



12th CONGRESS OF THE
EUROPEAN FEDERATION OF
NEUROLOGICAL SOCIETIES
EFNS 2008



MADRID, SPAIN, AUGUST 23-26, 2008
www.efns.org/efns2008

2nd PRELIMINARY PROGRAMME
AND CALL FOR ABSTRACTS



Abstract deadline: March 3, 2008
Early registration deadline: June 1, 2008

Host:



Organised in co-operation with the Spanish
Society of Neurology

Overcoming everyday challenges in Alzheimer's



- Ebixa significantly **reduces memory loss** and improves Alzheimer's patients' ability to **communicate and interact** with their environment^{1,2,3,4}
- Ebixa supports patient independence by **improving basic skills and the** ability to perform everyday tasks, **making caregiving easier**^{5,6}
- Ebixa significantly **reduces distressing behaviour** such as agitation/aggression and irritability⁷

Lundbeck  **Ebixa**
memantine

References

- 1) Reisberg et al. N Engl J Med 2003;348:1333-4
- 2) Scahill et al. JAMA 2004;291(3):317-24
- 3) Schmitt et al. Poster presented at AACAP 2005
- 4) Schmitt et al. J Neural Transm 2002; 62 (suppl):135-48
- 5) Doody et al. Dement Geriatr Cogn Disord 2004;18:227-232
- 6) Rive et al. Int J Geriatr Psychiatry 2004;19:453-464
- 7) Gauthier et al. Int J Geriatr Psychiatry 2005;20:459-64

CO-SPONSORSHIP



Co-sponsored by the
European Section of
the Movement Disorder
Society (MDS-ES)



Co-sponsored by the
European Federation of
Autonomic
Societies (EFAS)



Co-sponsored by the
World Federation of
Neurology (WFN)

CME ACCREDITATION

The 12th EFNS Congress 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.be>.

The 12th EFNS Congress 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 recognized 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 by the Spanish Accreditation Council for CME (SACCME) for 24 hours of CME.

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

ORGANISERS AND SECRETARIAT



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GLOBAL CONGRESS ORGANIZERS AND
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WELCOME MESSAGE

Dear Colleagues,

España is a country of contrasts and of meltings, of strong emotions and of stronger emotionability, of passion and hate, silences and clamours. Of philosophy and introspections, of poetry and dramas, of lyrics and deaths. Yes, love and death reach the climax of their interminable struggle under the blazing Spanish sun.

It is easy to agree that mankind is indebted to Spain for supporting Colón in his visionary trip toward the Indies, that led to the discovery of America; easy to agree that Don Quixote is one of the great masterpieces of literature, to agree that Picasso has been the dominating painter of the last century. But many other countries may also call upon similar examples, similar honours.

*However, perhaps not all of us are familiar with the works and relevance for our European culture of the Spanish scientist and philosopher **Abu-Al-Walid Mohammed Ibn Ahmad Ibn Mohammed Ibn Rushd**, known also as **Averroè**, “Averrois, che il gran comento feo”, wrote Dante. Born in Cordoba in 1126, Averroè was one of the most renowned physicians of his time, and his book on medicine, the **Al-Kullyyat** (known as **Colliget** in its Latin translation) was one of the basic textbooks in early European medical schools, such as Bologna, Paris and Siena. Averroè affirmed the superiority of reason and philosophy over faith and knowledge founded on faith. A large part of the scientific progress in Europe is indeed deeply in debt to these principles. Probably our actual inter-nations and inter-ethnic problems would benefit greatly from a larger acceptance and re-reading of Averroè’s ideas.*

*Spain and Madrid: the highest located capital city in Europe, and one of the busiest. Its loyalty to Spanish kings against invaders has earned Madrid the title of “heroic”, and possibly this title is nowadays also earned by the thousands of cars struggling through the main “calles” and “avenidas” to reach different destinations downtown. For sure, Madrid’s appeal ranges from the important museums such as **El Prado** and minor ones as the **Lazaro Galiano**, to culinary hotspots with many stars in well-known “red” Guides, to a different consideration of the daily schedule! The innocent tourist might be faced with having two dinners, one with tasty “tapas” at the canonic*

20.00 and the second – the real dinner - after midnight, with severe effects on the morning sessions organised by our Society!!

*However, let me spend the final lines of this invitation to Spain and to Madrid, to direct your attention to one of the aspects of Spain that has struck me the most; precisely the easy induction to mysticism. I have felt strong and deep emotions in front of many **El Greco** paintings as well as while walking through the sculptures created by **Serra** in the Bilbao Museum, because it was easy to feel alone with that art piece, to realize an artificial isolation between some deep chords of the soul and the responding soul of the artist. Going through many museums all over the world, seldom I have felt a similar empathy with what I was observing as it has happened to me in Spain. And I felt a very similar empathic feeling when I lost myself in the Pirenées near the river Aragon, a modern pilgrim on the Sentiero de Santiago, while I began to establish a whistling relationship with a few young hawks, the **Astores**, that were very interested in this new moving animal entering their territory. I called them, repeating their whistles, they were flying lower and closer near and more near, whistling to me. I would have remained there, murmuring with **Neruda** “oh Francesca, hacia donde te llevaran mis alas!”, if my aching legs and my worried wife would had not called me back to the modern asphalt.*

To me Spain is one of the few countries where these re-encounters with a lost?.... part of ourselves is facilitated, sometimes induced.

And in this hectic beginning of the third millennium, we all need it. I definitely do. So welcome to the 12th EFNS Congress, welcome to Madrid, welcome to Spain.

