PRELIMINARY PROGRAMME

ORGANISERS

EFNS/ENS 2014

HOST

Turkish Neurological Society

DATES TO REMEMBER

ABSTRACT SUBMISSION DEADLINE: JANUARY 8, 2014

EARLY REGISTRATION DEADLINE: APRIL 1, 2014

CO-ORGANISED BY

EFNS EUROPEAN FEDERATION OF NEUROLOGICAL SOCIETIES

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## Preliminary Scientific Programme

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Istanbul is the only city in the world built on two continents (Asia and Europe). The city has been an imperial capital for Roman, Byzantium and Ottoman Empires, all of which is reflected in the beauty of its many museums, churches, and great mosques. Although, not the capital, Istanbul remains the heartbeat of Turkey! It is Turkey’s largest city with a population of approximately 12 million. Istanbul is also at the heart of the economy of Turkey and the largest companies and banks and the main national newspapers have their headquarters in this city.

Istanbul is also the capital of art and culture with a rich tradition in opera and ballet, theatres performing Turkish and foreign plays. The city offers a huge array of important historic buildings including the Topkapi Palace, the Hagia Sophia and the Blue Mosque. It has a wealth of archaeological monuments as well as a vibrant and colourful local culture of tea gardens, taverns, and markets such as the spice bazaar and Grand Bazaar, ‘the world’s oldest shopping center’.
WELCOME TO THE JOINT CONGRESS OF EUROPEAN NEUROLOGY IN ISTANBUL

Dear colleagues and friends,

This Istanbul Congress is a very special event as for both EFNS and ENS, it will be the last one. Rather than the end of a story, this is actually the beginning of a new one as during this meeting, the board of the new European Academy of Neurology (EAN) will be elected and this board will be in charge of organising the first EAN Congress in Berlin in June 2015.

The joint EFNS-ENS Congress Programme Committee has managed to combine up-to-date review lectures by leading experts, arranged in various forms including 8 symposia, 23 focused workshops, 5 special sessions, 3 practical sessions and 3 interactive sessions. The topics covered range from preclinical neuroscience to mechanisms of disease, treatment and practical training. They address practicing experienced neurologists as well as residents and therefore the programme also includes 25 teaching courses that have been classified in three levels allowing everyone to make the best selection.

Much time and space will be devoted to oral and poster presentations as a Congress like this one is alive only if delegates play an active role by communicating their own experience and research. This most importantly concerns our youngest colleagues who represent the future of European neurology and thus of the European Academy of Neurology. On behalf of both the EFNS Management Committee and of the ENS Executive Committee, we welcome them warmly.

All this is in line with the traditions of both ENS and EFNS and organising an annual European general neurology Congress will also be one of the major realisations of the imminent EAN as stated in its bylaws.

We are convinced that the now unique European general neurology Congress that therefore is a multidisciplinary meeting will allow the various subfields to interact for the best of the care of our patients.

We also would like to point out that the future EAN will be an open society, open to interaction with patient organisations, with other fields of medicine, with basic neuroscience and with the other continents. In that respect, Istanbul as a location is symbolic and we welcome all our colleagues from the other parts of the world who we trust will become partners sharing our mission to promote excellence in neurology.

Gustave Moonen & Jacques De Reuck

Co-chairs of the Congress Programme Committee
EFNS MANAGEMENT COMMITTEE

President  
Richard Hughes, UK

Past President  
Jacques De Reuck, Belgium

Vice Presidents  
Marianne de Visser, The Netherlands  
Gian Luigi Lenzi, Italy  
László Véscei, Hungary

Secretary General  
Detlef Kömpf, Germany

Treasurer  
Isabel Illa, Spain

Committee Chairs  
Michael Brainin, Austria  
Jean-Marc Léger, France  
Nils Erik Gilhus, Norway  
Gunhild Waldemar, Denmark

ENS EXECUTIVE COMMITTEE

President  
Claudio Bassetti, Switzerland

Past-President  
Heinz Reichmann, Germany

Secretary General  
Gustave Moonen, Belgium

Members  
Kailash Bhatia, United Kingdom  
Hannah Cock, United Kingdom  
Marianne Dieterich, Germany  
Franz Fazekas, Austria  
Ludwig Kappos, Switzerland  
Davide Pareyson, Italy  
Evzen Ruzicka, Czech Republic  
Aksel Siva, Turkey  
Guido Stoll, Germany  
Josep Valls-Solé, Spain  
Ana Isabel Figueira Verdelho, Portugal
CONGRESS PROGRAMME COMMITTEE

Co-chair
Jacques L. De Reuck, Belgium

Co-chair
Gustave Moonen, Belgium

Members
Michael Brainin, Austria
Hannah Cock, United Kingdom
Nils Erik Gilhus, Norway
Jean-Marc Léger, France
Aksel Siva, Turkey
Guido Stoll, Germany
Ersin Tan, Turkey
**REGISTRATION**

EFNS/ENS 2014

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* Student registration form must be accompanied by a letter from the head of department confirming the status and/or a valid student card. Members from lower middle income countries as defined according to the World Bank Country Classification of lower-middle-income economies may apply for residents’ registration fee. These are: Albania, Armenia, Belarus, Bosnia & Herzegovina, Bulgaria, Georgia, Latvia, Lithuania, Moldova, Montenegro, FYRO Macedonia, Romania, Russian Federation, Serbia, Turkey, Ukraine, Uzbekistan. Members from Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Palestine, Tunisia and Syria may apply for residents’ registration fee.

In addition neurologists from countries belonging to the HINARI Group A list of countries as established by WHO www.who.int/hinari/eligibility/en/ may apply.

**Participation in teaching courses is only possible, if registered to the congress. Limited number of tickets available – first-come first-served basis!**

The registration fee for participants includes:
- access to all scientific sessions and industrial exhibition
- Opening session, Networking Reception
- a congress bag, programme at a glance and one abstract supplement
- lunches and coffee during the meetings

Please note: Even though the access to all sessions is included in the registration fee, certain sessions require separate registration.

Please register via the congress website: [www.JointCongressofEuropeanNeurology.org](http://www.JointCongressofEuropeanNeurology.org)

**CANCELLATION POLICY:**

Refund of registration fees will be as follows:
- Postmarked until and including 20 March 2014: 100% refund (minus 25%/handling fee)
- Postmarked from 21 March 2014: 50% refund
- No refund on cancellations after 24 April 2014

For any change of names, a fee of € 30 will be charged.

Guidelines and registration form for group bookings are available on the congress website.
CLIMATE
The average temperature in Istanbul in May/June is 17°-22°C.

CLOTHING
Informal for all occasions. It is recommended to bring a jacket and an umbrella.

CURRENCY AND BANKS
The local currency is Turkish Lira (TL). Foreign currency can be exchanged at the airport, banks, hotels and exchange offices. All major credit cards (Visa, Mastercard, American Express) are accepted in hotels, shops and restaurants. Not in taxis.

Bank opening hours are from Monday to Friday, 09:00-17:00. Banks are closed on Saturday, Sunday and Public Holidays. All banks have similar exchange rates. Exchange offices are open seven days a week and approx. 16 hours a day.

EXHIBITION
An extensive exhibition will be held concurrently with the congress.

Exhibition opening hours are:
Saturday 31 May 2014: 10.00 h – 17.00 h
Sunday 1 June 2014: 10.00 h – 17.00 h
Monday 2 June 2014: 10.00 h – 17.00 h
Tuesday 3 June 2014: 10.30 h – 15.00 h

IMPORTANT ADDRESSES
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http://www.iccistanbul.com

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GENERAL INFORMATION

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www.congrex-switzerland.com

LANGUAGE

English is the official language of the congress.

LIABILITY AND INSURANCE

The Congress organisers and PCO cannot accept liability for personal accidents or loss of or damage to private property of participants, either during or indirectly arising from the Joint Congress of European Neurology 2014.

It is recommended that all participants take out a personal travel insurance for their trip.

OFFICIAL LETTER OF INVITATION

Visa regulations depend on your nationality and country of origin. Please contact your local consulate or embassy for official instructions on the specific visa regulations and application procedures that apply to you.

Unfortunately we are unable to send invitation letters directly to the foreign consulates or embassies. Invitation letters can be requested during the online registration and will be emailed as pdf after payment has been received. If you need further assistance, please contact the registration department:
registration.istanbul2014@congrex-switzerland.com
TRAVEL TO ISTANBUL

By air: Most major European airports are 2-4 hours away from Istanbul by air. Most international and domestic flights arrive and depart from Atatürk Airport, which is 28km from the city centre. http://www.ataturkairport.com/en-EN/Pages/Main.aspx

Getting to the city centre:
Taxi: Licensed taxis in Istanbul are yellow and have registration numbers on the sides. Please note that credit cards are not yet accepted in taxis. 45-60 minutes / 55 TL*

Airport Shuttle Buses: Every 60 minutes to and from Taksim Square (city centre), for 10 TL (approx. EUR 4). The journey to the city centre may take 45-60 minutes. Detailed information can be found here: www.havatas.com

Bus: There is an IETT express city bus 96T connection from Istanbul Atatürk Airport to Istanbul city centre. The bus leaves the airport every 50 minutes. The price is 3 TL (approx. EUR 1). This is among the most inexpensive ways to go, but also the slowest and least convenient.


Getting to the city centre:
Taxi: Licensed taxis in Istanbul are yellow and have registration numbers on the sides. Please note that credit cards are not yet accepted in taxis. 60 minutes/ 90 TL*

Airport Shuttle Buses: Every 30 minutes to and from Taksim Square (city centre), for 12 TL (approx. EUR 5). The journey to the city centre may take up to 60 minutes. Detailed information can be found here: www.havatas.com

* Prices may change according to the conditions in Turkey.

WEBSITE

www.JointCongressOfEuropeanNeurology.org
The Congress website will be updated on a regular basis and will give latest details on the scientific programme and other important Congress information.
BURSARIES

The Joint Congress of European Neurology offers up to 300 bursaries consisting of free registration to the congress and up to four nights hotel accommodation. In addition, free admission to three half-day teaching courses will be offered. Eligible are neurologists working in Europe, not older than 35 years (born on or after 1 January 1979), who are in training and whose abstract has been accepted.

The congress is pleased to inform that it is also possible for young colleagues from non-European countries, who are members of either the EFNS or the ENS to apply for bursaries. It is also possible for young colleagues from Algeria, Egypt, Jordan, Lebanon, Libya, Jordan, Palestine, Tunisia and Syria as well as neurologists from sub-Saharan countries belonging to the HINARI Group A list of countries as established by WHO (www.who.int/hinari/eligibility/en/) to apply for bursaries.

