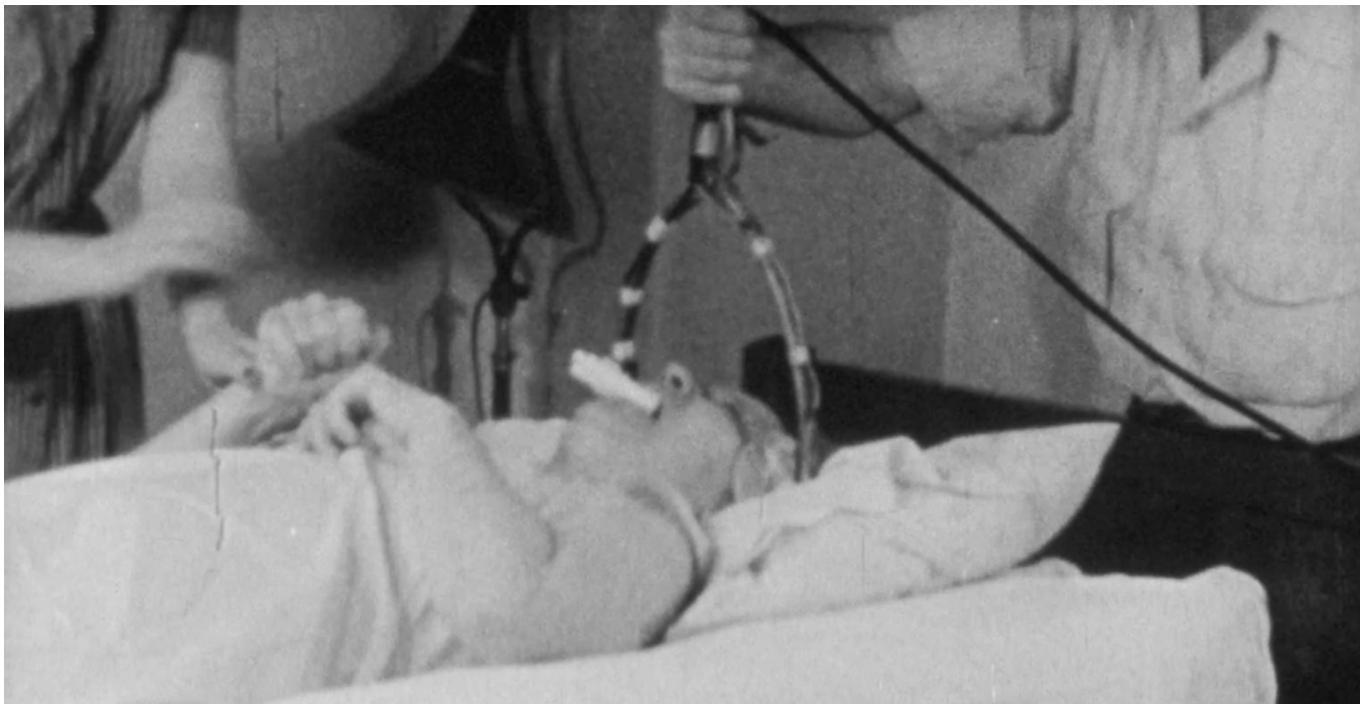
The term "antipsychiatry" usually refers to a movement in the 1960s and 1970s in which there was both professional and public criticism of psychiatric diagnoses and treatments. It was part of a broader social protest against forms of authority that threatened individual development. Although it also began after the introduction of antipsychotics in the 1950s, it led to continued deinstitutionalization of patients.