Gian Luigi Lenzi

Chairperson

Congress Programme Committee

ABOUT MADRID

Madrid, the capital of Spain has grown at an impressive rate in the past 20 years and offers a variety of cultural and artistic events, the result of the blend of cultures that have settled there through the centuries.

Historic is only one of many ways to describe Madrid, including Goya's Madrid, the Madrid of the Prado Museum, House of Asturias, Bourbon Madrid, and the Madrid of the Romantics or Isabelline. The city is commercial, financial, and industrial as well as picturesque with the bull-fighting Madrid; the "Flamenco" Madrid with its singers, el Rastro (a flea market) and the Madrid of antique dealers and artists. Madrid enjoys many more clear, sunny days than any other city in Western Europe.

The afternoon is a good time to have a look round the big stores and shopping centres. One may acquire artistic products of Spanish handicraft and antiques.



At night time Madrid is quite different from any other European capital, because people do not only go to theatres and night-clubs. They also sit in cafés after dinner and have a coffee or a beer, or they may go for a walk. All the streets in the centre of Madrid are filled with people until very late.

Madrid is known for its restaurants, with typical Spanish food such as paella Valenciana, cod Vizcaya style, baby roasted lamb in a wooden oven and of course the wonderful "Tapas" and the famous drink, sangria.

There are many monuments in Madrid including one of the most emblematic, the Plaza Mayor, one of Europe's largest and most spectacular squares, housing fairs, bazaars and performances all year round. It's a great place to watch the world go by while searching for the bars that run into caves below the square and where Hemingway spent his time.

Another impressive monument is the Royal Palace located at the Plaza de Oriente. A stroll around its gardens will enable one to see the Royal Theatre, and just beyond the Palace is the Almudena Cathedral. One of the sights that should not be missed is the spectacular square Cibeles with the Palacio de Correos y Comunicaciones in the middle. And of course a visitor should not leave Madrid without visiting the Prado Museum...

COMMITTEES

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Pavel Kalvach, <i>Czech Republic</i>	

PRELIMINARY TIMETABLE

SATURDAY, AUGUST 23, 2008

09:30-11:00 Free Teaching Course: How do I examine...?	11:30-13:30 Teaching Course 1: Movement disorders: skills and basics in diagnosis and therapy - basic clinical knowledge	11:30-13:30 Teaching Course 3: Stroke epidemiology and risk factors: a clinical update - basic clinical knowledge	11:30-13:30 Teaching Course 5: Teaching Course Luigi Amaducci on dementia: basic clinical knowledge	11:30-13:30 Teaching Course 7: Practical clinical management of epilepsy - basic clinical knowledge	11:30-13:30 Teaching Course 9: Management of early multiple sclerosis - basic clinical knowledge	11:30-13:30 Teaching Course 11: Autonomic disorders in neurology: diagnosis and management	11:30-13:30 Teaching Course 13: Neuro-muscular disorders	11:30-13:30 Teaching Course 15: Sleep disorders in neurology	11:30-13:30 Teaching Course 17: Therapy in neurology I
13:30-14:30 Lunch Break	14:30-16:30 Teaching Course 2: Movement disorders update - advanced	14:30-16:30 Teaching Course 4: Update on diagnostics in stroke - advanced	14:30-16:30 Teaching Course 6: Teaching Course Luigi Amaducci on dementia: advanced insight in treatment options	14:30-16:30 Teaching Course 8: Advanced clinical aspects of epilepsy for the clinician	14:30-16:30 Teaching Course 10: Management of early multiple sclerosis - advanced	14:30-16:30 Teaching Course 12: Evidence-based medicine headache treatment	14:30-16:30 Teaching Course 14: Amyotrophic lateral sclerosis (ALS)	14:30-16:30 Teaching Course 16: Neuro-ophthalmology	14:30-16:30 Teaching Course 18: Therapy in neurology II
16:30-17:00 Coffee Break	17:00-18:30 Talecris Bio-therapeutics Satellite Symposium: IVIG in neurology/poly-neuropathies	17:00-18:30 Eli Lilly Satellite Symposium: Alzheimer's disease	19:00 Opening Ceremony followed by Welcome Reception at the Municipal Congress Centre. Transportation from IFEMA will be provided						

KEY
Teaching Courses
Main Topics
Short Communications
Satellite Symposia
Special Sessions
Focused Workshops
Tournament for Young Neurologists
Late Breaking News
Social Events

Pre-registration (at an additional cost) is required for courses.

SUNDAY, AUGUST 24, 2008

08:30-10:30 Main Topic 1: Silent strokes – how noisy are they?	08:30-10:30 Main Topic 2: Trigemino- autob- nomic cephalgia	08:30-10:30 Main Topic 3: Neuro-stimulation for epilepsy				
10:30-11:00 Coffee Break, Exhibition and Poster Visit						
11:00-12:30 Short Communications 1	11:00-12:30 Short Communications 1	11:00-12:30 Short Communications 1	11:00-12:30 Short Communications 1	11:00-12:30 Short Communications 1	11:00-12:30 Short Communications 1	11:00-12:30 Tournament for Young Neurologists I (basic)
12:30-14:30 Lunch Break, Exhibition and Poster Visit						
13:00-14:30 UCB Pharma Satellite Symposium: RLS	13:00-14:30 Pfizer Satellite Symposium: Neuropathic Pain	13:00-14:30 Lundbeck and Merz Satellite Symposium: Alzheimer's disease	13:00-14:30 Novartis and Orion Satellite Symposium: Parkinson's disease			
15:00-17:00 EFNS/EFNA Special Session: Neurology and art - The good life	15:00-17:00 Special Session: Specific diagnostic tests for autonomic dysfunction		15:00-17:00 Special Session: EFNS-EUREPA – epilepsy symposium Are new drugs not better than old ones?	15:30-17:00 Focused Workshop 3: Myotonic dystrophy	15:30-17:00 Focused Workshop 4: Nuclear medicine beyond routine procedures	15:30-17:00 Focused Workshop 5: Enhancement of stroke recovery
17:00-17:30 Coffee Break, Exhibition and Poster Visit						
17:30-19:00 Eli Lilly Satellite Symposium: Neuropathic pain	17:30-19:00 GE Healthcare Satellite Symposium: Diagnostic dementia	17:30-19:00 Boehringer Ingelheim Satellite Symposium: Parkinson's disease/RLS				
20:30 "Tapas dinner - Management of the dizzy patient" at a hotel. Pre-registration (at an additional cost) is required. Up to 50 pax maximum.						
14:30-16:00 Poster Session 1 in the poster area						