Applications must be accompanied by a copy of your passport showing your date of birth, as well as your abstract submission confirmation number and a letter from the chairperson of your department confirming that you are in training.

Applications for bursaries will only be considered if submitted by the time of abstract submission deadline: is closed

Bursary recipients will be selected on the basis of abstract evaluation by the Congress Programme Committee.

Applicants who have been granted a bursary will be informed well before elapse of the early registration fee deadline.
TOURNAMENT FOR YOUNG NEUROLOGISTS - USCHI TSCHABITSCHER PRIZE

As at past EFNS Congresses, a tournament for young neurologists will take place. The tournament will be carried out in two groups, one on clinical related research, and one on basic neurological science.

**Participation:** Neurologists in training not older than 35 years (born on and after 1 January 1979) are entitled to participate. When submitting an abstract of which they are the first author, candidates must state that they wish to participate in the tournament and select the group (clinical/basic). They must send by mail a confirmation written by the head of the candidate’s department stating the age of the candidate, his/her training and that the abstract is the personal work of the candidate.

**Selection of candidates:** The Congress Programme Committee will select 6 candidates for each tournament group on the basis of the contents of the abstracts submitted. The clinical subjects must be received from authors who all work in Europe and thus carry out their projects in Europe. For the basic science session, clinical relevance will be weighted.

The Congress Programme Committee reserves the right to assign in which session the presentation will take place.

**Financial support:** Candidates selected for the tournament will receive a bursary consisting of free registration to the Congress, up to four nights hotel accommodation, and a travel grant.

**Presentation:** Each selected candidate is allotted 10 minutes for presentation of his/her paper plus five minutes for discussion with the jury.

**Jury:** Members of the Congress Programme, the Scientific and the Teaching Course Committees.

**Evaluation:** Candidates will be judged not only on the scientific value of the work presented, but also on the quality of the oral presentation and the way the candidate responds to the questions of the jury.

**Prize:** The winner of each group will receive the Uschi Tschabitscher Prize for Young Neurologists consisting of: Free registration at the 1st EAN (European Academy of Neurology) Congress in Berlin, Germany, 20-23 June 2015, up to four nights hotel accommodation, a travel grant, as well as €1,000. The prize is not transferable and participation in the EAN Congress 2015 will not be paid off in cash.
One runner-up prize in each, the clinical and basic tournament will be awarded. This will consist of a certificate and €200.-.

INVESTIGATOR AWARDS

All free presentations (short communications, posters) selected for presentation at the Joint Congress of European Neurology 2014 will automatically take part in the selection of an Investigator Award. The EFNS Scientist Panels and ENS Sub-Committees will be responsible for the evaluation process (independent from other awards and the programme organisation). The award for each selected presentation will be € 300, a diploma, and the winners will be announced in the European Journal of Neurology and Neuropenews. The award will be given to the first author who needs to be the person to present the work at the congress.

A presentation can be the winner of only one Investigator Award. Notification about the Investigator Award will be sent within four weeks after the congress.

PK THOMAS PRIZE

In memory of Professor P.K. Thomas the Joint Congress of European Neurology is pleased to announce the P.K. Thomas Award for the best paper on peripheral nerve disorders. Professor P.K. Thomas graciously left an annual sum of € 500.- for awarding the best work on this topic. The papers will be evaluated during the congress and the prize winner will be announced during the closing ceremony and informed in writing after the congress.
CME ACCREDITATION

The Joint Congress of European Neurology is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS): http://www.uems.net.

The Joint Congress of European Neurology (Saturday, Sunday, Monday, Tuesday) is designated for a maximum of 24 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

EACCME credits are recognised by the American Medical Association towards the Physician’s Recognition Award (PRA). To convert EACCME credit to AMA PRA category 1 credit, contact the AMA.

This congress has been approved for CME by the Austrian Chamber of Physicians.

This congress has been approved for CPD by the Royal College of Physicians of London.
TEACHING COURSES

Saturday, 31 May
- Update on acute stroke treatment
- Therapy in neurology I
- Diagnosis and treatment of the dizzy patient
- Traumatic brain injury
- Treatment challenges in emergency myology
- Identification and evaluation of epilepsy surgery candidates

Sunday, 1 June
- Update on secondary prevention of ischemic stroke
- Symptoms and disability management of multiple sclerosis
- Differential diagnosis between hereditary and acquired disorders
- What the adult neurologist needs to know about paediatric neurology
- Introduction to neuro-epidemiology
- Neuro-urology and neuro-sexology

Monday, 2 June
- Movement disorders phenomenology
- Case-based decision making in multiple sclerosis
- Update and diagnostic criteria and treatment in dementia
- Cardiology for neurologists
- Neurological complications of intensive care
- Pitfalls in the diagnosis of epilepsy

Tuesday, 3 June
- Recent advances in the diagnosis of parkinsonian syndromes
- Neuro-ophthalmology
- Diagnosis and treatment of headache
- Acute central nervous system infections
- New advances in the diagnosis of neuropathies
- Therapy in neurology II
- Clinical approach to cognitive deterioration and dementia

Practical Sessions
- Transcranial magnetic stimulation
- Electromyography (EMG) and nerve conduction studies
- New trends in neuro-sonology with practical demonstrations

Interactive Sessions
- Paroxysmal events
- Movement disorders
- My most difficult cases: diagnosis and treatment
FOCUSED WORKSHOPS

Saturday, 31 May
Recent advances in multiple sclerosis research
Neuromuscular disorders: imaging, gender and carrier issues
Embolism to the brain – a preventable and treatable entity: ESO/EFNS/ENS Joint FW
Advances in restless legs syndrome (RLS)
Misfolded proteins in diagnosis and monitoring of neurodegenerative diseases
Frontotemporal degeneration and motor neurone disease
Neurological disorders in Southern Europe
Neuroimaging of language

Sunday, 1 June
Update on atypical Parkinson’s disease
Ischaemic stroke: a thrombo-inflammatory disorder?
Impact of technology in neurorehabilitation of stroke and spinal cord injured subjects
New generation genetic techniques change diagnostic approach in clinical practice
Neuromyelitis optica (NMO) today
Biomarkers in neuroimmunology
Nerve and muscle imaging
Narcolepsy update

Monday, 2 June
Cognition in multiple sclerosis
Stroke in early life – diagnostic and therapeutic challenges
Reflex epilepsies: one of our hidden ways to understand epileptogenesis
Channelopathies affecting the peripheral nervous system
Strategies to improve the outcome of CNS infections and autoimmune encephalitis
Therapeutic approaches in neurodegeneration with brain iron accumulation (NBIA)
Toxic neuropathies: which are real, which are myth?

SPECIAL SESSIONS

EFNS/ENS/EFNA Awareness Session: Improving physician-patient communication
New European Neurological Guidelines
European Basal Ganglia Club
EAYNT (European Association of Young Neurologists and Trainees) session
Highlights of the Congress
EFNS/ENS/PAUNS Mediterranean Session: Dementia and Alzheimer’s disease
SYMPOSIUM 1: POST-STROKE DEMENTIA

CONVENER
Wolf-Dieter Heiss, COLOGNE, GERMANY

Incidence and development of cognitive impairment after stroke
Didier Leys, Lille, FRANCE

Amyloid, ischemia and inflammation in post-stroke dementia
Vladimir Hachinski, London, CANADA

Imaging morphologic, metabolic and molecular changes responsible for post-stroke dementia
Wolf-Dieter Heiss, Cologne, GERMANY

Therapeutic concepts to prevent or ameliorate cognitive impairment after stroke
Domenico Inzitari, Florence, ITALY
SYMPOSIUM 2:
STATUS EPILEPTICUS

CONVENOR
Hannah R. Cock, LONDON, UNITED KINGDOM

Definitions, epidemiology & outcome
Eugen Trinka, Salzburg, AUSTRIA

Pharmacotherapy: initial & established status epilepticus
Hannah R. Cock, London, UNITED KINGDOM

Immunity & inflammation in status epilepticus
Margitta Seeck, Geneva, SWITZERLAND

Refractory & super-refractory status epilepticus (ICU management)
Andrea Rossetti, Lausanne, SWITZERLAND
SYMPOSIUM 3:
PERIPHERAL NEUROPATHIES: PRESENT AND FUTURE

CONVENOR
Pieter A. van Doorn, ROTTERDAM, THE NETHERLANDS

Genetic neuropathies: chances for treatment
Rudolf Martini, Würzburg, GERMANY

Diagnosis and treatment of diabetic neuropathy: Can we do better?
Rayaz A. Malik, Manchester, UNITED KINGDOM

Immune-mediated neuropathies: how to optimise treatment?
Pieter A. van Doorn, Rotterdam, THE NETHERLANDS

Amyloid neuropathies: treatment
David Adams, Kremlin-Bicêtre, FRANCE
SYMPOSIOS

SUNDAY, 1 JUNE, 2014

8.30-10.30

SYMPOSIUM:
PLENARY SYMPOSIUM: HOT TOPICS IN NEUROSCIENCE

CONVENORS
Richard A.C. Hughes, LONDON, UNITED KINGDOM
Claudio Bassetti, BERN, SWITZERLAND

Immunology: The gut-lung-brain connection in CNS autoimmunity
Hartmut Wekerle, Martinsried, GERMANY

Optogenetics in Neurology
Antoine Adamantidis, Berne, SWITZERLAND

Prion disease (accumulation of proteins)
Adriano Aguzzi, Zurich, SWITZERLAND

The frontotemporal dementias - new insights
Martin N. Rossor, London, UNITED KINGDOM
SYMPOSIUM 4: ALZHEIMER PREVENTION AND UNCOMMON CAUSES OF DEMENTIA

CONVENOR
Murat Emre, ISTANBUL - CAPA, TURKEY

Prevention of Alzheimer’s disease
Philip Scheltens, Amsterdam, THE NETHERLANDS

Immune mediated dementias
Jonathan M. Schott, London, UNITED KINGDOM

Rare dementias
Sandro Sorbi, Florence, ITALY

Parkinsonism associated with cognitive impairment
Murat Emre, Istanbul - Capa, TURKEY
SYMPOSIUM 5:
MULTIPLE SCLEROSIS: AN UNMET NEED

CONVENORS
Ioannis Milonas, THESSALONIKI, GREECE
Giancarlo Comi, MILAN, ITALY

Understanding the natural history of MS progression
Antonio Scalfari, London, UNITED KINGDOM