The 1960s saw the publication of several books that had a significant impact on the academic and public imagination of psychiatry. These include:

- "The Divided Self" by British psychiatrist Ronald D. Laing (1927-1989)
- "Madness and Civilization" by French philosopher Michel Foucault (1926-1984)
- "The Myth of Mental Illness" by the Hungarian Thomas Szasz (1920-2012)
- "Asylums" by Canadian sociologist Erving Goffman (1922-1982)

Perhaps the most important book was the novel "One Flew Over the Cuckoo's Nest" by the American author Ken Kesey (1935-2001). It was made into a movie directed by Miloš Forman (1932-2018) in 1975, with Jack Nicholson playing the role of antihero Randle P. McMurphy. The movie won five Oscars.[1] Although the film was released 50 years ago, a digital reissue appeared more recently, receiving a positive critical response: "A thrilling acting duel, a great ensemble: As an actors' film, 'One Flew Over the Cuckoo's Nest' remains a timeless masterpiece."[18]

The antipsychiatry movement had a significant effect that led to a temporary decrease in ECT. "The antipsychiatrists charged that ECT damaged the brain, that it was used as a form of discipline rather than therapy, and that it was therapeutically useless in any event."[1] Indeed, in the film mentioned above, ECT is portrayed as a punishment for deviant behavior. The protest by lay groups against the use of ECT led to legislation in some U.S. states. In California, for instance, it was practically banned in 1974. In the Netherlands, the public commotion about ECT led to Parliamentary questions in the late 1970s about the abolition of treatment.[14]



Film still showing ECT application in the early 1900s. The full films are: Convulsive Shock Therapy in Affective Psychoses: Digital Collections, National Library of Medicine. Recent Modifications of Convulsive Shock Therapy: Digital Collections, National Library of Medicine.

Rehabilitation of ECT in the 1980s

A committee set up by the Dutch Health Council in 1983 concluded that ECT should be maintained. The committee ruled it was a safe and effective treatment, but it should only be used as an ultimum refugium in cases of severe depression or severe catatonia.[14] Likewise, the British Royal College of Psychiatrists published guidelines concluding that ECT was an effective treatment for endogenous depression.[19]

One of the advocates of rehabilitation of ECT in the U.S. was neuropsychiatrist Max Fink (1923-2025) who believed in the superiority of this treatment over antidepressants. The American Psychiatric Association reported in favor of the use of ECT in 1990.[1]

In 2018, the U.S. Food and Drug Administration (FDA) considered all of the scientific data, along with more than 3,400 submissions and concluded that ECT is "safe and effective." Moreover, they said that further trials were not needed to confirm this for patients with severe depression and catatonia.

A recent article concluded: "It is astonishing that, after more than 80 years, no other treatment for depression has been developed that is the equivalent of ECT" and that "the precise mechanism of ECT is not yet fully unraveled."[20]

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The 15th Regional Training Course for Sub-Saharan Africa

Interactive lectures and skills development highlight brain health training course in Africa.

BY DR. YOUSEF PATEL

The 15th European Academy of Neurology-African Federation of Neurology (EAN-AFAN) Regional Training Course for Sub-Saharan Africa was held Nov. 27-29, 2025, in Windhoek, Namibia. The Regional Training Courses are academic initiatives organized under the auspices of the AFAN and the EAN (and other supporting global neurological associations such as the World Federation of Neurology (WFN), Movement Disorder Society, International League Against Epilepsy, American Academy of Neurology (AAN), and others). The courses are aimed at strengthening neurology residency training across the continent.

The program facilitates interactive, high-quality lectures presented by leading regional and global experts on critical and contemporary topics in neurology. It also provides structured opportunities for practical skills development, particularly within the domains of neuroelectrophysiology, stroke medicine, and neurogenetics.

This year's Regional Training Course was hosted by the University of Namibia at the Hage Geingob Medical Campus. The program attracted over 100 neurology residents from more than 15 African countries, underscoring its extensive regional reach and fostering a strong spirit of continental collaboration. The teaching faculty comprised a distinguished cohort of local, regional, and international neurologists and academic leaders.

The meeting was further enriched by the presence of senior representatives from global neurological organizations, including Prof. Paul Boon, past-president of the EAN, Prof. Lawrence Tucker, president of the AFAN, and Prof. Steven Lewis, then president-elect of the WFN. The Peter Nyarango Auditorium offered a well-equipped and conducive environment for high-quality scientific discourse, facilitating meaningful interaction between trainees, faculty members, and senior neurologists.