MONDAY, AUGUST 25, 2008

08:30-10:30 Main Topic 4: Movement disorders in 2008 – what's new, what works?	08:30-10:30 Main Topic 5: Complications in neurocritical care patients	08:30-10:30 Main Topic 6: Traumatic brain injury				
10:30-11:00 Coffee Break, Exhibition and Poster Visit						
11:00-12:30 Short Communications 2	11:00-12:30 Short Communications 2	11:00-12:30 Short Communications 2	11:00-12:30 Short Communications 2	11:00-12:30 Short Communications 2	11:00-12:30 Tournament for Young Neurologists II (clinical)	
12:30-14:30 Lunch Break, Exhibition and Poster Visit						
13:00-14:30 UCB Pharma Satellite Symposium: Epilepsy	13:00-14:30 Pfizer Satellite Symposium: Dementia/ Alzheimer's disease	13:00-14:30 Lundbeck Satellite Symposium: Parkinson's disease	13:00-14:30 Boehringer Ingelheim Satellite Symposium: Stroke			
	14:30-17:00 Special Session: European Basal Ganglia Club (EBGC) <i>Supported by Teva</i>	15:30-17:00 Focused Workshop 6: Differential diagnosis in paraneoplastic neurological syndromes	15:30-17:00 Focused Workshop 7: Brain death criteria	15:30-17:00 Focused Workshop 8: Multiple sclerosis (MS): what can we learn from genetic studies?	15:30-17:00 Focused Workshop 9: Animal models of migraine	15:30-17:00 Focused Workshop 10: Herpes virus infection of the nervous system
17:00-17:30 Coffee Break, Exhibition and Poster Visit						
17:30-19:00 Takeda and Santhera Satellite Symposium: Ataxias	17:30-19:00 GSK Satellite Symposium: Parkinson's disease		17:30-19:00 Myriad Pharmaceuticals Satellite Symposium: Alzheimer's disease			
21:00 Special social event at Teatro Lope de Vega						
14:30-16:00 Poster Session 2 in the poster area						

TUESDAY, AUGUST 26, 2008

08:30-10:30 Main Topic 7: From vascular dementia to CADASIL: clinical and pathogenic aspects		08:30-10:30 Main Topic 8: Disorders of the autonomic nervous system: from pathophysiology to diagnosis and treatment	08:30-10:30 Main Topic 9: New trends in MS therapy	
10:30-11:00 Coffee Break and Exhibition Visit				
11:00-12:00 Short Communications 3	11:00-12:00 Short Communications 3	11:00-12:00 Short Communications 3	11:00-12:00 Short Communications 3	10:30-12:00 Special Session: History of Neurology
		12:00-13:00 First Lecture on Clinical Neurology		
13:00-14:00 Lunch Break and Exhibition Visit				
13:30-15:30 Second Joint Session EFNS - PAUNS: Neuro-infectious Diseases	14:00-15:30 Focused Workshop 11: Update on progressive supranuclear palsy (PSP)	14:00-15:30 Focused Workshop 12: Transient loss of consciousness: syncope vs. epilepsy	14:00-15:30 Focused Workshop 13: Medication overuse headache: risk fac- tors and treatment guidelines	14:00-15:30 Focused Workshop 14: The diagnostic role of muscle biopsy in the investigation of patients with myalgias
			13:30-15:30 Spanish Special Session: Diagnostic challenges in neurology - Part II	14:00-15:30 Focused Workshop 15: Manipulation of afferent inputs in motor rehabilitation
15:35-16:15 Closing Session followed by Farewell Reception				



SOCIAL EVENTS

SATURDAY, AUGUST 23, 2008

19:00 Opening ceremony at the Municipal Congress Center.
Transportation from IFEMA will be provided.

PROGRAMME:

WELCOMING WORDS

Jacques L. De Reuck, EFNS President

Antonio Gil-Nagel Rein, Vice-Chairperson, Congress Programme Committee

NEUROLOGY AND ART

Pedro J. Garcia Ruiz, Madrid, Spain

Followed by a Welcome Reception

SUNDAY, AUGUST 24, 2008

Evening Free

MONDAY, AUGUST 25, 2008

Evening Social Event at Teatro Lope de Vega
Limited number – “first-come, first-served” basis

Details will be available on the Congress website: www.efns.org/efns2008

TUESDAY, AUGUST 26, 2008

15:35 Closing session
Uschi Tschabitscher Prize for Young Neurologists
Presentation of EFNS 2009, Florence

Followed by Reception

REGISTRATION

	until June 1, 2008	from June 2, 2008	on site (valid from August 15, 2008)
Members of European national neurological societies, individual EFNS members	€ 495	€ 565	€ 595
Non-members	€ 575	€ 605	€ 635
Residents and students*	€ 295	€ 315	€ 325
Teaching course	€ 15	€ 15	€ 20
Tapas dinner*** Management of the dizzy patient	€ 50		
History of Neurology Tour	€ 40		
Additional ticket for opening session and welcome reception**	€ 50		
Additional ticket for the social event	€ 50		

* Student registration form must be accompanied by a letter from the head of department confirming their status and/or a valid student card.