Pathophysiology of progression
Christine Stadelmann, Göttingen, GERMANY

Biomarkers (including predictors / MRI)
Gavin Giovannoni, London, UNITED KINGDOM

Future therapeutic strategies
Giancarlo Comi, Milan, ITALY
SYMPOSIUM 6:
EVOLVING CONCEPTS IN MOVEMENT DISORDERS - EFNS/ENS/MDS-ES SYMPOSIUM

CONVENORS
Werner Poewe, INNSBRUCK, AUSTRIA
Kailash P. Bhatia, LONDON, UNITED KINGDOM

Early diagnosis and biomarkers in PD
Werner Poewe, Innsbruck, AUSTRIA

Movement disorders moving beyond the motor phenotype
Heinz Reichmann, Dresden, GERMANY

Controversies in tremor classification
Kailash P. Bhatia, London, UNITED KINGDOM

Future of DBS in movement disorders
Günther Deuschl, Kiel, GERMANY
SYMPOSIUM 7: HEADACHES: AN UPDATE ON NEUROBIOLOGY, GENETICS AND MANAGEMENT

CONVENOR
Jean Schoenen, Liège, BELGIUM

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Neurobiology of the transformation from episodic to chronic headache
Tim Jürgens, Regensburg, GERMANY

Genetics and neurobiology of conditions causing migraine and stroke (CADASIL, Col4A1, HRNS, FHM)
Cenk Ayata, Charlestown, UNITED STATES

Strategies in the management of chronic headache patients
Jean Schoenen, Liège, BELGIUM

Acute headache units
Anne Ducros, Paris, FRANCE
SYMPOSIUM 8:
NEW THERAPEUTICS ON THE HORIZON

CONVENORS
Richard A.C. Hughes, LONDON, UNITED KINGDOM
Claudio Bassetti, BERN, SWITZERLAND

Stroke
Stephen Davis, Parkville, AUSTRALIA

Multiple sclerosis
Kjell-Morten Myhr, Bergen, NORWAY

Epilepsy
Tony Marson, Liverpool, UNITED KINGDOM

Treatment of hereditary myopathies: a close horizon
Zohar Argov, Jerusalem, ISRAEL
TEACHING COURSES

SATURDAY, 31 MAY, 2014

14.45-18.15

TEACHING COURSE 1:
UPDATE ON ACUTE STROKE TREATMENT – LEVEL 1

CONVENOR
Franz Fazekas, Graz, AUSTRIA

The diagnostic algorithm in suspected stroke
Franz Fazekas, Graz, AUSTRIA

Selection criteria for i.v. thrombolysis
Anna Czlonkowska, Warsaw, POLAND

When to consider interventional stroke management?
L.Jaap Kappelle, Utrecht, THE NETHERLANDS

Stroke unit management
E. Bernd Ringelstein, Münster, GERMANY

Expert management of acute stroke prevents disability and saves lives. While international guidelines outline the overall directions of best stroke care they do not substitute the need for individual decision making in many of our patients which entails weighing the risks and benefits of available diagnostic and treatment strategies. This process should build on a solid understanding and interpretation of available evidences. The TC will attempt to provide the necessary basis with information on several of the most important aspects of acute stroke management including illustrative cases and ample time for discussion. Hearing about clearly established as well as controversial issues participants should come to a critical appraisal of current knowledge to be supported in their everyday work.
TEACHING COURSE 2:
THERAPY IN NEUROLOGY I – LEVEL 2

CONVENORS
Jean-Marc Léger, PARIS, FRANCE
Gustave C. Moonen, LIÈGE, BELGIUM

Limitations in thrombolysis
Sonia Alamowitch, Paris, FRANCE

Current trials in Alzheimer’s disease
Philip Scheltens, Amsterdam, THE NETHERLANDS

Cluster headache: the current treatment alternatives
Mads Barloese, Glostrup, DENMARK

Treating early to advanced Parkinson’s disease
Anthony H.V. Schapira, London, UNITED KINGDOM
Vertigo and dizziness are among the most frequent symptoms, even in the emergency room where it ranks at the third place (11%) after headache (21%) and acute motor abnormalities (13%). They have a life-time prevalence of about 30% and the incidence per year increases with age. The keys to the diagnosis are patient history and bedside examination; additional laboratory examinations are helpful for some diagnoses. Therefore, this course will focus on how to take the patient’s differential diagnosis and how to examine the vestibular and ocular motor systems in order to differentiate between peripheral and central vestibular disorders. Further topics will be the additional laboratory testing, recent advances in the treatment of balance disorders, and how to manage patients with the frequent problem of chronic dizziness. The aims of this course are to increase your knowledge, to improve your skills, and to change your attitudes, in the sense that vertigo, dizziness and ocular motor disorders are diagnosable and treatable.
TEACHING COURSE 4:
TRAUMATIC BRAIN INJURY – LEVEL 2

CONVENORS
Pieter E. Vos, Nijmegen, THE NETHERLANDS
Dafin Muresanu, Cluj-Napoca, ROMANIA

The place of the neurologist in brain injury service
Colette Griffin, London, UNITED KINGDOM

The pathology and clinical spectrum of diffuse traumatic brain injury
Pieter E. Vos, Nijmegen, THE NETHERLANDS

How to manage patients with coma?
Volker Hömberg, Meerbusch, GERMANY

Rehabilitation of traumatic brain injury
Philippe Azouvi, Paris, FRANCE

Prognosis and long-term complications
Dafin Muresanu, Cluj-Napoca, ROMANIA

This TC offers latest insights in the now fast moving field of traumatic brain injury (TBI). Starting with the consulting neurologist at the intensive care and emergency department, with abundant modern monitoring and imaging facilities available, a continuous challenge exists in integrating technological figures with clinical examinations. How the clinical examination can localize the level of brain stem dysfunction in patients in prolonged coma and recognition of special prolonged states like the vegetative state or minimally conscious state are discussed next. TBI management is shifting from a single concept based approach (increased intracranial pressure and ischemia) towards a more heterogeneous oriented one encompassing the care and cure of diffuse axonal injury. The consequences are that not all pathology is associated with increased intracranial pressure and can be questioned if it is indicated to monitor intracranial pressure in every severely injured patient. New strategies for effective rehabilitation including the post-concussional syndrome will be discussed in the light of evidence based rehabilitation. And finally this TC discusses the implications of new therapeutic options including rehabilitation for the prognosis of (individual) patients.
TEACHING COURSE 5:
TREATMENT CHALLENGES IN EMERGENCY MYOLOGY – LEVEL 3

CONVENOR
Corrado Angelini, Padova, Italy

Muscle pain and rhabdomyolysis
Gabriele Siciliano, Pisa, Italy

Treatment of myasthenic crisis
David Hilton-Jones, Oxford, United Kingdom

Metabolic myopathies with respiratory distress
Corrado Angelini, Padova, Italy

Toxic, infectious and inflammatory myopathies
Jochen Schäfer, Dresden, Germany

This course will focus on clinical signs that precede the occurrence of emergency situations due to sudden worsening in clinical neuromuscular disorders, i.e. respiratory crisis in myasthenia gravis or in metabolic disorders as well as the occurrence of infections or other complications.

Clinical symptoms that might precede such crisis can be vague such as headache, the onset of insidious weakness or dyspnoea. Illustrative and demonstrative cases will be presented.

The therapy of myasthenia gravis and episodes of rhabdomyolisis will be illustrated and is effective for most of these muscle/neuromuscular junction disorders; different choices are possible and will be reviewed.

At the end of the course the participant will have a clear idea about clinical presentations and therapeutic interventions.
TEACHING COURSE 6:
IDENTIFICATION AND EVALUATION OF EPILEPSY SURGERY CANIDATES – LEVEL 2

CONVENORS
Joachim von Oertzen, LINZ, AUSTRIA
Matthias J. Koepp, LONDON, UNITED KINGDOM

Clinical factors
Joachim von Oertzen, Linz, AUSTRIA

Role of imaging
Matthias J. Koepp, London, UNITED KINGDOM

Neurophysiology
Philippe Ryvlin, Lyon, FRANCE

Psychiatric & psychological evaluation
Marco Mula, Novara, ITALY

This year’s course will focus on the practical application of epilepsy surgery, with a particular focus on the management of nonlesional epilepsy. The course will highlight novel diagnostic and both medical and surgical treatment modalities. Participants should have basic understanding of all topics covered.

Learning objectives
- Develop an algorithmic approach for the diagnostic work-up of patients refractory to AEDs
  - To identify clinical syndromes suitable for epilepsy surgery
  - Identify psychiatric comorbidities and its impact on epilepsy surgery
  - Select the best point in time to start presurgical assessment
  - Which patients benefit from intracranial electrodes

- Apply state of the art imaging and electrophysiologival modalities for pre-surgical evaluation
  - update on structural MRI
  - update on fMRI
  - update on PET and SPECT
  - update on ESI / MEG
• Utilize recent developments in pharmacological and non-surgical treatment approaches with balance of improved seizure control and quality of life
  - Stimulation technique (VNS, TNS, deep-brain stimulation)
  - Update on AED
TEACHING COURSE 7:
UPDATE ON SECONDARY PREVENTION OF ISCHAEMIC STROKE – LEVEL 2

CONVENOR
Adam Kobayashi, Warsaw, Poland

Platelet inhibitors – which and when?
Philip Bath, Nottingham, United Kingdom

Anticoagulation for atrial fibrillation
Hans-Christoph Diener, Essen, Germany

Management of carotid stenosis
Martin M. Brown, London, United Kingdom

Management of intracranial stenosis
Adam Kobayashi, Warsaw, Poland

Stroke recurrence reaches 40% within 5 years of the initial event, being the highest in the first days. It is crucial that preventive treatment according to stroke subtype is undertaken immediately. The aim of the teaching course is to update the current evidence on all major secondary preventive strategies. The course will focus on antiplatelet therapies, anticoagulant treatment in atrial fibrillation, interventional and pharmacological treatments for carotid stenosis and management of intracranial stenosis.
TEACHING COURSE 8:
SYMPTOMS AND DISABILITY MANAGEMENT OF MULTIPLE SCLEROSIS – LEVEL 2

CONVENER
Óscar Fernández Fernández, MÁLAGA, SPAIN

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Pain, tremor, paroxystic symptoms
Óscar Fernández Fernández, Málaga, SPAIN

Cognitive and affective disturbances
Maria Pia Amato, Florence, ITALY

Spasticity, gait and fatigue
- TBA

Urogenital problems
Jalesh Panicker, London, UNITED KINGDOM

Multiple sclerosis (MS) is a chronic neurologic disease, its cause is unknown, but occurs in genetically susceptible patients after the intervention of an environmental influence that determines the appearance of an autoimmune aggressive reaction directed against components of the central nervous system (CNS). It produces inflammation, demyelination and axonal degeneration, affecting multiple areas of the CNS. The multiplicity of lesions, is followed by a multiplicity of symptoms along the time.

