

WORLD NEUROLOGY

THE NEWSLETTER OF THE WORLD FEDERATION OF NEUROLOGY

VOLUME 21, NUMBER 3, SEPTEMBER 2006



Destination Thailand: XIXth World Congress of Neurology, 2009, Bangkok

WFN is Recruiting for the Position of Editor of World Neurology

World Neurology is the quarterly publication of the World Federation of Neurology and active recruitment for a new Editor of *World Neurology* is now in progress. Dr. Jagjit Chopra has served with distinction as Editor for the past seven years and his successor will assume the editorship at a time to be negotiated. A new tabloid format with improved scientific content is currently in preparation.

World Neurology provides a vital link for all neurologists world-wide in providing current news of the activities of the World Federation of Neurology and the quadrennial World Congress of Neurology. It provides important information about the educational and scientific programs of national neurological societies and the individual achievements of neurologists. The future objectives of *World Neurology* will emphasize new and emerging clinical and basic neuroscientific reports in the neurological literature and will review and highlight the major lectures and research presentations at recent neurological meetings world-wide. A major

publishing company will be the publisher and will provide professional writers and broad editorial support to the new Editor and the Editorial Board. The new Editor will have the primary responsibility to select the editorial and scientific content of *World Neurology* and guide the professional editorial staff in selecting topics from the literature and neurological meetings that will create a lively and well-balanced publication of interest to the clinical neurologist and physician-neuroscientist. Editorial independence will be assured and editorials written by the Editor or by invitees of the Editor will be the sole decision of the Editor. The final decision of editorial content will reside with the Editor.

Interested persons should forward their Curriculum vitae and the names and contact information of two references. The applicant should provide a cover letter reviewing his/her experience in publishing and editing. Information should be sent by email attachment to WFNlondon@aol.com by December 31, 2006.

PRESIDENT'S COLUMN

Neurology and psychiatry: "Oh, East is East and West is West..."... and never the twain shall meet. Neurology matured as a separate clinical speciality with closer contact with biology and similarities with internal medicine. The influence of socio-economic, familial and interpersonal relationships brought a new dimension into clinical psychiatry. The two specialities have a common root, but have gradually drifted away from each other.

Although evaluation of the mental status should be an integral part of a neurological examination, it has by tradition become the weakest part. A neurologist may spend more time examining motor disturbances than by analysing behavioural elements because he knows that the motor examination will give crucial information about the localisation and extent of the disease process. The psychiatrist may leave much of the visual, auditive, motor and sensory examination as being of lesser relevance.

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- Parkinson's News Update
- Book Reviews
- Calendar

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Visit the WFN website at <http://www.wfneurology.org>

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EDITORIAL

Applications for the new Editor in Chief of *World Neurology* are invited in this issue. I shall be completing my term of eight years in 2007 when we expect to select a successor. I shall offer my sincere co-operation to the next Editor since it will be my earnest desire to see the success of *World Neurology* continue. There are also certain changes to be introduced from the middle of next year in the structure and lay-out of *World Neurology*. In addition to carrying WFN news, it will become more academic in character. Of those readers who took part in the survey we conducted, most opted to continue to receive *World Neurology* in hard copy format. I personally believe that having only an electronic version of the newsletter will not succeed in communicating news from WFN. Discussion of this matter was on the agenda of the *World Neurology* Editorial Board meeting held in Glasgow on September 3, 2006. We hope too that enough revenue will be generated from advertisements to make the publication financially viable, since the generous funding provided by the Japan Foundation for Neuroscience and Mental Health will come to an end by the close of 2007.

President Johan Aarli has written at length in his column about Neurology and Psychiatry which in the past enjoyed a close relationship because of their common root but which gradually separated from each other. This has mostly happened in the large academic



World Neurology Editorial Board Meeting, September 3, 2006, Glasgow, U.K.

L to R: Keith Newton (WFN Administrator), Jagjit Chopra (Editor), Peter Bakker (Elsevier Publications), Piero Antuono, Johan Aarli (President WFN), Raad Shakir, Susan Bilger, Richard Godwin-Austen, William Carroll

Institutes, although in practice neurologists also treat psychiatric problems and vice versa. This is particularly prevalent in countries with a shortage of clinical neurologists and psychiatrists. The ultimate aim of both is to help humanity suffering from diseases of the nervous system and from mental ill-health.

I have taken the liberty of reproducing some of the abstracts published in the *Journal of the Neurological Sciences* (JNS) so that those readers who do not have access to JNS will benefit from reading them to enhance their knowledge. Similarly, extracts from News Updates on Parkinson's disease are summarised in this issue. This disease is not only becoming more common with the advancing age of the population in all countries of the world but is also becoming variable in its progression with or without dementia and presenting difficult problems in its management.

'World Stroke Day' is being proclaimed on 26th of October 2006 in Cape Town (South Africa) during the combined stroke conference. This is an important item of news. It is a step in the right direction, especially for the various National Neurological Associations who will be able to approach their respective Governments and stress the need for

stroke units in each hospital and Institute of their country. Stroke kills millions and causes severe disability in many millions more every year. It is spreading like an epidemic in developing countries which are particularly ill-equipped to deal with the consequences, in terms both of the loss of manpower and the economic impact. It is the second major killer after ischaemic heart disease and needs to be equally well-managed energetically and with care. Let us all unite globally to handle this menace which can be largely prevented by changes in life style, eating habits and by giving up smoking.

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

SECRETARY-TREASURER GENERAL



It was reported to the Delegates in Glasgow that, owing to the inability of the person who had been elected in Sydney to succeed Dr Richard Godwin-Austen as Secretary-Treasurer General to take up that post, the Trustees had conducted a re-count of the votes cast there.

The result had been a win for Dr Ra'ad Shakir from the United Kingdom and consequently he will take over with effect from January 1, 2007.

NEW WFN TRUSTEES

Two new Elected Trustees were chosen at the Council of Delegates in Glasgow from an eminent field of five candidates.

Congratulations go to Professor Werner Hacke (Germany) and Professor Ryuji Kaji (Japan). Thanks too to the other three individuals for allowing their names to be put forward by the Nominating Committee for the Delegates' consideration.