EFNS members from Eastern European countries, which are not members of the EU may apply for residents' registration fee.

EFNS associate members, ie members of the national neurological societies of Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Tunisia and Syria, may apply for residents' registration fee.

** Paid registered participants will receive a ticket to the opening session and social event (limited number, "first come – first served" basis)

*** Limited space – early booking is recommended

Fees for participants seating and residents include:

- Participation in scientific sessions
- Visit of the exhibition
- The printed material of the Congress
- A certificate of attendance
- Opening session and welcome reception
- Social event on Monday, August 25 (limited number, "first-come, first-served" basis)
- Three lunches
- Coffee during breaks
- Public transportation ticket

CANCELLATION POLICY

Refund of registration fees will be as follows:

- Postmarked until and including **June 1, 2008** – 100% refund (minus € 50 handling fee)
- Postmarked from **June 2, 2008** – 50% refund
- No refund on cancellations after **August 1, 2008**.



GENERAL INFORMATION

LOCATION

IFEMA - CENTRO DE CONVENCIONES
Parque Ferial Juan Carlos I, 28042 Madrid, Spain

DATES

August 23-26, 2008

AIRPORT INFORMATION

The distance from Madrid Barajas Airport to central Madrid is 15 km (9 miles).

Taxi

There are taxis outside each Terminal's Arrivals area. Journey time to central Madrid is around 25-30 minutes depending on traffic.

Fare: Around € 15 - € 20 including airport supplements.

Make sure you take a cab from the official stand and not from someone offering taxis inside the terminal.

Train

The Madrid Metro subway system links the airport with the city. There is no direct link with the main Spanish rail network. Use the Metro network to connect with long distance trains.

The airport Metro station is located in Terminal 2 on the connecting corridor to Parking area 2. Journey to central Madrid involves transferring at Mar de Cristal (Line 8) to your required destination. Trains run daily from 6 am to 2 am. Journey time to central Madrid, via Lines 4 and 6, is 40 minutes.

Bus

The Airport bus to the Plaza de Colon (Route 89) departs from the Arrivals level of each terminal from 04:45 am until 02:00 am. They operate every 15 minutes until 06:00, then every 10 minutes between 06:00 and 23:00. After 23:00 they operate every 16 minutes.

Car

For central Madrid take A-2 Barcelona route to M-30 highway. For M-40 highway take A-10 to Junction 3 or Junction 9.

Journey time to central Madrid is 25-30 minutes depending on traffic.

CLIMATE

The average August temperature in Madrid is between 22 - 33°C.

CLOTHING

Informal for all occasions; please bring sunglasses and walking shoes. In the evening, a jacket is recommended.

GENERAL INFORMATION (cont.)

EXHIBITION

An extensive exhibition will be held concurrently with the Congress.
For information please contact:

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SWITZERLAND
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LANGUAGE

English is the official language of the Congress.

OFFICIAL LETTER OF INVITATION

Official letters of invitation designed to help overcome administrative difficulties in certain countries will be posted on the Congress website for participants' use. It must be understood that such letters do not represent a commitment on the part of the Organizing Committee or Congress to provide any financial assistance.

PERSONAL INSURANCE

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

TRANSPORTATION WITHIN MADRID

All registered participants will be provided with a ticket entitling them to unlimited travel on public transportation during the Congress: August 23-26, 2008.

For further information, please visit the following websites:

www.aena.es

www.ctm-madrid.es

www.emtmadrid.es

WEBSITE: www.efns.org/efns2008

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



BURSARIES

The EFNS offers up to 200 bursaries consisting of free registration to the congress and four nights hotel accommodation to European neurologists under the age of 35 who are not yet in a permanent position and whose abstract has been accepted. 20 of these bursaries will be awarded for papers on movement disorders through a grant funded jointly by the EFNS and the Movement Disorder Society - European Section (MDS-ES). The bursary applications for papers on movement disorders will be reviewed by MDS-ES and EFNS.

The EFNS is pleased to inform that it is now also possible for young colleagues from EFNS Associate member societies (Algeria, Egypt, Lebanon, Libya, Jordan, Morocco, Tunisia and Syria) 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. This information should be sent either by e-mail (a scanned copy) to:

efns08@kenes.com, or by fax to: +41 22 732 2850, marked clearly to the attention of EFNS 2008 Congress Secretariat.

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

Deadline for submission of abstracts and bursaries is March 3, 2008.

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.



CALL FOR ABSTRACTS

Participants are requested to submit an abstract to the Secretariat

NO LATER THAN MARCH 3, 2008

together with the registration form and fees. The Congress Programme Committee welcomes the submission of abstracts on any neurological topic. The committee will decide the form of presentation: oral or poster. If you do not want to give a platform presentation, please select "poster only" when submitting your abstract. If you have no special preference, please select "either" when submitting your abstract. Authors will be notified of the method of presentation, which will be decided by the Programme Committee. Accepted abstracts will be printed in a supplement to the European Journal of Neurology provided that the Congress Programme Committee considers them suitable for publication.

ABSTRACTS OF INVITED SPEAKERS

Invited speakers will receive a special weblink for submission of abstracts, and are requested NOT to use the regular abstract submission form on the website.

METHOD OF SUBMISSION

Abstracts must be submitted via the internet: www.efns.org/efns2008.

If you have no access to the internet, please contact the Secretariat.