The symptoms to which patients confer more priority are those related to mobility (gait alteration, spasticity, weakness, and ataxia), fatigue, cognitive dysfunction and affective disturbances, urinary and sexual dysfunction, pain, tremor and other paroxysmal symptoms.

While research progresses towards a curative treatment for MS, the physician in direct contact with the patient has to intend to alleviate the symptoms produced by the disease. It is essential to evaluate carefully the symptoms, their severity and the impact produced by them on the patient’s quality of life.

The therapeutic scheme must entail a multidisciplinary approach of each symptom, and patients have to be reevaluated periodically, to adjust the symptomatic therapy according to the needs of any moment. All these important aspects will be updated in deep in this course.
TEACHING COURSE 9:
DIFFERENTIAL DIAGNOSIS BETWEEN HEREDITARY AND ACQUIRED DISORDERS – LEVEL 2

CONVENOR
Davide Pareyson, MILAN, ITALY

Hereditary and acquired cerebellar ataxias
Ludger Schöls, Tübingen, GERMANY

Hereditary and acquired peripheral neuropathies
Davide Pareyson, Milan, ITALY

Hereditary and acquired dystonias
Kailash P. Bhatia, London, UNITED KINGDOM

Hereditary and acquired spastic paraplegia
Giovanni Stevanin, Paris, FRANCE

The differential diagnosis between hereditary and acquired neurological diseases may be particularly difficult and tricky. It is of utmost importance not to miss treatable conditions. At the same time proper genetic counselling is fundamental to prevent genetic disease recurrence. A correct diagnosis will also avoid further costly examinations and patients' travels to many centres in search for diagnosis. The four speakers will deal with four different areas where there may be considerable overlap in clinical presentation between hereditary and acquired disorders and consequently a correct diagnostic approach is rewarding. Ludger Schöls will discuss cerebellar ataxias, Davide Pareyson peripheral neuropathies, Kailash Bhatia dystonias and Giovanni Stevanin spastic paraplegia. Clinical case presentations will help to illustrate the differential diagnoses.
TEACHING COURSE 10:
WHAT THE ADULT NEUROLOGIST NEEDS TO KNOW ABOUT PAEDIATRIC NEUROLOGY – LEVEL 1

CONVENOR
Barbara Plecko, Zurich, Switzerland

The top ten neurometabolic disorders you don’t want to miss
Barbara Plecko, Zurich, Switzerland

Update on muscle disorders in childhood
Carsten Bönnemann, Bethesda, United States

The child with epilepsy – essentials for the adult neurologist
Olivier Dulac

Movement disorders in children – a case-based overview
Michel Willemsen, Nijmegen, The Netherlands

This course will highlight 4 major fields within paediatric neurology with the aim to provide adult neurologists a clinically oriented approach towards the more prevalent conditions in the respective topics. Lectures will be held by experts in the field and illustrative video material included wherever possible. Beside the age-dependent presentation of the various disorders, the lectures will try to equip participants with a practical diagnostic approach towards the rapidly growing number of neurogenetic disorders as well as childhood epilepsy. Some of those disorders are amenable to specific treatment and should not be missed by consulting specialists. The impact of genetic counseling with open family planning will be another aspect to be covered.
TEACHING COURSE 11: INTRODUCTION TO NEURO-EPIDEMIOLOGY – LEVEL 1

CONVENOR
Maura Pugliatti, SASSARI, ITALY

Survey methodology for neurological disease: descriptive epidemiological studies
Tatjana Pekmezovic, Belgrade, SERBIA

The use of registries in neurological diseases in Europe: EUReMS
Maura Pugliatti, Sassari, ITALY

Changes of data, metadata, and evaluation in study designs
Otto Rienhoff, Göttingen, GERMANY

How to write your research protocol on descriptive epidemiological studies
Maurizio Leone, Novara, ITALY

This is an introductory course for neurologists and neurologists in training developing an interest for epidemiology, critical reading of epidemiological studies, and epidemiological research and methodology. A theoretical overview on descriptive study designs, survey methodology and on tools to collect and use health data in neurology will be given. Examples of registry systems and databasing will be provided (e.g. the European Register of Multiple Sclerosis) as well as newer approaches for data collection and exploitation, e.g., use of metadata from existing health statistics. An interactive session will ensure the basis for critical reading and for designing research protocols to fit different epidemiological settings.
Do you know how to assess neurogenic bladder dysfunction?
David B. Vodusek, Ljubljana, SLOVENIA

What is sexual dysfunction?
Max Josef Hilz, Erlangen, GERMANY

Management of lower urinary tract dysfunction in neurological patients
Helmut Madersbacher, Innsbruck, AUSTRIA

Management of sexual dysfunction
Gila Bronner, Tel Hashomer, ISRAEL

Although disorders of bladder and sexual function are common in many central and peripheral neurological diseases, both entities are not well incorporated in the clinical curriculum of neurology training, and there are only few centres with specific expertise in these domains. This teaching course will provide a better understanding of neuro-urologic and sexual disorders, their clinical assessment and of therapeutic options.

Experts in this field will share their experience and provide insights into the evaluation and management of neuro-urologic and autonomic sexual dysfunction.

After completion of the teaching course, you will be able to better identify neuro-urologic and sexual dysfunction, examine patients with these disorders and determine which additional procedures are needed for an adequate differential diagnostic work-up. You will have a better understanding of treatment regimens for patients with neuro-urological and sexual dysfunction.
TEACHING COURSE 13:
MOVEMENT DISORDERS PHENOMENOLOGY – LEVEL 1

CONVENER
Alberto Albanese, MILAN, ITALY

How to examine the patient
Mark Edwards, London, UNITED KINGDOM

The clinical spectrum of dystonia and tremor
Alberto Albanese, Milan, ITALY

Other hyperkinetic movement disorders
Elena Moro, Grenoble, FRANCE

Gait and balance
Bastiaan Roelof Bloem, Nijmegen, THE NETHERLANDS

At the completion of this session, participants should be able to:

1. Examine patients with movement disorders, identify the phenomenology and plan clinical work-up
2. Identify treatment options of dystonia and tremor
3. Recognise other hyperkinetic movement disorders including tics, chorea, myoclonus
4. Recognise gait and balance difficulties occurring in movement disorders
Multiple Sclerosis (MS) is a chronic multi-faceted auto-immune disease of the central nervous system. In recent years beyond its heterogeneous disease courses, as RRMS, SPMS, PPMS, we have been defining pre-clinical phases of MS before the full-blown picture appeared. RIS and CIS were the terms created to define these phases.

The extensive application of MRI in medicine has led to an increased awareness in incidental white matter lesions in the CNS. Neurologists frequently consult on such patients who have had asymptomatic white matter T2 hyperintensities. Thus radiologically isolated syndrome (RIS) is characterizing patients with asymptomatic T2 hyperintensities detected by brain MRI fulfilling dissemination in space criteria and is suggestive of subclinical MS.

CIS corresponds to the phase where a definitive diagnosis of MS cannot be made at presentation on patients with an isolated syndrome of the optic nerve, spinal cord or brainstem suggestive of demyelination, as dissemination in time is not established. With novel MRI criteria this condition is getting very rare.

Several disease modifying therapies and new oral treatment regimens are available for MS, thus it is important that patients should be monitored closely to ensure that changes have been monitored and treatment efficacy is optimal. High-risk breakthrough MS patients have to be defined and treated timely. Decision making in complicated cases; when and how to switch therapeutical options are critically important. In addition, the course will handle MS patients in specific life conditions such as pregnancy and postpartum phases.
TEACHING COURSE 15:
UPDATE, DIAGNOSTIC CRITERIA AND TREATMENT IN DEMENTIA – LEVEL 2-3

CONVENOR
Jakub Hort, PRAGUE, CZECH REPUBLIC

New criteria for AD: a data driven approach
Bruno Dubois, Paris, FRANCE

New criteria for frontotemporal dementia (FTD)
Yolande A.L. Pijnenburg, Amsterdam, THE NETHERLANDS

Pitfalls in organising clinical trials and application of criteria in the clinical setting
Jakub Hort, PRAGUE, CZECH REPUBLIC

Update on immunotherapies in Alzheimer’s disease
Christoph Hock, Schlieren, SWITZERLAND

This TC is aimed to review up-to-date diagnostic criteria on the diagnosis of Alzheimer’s disease and frontotemporal dementia. Participants will be informed about the evidence based approach relevant to these criteria and will receive information on its research as well as clinical consequences. Challenges of the implementation in the clinical setting will be discussed. An overview of diagnostic criteria will also reflect their relevance in organising clinical trials and an update on advances in immunotherapies in Alzheimer’s disease will be provided. Participants should then be able to consider these criteria in the clinical setting and understand the challenges of novel therapeutic approaches.
TEACHING COURSES

MONDAY, 2 JUNE, 2014
14.45-18.15

TEACHING COURSE 16:
CARDIOLOGY FOR NEUROLOGISTS – LEVEL 1-2

CONVENOR
Josef Finsterer, VIENNA, AUSTRIA

Genetic myopathies with cardiac involvement
Karim Wahbi, Paris, FRANCE

CNS disease affecting the heart (brain-heart disorders)
Josef Finsterer, Vienna, AUSTRIA

Hereditary cardiac disease affecting the CNS and PNS
Benedikt G.H. Schoser, Munich, GERMANY

Syncope
Richard Sutton, London, UNITED KINGDOM

Cardiology for neurologists:

The nervous system is closely linked to the heart in many ways and this has implications in pathological conditions. Hereditary and non-hereditary cerebral disease of different kind may directly affect the heart and vice versa hereditary and non-hereditary cardiac disease may affect the central or peripheral nervous system. Particularly primary myopathies present frequently with cardiac involvement, either before or after onset of the neurological abnormalities. Syncope as well requires neurological and cardiological considerations to detect the underlying cause and to initiate appropriate treatment. Bidisciplinary management involving both the neurologist and cardiologist is essential in many conditions and will improve treatment and outcome of patients affected by brain-heart disease, cardiac disease affecting the nervous system, neuromuscular disorder with cardiac involvement, or by syncope.
TEACHING COURSE 17:
NEUROCRITICAL CARE – LEVEL 2

CONVENOR
Jörg Reinhold Weber, KLAGENFURT, AUSTRIA

Critical illness polyneuropathy and myopathy
Nicola Latronico, Brescia, ITALY

The role of early rehabilitation
Nicholas Hart, London, UNITED KINGDOM

Electrolyte disorders
Lutz Harms, Berlin, GERMANY

Septic encephalopathy
Jörg Reinhold Weber, Klagenfurt, AUSTRIA

This teaching course will focus on frequent neurological sequels of intensive care treatment. Peripheral as well as central nervous system complications, such as critical illness myopathy, critical illness polyneuropathy and septic encephalopathy will be highlighted with a special focus on occurrence, pathophysiology and diagnosis. In addition, neurological symptoms of electrolyte disorders will be illustrated as well as their differential diagnosis and treatment. The question of when mobilisation and rehabilitation of intensive care patients should be started and its effect on outcome will be discussed.