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

Psychiatry and neurology share a basis in neuroscience. This development has accelerated during the last decade and is finally established in basic research. The progress in fMRI, improved imaging techniques, developments in genetics, and the revolution in molecular medicine with a new understanding of signal transmission in the brain have given neurology a new image.

The same development, when it came in psychiatry, revealed how closely connected neurology and psychiatry really are. The artificial divide between structural and functional became diffuse because of all transitional conditions. For example, many dystonias that were regarded as "functional" and of psychogenic origin turned out to have a biological basis. The development of imaging techniques has made it possible to study the morphological brain correlates to personality traits and neuropsychiatric symptoms and relate them to genetic, biochemical and neuroreceptor characteristics, which again may serve to expand and modify the diagnostic classification.

There is a need for a closer contact between the two. This does not mean that neurologists will be able to manage psychiatric disorders like schizophrenia and depression. Nor will psychiatrists take over the care of patients with multiple sclerosis, epilepsies or hereditary ataxias. The two specialities will never merge. They are big and comprehensive. Both are in lack of manpower.

There is little overlap in clinical practice. The development is the other way. Neurology becomes more and more specialised, psychiatry also. At least in



WFN Council of Delegates meeting at Glasgow, U.K., held on September 3, 2006

neurology, subspecialties are developing with a need for comprehensive teamwork. Psychiatrists become increasingly important in clinical neurology teams and vice versa. Both specialities profit from their joint platform in basic neurosciences. There is a great borderland area, like epilepsy, Parkinson's disease and dementia where neurologists and psychiatrists supply each other. The Quality Standards Subcommittee of the American Academy of Neurology recently evaluated our diagnosis and treatment of patients with Parkinson's disease and asked if patients should be screened for depression and dementia associated with Parkinson's disease. The selection of antidepressive drugs is probably better performed by psychiatrists.

Comprehensive care of epileptic patients requires attention to the psychological and social consequences of epilepsy as well as to the control of the seizures. Neurologists and psychiatrists do not always collaborate as needed for the treatment of patients with epilepsy.

And there is still a long way to go. Specialist training differs from country to country. In some, psychiatry is mandatory for being a specialist in neurology, in others not. In some, neurology is a necessary element in the training of a psychiatrist. In Europe, a process has been initiated to realise a harmonisation in the different medical specialities. On a global basis, it will be a challenge to the World Federation of Neurology and the World Psychiatric Association to work for a definition of the contents of the individual specialities. And we need new training programs, where psychiatrists and neurologists receive the same basic training.

In several countries, there are no pure national neurological associations. Instead, neurologists and psychiatrists form societies of clinical neurosciences. In countries where there are few specialists, this may add political strength to both sides. We must not lose sight of our perspective in our obligation to society. Brain disorders cause 35 % of the burden of all diseases in Europe, mental disorders 62 % of this amount. This is a challenge to neurology and psychiatry to work together in the field of public health. World Health Organization is not concerned with specialities, but with public health, and it is time to converge also through co-operation at the WHO level. Public health is an important meeting ground for the two specialities.

Neurology and psychiatry may have developed from two sides of the earth, but there is much more that brings us together than separates us. The two specialities are strong enough to stand face to face. We often forget the end of



WFN Council of Delegates meeting at Glasgow, U.K., held on September 3, 2006



WFN Trustees during Council of Delegates Meeting, September 3, 2006, Glasgow
L to R: Niphon Pongvarin, William Carroll, Marianne de Visser, Johan Aarli, Richards Godwin-Austen, Ra'ad Shakir, Vladimir Hachinski

Kipling's "Ballad of East and West":
tho' they come from the ends of the earth!"

"But there is neither East nor West, nor
Border, nor Breed, nor Birth,
When two strong men stand face to face,

Johan A. Aarli, M.D.
President, WFN

THE BRUCE S. SCHOENBERG INTERNATIONAL AWARD IN NEUROEPIDEMIOLOGY

Endowed by GlaxoSmithKline

In tribute to Dr. Schoenberg's career in training neurologists internationally in epidemiological methods, this award salutes a promising young investigator from a developing country or Eastern Europe.

Presentation

Recipient is expected to give a 20-minute presentation based on the selected abstract during a neuroepidemiology scientific session at the AAN 59th Annual Meeting.

Recipient Will Receive

- Certificate of recognition
- Complimentary registration and educational program fees for 59th Annual Meeting
- Reimbursement for 59th Annual Meeting travel and lodging expenses
- Recognition at 2007 Awards Luncheon at 59th Annual Meeting

Eligibility

- Must be an investigator under the age of 45 at the time of submission
- Must be a permanent resident of a developing country or Eastern Europe
- Must have collected study's data in a developing country or Eastern Europe
- Must have played an important role in epidemiological research on a neurological disease

Application Procedure

Applicants should submit one complete set of the following materials:

1. Completed application form, available online in September
2. Current curriculum vitae, including date of birth, training, and bibliography
3. Maximum 500-word abstract on epidemiological research on a neurological disease in which applicant played an important role (abstract will be ineligible for submission to the 2007 Scientific Program)

The deadline to apply is November 1, 2006.

For more information, please contact Erin Jackson at ejackson@aan.com or (651) 695-2704.

Abstracts of some of the Papers Published in Journal of Neurological Sciences

WHO/WFN Survey of Neurological Services: A Worldwide Perspective

By Aleksandar Janca, Johan A. Aarli, Leonid Prilipko, Tarun Dua, Shekhar Saxena, Benedetto Saraceno
247 (2006) 29 - 34.