GUIDELINES FOR SUBMISSION

1. The abstract should be as informative as possible:
 - (a) state specific object of study
 - (b) state method used if pertinent
 - (c) summarize results obtained
 - (d) state conclusions reached
2. Abstracts should be structured.
3. Standard abbreviations may be used.
4. Inclusion in the Scientific Programme and Abstract Volume is dependent on payment of registration fees.
5. Facilities for computerized projection will be available for all congress sessions (teaching courses, main topics, short communications, focused workshops, and special sessions). Video projection (European VHS/PAL system, low band) and overhead projection will be provided only if ordered by **July 10, 2008**.

PLEASE NOTE THAT THERE WILL BE NO POSSIBILITY TO SHOW SLIDES.

6. Abstracts should be submitted in good English.

**ABSTRACTS SHOULD BE SUBMITTED USING THE INTERNET SITE OF THE
CONGRESS. FOR FURTHER INSTRUCTIONS, PLEASE VISIT THE SITE:
www.efns.org/efns2008**

FAXED ABSTRACTS ARE NOT ACCEPTABLE.



ABSTRACT TOPICS

1. Ageing and dementia
2. Autonomic nervous system
3. Cerebrovascular diseases
4. Child neurology/
developmental neurology
5. Clinical neurophysiology
6. Cognitive neurology/neuropsychology
7. Critical care
8. Education in neurology
9. Epilepsy
10. Ethics in neurology
11. Headache and pain
12. History of neurology
13. Infection and AIDS
14. Motor neurone diseases
15. Movement disorders
16. MS and related disorders
17. Muscle and neuromuscular junction disease
18. Neuroepidemiology
19. Neurogenetics
20. Neuroimaging
21. Neuroimmunology
22. Neurological manifestations of systemic
diseases
23. Neurology and arts
24. Neuro-oncology
25. Neuroophthalmology/
neurootology
26. Neurotoxicology/occupational neurology
27. Neurotraumatology
28. Peripheral nerve disorders
29. Rehabilitation
30. Sleep disorders
31. Spinal cord and root disorders

LATE BREAKING NEWS

Abstracts must be submitted before April 5, 2008.

If data are not yet available at submission deadline, authors should present background and design of the study in their abstract and confirm that the results and conclusions of their investigations will be ready for presentation at the 12th EFNS Congress. Please send your confirmation about this in writing by e-mail, fax or regular mail when submitting your abstract to:

EFNS 2008

c/o Kenes International

1-3 rue de Chantepoulet, PO Box 1726, CH-1211 Geneva 1, SWITZERLAND

Tel: +41 22 908 0488, Fax: +41 22 732 2850

e-mail: efns08@kenes.com

As in the nature of the wording, late breaking abstracts are NOT regular abstracts, but important contributions that cannot wait to be presented at the next EFNS congress. Late abstract submissions will not be accepted.

No case reports will be accepted.

Only a limited number of high-standard abstracts can be retained for one oral session on the last day of the congress. These abstracts must be exclusively related to results of new treatments of neurological disorders, which have not been presented at any other national or international congress. Interesting abstracts, not retained for the oral session, can only be presented as poster without publication.

ONGOING CLINICAL TRIALS

A special poster session on ongoing clinical trials might be held provided that a sufficient number of good abstracts meeting this particular format and its criteria will be received and selected. If you wish to present your study at this session, please add “ongoing clinical trial” after the title. This special poster session is mainly aiming at raising awareness about new studies and to allow possible new centres to be involved.

POSTER INSTRUCTIONS

Posters must be mounted on the day for which they are accepted between 08:00 and 09:00 in the morning and remain on display until the end of sessions on that day. The dimensions of the poster board are 90 cm wide x 120 cm high. Material for mounting posters will be provided in the poster area.

Authors are requested to be present at their posters during the poster session for which their poster has been scheduled. At that time, poster chairpersons will walk around and discuss posters selected by the Congress Programme Committee for discussion by the poster chairperson.

Detailed instructions for preparing posters will be available on the Congress website: www.efns.org/efns2008 in due course.

EFNS SCIENTIST PANEL PRIZE FOR FREE PRESENTATIONS

The EFNS Scientific Committee has introduced a new prize for presentations at the EFNS Congress. All free presentations (short communications, posters) selected for presentation at the 2008 Congress of the EFNS will automatically take part in the selection of a Scientist Panel Prize. The EFNS Scientist Panels (currently 28, in all fields of neurology) will be responsible for the evaluation process (independent from other prizes and the programme organisation). The prize for each selected presentation will be € 500, a diploma, and the winners will be announced in the *European Journal of Neurology* and the EFNS Newsletter. The prize will be awarded to the first author who needs to be the person to present the work at the congress.

A presentation can only be the winner of one scientist panel prize.

Notification about the Scientist Panel Prize Award will be sent within four weeks after the congress.

Further details on the procedures will be placed on the EFNS website.



TOURNAMENT – USCHI TSCHABITSCHER PRIZE FOR YOUNG NEUROLOGISTS

For the sixth time, a tournament for young neurologists will take place at an EFNS Congress. 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 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 should 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 13th EFNS Congress in Florence, September 12-15, 2009, up to four nights hotel accommodation, a travel grant, as well as € 1,000. The prize is not transferable and participation in the 13th Congress of the EFNS will not be paid off in cash.

HOTEL ACCOMMODATION



Registration Department
1-3 rue de Chantepoulet, P.O. Box 1726
CH-1211 Geneva 1, Switzerland
Tel: +41 22 908 0488, Fax: +41 22 732 2850
E-mail: reg_efns08@kenes.com

Kenes International is the official travel agent for the **12th Congress of the European Federation of Neurological Societies**, and will be offering special reduced rates for hotel accommodation.