The overarching theme of the course, "Neurology Without Borders," underscored the principle that the advancement of brain health in Africa represents a shared continental imperative. This challenge cannot be isolated within, nor compartmentalized across, individual nation states. And it should not be divorced from global experiences, research endeavors, and international perspectives.

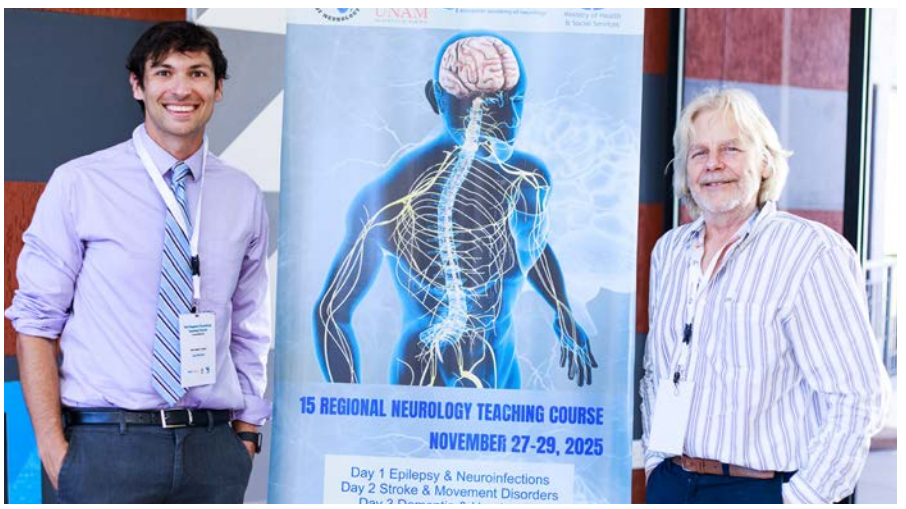
South African neurology registrar participants.

Africa must assume a meaningful and confident role in contributing to global neurological research and innovation. The region must also lead efforts to address the substantial and complex barriers to brain health on the continent — challenges that are further compounded by economic inequality, food insecurity, political instability, and resource limitations.

A central strategy to achieving this vision, and one prioritized by the Regional Training Course, is the deliberate cultivation and consolidation of robust regional networks. These networks bring together neurology trainees, early career neurologists, senior clinicians, and academics who have been instrumental in pioneering and advancing the field of neurology across Africa.

see **REGIONAL TRAINING** *page 12*


Prof. Paul Boon (EAN) presenting a talk on epilepsy.



From left to right: Prof. Jeremy Tanner (AAN) and Prof. Lawrence Tucker (AFAN).


From left to right: Prof. Paul Boon (EAN), Dr. Ahmed Tidjani (neurology resident from Cameroon), and Prof. Osheik Seidi (AFAN).

Neurology resident participants from Africa.


Attendees and faculty at the 15th Regional Training Course for Sub-Saharan Africa.

REGIONAL TRAINING

continued from page 11

The program incorporated a broad range of subthemes. These included:

- Epilepsy
- Neuroinfectious diseases
- Neurological emergencies
- Stroke and movement disorders
- Pediatric neurology
- Dementia
- Headache disorders
- Brain health in Africa

The lectures were delivered by an accomplished and dynamic faculty, the majority of whom were neurologists actively practicing within the African context. Beyond the delivery of core clinical knowledge, speakers deliberately contextualized their presentations by highlighting the real-world challenges and constraints inherent to neurological practice across the continent. Guest lecturers from Europe and North America — including Prof. Boon, Prof. Jeremy Tanner, and Prof. Lewis — further enriched the program by sharing global perspectives, specialized expertise, and international experiences with both trainees and faculty members.

In addition to formal didactic sessions, the course featured interactive case presentations and hands-on practical workshops conducted over the three-day program. The case presentation sessions provided a valuable platform for trainees to present clinically challenging and instructive cases, while senior clinicians facilitated discussion and imparted structured clinical reasoning and diagnostic approaches.