According to the findings obtained in the context of a Global Initiative on Neurology and Public Health carried out by the World Health Organization (WHO), there has been a lack of reliable and comparative data on services and other resources for neurological disorders in many parts of the world. In view of these findings and in collaboration with the World Federation of Neurology (WFN), WHO has recently organized an international Survey of Country Resources for Neurological Disorders, which involved 109 countries and covered over 90% of the world's population. This large WHO/WFN collaborative endeavour collected expert information on a number of aspects of neurological care provision around the world including availability of neurological services in primary care; human resources for neurological disorders; sub-specialized neurological services; primary method of financing of neurological care; and disability benefits for patients with neurological disorders. The WHO/WFN Survey results clearly demonstrate that there are inadequate resources for patients with neurological disorders in most parts of the world, and highlight inequalities in the access to neurological care across different populations, and in particular in those living in low-income countries and in developing regions of the world. The key findings of the WHO/WFN Survey including their impact on delivery of neurological care around the world are presented and discussed in this paper. The entire set of WHO/WFN Survey results including numerous tables, graphs and accompanying commentaries can be found in



WFN Trustees and Committee Chairs meeting at Glasgow on September 2, 2006.
Sitting: President WFN Johan Aarli



WFN Education Executive Committee Meeting. September 4, 2006, Glasgow, U.K.

the WHO/WFN Atlas of Country Resources for Neurological Disorders, which is available on request from WHO or at http://www.who.int/mental_health/neurology/.

Effect of Combined Therapy with Thrombolysis and Citicoline in a Rat Model of Embolic Stroke

María Alonso de Leciñana María Gutiérrez, Jose María Roda, Fernando Carceller and Exuperio Díez-Tejedor
247 (2006) 121-129

An approach combining reperfusion mediated by thrombolytics with pharmacological neuroprotection aimed at inhibiting the physiopathological disorders responsible for ischemia-reperfusion damage, could provide an optimal treatment of ischemic stroke. We investigate, in a rat embolic stroke model, the

combination of rtPA with citicoline as compared to either alone as monotherapy, and whether the neuroprotector should be provided before or after thrombolysis to achieve a greater reduction of ischemic brain damage. Our hundred and nine rats have been studied: four were sham-operated and the rest embolized in the right internal carotid artery with an autologous clot and divided among 5 groups: 1) control; 2) iv rtPA 5 mg/kg 30 min post-embolization 3) citicoline 250 mg/kg ip \times 3 doses, 10 min, 24 h and 48 h post-embolization; 4) citicoline combined with rtPA following the same pattern; 5) rtPA combined with citicoline, with a first dose 10 min after thrombolysis. Mortality, neurological score, volume of ischemic lesion and neuronal death (TUNEL) after 72 h and plasma levels of IL-6 and - were considered to assess ischemic brain damage. Compared with controls, the use of citicoline after thrombolysis produced the greatest reduction of mortality caused by the ischemic lesion ($p < 0.01$), infarct volume ($p = 0.027$), number of TUNEL positive cells in striatum ($p = 0.014$) and plasma levels of TNF - at 3 h ($p = 0.027$) and 72 h ($p = 0.011$). rtPA induced reperfusion provided a slight non-significant reduction of infarct volume and neuronal death, but it reduced mortality due to brain damage ($p < 0.01$) although an increase in the risk of fatal bleeding was noted. CiT as monotherapy only produced a significant reduction of neuronal death in striatum ($p = 0.014$). The combination of CiT before rtPA did not add any benefit to rtPA alone. The superiority of the combined treatment with rtPA followed by citicoline suggests that early reperfusion should be followed by effective neuroprotection to inhibit ischemia-reperfusion injury and better protect the tissue at risk.

Target-organ Damage in Adolescent Hypertension. Analysis of Potential Influencing Factors, especially Nitric Oxide and Endothelin-1

Éva Katona, Georgios Settakis, Zsuzsa Varga, György Paragh, Dániel Bereczki, Béla Fülesdi, Dénes Páll
247(2006) 138-143

Background and purpose: To assess the role of the nitric oxide-endothelin imbalance

ance in the development of target-organ damages (carotid intima-media thickness and left ventricular mass index) in adolescent hypertension.

Methods: 125 adolescents-67 hypertensive and 58 normotensive-underwent routine anthropology (height, weight) and blood pressure measurements, and laboratory (glucose, cholesterol and triglyceride levels) testing as well as sampling blood for determination of the plasma concentrations of nitric oxide (NOx) and endothelin-1 (ET-1), followed by measurement of the carotid intima-media thickness (IMT) and left ventricular mass index (LVMI)

Results: Plasma concentration of NOx was significantly lower (27.7 13.7 vs 35.8 7.0 mol/l, respectively, $p < 0.001$) and ET-1 was higher (3.11 3.9 vs. 1.09 1.07 fmol/ml, respectively, $p < 0.001$) in hypertensive adolescents than that of controls. NOx negatively, endothelin positively correlated with blood pressure values, especially with systolic BP. An inverse relationship has been found between NOx and ET-1 concentrations ($r = -0.29$, $p < 0.003$). In this adolescent

population body weight, systolic blood pressure and plasma ET-1 were the most important factors influencing IMT, whereas LVMI correlated with height and weight and systolic BP of the teenagers.

Conclusions: NO/endothelin imbalance seems to play a role in the development of hypertension and target-organ damages in adolescence. Further studies are encouraged in order to clarify the pathophysiological role of NO/endothelin imbalance in adolescent hypertension.

The Preventive and Therapeutic Effects of GCPII (NAALADase) Inhibition on Painful and Sensory Diabetic Neuropathy

W. Zhang, Y. Murakawa, K.M. Wozniak, B. Slusher and A.A.F. Sima
247(2006) 217-223

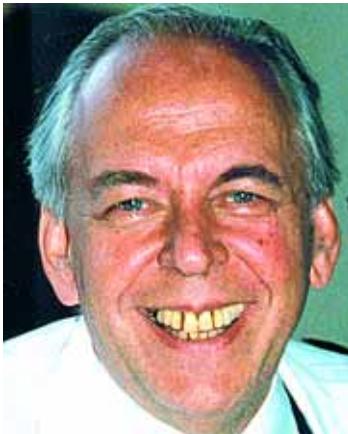
Excitotoxic glutamate release occurs in several neurological disorders. One source is derived from the hydrolysis of

Atlas of Neurological Resources, on which the WFN collaborated with WHO, is now available on-line through the WHO website. Go to: http://www.who.int/mental_health/neurology/neurology_atlas_lr.pdf

the neuropeptide N-acetyl aspartyl glutamate (NAAG) by glutamate carboxypeptidase II (GCPII, also known as NAALDase). Drugs that attenuate glutamate transmission have been shown to relieve neuropathic pain, however side effects have limited their clinical use. It appears that GCPII is exclusively recruited to provide a glutamate source in hyperglutamatergic, excitotoxic conditions and therefore would be devoid of such side effects. Here we report on the therapeutic effects of an orally bio-available GCP II inhibitor on established painful and sensory neuropathy in the spontaneously diabetic BB/Wor rat. It significantly improved hyperalgesia, nerve conduction velocity and underlying myelinated fiber atrophy. The data suggests that GCP II inhibition may provide a meaningful and effective approach to the treatment of painful diabetic neuropathy.