Accommodation at special rates is available in the following hotels:

Hotel	Category	Single room	Double room	Travel time by Metro to the IFEMA Congress Center
InterContinental Madrid (headquarter)	★★★★★	€ 220	€ 250	25-30 minutes
Hesperia Madrid	★★★★★	€ 220	€ 250	25-30 minutes
Silken Puerta de America	★★★★★	€ 200	€ 220	30-35 minutes
Meliá Castilla	★★★★★	€ 150	€ 160	20 minutes
Sofitel Campo de las Naciones	★★★★	€ 230	€ 240	5 minutes walking
ME Madrid	★★★★	€ 220	€ 250	25-30 minutes
Novotel Campo de las Naciones	★★★★	€ 195	€ 215	5 minutes walking
AC Cuzco	★★★★	€ 190	€ 210	20-25 minutes
NH Hotel Eurobuilding	★★★★	€ 195	€ 215	25 minutes
NH Principe de Vergara	★★★★	€ 140	€ 160	25-30 minutes
Meliá Galgos Standard Room	★★★★	€ 135	€ 145	30 minutes
Meliá Galgos Superior Room	★★★★	€ 145	€ 155	30 minutes
Holiday Inn	★★★★	€ 125	€ 135	25 minutes
NH Abascal	★★★★	€ 115	€ 125	30 minutes
* Meliá Avenida America	★★★★	€ 95	€ 105	5-10 minutes by bus



* Auditorium	★★★★	€ 95	€ 105	10-15 minutes by bus
Confortel Atrium	★★★★	€ 90	€ 100	15 minutes
Confortel Alcala Norte	★★★★	€ 80	€ 90	8 minutes by bus
Confortel Suites Madrid Standard Room	★★★	€ 80	€ 95	15 minutes
Confortel Suites Madrid Superior Room	★★★	€ 95	€ 105	15 minutes
NH Zurbano	★★★	€ 110	€ 120	25-30 minutes
Confortel Pio XII	★★★	€ 90	€ 100	10-15 minutes
Travelodge Torrelaguna	★★★	€ 75	€ 85	15 minutes by bus
Ibis Barajas Airport	★★★	€ 75	€ 85	15 minutes

* Free transportation will be provided for Congress participants every morning to the IFEMA Congress and back to the hotel at the end of sessions on all congress days.

Rates shown are per room, per night and inclusive of breakfast and taxes.

Please refer to the Congress website for updates on Accommodation availability.

BOOKING

In order to benefit from the special rates, please use one of the following booking methods:

- Send the enclosed Registration and Accommodation Form with the required deposit by FAX or MAIL at your earliest convenience
- Book your hotel accommodation through the congress website:
www.efns.org/efns2008

We strongly advise all participants to reserve their hotel accommodation as soon as possible.

Reservations will only be confirmed if credit card details are fully supplied; alternatively, please forward a deposit of 1 night payment per room in order to guarantee your accommodation.

Each participant will receive an individual confirmation, indicating the name and address of the hotel. The booking will be final upon receipt of the corresponding deposit.

For hotel reservation made by a sponsoring company, the participant will receive the hotel confirmation from the sponsoring company directly.

For block bookings (10 rooms and up) companies are requested to send their request by fax or e-mail to Kenes International. Different payment and cancellation policies will apply.

PAYMENT

Full payment for accommodation, provided by Kenes International is payable (less deposit) before your arrival in Madrid.

Kenes International accepts Travellers' cheques and Euro cheques (in the currency of the issuing country), Visa, Master Card, Diners Club and American Express* credit cards.

*** For Amex credit cards, charges will be made in US Dollars according to the rate of exchange on the day of the transaction.**

Please note, 3 weeks prior to arrival in Madrid, your credit card will be automatically charged for the balance of your hotel accommodation. Participants who paid with a bank transfer or cheque, need to send this balance to Kenes International. Full prepayment is required for all hotel accommodations.

CANCELLATION OF ACCOMMODATION

- Prior to 15 days before arrival (up to 8/8/08) – Full refund less handling fee of € 35.
- Between 14-10 days prior to arrival (up to 13/8/08) – 1 night cancellation charge.
- From 14/8/08 - No refund

In the event of non-arrival, the hotel will automatically release the reservation, and the payment will be non-refundable.

All changes or cancellations have to be made in writing to Kenes International. Please do not contact the hotel directly.

EARLY DEPARTURE FEE

Guests will be charged for checking out prior to the departure date confirmed at check-in.

Official check-in time for hotels is 15:00 h and check out is 12:00 h.

IMPORTANT NOTE

Kenes International, and their agents, shall not be responsible for and shall be exempt from all liability in respect of any loss, damage, injury, accident, delay or inconvenience to any person, or his/her luggage or any other property for any reason whatsoever, for any tourist services provided. Personal travel and health insurance is recommended.

OPTIONAL TOURS

Kenes International has appointed ITB as its local agent. They will be offering a selection of tours in and around Madrid.



EFNS 2008

**PRELIMINARY
SCIENTIFIC
PROGRAMME**



PRELIMINARY SCIENTIFIC PROGRAMME

TEACHING COURSES

Saturday, August 23, 2008
09:30 – 11:00

Free Teaching Course:
“How do I examine...?”