The workshop tracks encompassed electroencephalography (EEG) interpretation, nerve conduction studies and electromyography, acute stroke assessment and management, and neurogenetics in Africa. Collectively, these workshops afforded trainees meaningful opportunities to acquire and refine essential practical skills within key subdomains of contemporary neurological practice.

One of the central messages, and most urgent calls to action, emphasized throughout the program was the responsibility of trainees and early-career neurologists to actively commit to advancing and leading brain health initiatives across Africa. Senior academics and faculty members underscored the dynamic and evolving challenges confronting the continent. They highlighted the imperative for the next generation of neurologists to assume leadership roles in the future through collaboration, innovation, and the purposeful strengthening of existing networks and projects.

Trainees were repeatedly reminded that a core objective of the program was to foster meaningful professional connections with peers and faculty, thereby facilitating the development of sustainable collaborative and mentorship relationships. The program was deliberately structured to promote both formal and informal engagement among participants. Senior trainees shared practical insights and experiential guidance regarding final board examinations with colleagues preparing for their exit assessments. These peer-to-peer interactions were regarded as exceptionally valuable, given that preparation for final qualifying examinations represents a significant and universal concern among neurology trainees.

The program was carefully designed to maintain a deliberate equilibrium between didactic instruction, practical skills development, and the cultivation of professional relationships. Dedicated time was allocated following each session to enable participants to engage in substantive dialogue, pose critical questions, and offer reflective feedback to the teaching faculty. Senior lecturers consistently assumed an active mentorship role, providing sustained motivation, encouragement, and intellectual inspiration to trainees throughout the course.

Prof. Seidi Osheik ensured that participants were repeatedly reminded of their professional, medical, and scientific responsibility to advance brain health across Africa. Drawing on personal reflections and professional experiences from his distinguished career, he illustrated pathways through which neurologists may evolve as clinicians and scholars while making meaningful contributions via public health initiatives and institutional capacity building.

The often-underemphasized domain of ethics within neurological practice was highlighted on multiple occasions by Prof. Tucker. He reinforced the fundamental principle that neurology, like all medical and scientific disciplines, must be firmly grounded in robust ethical frameworks that guide both clinical decision-making and research endeavors.

Dr. Osheik Seidi (left) receives a certificate of appreciation from Prof. Lawrence Tucker and Prof. Steven Lewis.

The 15th Regional Training Course represented a valuable and transformative opportunity for senior trainees and early career neurologists to broaden their academic and professional horizons through a combination of theoretical instruction, skills acquisition, and purposeful networking.

Participants were also exposed to the realities of brain health in Africa. These include the substantial challenges faced by the continent within an increasingly complex and unpredictable global landscape, as well as the innovative solutions currently being pursued by regional and international stakeholders. Such pedagogical initiatives constitute strategic investments in human capital and are poised to yield enduring benefits for the African continent.

The responsibility now rests with the participants to translate the knowledge, skills, and networks acquired through the program into sustained action, thereby committing to the continued advancement of brain health in Africa.

Special thanks to the EAN, AFAN, and the other supporting global and regional neurological organizations. •

Dr. Yousuf Patel is a third-year neurology registrar training at the University of Stellenbosch/Tygerberg Hospital Complex in Cape Town, South Africa.

Prof. Steven Lewis (left) shares the stage with Prof. Lawrence Tucker during a practical session on clinical neurological examination.

Neurology residents listen to a lecture at the Regional Training Course.

Attendees participate in an examination as part of a practical clinical neurophysiology session.

WFN TRAINING CENTER REPORT

A Year of Learning in Cairo

Training, conferences, and presentations help generate a deeper understanding of neurology.

BY ABA CISSÉ, MD

I would like to extend my appreciation to the World Federation of Neurology (WFN) and the Association of British Neurologists (ABN) for the one-year neurology training opportunity in Cairo. Having Egypt as the destination of my first scientific trip was amazing.