OBITUARY

In Memoriam Professor Dr Dr Med Dr h c Helmut Lechner



The Austrian neurologist, Professor Dr Dr Med Dr h c Helmut Lechner, left us unexpectedly on March 27, 2006. As emeritus Head of the Neurological Clinic, University of Graz, he was devoted to following, understanding and contributing to new discoveries in neurology and to their exchange through international collaboration.

Helmut Lechner belonged to the leading neurologists of his time, dedicated to clinical neurophysiology, epilepsies, sleep problems, but especially to the greatest burden in neurology of modern societies, cerebrovascular diseases. In this field he was recognized among the pioneers of clinical research of that time: John St. Meyer, John Marshall, Carl Loeb and others. With them he founded in 1961 the WFN Research Group for Cerebrovascular Diseases (Secretary 1961-1995); he was also Program Director of the Salzburg Conferences on Cerebrovascular Disease. These activities led to a change from the then predominant concept of cerebrovas-

cular diseases as pre-determined, to the modern concept of a slowly developing disease with multiple "risk factors", and the possibility of early diagnostics, appropriate management, prevention and rehabilitation. Together with the Greek Professor John Logothetis he was a founder of the South East European Society for Neurology and Psychiatry (Thessalonica), with regular Conferences every two years from 1975.

Together with his Croatian partner, the Zagreb Professor B Barac, he took on from 1985 the organization of the International Neuropsychiatric Pula meetings, founded in 1961. These Symposia are known for the scientific approach to borderline topics in these fields, as well as for the friendly cooperation between clinicians and scientists from the region and from Europe, USA, Israel and Arab countries. He was one of the founders of the WFN Research Group on Organization and Delivery of Neurological Services (Secretary Treasurer 1995 - 2002).

He was a member or honorary member of many national and international medical societies and received many international awards.

Boško Barac
Chairman, WFN Research Group on Organization and Delivery of Neurological Services

REGIONAL NEWS

First International Congress of the Emirates Neurology Society and 5th GCC Neurology Symposium (Dubai March 6th-9th, 2006)

The congress is one of the most important events in the region and the theme of the congress is Evidence-Based Neurology. The program of the congress was very attractive with its many debates, key talks and research articles in the various fields of Neurology. It included hot topics on Epilepsy, Cerebrovascular diseases, pediatric neurology, multiple sclerosis, movement disorders, neuroradiology, neuropsychiatry, neuro-rehabilitation, headache, CNS infection.

There were Round table discussions of common medical problems with medical concerns such as driving and epilepsy, stroke awareness and prevention and brain death.

This conference attracted many people from the Middle East and neighbouring areas as well as international figures from different parts of the world.

The First 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 neighboring Arab countries as well 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 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.

It was decided to hold such a conference on an annual basis.

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. Since being founded, the association has played an active role in participation with the international psychiatry and neurosciences committee.



Ashraf Kurdi, M.D.
Regional Director of EMRO

International Neurological Forum, 2006, Mongolia

Ulaanbaatar Aug 23-25, 2006

The third International Neurological Forum (INFO 2006 Mongolia) was organized this year in Ulaanbaatar (the capital of Mongolia), with the participation of over 160 Mongolian neurologists, who traveled vast distances to participate, with financial support from the Mongolian government. During the three day meeting, a diverse team of international neurologists presented the most up-to-date information in their fields. Four workshops in Movement Disorders, EMG, Neuroradiology and Seizures were also organized. The plenary sessions included topics ranging from Muscle Disorders

to Seizure Management and Parkinson's Disease.

The INFO 2006 Mongolia was organized under the umbrella of the World Federation of Neurology (WFN) as a collaborative effort by Dr Daniel Truong (USA) and Dr Sarangerel Jambal (Mongolia), with initial seed funding from the Parkinson's and Movement Disorders Foundation. It received additional support from World Health Organization and the Mongolian Department of Health. The Mongolian Under-Secretary of Health participated in the Opening Ceremony.

Members of the faculty included Drs. Herbert Budka (Australia), William Carroll (Australia), Dirk Dressler (Germany), Mark Hallett (USA), Jun Kimura (Japan), Alfred Lindner (Germany), Ivan Rektor (Czech Republic), George Serratrice (France), Daniel Truong (USA), Stephan Zierz (Germany), and from Mongolia there were Baaasanjav Damchaa, Bayarmaa Dondov, Sarangerel Jambal, Uuriintuya Manchir, and Bayasgalan Tserensodnom.

The event also marked the introduction of



Opening Ceremony with Dr. Baaasanjav Damchaa (Mongolia), Dr. Jun Kimura (Japan), Altankhuyag Otgonbold (Mongolian Under-Secretary of Health), Daniel Truong (USA), Gongoosuren Dolgar (Mongolia)

the first MRI machine and EMG into Mongolia, with the EMG machine donated by Dr. F. Adib and D. Dressler. It received wide Mongolian press and TV coverage with Drs. Kimura, Truong, Carroll and Damchaa providing interviews at the Ulaanbaatar National Press Conference Center. Members of the faculty also toured the country and visited countryside Neurology Clinics, where they examined patients.

The INFO initiative, first organized in Vietnam in 2004, and spearheaded by Drs. Robert Daroff and Daniel Truong, was a huge success with the participation of nearly 150 neurologists from 15



Delegates of the faculty and some of the participants of the INFO 2006 Mongolia in Ulaanbaatar, August 23-25, 2006

countries. It served several objectives. First, it was a test case for finding a more effective way to improve continued neurological education in developing countries where financial support from industry is essentially non-existent. The second objective was creating an opportunity for neurologists from developed countries to interact with their counterparts from developing countries. The third objective was helping local neurologists to stimulate their governments to provide more support for neurology.