Course directors: **Jacques L. De Reuck**, Ghent, Belgium
Antonio Gil-Nagel, Madrid, Spain

... an epilepsy patient?
Antonio Gil-Nagel, Madrid, Spain

... a movement disorders patient?
Niall Quinn, London, UK

... a multiple sclerosis patient?
Michel Clanet, Toulouse, France

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 1:
Movement disorders: skills and basics in diagnosis and therapy –
basic clinical knowledge

Course directors: **Wolfgang Oertel**, Marburg, Germany
Jaime Kulisevsky, Barcelona, Spain

Non-motor manifestations of Parkinson's disease – the new challenge
Wolfgang Oertel, Marburg, Germany

Pharmacotherapy in Parkinson's disease: case studies
Joaquim Ferreira, Lisboa, Portugal

Ataxias – clinical symptomatology (videos), diagnosis and treatment
Bart van de Warrenburg, Nijmegen, The Netherlands

Diagnosis and management of essential and dystonic tremors (videos)
Jaime Kulisevsky, Barcelona, Spain

This teaching course on “Basics in movement disorders” will introduce the non-motor symptoms in Parkinson's disease. In addition, participants will hear the latest developments in the pharmacotherapy of Parkinson's disease, which will be presented with case studies.

The course also includes a review on the clinical symptomatology, diagnosis and treatments of the different ataxias, and the diagnosis and management of essential and dystonic tremors. Most of the sections will include video presentations.

Upon completion of the course participants will be able to:

- identify non-motor symptoms in Parkinson's disease
- evaluate evidence-based medicine pharmacotherapy in PD and new developments
- discuss the latest diagnostic and therapeutic strategies for ataxia
- describe the diagnosis and management of essential and dystonic tremor

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 2:
Movement disorders update – advanced**

Course directors: **Eduardo Tolosa**, Barcelona, Spain
Wolfgang Oertel, Marburg, Germany

Management of difficult Parkinson's disease patients

Eduardo Tolosa, Barcelona, Spain

Nocturnal disturbances in Parkinson's disease

Isabel Arnulf, Paris, France

Gait disorders

Nir Giladi, Tel Aviv, Israel

Myoclonus, a practical approach to diagnosis and treatment

Peter Brown, London, UK

The teaching course "Updates in movement disorders – advanced" is directed to participants with a basic to intermediate level of knowledge in the diagnosis and therapy of movement disorders.

The first section addresses the management of difficult Parkinson's disease patients in the early and late stages. This presentation is followed by a discussion on nocturnal disturbances in Parkinson's disease. This topic will also include a discussion of the comorbidity of sleep disorders in Parkinson's disease.

The last two talks address the complicated areas of the differential diagnosis and therapy in gait disorders and the often neglected topic of myoclonus.

Upon completion of the course participants will be able to:

- discuss the management of difficult Parkinson's disease patients (pharmacotherapy, deep brain stimulation)
- identify nocturnal disturbances in Parkinson's disease (part of the disorder, comorbidity)
- diagnose and treat gait disorders of various causes
- diagnose and treat myoclonus of different causes

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 3:
Stroke epidemiology and risk factors: a clinical update –
basic clinical knowledge

Course directors: **Bo Norrving**, Lund, Sweden
David Tanne, Tel Aviv, Israel

Patterns of stroke in Europe: stable or changing?
Bo Norrving, Lund, Sweden

Life style risk factors
David Tanne, Tel Aviv, Israel

Risk factors for stroke: old and new
Marcel Arnold, Bern, Switzerland

Stroke genes in theory and practice
Valeria Caso, Perugia, Italy

Prevention of stroke remains a major challenge. Recent data show that overall incidence rates have declined in some geographical areas, and that previously increasing rates in younger age groups appear to have stabilised. Traditional risk factors (hypertension, diabetes, smoking and atrial fibrillation), which account for about two thirds of all strokes, are still far from being optimally detected and treated. Several new risk factors for stroke have been identified. New insights have been gained regarding the importance of life style factors. Evidence from twin and family studies show that genetic factors contribute to risk of stroke. Several gene polymorphisms have been associated with stroke, and a number of monogenic causes of stroke have been identified.

The aim of this teaching course is to provide an update on recent advances in stroke epidemiology and risk factors, with focus on issues which are most relevant for clinical practice.

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 4:
Update on diagnostics in stroke – advanced**

Course directors: **Bo Norrving**, Lund, Sweden
E. Bernd Ringelstein, Münster, Germany

Diagnosing underlying causes of intracerebral haemorrhage

Charlotte Cordonnier, Lille, France

CT and MR techniques for decisions on thrombolysis beyond 3 hours

Keith Muir, Glasgow, UK

Ultrasound and imaging methods to investigate carotid plaque morphologies – implications for treatment?

Carlos Molina, Barcelona, Spain

Detection of microembolic signals and their clinical relevance

E. Bernd Ringelstein, Münster, Germany

The aim of this teaching course is to provide an advanced update on diagnostic issues in four areas in which important recent progresses have been made.

Intracerebral haemorrhage may be caused by a large number of specific causes. Although certain radiological features may characterise particular underlying causes, decisions in clinical practice on the need, best method, and timing of further diagnostic procedures are often difficult, and will be highlighted in the first session.

There is increasing evidence that multimodal MRI may be useful in identifying patients who are most likely to benefit from thrombolytic therapy beyond 3 hours. Current methodological issues and trial data on the use of both methods will be reviewed in the second session.

Several diagnostic tools are currently available for characterisation of the morphology of carotid artery plaques. The third session will deal with the potential prognostic and therapeutic implications of the use of such techniques.

Transcranial Doppler ultrasound is a sensitive technique to detect microemboli in the cerebral circulation. The fourth session will review current concepts on the usefulness of ultrasound microemboli detection in clinical practice.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 5:
Luigi Amaducci Teaching Course on dementia: basic clinical knowledge

Course directors: **Philip Scheltens**, Amsterdam, The Netherlands
Bruno Dubois, Paris, France

Taking history of patients with cognitive complaints
Gunhild Waldemar, Copenhagen, Denmark

Attention, memory and executive functions
Bruno Dubois, Paris, France

Praxis, parietal, visuo-spatial and visuo-perceptual functions
Jason Warren, London, UK

Language functions
Yolande Pijnenburg, Amsterdam, The Netherlands

Cognition and behaviour, often summarised as the 'higher cortical functions', belong to the most complex human brain functions. Nevertheless, in the standard neurological examination they are often neglected. Terms like 'confusion' are used incorrectly to indicate a person's altered mental state.