ABA CISSÉ

My journey in this country, rich with stories and knowledge, started in September 2024. I was welcomed by Prof. Ahmed Abdelalim, who introduced me to the department and staff members. The training began as soon as my registration was done. The warm welcome I received made me feel right at home.

Training, conferences, and the teaching process

My first three-month shift started in the stroke and cerebrovascular unit and was led by Prof. Abdelalim. This department is divided into an Intensive Care Unit (ICU) and an Intermediate Care Unit. Vascular emergency cases that may require thrombolysis are first received in the hyperacute stroke room. Depending on the clinical condition, the patient is then transferred either to the ICU for closer monitoring, or to the intermediate care unit for further investigations if the patient is stable.

Finally, the patient then undergoes standard hospitalization before being discharged. The time I spent in this unit allowed me to learn more about thrombolysis and the management of stroke patients during the acute stage, based on the latest clinical practice guidelines.

My next three-month rotation was in the multiple sclerosis (MS) unit, where I saw a large number of patients in outpatient consultations. This experience helped me better understand MS and increased my confidence using the **2024 McDonald Diagnostic Criteria** for MS diagnosis. I have learned a multidimensional approach for many different profiles of MS.

I then spent three months in the clinical neurophysiology unit. There, I learned the methodical approach for managing a large number of patients. I have a better understanding of electrophysiological explorations and the techniques used for EEG recording and interpretation.

Finally, I was stationed in the epilepsy unit. I participated in a follow-up that integrated the clinical, electrophysiological, and therapeutic aspects of epileptic patients. We learned how to choose properly and to adjust anti-seizure medications according to the patient profiles.

Throughout my stay, I learned about neurosonology, specifically transcranial and carotid duplex, with Prof. Sandra Ahmed. She guided my first steps in this field until I was able to perform vascular screenings by myself. She was a great inspiration, and I would like to further develop my skills in neurosonology and implement it in my country.

Throughout the year, we participated in neurology residency teaching courses, including the grand rounds clinical case discussions every Monday. We had the opportunity to attend about 11 international conferences and many workshops. In the process, we met numerous well-known international speakers in neurology and heard about the great work they are doing around the world. They motivated us to move forward and keep looking for what can be done.

Challenges

We faced a number of difficulties in this adventure, such as the registration process and the language barrier with patients who speak in Arabic. With assistance from colleagues, professors, friends, WFN office members, and by the mercy of God, we overcame them.

Awards

I received two recognitions during my time at the Training Center. They were:

- Third best presentation at the Fourth International Egyptian Headache Conference (**Egy-Headache 2025**)
- Second best presentation at the 16th Annual Conference of the Neurology and Clinical Neurophysiology Department at Cairo University (**Cairo Neuro**).

Conclusion

This year in Cairo was intensive, interactive, and helped me understand the dynamic waves of the subsocieties within neurology and how huge they are. All young neurologists should undergo this kind of immersion. It could guide you in the future, so you will better know how to surf those waves without being submerged.

Acknowledgments

Thanks to everyone who made it possible and supported me psychologically, physically, and financially. First and foremost, to the WFN, the ABN, and Cairo University.

To all the professors of the neurology departments of Kasr Al-Ainy Hospital: Ahmed Abdelalim, Adel Hassanein, Sandra Ahmed, Amr Hassan, Nermeen Kishk, Foad Abd-Allah, Reham Shamloul, Mona Nada, Hala Elhabashy, Ehab Shaker, Haytham Rizk, Shaymaa Shaaban.

Special thanks to Prof. Geraldine Ahmed, dean of the faculty of dentistry at Cairo University for her kindness.

To my colleagues, specifically Dr. Khaled Moghazy, Dr. Samar, Dr. Nourhan, Dr. Mahmoud Abouzeina, Dr. Antar, Dr. Hisham, Dr. Anas Elgenedy, Dr. Oumar Yacoub, Dr. Ahmed, Dr. Mohamed, Dr. Engy, Dr. Amani, Dr. Wefa'a, Dr. Sahar, and all other residents and staff members.