It is recognized that neurologists from

developing countries who attend international meetings bring back little that changes medical care when they return home. However, an international meeting held locally provides needed publicity and political pressure upon their governments. These objectives received enthusiastic support from Dr. Jun Kimura, who was then President of the WFN. The INFO provides an innovative initiative for continual education in developing countries. For example, during the INFO 2005 meeting, Drs. Daroff and Truong met with the Vietnamese Secretary of Health to discuss future

cooperation.

The future success of the INFO series will depend on the willingness of members of the faculty to volunteer their time, and pay their own travel expenses. Programs are planned for Africa, Ukraine, Belarus, and Kazakhstan.



Daniel Truong, M.D.

Fountain Valley, California, USA

PROCLAMATION World Stroke Day

The World Stroke Day Proclamation has been planned for Thursday, October 26th. It will be a special African ceremony which will be recorded. A brief DVD of the ceremony will be produced, as well as a longer one with interviews of stroke leaders. These will be available to your society with permission to make copies, to distribute them and to add the logo of your society and/or an additional message.

A booklet containing a brief background and the World Stroke Day Proclamation will also be made available for your society to duplicate, distribute and to add a logo and your message.

Please let us know your interest in receiving master copies of the DVD's and booklet along with shipping addresses. We would appreciate knowing whether we can link the World Stroke Day Proclamation document and the brief video to the web site of your society. If so, kindly provide a name and contact information.

We attach the final version of the Proclamation along with a press release. Please use the information to alert the media now in your country, but kindly keep the Proclamation and the press release embargoed until Wednesday, October 25th, noon Greenwich Mean Time.

Frank Yatsu is leading an effort to have the Congress of the United States approve a resolution regarding the World Stroke Day Proclamation and Heather Rourke, is coordinating a similar effort to have the Canadian Parliament approve a resolution. I know that several countries

already have stroke days. The countries that do not, may wish to persuade their legislatures to proclaim a stroke day. Each country can choose a day most suitable for its constituencies. The important thing is to have a day that can be celebrated worldwide, which will change from year to year and an additional one for each country. The messages about stroke are important enough that they should be heard at least twice a year.

Thank you very much for all your work and collaboration. We look forward to a successful Proclamation and a wide diffusion of its messages as well as more countries having the World Stroke Day proclaimed by legislation.

At the Joint World Stroke Congress to be held at the Cape Town Conference Centre from 26 to the 29th of October 2006 a unified message from health organisations throughout the world will be presented as a proclamation. The purpose is to address the growing epidemic of stroke in the world. Worldwide stroke now ranks second to ischaemic heart disease as a cause of death and is a leading cause of serious disability. Stroke spares no age, ethnic origin, sex or country. Aging, inactivity, smoking and poor diet contribute to the growing problem of stroke worldwide.

The organizers of the Joint World Congress on Stroke stress that strokes can be successfully managed with a transdisciplinary team utilizing their expertise and experience to establish stroke units and build a stroke care system, which is able to cope with the needs of all individuals dealing with the impact of stroke.

Prevention is dependent on increased public awareness of the causes and symptoms of stroke. The symptoms of stroke are:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, difficulties in speaking or understanding.
- Sudden difficulty in seeing in one or both eyes.
- Sudden difficulty in walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

If nothing is done, the predicted number of people who will have a stroke will double over the next 15 to 20 years but if what is already known is applied, half the strokes could be prevented. While Stroke Day dedicates only one day of awareness to the problem once a year, the fight against stroke is a daily struggle that must be won.



Vladimir Hachinski

On behalf of the World Stroke Day Proclamation Working Group

STROKE: A PREVENTABLE AND TREATABLE CATASTROPHE

THE GROWING EPIDEMIC

STROKE IS PREVENTABLE but rising globally

- Aging, unhealthy diets, tobacco use, and physical inactivity, fuel a growing epidemic of high blood pressure, high cholesterol, obesity, diabetes, stroke, heart disease and vascular cognitive impairment.
- Worldwide, stroke accounts for 5.7 million deaths each year and ranks second to ischemic heart disease as a cause of death; it is also a leading cause of serious disability, sparing no age, sex, ethnic origin, or country.
- Four out of five strokes occur in low and middle income countries who can least afford to deal with the consequences of stroke.
- If nothing is done, the predicted number of people who will die from stroke will increase to 6.7 million each year by 2015.
- Six million deaths could be averted over the next 10 years if what is already known is applied.
- Much can be done to prevent and treat stroke and rehabilitate those who suffer the devastating consequences of stroke.

JOIN FORCES TO PREVENT STROKE

THE SAME FEW RISK FACTORS ACCOUNT FOR THE LEADING HEALTH PROBLEMS OF THE WORLD but research about the common threat occurs in isolation from other major chronic diseases.

The common risk factors, tobacco use, physical inactivity, and unhealthy diet, contribute to stroke, heart disease, diabetes, chronic lung disease, cancer, and pose a risk for Alzheimer's disease.

Therefore we need to:

- Co-ordinate the efforts of all disease-oriented organizations working to prevent the rise of these underlying risk factors.

ENSURE WHAT WE KNOW BECOMES WHAT IS DONE

PREVENTION IS THE MOST READILY APPLICABLE AND AFFORDABLE PART OF OUR KNOWLEDGE but prevention is neglected.

Therefore we need to:

- Encourage healthy environments to support healthy behaviours.
- Use effective drugs for both primary and secondary prevention. Regrettably these drugs are neither accessible nor affordable in many developing countries, nor used optimally in developed ones.
- Discourage unproven, costly, or misdirected practices, which drain resources from more cost effective approaches.
- Educate health professionals at all levels through a common vocabulary, a core curriculum, on-line materials, long distance mentoring, and opportunities for learning in clinical practice settings.

RECOGNIZE THE UNIQUENESS OF STROKE

THE DIFFERENT TYPES OF STROKE, ISCHEMIC (BLOCKAGE OF ARTERIES), BLEEDING INTO (INTRACEREBRAL HEMORRHAGE) AND AROUND THE BRAIN (SUBARACHNOID HEMORRHAGE) HAVE SPECIFIC COURSES REQUIRING SPECIAL TREATMENT AND REHABILITATION.