At the end of this teaching course the participant will be able to diagnose and treat the most common neurological complications of intensive care stay.
TEACHING COURSE 18: PITFALLS IN THE DIAGNOSIS OF EPILEPSY – LEVEL 1

CONVENORS
Cigdem Özkara, ISTANBUL - CERRAHPASA, TURKEY
Antonio Gil-Nagel, MADRID, SPAIN

Approach to first seizure
Alla Guekht, Moscow, RUSSIAN FEDERATION

Seizure semiology and classification
Cigdem Özkara, Istanbul - Cerrahpasa, TURKEY

The value of EEG and imaging
Antonio Gil-Nagel, Madrid, SPAIN

Screening and treating depression in epilepsy
Bettina Schmitz, Berlin, GERMANY

The objectives of this course are:

1. Develop clinical skills to identify seizures through appropriate questions and rational use of ancillary tests

2. Improve knowledge on seizure semiology and its application on diagnosis of different epilepsy syndromes.

3. Determine when treatment is appropriate after a first seizure and select the adequate therapeutic agent

4. Critically examine neurophysiologic and neuroimaging tests in order to improve diagnosis of epilepsy and avoid over-interpretation of non-significant findings.

5. Identify patients with depression, in order to provide advice and treatment to improve their mood.
TEACHING COURSE 19:
RECENT ADVANCES IN THE DIAGNOSIS OF PARKINSONIAN SYNDROMES – LEVEL 3

CONVENOR
Marie José D. Vidailhet, PARIS, FRANCE

Genetics of Parkinson’s disease: insights into molecular mechanisms
Christine Klein, Lübeck, GERMANY

Update on MRI for differential diagnosis of Parkinsonian syndromes
Klaus Seppi, Innsbruck, AUSTRIA

Biomarkers in CSF and plasma for Parkinsonian syndromes
Marie José D. Vidailhet, Paris, FRANCE

Neuropsychological profiles in Parkinsonian syndromes
Jaime Kulisevsky, Barcelona, SPAIN

At the completion of this session, participants should be able to:

1. Discuss the new developments on the genetics of Parkinson’s disease
2. Describe the new MRI techniques for differential diagnosis of Parkinsonian syndromes
3. Discuss the new data on CSF and plasma biomarkers for Parkinsonian syndromes
4. Recognise the cognitive and behavioural changes in Parkinsonian syndromes
TEACHING COURSES

TUESDAY, 3 JUNE, 2014
13.15-16.45

TEACHING COURSE 20: NEURO-OPHTHALMOLOGY – LEVEL 2

CONVENOR
Christopher Kennard, Oxford, United Kingdom

Central disorders of vision
Christopher Kennard, Oxford, United Kingdom

Dilated pupil: A diagnostic challenge
Tulay Kansu, Ankara, Turkey

Visual loss in neurological disorders
Detlef Kömpf, Lübeck, Germany

Oculomotor deficits in clinical neurology: new aspects
Bertrand Gaymard, Paris, France

This educational course is intended for both trainees and consultant neurologists. Topics include visual loss in neurologic disorders, central disorders of vision, pupillary and ocular motor disorders. Lecturers will present clinical cases to illustrate their talks and basic principles will be emphasised.

Upon completion, participants will have become familiar with the diagnosis, evaluation, treatment and the scientific basis of many common neuro-ophthalmic problems.
TEACHING COURSE 21:
DIAGNOSIS AND TREATMENT OF HEADACHE – LEVEL 2

CONVENORS
Fabio Antonaci, Pavia, Italy
Rigmor Hojland Jensen, Glostrup, Denmark

Symptomatic treatment choice in emergency room and the real patient
Anne Ducros, Paris, France

Chronic headache in the clinic, what can be done?
Rigmor Hojland Jensen, Glostrup, Denmark

Beyond the preventive treatment guideline: Lesson from mistakes
Fabio Antonaci, Pavia, Italy

TMJ dysfunction: a challenge for the neurologist
Marzia Segù, Pavia, Italy

This teaching course will focus on the challenge that migraine represents in the routine clinical work of a neurologist. An opinion is often requested for evaluation of a headache/migraine in the emergency room and making the diagnosis of primary or secondary headache, and a prompt pharmacological resolution is mandatory. In a headache clinic a chronic headache patient is so often the case to solve with a past history of several examination and different treatment in most of the case unsuccessful. Treatment guidelines should be the comet in the decisional process but there may be still some differences in terminology in the various countries, difficulties in the access, in the upgrade and flexibility/rigidity of the available drugs that generate mistakes. Since the migrainous pain is generally referred around the eye a careful differential diagnosis versus ophthalmological diseases is mandatory.
TEACHING COURSE 22: ACUTE CENTRAL NERVOUS SYSTEM INFECTIONS – LEVEL 2-3

CONVENOR
Bettina Pfausler, Innsbruck, AUSTRIA

Diagnosis and diagnostics
Israel Steiner, Petach Tikvah, ISRAEL

Emergency room management
Bettina Pfausler, Innsbruck, AUSTRIA

ICU-management
Romain Sonneville, Paris, FRANCE

Infections in immune-compromised patients
Peter G. E. Kennedy, Glasgow, UNITED KINGDOM

Israel Steiner discusses the most recent developments in diagnostic procedures, an aspect which is so enormously important since in acute bacterial meningitis, brain abscess or viral encephalitis earliest possible diagnosis and detection of the causative agent at the earliest point time is essential for appropriate emergency management and timely application of antimicrobial chemotherapeutics. Bettina Pfausler addresses the emergency room management, i.e. the very short period of time in which a suspected infectious disease will turn into proven bacterial meningitis, viral encephalitis, cerebral malaria. The emergency room therapy, ranging from corticosteroid-administration of antimicrobial chemotherapy, to management of status epilepticus and/or brain edema, neuroimaging as well as CSF examination will be the major topics of Bettina Pfausler’s talk. Romain Sonneville, addresses the ICU management of a patient with acute central nervous system infection, ranging from specific and special pharmacodynamic considerations of antibiotics in the hemodynamically unstable septic and meningitic patient to management of multiorgan dysfunction in severe acute bacterial meningitis and sepsis. In addition, he will address the peculiarities of a patient with acute encephalopathy due to viral encephalitis or acute bacterial meningitis, thereby avoiding secondary insult onto the brain. Peter Kennedy discusses the special aspects of the acute infections of the central nervous system in patients suffering from an immune-compromised state. He will address, in particular, the different pathogenic agents seen in patients with impaired T-cell function as well as in patients suffering from impaired number of function of polymorphonuclear granulocytes. Such an early differentiation of the type of immune compromise the best
possible tentative diagnosis of the causative agent with a best possible appropriate, frequently rather complex antimicrobial chemotherapy.
TEACHING COURSES

TUESDAY, 3 JUNE, 2014

13.15-16.45

TEACHING COURSE 23:
NEW ADVANCES IN THE DIAGNOSIS OF NEUROPATHIES – LEVEL 2

CONVENOR
Claudia Sommer, WÜRZBURG, GERMANY

Clinical neurophysiology: state of the art
Christian Krarup, Copenhagen, DENMARK

Anti-nerve antibodies: update on clinical use
Eduardo Nobile-Orazio, Milan, ITALY

Skin and nerve biopsy: when and how should we do it?
Claudia Sommer, Würzburg, GERMANY

Genetic neuropathies: what genetic test should we ask for?
Mary M. Reilly, London, UNITED KINGDOM

This course is designed for trainees or practitioners wishing to update and further develop their knowledge in the field of peripheral neuropathy. Participants will obtain up-to-date information on tests and procedures available for the diagnostic work-up of neuropathies. The presentations will focus on practical clinical use and on the diagnostic tests and on their interpretation in the clinical context. Speakers will focus on recent advances in the field and how this contributes to patient stratification for therapy.
TEACHING COURSE 24:
THERAPY IN NEUROLOGY II – LEVEL 2

CONVENORS
Nils Erik Gilhus, BERGEN, NORWAY
Hannah R. Cock, LONDON, UNITED KINGDOM

Guidelines on drug treatment of neuropathic pain: which drugs neurologists really need to know
Nadine Attal, Boulogne-Billancourt, FRANCE

Early multiple sclerosis
Hans-Peter Hartung, Düsseldorf, GERMANY

New antiepileptic drugs
Paul A.J.M. Boon, Ghent, BELGIUM

Current treatments in gliomas
Riccardo Soffietti, Torino, ITALY
TEACHING COURSE 25:
CLINICAL APPROACH TO COGNITIVE DETERIORATION AND DEMENTIA – LEVEL 1

CONVENOR
Ana Isabel Figueira Verdelho, Lisbon, Portugal

Treatable causes of dementia
Sokratis Papageorgiou, Chaidari - Athens, Greece

Main neurodegenerative dementias
Florence Pasquier, Lille, France

Vascular dementia
Ana Isabel Figueira Verdelho, Lisbon, Portugal

Management of cognitive deterioration and dementia
Gunhild Waldemar, Copenhagen, Denmark

This teaching course will give a practical approach to the most frequent causes of cognitive deterioration and dementia. The programme will cover main causes of degenerative dementias, but also non-degenerative and treatable causes of dementia. Special focus will be given to the management of patients with cognitive impairment. Although the programme is designed for general neurologists, it will update data on diagnostic evaluation and treatment, using not only the experience of the clinicians but being also in accordance with the most recent evidence based data.
FOCUSED WORKSHOP 1: RECENT ADVANCES IN MULTIPLE SCLEROSIS RESEARCH