To my brother, friend, and roommate Dr. Mamadou Khaira Bah, thank you for your presence and your support during this time.

To my friends and students from Mali studying in Cairo. To my professors in Mali, who provided me the initial training. To my entire family, especially my wife, for her patience and support.

Thanks to God for making it a safe journey. •

Table 1: Conferences attended during the author's year of neurology training.

DATE	CONFERENCE	LOCATION
Nov. 13, 2024	Stroke and neurosonology workshops at the Seventh International Egyptian Stroke Conference	Kasr Al-Ainy Conference Center
Nov. 14-15, 2024	Seventh International Egyptian Stroke Conference	Hilton Heliopolis Hotel, Cairo
Nov. 27, 2024	Migraine Experience-Based Learning Program	Kasr Al-Ainy Faculty, Cairo University
Jan. 16-17, 2025	Sixth Epilepsy Educational Course	Sheraton Cairo Hotel, Cairo
Jan. 24-25, 2025	EEG Symposium	Kasr Al-Ainy Faculty, Cairo University
Feb. 5, 2025	Stroke workshop of the 26th Cairo Neurology Conference	International City Stars Hotel, Cairo
Feb. 6-7, 2025	26th Cairo Neurology Conference	International City Stars Hotel, Cairo
Feb. 8-9, 2025	Second Egyptian Mega Epilepsy Event (EME)	Tolip Golden Plaza Hotel, Cairo
May 26-27, 2025	Epilepsy, headache, and MS workshops of the Kasr Al-Ainy Faculty Annual Scientific Conference	Kasr Al-Ainy Faculty, Cairo University
May 28, 2025	Kasr Al-Ainy Faculty Annual Scientific Conference	Kasr Al-Ainy Faculty, Cairo University
May 29-30, 2025	The Egyptian MS Summit	International City Stars Hotel, Cairo
June 19-20, 2025	Speaker at the Fourth International Egyptian Headache Congress	Hilton Grand Nile Hotel
July 9, 2025	Epilepsy and stroke workshops at the 16th Annual Conference of the Neurology and Clinical Neurophysiology Department at Cairo University (Cairo Neuro)	Sheraton Cairo Hotel, Cairo
July 10-11, 2025	Speaker at the Annual Conference of the Neurology and Clinical Neurophysiology Department at Cairo University (Cairo Neuro)	Sheraton Cairo Hotel, Cairo
Aug. 8, 2025	Presentation Skill: Present-Up, Own the Stage	Princess Fatma Academy, Cairo

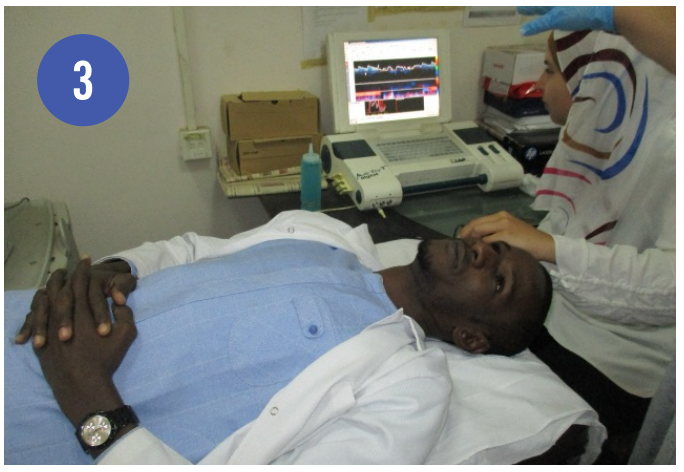
Welcome picture at the stroke and cerebrovascular unit. From left to right: The nurse's team, Dr. Aba Cissé, Prof. Ahmed Abdelalim, Dr. Khaled Moghazy, Dr. Samar, and Dr. Reham Shamloul.

Aba Cissé, MD, is a young neurologist from Mali who served as a one-year WFN Fellow from September 2025 to August 2025 at Cairo University, Kasr Al-Ainy Hospital.