Therefore, we need to:

- Study their causes and understand their mechanisms.
- Organize skilled teams of physicians, neurosurgeons, neurointerventionalists, and rehabilitation specialists to deal with these special types of stroke.

RECOGNIZE, TREAT AND PREVENT VASCULAR COGNITIVE IMPAIRMENT

SUBCLINICAL ("SILENT") STROKES OCCUR FIVE TIMES AS OFTEN AS

CLINICAL (OBVIOUS) STROKES, AND MAY AFFECT, THINKING, MOOD AND PERSONALITY.

Therefore, we need to:

- Recognize that vascular cognitive impairment (VCI) occurs commonly and at times hastens Alzheimer's disease (AD).
- Manage the common risk factors for stroke, VCI and AD (tobacco use, high blood pressure, high cholesterol, physical inactivity, obesity and diabetes).

BUILD TRANSDISCIPLINARY TEAMS FOR STROKE CARE AND REHABILITATION

ORGANIZED STROKE CARE IMPROVES OUTCOMES but remains the exception nearly everywhere.

Therefore we need to:

- Establish simple but comprehensive stroke units. Stroke units have long proven their worth, even in their most basic form.
- Encourage transdisciplinary teams to develop expertise and translate evidence into practice.
- Build a health care system that responds to the needs of each individual dealing with the impact of stroke.

ACTIVELY ENGAGE THE PUBLIC AROUND THE WORLD

THE PUBLIC, ACTING AS INDIVIDUALS, VOTERS OR ADVOCATES, CAN BEST INFLUENCE THEIR OWN FUTURE RISK AND CARE but not enough is being done.

Therefore we need to:

- Increase awareness of the public, policymakers, and health professionals about the causes and symptoms of stroke. The symptoms of stroke are painless and at times transient—but sudden weakness or numbness in the face, arm or leg, sudden inability to speak or understand speech, loss of vision in one

eye, or sudden loss of balance are as compelling an emergency as crushing chest pain or sudden, severe unusual headache.

- Send a unified, consistent message throughout the world by coordinating and enhancing existing stroke campaigns to sustain a global effort.

Whereas; stroke is a global epidemic that threatens lives, health, and quality of life.

Whereas; much can be done to prevent and treat stroke, and rehabilitate those who suffer one.

Whereas; professional and public awareness is the first step to action.

We hereby proclaim an annual

WORLD STROKE DAY

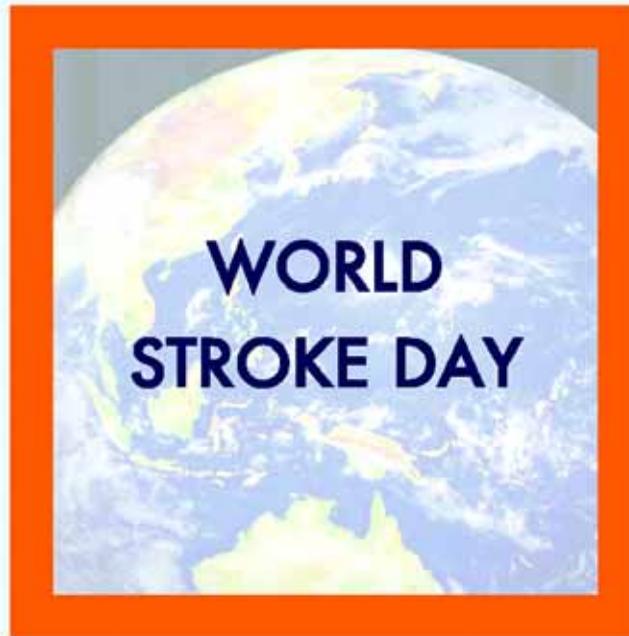
WORKING GROUP

Vladimir Hachinski (Chair)

President, International Society for Behavioural and Cognitive Vascular Disorders. Vice-President, World Federation of Neurology. Chair, Stroke Affairs and Liaison Committee, World Federation of Neurology.

Johan Aarli, President, World Federation of Neurology (WFN); *Ruth Bonita*, New Zealand; *Antonio Culebras*, President, World Stroke Federation (WSF); *Praful Dalal*, Vice-President, Indian Stroke Association; *Geoffrey Donnan*, Chair, Oversight Committee ISS/WSF; *Vivian Fritz*, President & Chairperson, South African Stroke Foundation, South Africa; *Werner Hacke*, Chair European Stroke Initiative, Chair, European Stroke Council, Germany; *Daniel Hanley*, National Stroke Association; *Markku Kaste*, Past Chair, European Stroke Initiative, Executive, Board Member, European Stroke Council; *Ashraf Kurdi*,

Jordan; *Jose Larracochea*, Spanish Neurological Society, Spain; *Mary Lewis*, Heart and Stroke Foundation of Ontario; *John W. Norris*, Joint Chair, 5th World Stroke Congress; *Brian O'Grady*, Chief Executive, Stroke Foundation New Zealand Inc. (retired); *Sir Niphon Pongvarin*, President, Thai Neurological Society, Founding President, Thai Stroke Society, Thailand; *Jeanette Rewucki*, Canada; *Wendy Segrest*, Director of Operations, American Stroke Association; *Sidney C. Smith, Jr.*, Chair, Heart and Stroke Forum, World Heart Federation; *Philip Teal*, Chair, Canadian Stroke Consortium; *James F. Toole*, Past President, International Stroke Society; *Takenori Yamaguchi*, President, Japan Stroke Association, Japan, President of the International Stroke Society; *Frank M. Yatsu*, Treasurer, International Stroke Society.



Cape Town, 26 October, 2006

Parkinson's News Update

Azilect hailed in treatment of Parkinson's

Health Canada has approved what some doctors are calling the most significant drug for the treatment of Parkinson's disease in four decades.

Azilect is not a cure for Parkinson's, but clinical trials have shown it is highly effective in relieving the symptoms associated with both the early and late stages of the disease, according to a Montreal neurologist. Preliminary research also suggests the medication might even slow the progression of Parkinson's although this must be borne out by further studies.