CONVENOR
Per Soelberg Sörensen, COPENHAGEN, DENMARK

News in gene-environment interactions
Tomas Olsson, Stockholm, SWEDEN

Therapeutic antibodies in the treatment of MS
Per Soelberg Sörensen, Copenhagen, DENMARK

How stem cells speak with immune cells
Stefano Pluchino, Cambridge, UNITED KINGDOM
FOCUSED WORKSHOPS

SATURDAY, 31 MAY, 2014

11.00-12.30

FOCUSED WORKSHOP 2:
NEUROMUSCULAR DISORDERS: IMAGING, GENDER AND CARRIER ISSUES

CONVENORS
Corrado Angelini, Padova, Italy
Jordi Díaz-Manera, Spain

MRI studies on limb girdle muscle dystrophies
Jordi Díaz-Manera, Spain

Influence of gender in muscle disorders
Tiziana Mongini, Torino, Italy

Myopathies and cancer
Marianne de Visser, Amsterdam, The Netherlands

This workshop will address three topics in diagnosis and treatment of neuromuscular disorders. MRI imaging is a powerful technique both for diagnosis and follow up of a number of disorders, gender seems to influence the time of onset and severity of several myopathies, also many disorders can develop before or after a cancer. The influence of these factors will be illustrated as well as the importance of early diagnosis.
FOCUSED WORKSHOP 3: 
EMBOLISM TO THE BRAIN – A PREVENTABLE AND 
TREATABLE ENTITY - EUROPEAN STROKE ORGANISATION 
(ESO)/EFNS/ENS JOINT FOCUSED WORKSHOP

CONVENOR
Michael Brainin, KREMS, AUSTRIA

High and medium risk sources of cardiac embolism to the brain
Patrik Michel, Lausanne, SWITZERLAND

Complications of large cerebral artery strokes
Michael Brainin, Krems, AUSTRIA

Therapy of large cerebral artery strokes
Christian Stapf, Paris, FRANCE

This workshop is focused on the clinical problems and treatment of embolism to the large arteries of the brain. Due to the rising prevalence of embolic sources in the elderly population this is a frequent and often severe problem in acute management. The associated risks stratification will be presented as well as an overview of the clinical syndromes and frequent complications involve. The recent data from cardio embolic stroke studies and registries will be reviewed and acute management options will be discussed.
FOCUSED WORKSHOP 4: ADVANCES IN RESTLESS LEGS SYNDROME (RLS)

CONVENOR
Ulf Kallweit, Bern, SWITZERLAND

RLS and cardiovascular disorders
Ulf Kallweit, Bern, SWITZERLAND

RLS and associated conditions
Joan Santamaria Cano, Barcelona, SPAIN

Treatment: current advances
Claudia Trenkwalder, Kassel, GERMANY

The purpose of this focused workshop is to give a comprehensive overview on latest advances in restless legs syndrome (RLS).

After joining this workshop you will be familiar with the pathogenesis and presentation of RLS, the relationship between RLS and cardiovascular disease, RLS and different associated conditions (e.g. parkinsonism), and current treatment options for RLS.
FOCUSED WORKSHOP 5:
MISFOLDED PROTEINS IN DIAGNOSIS AND MONITORING OF NEURODEGENERATIVE DISEASES

CONVENOR
Wiep Scheper, AMSTERDAM, THE NETHERLANDS

- Misfolded proteins in the diagnosis of Creutzfeldt-Jakob disease
  Alison J. Green, Edinburgh, UNITED KINGDOM

- Misfolded proteins in Parkinson's disease
  Tiago Fleming Outeiro, Göttingen, GERMANY

- Misfolded proteins in Alzheimer's disease
  Wiep Scheper, Amsterdam, THE NETHERLANDS

In the last decade, there has been accumulating data that misfolded proteins may play a main role in the pathogenesis of several neurodegenerative diseases. The aim of this workshop is dealing with an update on the misfolded proteins involved in the pathogenesis of neurodegenerative diseases including Parkinson's disease, Creutzfeldt-Jakob disease and Alzheimer's disease. Particular attention will be paid to highlight the findings on the use of these proteins as surrogate markers in the diagnosis and monitoring of the clinical outcome and response to treatment of these disorders.
FOCUSED WORKSHOPS

SATURDAY, 31 MAY, 2014

11.00-12.30

FOCUSED WORKSHOP 6:
FRONTOTEMPORAL DEGENERATION AND MOTOR NEURONE DISEASE

CONVENOR
Pamela J. Shaw, SHEFFIELD, UNITED KINGDOM

Frontotemporal degeneration in ALS – clinical variants and limits
Albert C. Ludolph, Ulm, GERMANY

The neuropathology and genetics of degeneration of the frontal lobe
Pamela J. Shaw, Sheffield, UNITED KINGDOM

FTLD and ALS: diagnosis, biomarkers and therapeutic approaches
Orla Hardiman, Dublin, IRELAND

This clinically-oriented workshop has the following objectives:

a. To discuss the clinical spectrum of frontotemporal dementias (FTDs) and their historical relation to motor neuron diseases (MNDs) which is well-known since the late 19th century. Epidemiology, clinical overlaps and differences of MNDs and FTDs will be delineated.

b. It will be shown that recent neuropathological and genetic results confirmed this clinical knowledge, include the identification of molecular neuropathological markers and relevant genes for MNDs and FTDs and their combinations.

c. To describe the current therapeutic strategies for both diseases and future opportunities based on the development of novel clinical and molecular concepts.
FOCUSED WORKSHOP 8: NEUROIMAGING OF LANGUAGE

CONVENOR
Massimo Filippi, Milan, Italy

Imaging language dysfunction in children
Franck Ramus, Paris, France

Imaging aphasia in stroke patients
Argye Beth Hillis, Baltimore, United States

Imaging aphasia in dementia patients
Massimo Filippi, Milan, Italy

Current theories on brain organisation suggest that cognitive functions, such as language, are organised as distributed, segregated, and overlapped brain networks. The availability of advanced neuroimaging techniques enables the in vivo study of the brain at a system level. This is changing the classical understanding of the architecture of the language network as well as the pathophysiology of language disturbances. The goal of this focused workshop is to provide a clinical overview and a practical guidance in the diagnostic work up of language disorders in children and adults using neuroimaging techniques. First, participants will learn about the imaging findings to understand normal language functions in healthy subjects. Then, the course will address critical issues in the use of neuroimaging to diagnose and manage language disturbances in neurological conditions affecting both children and adults.
FOCUSED WORKSHOP 9:
UPDATE ON ATYPICAL PARKINSON'S DISEASE

CONVENOR
Andrew J. Lees, LONDON, UNITED KINGDOM

Axial and bulbar parkinsonism
Andrew J. Lees, London, UNITED KINGDOM

Multiple system atrophy – clinical variations and autonomic problems
Gregor K. Wenning, Innsbruck, AUSTRIA

Therapeutic strategies for atypical parkinsonian conditions
Joaquim José Coutinho Ferreira, Lisbon, PORTUGAL

At the completion of this session, participants should be able to:

1. Describe the recent advances on the genetics, molecular biology and neuroimaging of atypical parkinsonian disorders
2. Discuss the recent developments on tauopathies and other axial parkinsonian syndromes
3. Describe the spectrum of multiple system atrophy clinical problems
4. Review the recommendations for the management of atypical parkinsonian disorders
FOCUSED WORKSHOP 10:
ISCHAEMIC STROKE: A THROMBO-INFLAMMATORY DISORDER?

CONVENOR
Guido Stoll, WÜRBURG, GERMANY

Are platelet-immune cell interactions involved in reperfusion injury?
Guido Stoll, Würzburg, GERMANY

The impact of delayed neuroinflammation to stroke outcome
Xabier Urra, Barcelona, SPAIN

Systemic effects of strokes on the immune system
Andreas Meisel, Berlin, GERMANY

Ischaemic stroke has long been regarded as the simple consequence of thromboembolic occlusion of cerebral vessels. This concept has changed. The educational goal is to highlight the important contribution of the immune system to ischaemic lesions development and its aftermath, and to provide a rationale for novel treatment strategies covering “thrombo-inflammation”. We will show experimental evidence for a decisive role of T-cell-platelet interactions in reperfusion injury in acute stroke and discuss the impact of delayed neuroinflammation to secondary infarct growth and reorganisation. Ischaemic stroke, moreover, exerts systemic effects and compromises the immune system predisposing patients to infections.
FOCUSED WORKSHOP 11: IMPACT OF TECHNOLOGY IN NEUROREHABILITATION OF STROKE AND SPINAL CORD INJURED SUBJECTS

CONVENOR
Volker Dietz, ZURICH, SWITZERLAND

Technology for enhancement of motor function in SCI-facts
Rüdiger Rupp, Heidelberg, GERMANY

Monitoring daily-life physical interaction with the environment after stroke
Peter Veltink, Enschede, THE NETHERLANDS

Physiological requirements for the application of robots in neurorehabilitation
Volker Dietz, Zurich, SWITZERLAND

There is an increasing impact of technology in the neurorehabilitation of people with stroke and spinal cord injury. This technology comprises robotic devices to support paretic limb movements, prostheses and orthoses. The advantages of these technologies, e.g. longer training times and standardised but individually adapted training and the limits will be discussed. A focus will be the basic physiological requirements and the need for an interaction between therapists, medical staff and engineers for an effective application of technology. The technology to assess and monitor the changes of movement disorders over the course of rehabilitation will be included.
FOCUSED WORKSHOP 12:
NEW GENERATION GENETIC TECHNIQUES CHANGE DIAGNOSTIC APPROACH IN CLINICAL PRACTICE

CONVENOR
María-Jesús Sobrido, Santiago de Compostela, SPAIN

Fundaments and clinical applications of next generation sequencing technologies
Peter Nürnberg, Cologne, GERMANY

Examples of targeted and whole exome NGS in neurological practice
María-Jesús Sobrido, Santiago de Compostela, SPAIN

Ethical and legal considerations of NGS and genetic databases for neuropsychiatric diseases
Karen Melham, Oxford, UNITED KINGDOM

High-throughput, next generation genetic sequencing (NGS) is moving from research laboratories to become a routine diagnostic procedure. This will be especially so in neurology, given the wide genetic heterogeneity underlying neurological disorders and thus the increasing impracticality of a gene-by-gene genetic scrutiny. The aim of this workshop is to provide an overview of the fundaments of different NGS strategies - either panel sequencing of specific sets of genes, whole exomes or complete genomes. The speakers will discuss the advantages of NGS but also technical and data analysis challenges, basic bioinformatics tools for assessment of pathogenicity, as well as ethical and legal aspects. The workshop will also cover the usage of available genetic databases, which are crucial for the interpretation of the long list of genetic variants usually identified in a given patient.
FOCUSED WORKSHOPS