FOR MORE PHOTOS FROM THE TRAINING, SEE THE NEXT PAGE.

REPORT PHOTOS

1. Neurology residents at Kasr Al-Ainy and Prof. Foad Abdallah (center), after a Thursday round in the Intermediate Care Unit.
2. Headache case scenarios simulation and teaching at Monday's grand round.
3. Assistant Prof. Dr. Nourhan Mohamed performs a cerebral velocity study session on a patient using transcranial Doppler.
4. A training session on transcranial and carotid duplex during a Monday grand round conducted by Prof. Sandra Ahmed (center) and assisted by Dr. Nourhan Mohamed (left).
5. From left to right: Assistant Prof. Dr. Nourhan Ahmed, Dr. Aba Cissé, and Prof. Anita Arsovisca (North Macedonia), during the Seventh International Egyptian Stroke Conference at Hilton Heliopolis Hotel in Cairo.
6. From left to right: Prof. Riadh Gouider, Prof. Sandra Ahmed, (Tunisia), Dr. Aba Cissé, and Prof. Ahmed Abdelalim at the Seventh International Egyptian Stroke Conference at the Hilton Heliopolis Hotel in Cairo.
7. Dr. Aba Cissé (second from right) meeting Prof. Sheila Martins (World Stroke Organization's immediate past president) and her committee during the visit for accreditation of the Kasr Al-Ainy Stroke and Cerebrovascular Unit.
8. Stroke case simulation training presented by Prof. Ahmed Abdelalim during stroke workshops at the 16th Annual Conference of the Neurology and Clinical Neurophysiology Department at Cairo University (Cairo Neuro).
9. Dr. Aba Cissé giving a presentation at the Fourth International Egyptian Headache Conference, Egy-Headache 2025, at the Hilton Grand Nile Hotel in Cairo.
10. Dr. Aba Cissé (second from right) receives the third best presentation from Dr. Mona Nada at the Fourth International Egyptian Headache Conference at the Hilton Grand Nile Hotel in Cairo.
11. Closing ceremony of the Sixth Epilepsy Educational Course at the Sheraton Hotel in Cairo.
12. Dr. Aba Cisse (second from left) and the other award winners a tthe 16th Annual Conference of the Neurology and Clinical Neurophysiology Department at Cairo University (Cairo Neuro).



STUDIES

continued from page 1

and accelerating the path from bedside insight to bedside intervention.

The digital era has given case reports unprecedented visibility, transforming them from isolated anecdotes into globally accessible clinical resources. Open-access publishing ensures that rare and novel cases, such as paraneoplastic syndromes linked to unusual antibodies, can be consulted by physicians anywhere without subscription barriers. AI and natural language processing further accelerate this accessibility, enabling even the most specific observations to surface instantly in searches and databases.

Beyond access, curated metadata and electronic case reporting systems enhance interoperability, creating structured knowledge that informs both bedside care and population-level surveillance. This democratization of information ensures no clinical insight is ever too small to spark discovery or therapeutic innovation.

For practicing neurologists, case reports serve as direct bridges from literature to bedside, offering insights that randomized trials often fail to capture. They illuminate atypical trajectories of common diseases, highlight red flags in complex diagnostic puzzles, and showcase therapeutic strategies tested in real-world contexts. A single report of an unusual drug reaction or a multidisciplinary approach to refractory neuropsychiatric symptoms can alter daily practice far more rapidly than large-scale studies.

By mirroring the heterogeneity and unpredictability of clinical reality, case reports provide neurologists with immediate, pragmatic guidance. They also nurture hypothesis generation, fostering innovation where evidence is scarce and ensuring that patient-centered problem solving remains central to neurological care.

Bibliometric analyses reveal that case reports are no longer peripheral but increasingly cited across reviews, guidelines, and even meta-analyses, reflecting a cultural and technological shift in their perceived value. In neurology, citation growth is particularly striking in rare disease, neuroimmunology, and neuroinfectious disease, where single observations often carry outsized weight.