Pesticide Exposure May Accelerate Onset Of Parkinson's Disease

Pesticide exposure may increase the risk of Parkinson's disease, says a study done by researchers at Emory University and Georgia Institute of Technology in Atlanta; although pesticides are banned, they are still present in the environment.

The findings were presented at the 232nd American Chemical Society gathering—the largest scientific society in the world. The scientists said that exposure to pesticides increases the pace of changes occurring in the brain, eventually leading to the possibility of early onset of Parkinson's perhaps even decades earlier.

Acupuncture can help treat effects of Parkinson's disease: Seoul Professors

Acupuncture works in treating motor disorders caused by Parkinson's disease, a team of South Korean Professors of Oriental Medicine claim. The team discovered that if the treatment is administered on the right side of patients' bodies with kinetic function disorders, it can help heal areas on the other side of their body.

The findings are "significant because acupuncture treatment can be employed as a preventive therapy for degenerative brain diseases, and it is also applicable to improving symptoms of Parkinson's patients," said Lim Sabina, a Professor of Oriental Medicine at Kyung Hee

University, who led the project.

A Way to Slow Parkinson's?

Blocking a specific form of a brain chemical slows brain cell loss in an animal model of Parkinson's disease, Texas researchers report.

In the animal model, the researchers found they could slow the death of affected brain cells by about half, by blocking the chemical called soluble TNF.

The finding offers a target for new drugs that could slow the progression of the debilitating and deadly disease. And it may apply to Alzheimer's disease as well, suggest University of Texas Southwestern Medical Center researchers Melissa K. McCoy, Malao G. Tansey, PhD, and colleagues.

Parkinson's drug may raise risk of valve trouble

In some cases, patients taking a Parkinson's drug called cabergoline may experience damage to heart valves, a study suggests. High cumulative doses of and long-term treatment with this drug are risk factors for the development of "valvulopathy," Japanese doctors report in the journal *Neurology*.

Cabergoline is a so-called dopamine agonist used to control movement problems caused by Parkinson's disease. Other dopamine agonists include pergolide and pramipexole.

Dr. Mitsutoshi Yamamoto and colleagues determined the frequency of valvulopathy in 210 consecutive Parkinson's patients admitted to Kagawa Prefectural Central Hospital in Takamatsu.

Insight into dopamine role suggests new treatment pathway for Parkinson's

Dopamine (DA) not only functions as a neurotransmitter, a chemical messenger between neurons by which one neuron triggers another, researchers have found. It also appears to coordinate the activity of a particular neural circuitry. In studies with mice, they found evidence that the dopamine deficiency in Parkinson's and other related movement disorders may cause loss of muscle control and paralysis due to disruption of coordinated activity in this circuit.

The finding is in contrast with the widely held belief that such pathology is caused by an overall inhibition of brain activity due to lack of dopamine in such disorders as Parkinson's.



Delegates attending the XI International Congress on Neuromuscular Disease, Istanbul, Turkey, 2-7 July, 2006

BOOK REVIEWS

Multiple Sclerosis in Clinical Practice

Editors: Stanely van den Noort and Nancy J. Holland
 ISBN: 1-888799-25-0
 No. of pages: 234
 Publication date: Reprinted 2006
 Price: US\$ 34.95
 Publisher: Demos Medical Publishing Inc.

Another publication on this most devastating disease, a cure for which has proved elusive for decades. The editors discuss its management with all the problems associated with such a chronic and progressive disease. They also discuss its treatment in an acute attack and the availability, and complications, of new drugs to control its progression. The contents are divided into 13 chapters, including those on cognitive loss, primary care needs and community resources. This book will be most useful for General Physicians and clinical neurologists.

Editor-in-Chief

Parkinson's Disease: Diagnosis and Clinical Management

Editors: Stewart A. Factor and William J. Weiner
 ISBN: 1-8887995-01
 No. of pages: 685
 Publication Date: 2006
 Price:
 Publishers: Demos Medical Publishing Inc.

Although the book's title highlights diagnostic and management issues of Parkinson's Disease (PD), there are comprehensive chapters on Aetiology, Neurochemistry, Pathophysiology and Epidemiological Aspects as well. It starts with a tribute to James Parkinson and traces the evolution of our knowledge of PD through the last 2 centuries. The section on clinical presentation had individual chapters devoted to each of the various symptomatology, e.g. gastrointestinal, dysautonomia, speech and swallowing etc. For researchers, there is a full chapter describing the various rating scales. An entire section covers the behavioural and cognitive aspects, dis-

secting the role of dopamine changes in the interplay of psychosis and PD symptomatology. Various forms of antiparkinsonian medication have been correlated with endogenous pathways of the brain and the metabolism of concerned drugs extensively covered. The future directions of gene therapy and neural transplantation have also been addressed. Neurosurgeons would also learn from the different chapters outlining each site of surgical intervention, rationale for patient selection and pathophysiological correlate. The book also touches upon the 'Parkinson's plus states'. Overall a good treatise as reference to trainees, and a must for researchers in PD. General Neurologists would enhance the fine tuning of their prescriptions and surgeons the understanding of their intervention.

C.P. Das

Postgraduate Institute of Medical Education and Research
 Chandigarh-India

Amyotrophic Lateral Sclerosis

Editors: Robert G. Miller, Deborah Gelinias and Patricia O'Connor
 ISBN: 1-932603-06-9
 No. of Pages: 246
 Publication Date: 2005
 Price: US\$22.95
 Publishers: Demos Medical Publishing Inc.

A publication from the American Academy of Neurology on a disease for which there is no cure but hopes for a bright future from the many clinical trials with drugs. The disease is progressive with a short life, but clinicians can help patients considerably by increasing their courage and strength to battle with the disease. The authors discuss diagnosis, clinical trials, the multidisciplinary approach to care, quality of life and psychological issues, staying mobile, breathing and sleep, nutrition and swallowing, palliative care and many other aspects of this disease. This book of 15 chapters is useful for clinicians treating such patients, for medical students and for patients' relatives.