SUNDAY, 1 JUNE, 2014
11.00-12.30

FOCUSED WORKSHOP 13: NEUROMYELITIS OPTICA (NMO) TODAY

CONVENOR
Hans-Peter Hartung, DÜSSELDORF, GERMANY

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Pathology and pathogenesis
Hans Lassmann, Vienna, AUSTRIA

Diagnosis
Maria Assunta Rocca, Milan, ITALY

Natural history and treatment
Hans-Peter Hartung, Düsseldorf, GERMANY

This workshop will highlight advances in neuromyelitis optica, a disease which has only recently been established as a separate entity. Subsequently, many studies have contributed to clarify its distinct pathological and pathogenetic features, the spectrum of disease phenotypes, and the natural history. Diagnostic criteria have been refined and various treatments explored. Participants will get a state-of-the-art overview with critical appraisals of these aspects to improve diagnosis and care of patients with this crippling disorder. They are encouraged to engage in discussions with the faculty.
FOCUSED WORKSHOP 14: BIOMARKERS IN NEUROIMMUNOLOGY

CONVENOR
Ayse Altintas, ISTANBUL, TURKEY

Biomarkers in inflammatory demyelinating CNS disease
Ayse Altintas, Istanbul, TURKEY

Biomarkers in neurodegenerative disease
Axel Petzold, London, UNITED KINGDOM

Biomarkers in paraneoplastic syndromes
Jérôme Honnorat, Lyon, FRANCE

Intensive efforts have been made in the field of biomarkers to improve diagnostic discrimination within the heterogenous diseases, to reveal prognostic factors and monitor clinical course/treatment response. Biochemical biomarkers of central nervous system diseases (CNS) include the cerebrospinal fluid (CSF), blood, urine, tears or saliva. CSF is a more promising source of biomarkers.

Demyelinating-inflammatory CNS diseases, neurodegenerative disorders and paraneoplastic neurological syndromes (PNS) are frequently accompanied with clinically severe symptoms. PNS are distinct from others in respect of having specific biomarkers. It is important to remember that paraneoplastic antibody testing on serum and CSF helps to stratify patients both diagnostically and prognostically.
FOCUSED WORKSHOP 15: NERVE AND MUSCLE IMAGING

CONVENOR
Einar Wilder-Smith, SINGAPORE, SINGAPORE

Ultrasound in entrapment and inflammatory neuropathies
Einar Wilder-Smith, Singapore, SINGAPORE

MRI imaging of peripheral nerves
Martin Bendszus, Heidelberg, GERMANY

Muscle imaging in myopathies
Bjarne Udd, Tampere, FINLAND

In this overview we will be examining the rapidly developing field of imaging with regards to the peripheral nervous system and muscles. The emerging roles of high resolution ultrasound and magnetic resonance imaging in the diagnosis and management of peripheral nerve and muscle disorders will be presented. The attendee will learn about the underlying principles, approaches and limitations of each technique in relation to clinical problems including entrapment neuropathies, inflammatory neuropathies and myopathies. An evidence-based approach underpins these three expert presentations and is geared towards clinical implementation.
FOCUSED WORKSHOPS

SUNDAY, 1 JUNE, 2014

11.00-12.30

ISTANBUL, TURKEY, 31 MAY - 3 JUNE, 2014

FOCUSED WORKSHOP 16: NARCOLEPSY UPDATE

CONVENOR
Sona Nevsimalová, PRAGUE, CZECH REPUBLIC

What is the cause of narcolepsy?
Yves Dauvilliers, Montpellier, FRANCE

Narcolepsy in children
Sona Nevsimalová, Prague, CZECH REPUBLIC

Narcolepsy and other sleep disorders
Johannes Mathis, Bern, SWITZERLAND

The workshop is focused on the most important diagnostic, clinical and etiopathogenetic aspects of the disease. Recent aspects of sleepiness neurobiology including immunological research results and the role of H1N1 vaccination will be discussed. Clinical features of childhood cases will be specified and documented on video-recordings. Narcolepsy, particularly in seniors, is very frequently accompanied by other sleep disorders (obstructive sleep apnoea, rapid eye movement (REM) behaviour disorder, periodic limb movements and restless leg syndrome). The clinical picture can thus be modified and the treatment should be focused not only on narcolepsy itself, but also on co-morbid diseases.
FOCUSED WORKSHOP 17:
COGNITION IN MULTIPLE SCLEROSIS

CONVENOR
Bruno Brochet, BORDEAUX, FRANCE

The spectrum of cognitive impairment in multiple sclerosis
Dawn Langdon, London, UNITED KINGDOM

Cognition in paediatric MS
Maria Pia Amato, Florence, ITALY

Cognition as a prognostic parameter in MS: clinical imaging evidence
Bruno Brochet, Bordeaux, FRANCE

Educational objectives:
- To describe the characteristics of cognitive deficits in patients with multiple sclerosis (cognitive domains, frequency, cognitive phenotypes);
- To describe the assessment methods used to identify cognitive deficiencies in patients with multiple sclerosis;
- To describe the specificity of cognitive impairment in patients with paediatric multiple sclerosis and their evolution;
- To describe the correlation between brain imaging and cognitive performances in patients with MS;
- To show the evidence of the prognostic value of cognitive impairment in patients at the early stages of MS.
FOCUSED WORKSHOP 18: STROKE IN EARLY LIFE – DIAGNOSTIC AND THERAPEUTIC CHALLENGES

CONVENOR
Kees Braun, Utrecht, THE NETHERLANDS

Stroke and mimics in children and adolescents – what is different?
Fenella Kirkham, London, UNITED KINGDOM

Arteriopathic causes of paediatric stroke
Kees Braun, Utrecht, THE NETHERLANDS

To treat or not to treat – therapeutic dilemmas in paediatric stroke patients
- TBA

This workshop will focus on paediatric arterial and venous ischaemic stroke syndromes. The participants will be informed on the differences between children and young adolescents in clinical presentation, causes, and risk factors of stroke syndromes and mimics. In the second presentation, they will learn about the most prevalent aetiological subtype of stroke; cerebral arteriopathies. The clinical presentation, time course, presumed cause, and outcome of major childhood arteriopathies are presented in detail. Lastly, participants will gain knowledge of important therapeutic dilemmas in young ischaemic stroke patients, including the issue of thrombolysis in arterial ischaemic stroke, and anticoagulation in cerebral venous thrombosis.
FOCUSED WORKSHOP 19:
REFLEX EPILEPSIES: ONE OF OUR HIDDEN WAYS TO UNDERSTAND EPILEPTOGENESIS

CONVENOR
Betül Baykan, Istanbul, Turkey

Visually-sensitive epilepsies: diversity in clinical expression and genetic background
Dorothee Kasteleijn-Nolst-Trenite, Utrecht, the Netherlands

Genetics of reflex epilepsies: possible implications for physiopathology
Pasquale Striano, Genova, Italy

Complex forms of reflex epilepsies: clinical and experimental clues for epileptogenesis
Betül Baykan, Istanbul, Turkey

Reflex epilepsies (RE) provoked by specific external stimuli are important clues for investigating complex mechanisms of epileptogenesis. RE have many intriguing subtypes depending on the trigger. Visually-sensitive epilepsies constitute the major part of RE but their diversity is even huge both clinically and electrophysiologically. There are recent efforts to elucidate their genetic background. Complex forms of RE such as reading or eating epilepsy pose many different questions and there are reported cases with various symptomatic etiologies indicating some acquired factors. Furthermore an experimental mouse model resembling eating epilepsy is developed. This workshop will focus on the current understanding of RE and its pathogenetic implications, hence contributing to the comprehension of mechanisms of epilepsy and epileptogenesis.
FOCUSED WORKSHOP 20:
CHANNELOPATHIES AFFECTING THE PERIPHERAL NERVOUS SYSTEM

CONVENOR
Rocco Liguori, BOLOGNA, ITALY

Muscle disorders associated with channelopathies
Michael G. Hanna, London, UNITED KINGDOM

Peripheral nerve dysfunctions associated with channelopathies
Christian Krarup, Copenhagen, DENMARK

Neuropathic pain and autonomic function in channelopathies
Rocco Liguori, Bologna, ITALY

Ion channels are transmembrane glycoprotein pores that usually perform key functions in virtually all human cells including excitable ones, such as nerve and skeletal muscle. Neuromuscular channelopathies are an emerging group of rare neurologic diseases determined by defects in ion-channels function. Such neurologic diseases are frequently genetically determined, but they may also arise through autoimmune mechanisms. In this workshop clinical, genetic, immunological and electrophysiological aspects of these diseases are presented and some practical guidelines on how to investigate these disorders are highlighted.
FOCUSED WORKSHOP 21: STRATEGIES TO IMPROVE THE OUTCOME OF CNS INFECTIONS AND AUTOIMMUNE ENCEPHALITIS

CONVENOR
Johann Sellner, SALZBURG, AUSTRIA

Bacterial meningitis
Diederik van de Beek, Amsterdam, THE NETHERLANDS

Strategies to improve the outcome of viral encephalitis
Johann Sellner, Salzburg, AUSTRIA

Autoimmune encephalitis
Maarten Titulaer, Barcelona, SPAIN

CNS infections and autoimmune encephalitis can be rapidly fatal or result in severe disability in survivors. In this workshop, the speakers will outline concepts to improve the outcome of these disorders. The attendees will learn hands-on strategies for more effective i) prevention, ii) early recognition and treatment on suspicion, iii) interpretation of diagnostic tests, and iv) recognition and management of complications.
FOCUSED WORKSHOP 22:
THERAPEUTIC APPROACHES IN NEURODEGENERATION WITH BRAIN IRON ACCUMULATION (NBIA)

CONVENOR
Thomas Klopstock, Munich, Germany

Symptomatic treatment of NBIA
Nardo Nardocci, Milan, Italy

Deep brain stimulation in NBIA-dystonia: rationale, evidence and pitfalls
Lars Timmermann, Cologne, Germany

Iron chelation therapy in NBIA: state of the art
Thomas Klopstock, Munich, Germany

Neurodegeneration with brain iron accumulation (NBIA) is a clinically and genetically heterogeneous group of rare hereditary neurodegenerative disorders. While there is no proven therapy to halt or reverse any form of NBIA, symptomatic treatment including deep brain stimulation can markedly alleviate symptoms. Beyond that, NBIA may be feasible for a causal therapy as the accumulation of iron in the brain may be addressed biochemically by iron chelation. This workshop will discuss the current treatment of NBIA, ongoing clinical trials and upcoming therapeutic developments.
FOCUSED WORKSHOP 23: TOXIC NEUROPATHIES: WHICH ARE REAL, WHICH ARE MYTH?