Open-access platforms and powerful indexing tools ensure that a report on, for example, an unusual antibody-mediated encephalitis can rapidly inform both clinical reasoning and research agendas. Case-based reviews further amplify this trend, transforming individual narratives into collective evidence streams that directly shape diagnostic frameworks and therapeutic strategies in complex neurological care.

A well-crafted case report can transform a single patient's story into a driver of global clinical progress. In neurology, documenting rare syndromes or unexpected therapeutic responses provides immediate lessons while shaping broader frameworks for diagnosis and care. These small stories catalyze recognition, spark innovation, and enable knowledge to cross borders, ultimately improving outcomes for patients everywhere. •

Disclosure: *This article has been previously published in the Danube Neurology Newsletter and is republished here with permission.*

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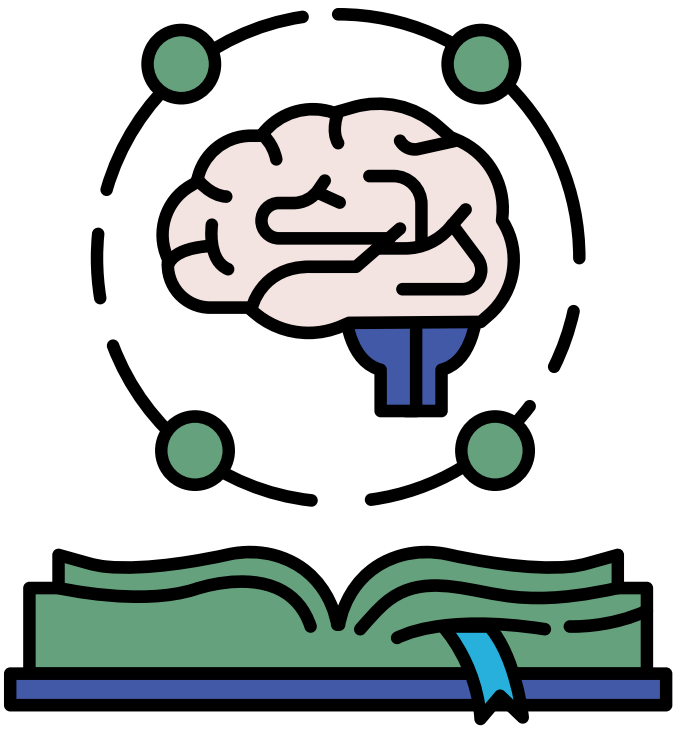

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PRESIDENT'S COLUMN

continued from page 8

- Jade Levy, project manager
- Carlos Hunte, administrative assistant
- Chiu Keung Man, IT consultant

Each of these outstanding individuals is committed to the organization. Their expertise, support, availability (especially given the multiple time zones), and professionalism are especially beneficial to me, the trustees, our member societies, and the success of our complex initiatives.

Upcoming WFN Activities

In the spirit of equity and access and the WFN's overarching mission, I am pleased to introduce the theme of World Brain Day 2026 (chaired by Prof. Tissa Wijeratne and co-Chaired by Prof. David Dodick). Continuing the recent years' themes of Brain Health, the World Brain Day theme of 2026 will be: "Brain Health and Access for All." This theme will highlight and champion "access" in all respects, such as access to overall neurologic care, essential medications, and access to training.

Mark your calendars for Oct. 28-29 for the **World Federation of Neurology Digital Update Course** and the World Congress of Neurology (WCN) in October 2027 to be held in Cape Town, South Africa.

Finally, please see **Nominate Candidates for WFN Secretary, Attorney General**, on page 2 of this issue for the call for nominations for elected trustee and secretary general.

In closing, I want to thank the WFN's Council of Delegates for its support and confidence in electing me to this position in such an exciting time in neurologic care and clinically meaningful preventative, diagnostic, and therapeutic discoveries that can have a profound global impact. I look forward to working with all member societies in our mutual goals of enhancing neurologic care and access and training globally and equitably. •

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