Editor-In-Chief

Fundamentals of Neurologic Disease

Editors: Larry E. Davis, Molly K. King and Jessica L. Schultz
 ISBN: 1-888799-84-6
 No. of Pages: 235
 Publication Date: 2005
 Price:
 Publishers: Demos Medical Publishing Inc.

This book elaborates on the basic neurological examination and discusses the important neurological diseases which are encountered most frequently in a Neurological Centre. Neurological diseases can be gone through in a short time along with the modalities of treatment. Disorders of pain, headache, coma, cerebral death, myelination disorders and disorders of cortical function, the extrapyramidal system, neuromuscular disorders, CNS infections, and brain tumours are all discussed along with other diseases of the nervous system. Medical students, postgraduates and general physicians can benefit in updating their knowledge of neurological diseases.

Editor-In-Chief

Alzheimer's Disease

Editors: Paul Dash and Nicole Villemarette-Pittman
 ISBN: 1-932603-12-3
 No. of Pages: 207
 Publication Date: 2005
 Price: US\$ 19.95
 Publishers: Demos Medical Publishing Inc.

Pocket book edition of American Academy of Neurology on Alzheimer's Disease (AD) which is still under diagnosed particularly in the Developing Countries of poor resources. The most important differential diagnosis is with vascular dementia although imaging techniques can differentiate between the two. The prognosis is equally unsatisfactory in both but therapeutic modalities differ. This book elaborates on the causes, diagnosis and treatment of AD. The family and the community care are important factors. It is a book of 16 chapters including those on dementia, stages and prognosis in AD, Anatomy and

Biochemistry, Medication, Alternative Treatment, Practical Issues for Patient & Family and Transition care etc. A handy book for physicians, neurologists, medical students and family members.

Assistant Editor

Multiple Sclerosis The History of a Disease

Editor: T. Jock Murray
ISBN: 1-888799-80-3

No. of Pages: 580
Publication Date: 2005
Price: US\$ 29.95
Publishers: Demos Medical Publishing

A unique book on the history of multiple sclerosis containing some material drawn from the medieval ages and not easily available before. In this comprehensive work the reader will meet people who suffered from MS at a time when the disease had not been given a name. There are contributions on the blessed Lidwina of Holland who took joy from the condition, on the grandson of George III

and cousin of Queen Victoria, and many other sufferers. The author describes progress in the diagnosis and treatment of the disease in parallel to scientific developments from the past through to the modern era. The book contains a plethora of information which will be a delight to read by physicians, nurses and patients with MS.

Assistant Editor

CALENDAR

2006

10th International Congress of Parkinson's Disease and Movement Disorders

October 29 - November 02, 2006

Kyoto, Japan

<http://www.movementdisorders.org/congress/congress06/>

17th International Symposium on the Autonomic Nervous System

November 01 - 04, 2006

Rio Grande, Puerto Rico

<http://www.americanautonomic-society.org/>

Current Trends in Epilepsy: An International Symposium by AIIMS

November 03 - 05, 2006

New Delhi, India

<http://www.aiims.edu/aiims/events/Neurology/currenttrends.htm>

Fifth International Congress on Vascular Dementia

November 08 - 11, 2006

Budapest, Hungary

<http://www.kenes.com/vascular>

NeuroBelgium 2006

November 10 - 11, 2006

Genval, Belgium

<http://neuro.piettecommunication.com>

European Charcot Foundation Symposium 2006

"Mending the brain: stem cells and repair in multiple sclerosis."

November 16-18, 2006

Taormina, Sicily, Italy

<http://www.charcot-ms.org>

6th Asian & Oceanian Epilepsy Congress

November 16 - 19, 2006

Kuala Lumpur, Malaysia

<http://www.epilep-sykuualumpur2006.org/>

XVI Meeting of the International Neuro-ophthalmology Society

November 29 - December 02, 2006

Tokyo, Japan

<http://www.inos2006.jp/>

7th International Symposium on Diabetic Neuropathy

November 29 - December 02, 2006

Cape Town, South Africa

<http://www.diabeticneuropathy06.com>

5th International Congress on Autoimmunity

November 29 - December 03, 2006

Sorrento, Italy

<http://www.kenes.com/autoim2006/>

8th International Conference on Cerebrovascular Surgery

November 30 - December 03, 2006

Taipei, Taiwan

<http://www.iccvs2006.org/>

1st North American Regional Epilepsy Congress

December 01 - 05, 2006

San Diego, CA, USA

<http://www.aesnet.org/Visitors/AnnualMeeting/index.cfm>

2nd Dual Congress on Psychiatry and the Neurosciences

December 07 - 10, 2006

Athens, Greece

<http://www.ina-wfsbp-dualcongress.gr/2006/>

2007

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February 19-21, 2007

Tel Aviv, Israel

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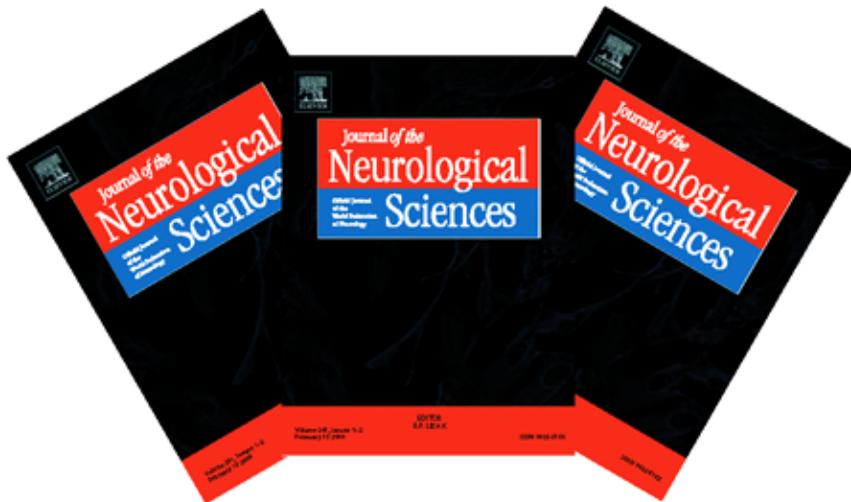
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A.M. Giuffrida Stella; D. Allan Butterfield

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