CONVENOR
Guido Cavaletti, MONZA, ITALY

Chemotherapy-induced neuropathies
Guido Cavaletti, Monza, ITALY

Neuropathies caused by infectious and industrial toxins
Michael J. Donaghy, Oxford, UNITED KINGDOM

N-hexane neuropathy (short contribution)
Yesim Parman, İstanbul - Capa, TURKEY

The peripheral nervous system (PNS) is not protected against toxic agents as efficiently as the brain and for this reason its components might be targeted by several noxious compounds although they are unable to cross the blood-brain barrier. Several pharmacological and environmental agents can induce the onset of a peripheral neuro(no)pathy and the aims of this workshop will be to provide the basis for a better understanding of the relevance of this issue and to give some hint on the pathogenesis of PNS damage in relationship with specific causative agents.
SPECIAL SESSION:
EFNS/ENS/EFNA AWARENESS SESSION: IMPROVING PHYSICIAN-PATIENT COMMUNICATION

CONVENOR
Audrey Craven, Dublin, Ireland

Improving Doctor-Patient Communication
Audrey Craven, Dublin, Ireland

Case-Study: Communication after Traumatic Brain Injury
Nikolaus Steinhoff, Grimmenstein, Austria

Followed by an interactive panel and audience discussion/debate
co-chaired by Audrey Craven, President, European Federation of Neurological Associations & a Nominee of the European Federation of Neurological Societies

Close

Communicating effectively with those affected by brain disorders can be challenging. Certain brain disorders restrict the ability of the patient to communicate, listen and absorb information. This session will take the format of an interactive workshop focussing on how the neurologist can overcome the obstacles to effective communication during consultation, and will include role-plays and the presentation of disease specific case-studies from both the physician and patient perspective. Attendees should leave this session with a greater understanding of the needs of patients and the skills required to communicate and engage in an active and effective manner.
SPECIAL SESSION: NEW EUROPEAN NEUROLOGICAL GUIDELINES

CONVENOR
Michael Brainin, KREMS, AUSTRIA

A selection of the latest EFNS/ENS guidelines will be presented by the authors.

Programme to be announced
SPECIAL SESSION:
EU FUNDING OPPORTUNITIES FOR RESEARCH AND INNOVATION: OVERVIEW, SPECIFIC SCHEMES AND SUBMISSION

CONVENOR
Nicolas Voilley, Brussels, Belgium

Societal Challenge “Health, Demographic Change and Wellbeing”, funding collaborative research
Catherine Berens, Brussels, Belgium

European Research Council (ERC), funding bottom-up frontier research
Nicolas Voilley, Brussels, Belgium

Marie Sklodowska-Curie actions (MSCA), support to training and mobility of researchers
Selcen Gülsüm Aslan Özsahin, Turkey

Q & A session and discussion with the audience

The session will present an overview of the European Union research funding programme Horizon 2020 with emphasis on the European Research Council (ERC), the Marie Sklodowska-Curie actions (MSCA) and the Societal Challenge “Health, Demographic Change and Wellbeing”. Horizon 2020 is the newly launched EU Research and Innovation funding programme. It is set up for the next 7 years (2014 to 2020) with nearly €80 billion of funding available. Specific areas that are funded are announced regularly. The European Research Council (ERC) supports investigator-driven frontier research across all fields of research, on the basis of scientific excellence, with several types of grants. The Marie Sklodowska-Curie actions (MSCA) support the career development and training of researchers in all scientific disciplines through worldwide and cross-sector mobility. Under the Societal Challenge “Health, Demographic Change and Wellbeing”, collaborative research will be supported to improve the understanding of mechanisms underlying health and disease, as well as to develop better treatment and management of diseases. In each address, a general presentation of the funding programme will be followed by information on application procedures and specificities aimed at the neuroscience sector.
SPECIAL SESSION: EAYNT (EUROPEAN ASSOCIATION OF YOUNG NEUROLOGISTS AND TRAINEES) SESSION

CONVENORS
Orsolya Györfi, TARGU-MURES, ROMANIA
Monica Moarcas, BRASOV, ROMANIA

“Dos and do not´s” of researchers
Heinz Reichmann, Dresden, GERMANY

“Dos and do nots” of clinicians
Walter Paulus, Göttingen, GERMANY

Mobility in Europe
Laszlo Sztriha, Orpington, UNITED KINGDOM

Controversies in neurological training - the dos and do not´s

The EAYNT Special Session’s aim is to provide a better insight into the general features and problems concerning the career development of a young neurologist. Experienced speakers will approach from different viewpoints (clinician, researcher and a young neurologist) how to conduct a successful professional career during this Special Session.

The participants could attain a deeper knowledge in regard the recommended (the „does”) and the avoidable (the „do nots”) tasks to create positive working conditions, to fulfil the rights and duties, to obtain intellectual freedom.
SPECIAL SESSION: EUROPEAN BASAL GANGLIA CLUB

CONVENER
Olivier Rascol, TOULOUSE, FRANCE

Aetiology and pathophysiology of focal dystonias
Alfredo Berardelli, Rome, ITALY

Followed by a video session
SPECIAL SESSIONS

TUESDAY, 3 JUNE, 2014
13.15-14.45

SPECIAL SESSION:
HIGHLIGHTS OF THE CONGRESS

CONVENOR
Ersin Tan, ANKARA, TURKEY

Discussion Panel:

Bülent Elibol, Feza Deymeer, Murat Arsava, Görsev Yener, Yeşim Parman,
Candan Gürses and Levent İnan, Turkey
SPECIAL SESSION:
MEDITERRANEAN SESSION – JOINTLY ORGANISED BY EFNS / ENS AND PAUNS (PAN ARAB UNION OF NEUROLOGICAL SOCIETIES): DEMENTIA AND ALZHEIMER’S DISEASE

- TBA

Nosology of Alzheimer’s disease
Bruno Dubois, Paris, FRANCE

Epidemiology of dementia - does the Mediterranean diet matter?
Riadh Gouider, Tunis, TUNISIA

Transcultural approach in dementia
Mostafa El Alaoui Faris, Rabat, MOROCCO

Alzheimer’s disease from pathophysiology to treatment?
Martin N. Rossor, London, UNITED KINGDOM
The practical teaching course on magnetic stimulation will provide an opportunity for learning of the basic principles, standards of use, and potential applications of TMS in clinical neurophysiology and neurology. At the end of the course, participants will have learned how to determine motor threshold, how to record motor evoked potentials, how to determine central motor latency, how to conduct silent period assessments, measurements of input-output curves, how to perform paired-pulse TMS studies, and how to safely apply repetitive TMS. Participants will also learn how to interpret findings of TMS studies.

Up to 50 persons, early registration is recommended!
HANDS-ON COURSE/ PRACTICAL SESSION 2:  
ELECTROMYOGRAPHY AND NERVE CONDUCTION STUDIES

CONVENOR
Josep Valls-Sole, BARCELONA, SPAIN

This practical course will focus on basic aspects of conventional electrodiagnostic studies using nerve conduction tests and needle electromyography. It will consist of a short presentation of basic issues and practical hands-on demonstrations. The objectives are to discuss the main indications for electromyography and nerve conduction studies and their most relevant technical cues and potential pitfalls. After the session, the attendant will be able to decide which electrophysiological test is more appropriate to be used in a given case for best contribution to syndromic, topographic or pathophysiological diagnosis of neurological diseases.

Up to 50 persons; early registration is recommended!
The role of extracranial ultrasound in the diagnosis of cerebrovascular disorders
Galina Baltgaile, Riga, LATVIA

Intracranial cerebral haemodynamics
Claudio Baracchini, Padova, ITALY

Ancillary ultrasound methods
László Csiba, Debrecen, HUNGARY

Practical demonstration of pathological findings in patients
Eva Bartels, Munich, GERMANY

The aim of this practical course is to present a review of the traditional extra- and intracranial ultrasound techniques. We will discuss the role of ultrasonography in the diagnosis of cerebrovascular disorders, and present ancillary ultrasound methods as well.

The aim of the last lecture is to directly demonstrate extra- and intracranial sonographic examination in the lecture hall using video projection and to describe pathological findings in the examined patients.

The intention of the course is to awaken the interest of colleagues who are not practicing these methods, as well as to provide more information about the latest developments to those who are familiar with ultrasonography.

Up to 50 persons; early registration is recommended!
INTERACTIVE SESSION 1:
PAROXYSMAL EVENTS

CONVENOR
Claudio Bassetti, Bern, Switzerland

Case presentation 1
Evzen Ruzicka, Prague, Czech Republic

Case presentation 2
Kailash P. Bhatia, London, United Kingdom

Case presentation 3
Claudio Bassetti, Bern, Switzerland
INTERACTIVE SESSION 2: MOVEMENT DISORDERS

CONVENOR
Angelo Antonini, Padua, ITALY

Differential diagnosis of tremor
Angelo Antonini, Padua, ITALY

Clinical manifestations of dystonia
Pille Taba, Tartu, ESTONIA
Cristian Falup Pecurariu, Brasov, ROMANIA

Gait disorders and parkinsonism
Jean-Philippe Azulay, Marseille, FRANCE
Francesc Valldeoriola, Barcelona, SPAIN

The objective of this session is:

- Examine a patient with a movement disorder
- Reach a diagnosis on straightforward movement disorders cases
- Propose a differential diagnosis on more complex movement disorders patients
- Review and modify a patient treatment plan
INTERACTIVE SESSION 3: 
MY MOST DIFFICULT CASES: DIAGNOSIS AND TREATMENT

CONVENOR
Michael Brainin, KREMS, AUSTRIA

Urgent neurological decisions in severe subarachnoid haemorrhage
Gabriel J.E. Rinkel, Utrecht, THE NETHERLANDS

Juvenile stroke: dramatic onset, rapid treatment, good prognosis
Michael Brainin, Krems, AUSTRIA

Epilepsy is more than just having fits
Paul A.J.M. Boon, Ghent, BELGIUM

This course will focus on patient oriented decisions in a clinical setting. Various perspectives of emergency neurology will be presented and examples given. Today, neurologists have to make life saving decisions under extraordinary circumstances some of which are presented in this session. The participants will learn from case based examples the range and difficulties in adapting current guidelines to precise and individualised therapy decisions.