This teaching course aims at offering a practical guide for the assessment of cognitive functions. By the end of the course, clinicians should be able to perform bedside tests, to assess cognitive functions by domain and create a clinical differential diagnosis. Video fragments will serve as an illustration.

Saturday, August 23, 2008
14:30 – 16:30

Teaching Course 6:

Luigi Amaducci Teaching Course on dementia: advanced insight in treatment options

Course directors: **Philip Scheltens**, Amsterdam, The Netherlands
Lutz Frölich, Mannheim, Germany

Overview of current treatments: pros and cons

Philip Scheltens, Amsterdam, The Netherlands

Treatment of vascular risk factors: how far, how long and with what aim?

Frank-Erik de Leeuw, Nijmegen, The Netherlands

New amyloid lowering strategies: do they work clinically?

Nick Fox, London, UK

Dietary supplements and medical food: worth taking?

Lutz Frölich, Mannheim, Germany

Insights in new dementia treatments are emerging rapidly. On top of symptomatic treatments new and challenging concepts have been developed and tested. It is time to make up the balance: what can we offer to reduce progression of Alzheimer's disease and what are the pros and cons of each of the new treatments? How far should we go in lowering blood pressure and treat hypercholesterolaemia? What is the position of new dietary supplements and food in general in Alzheimer's disease?

After this advanced course participants should be able to make a distinction between evidence based treatments and optional ones and should be able to make a treatment plan in any AD patient at every stage of the disease.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 7:
Practical clinical management of epilepsy – basic clinical knowledge

Course directors: **Elinor Ben-Menachem**, Göteborg, Sweden
Antonio Gil-Nagel, Madrid, Spain

Diagnostic pitfalls in epilepsy – including video

Pierre Genton, Marseille, France

Treating epilepsy across its different stages – including video

Emilio Perucca, Pavia, Italy

Surgical treatments of epilepsy - how to select patients and what needs to be done to identify the best candidates – including video

Paul Boon, Ghent, Belgium

Antiepileptic drug interactions you should not miss

Philip N. Patsalos, London, UK

Although many patients with epilepsy can be readily diagnosed, differential diagnosis can be complicated in a significant number of patients with symptoms that suggest seizures. The diagnosis of epilepsy usually leads to the initiation of antiepileptic drug treatment. Among the different antiepileptic drugs the neurologists have to make a choice based on the epilepsy syndrome, patient characteristics and potential drug interactions. Psychiatric comorbidity is common, especially in patients with medically refractory seizures. Surgery can be an option for some patients, and timing of the intervention is based on the type of epilepsy and response to therapy among other issues. Advising excessive restrictions in patients with epilepsy may not be supported by current evidence, and may impose unnecessary limitations in their lifestyle. This course will review these aspects related to the diagnosis and therapy of epilepsy.

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 8:
Advanced clinical aspects of epilepsy for the clinician**

Course directors: **Elinor Ben-Menachem**, Göteborg, Sweden
Antonio Gil-Nagel, Madrid, Spain

Depression in epilepsy. Mechanisms and therapeutic approach

Bettina Schmitz, Berlin, Germany

Effects of seizures and antiepileptic drugs during pregnancy

Torbjorn Thomson, Stockholm, Sweden

Treating epilepsy in children

Lieven Laggae, Leuven, Belgium

What is the evidence to impose restrictions to life style?

Antonio Gil-Nagel, Madrid, Spain

Although many patients with epilepsy can be readily diagnosed with an adequate clinical history and a minimum of ancillary tests, differential diagnosis can be complicated in a significant number of patients with symptoms that suggest seizures. The diagnosis of epilepsy usually leads to the initiation of antiepileptic drug treatment. Among the different antiepileptic drugs the neurologists have to make a choice based on the epilepsy syndrome, patient characteristics and potential drug interactions. Psychiatric comorbidity is common, especially in patients with medically refractory seizures. Surgery can be an option for some patients, and timing of the intervention is based on the type of epilepsy and response to therapy among other issues. Advising excessive restrictions in patients with epilepsy may not be supported by current evidence, and may impose unnecessary limitations in their lifestyle. This course will review these aspects related to the diagnosis and therapy of epilepsy, with special attention to difficult clinical situations.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 9:
Management of early multiple sclerosis – basic clinical knowledge

Course directors: **Franz Fazekas**, Graz, Austria
Per Soelberg Sørensen, Copenhagen, Denmark

MRI in the diagnosis and monitoring of early MS

Franz Fazekas, Graz, Austria

Clinically isolated syndromes – who should be treated and who should not be treated

Xavier Montalban, Barcelona, Spain

Treatment of aggressive early MS

Gilles Edan, Rennes, France

Monitoring treatment of early MS – escalating therapy

Per Soelberg Sørensen, Copenhagen, Denmark

The aim of the course is to provide the recent advances regarding diagnosis and treatment of early MS.

The course will offer the participants state-of-the-art knowledge regarding MRI in the diagnosis of early MS and how to use MRI to monitor patients suspected for MS. The important question of which patients should be treated after the first demyelinating episode will be extensively discussed.

Furthermore, the course will make available the latest advances regarding treatment of early aggressive MS.

Finally, the participants will have the opportunity to enhance their knowledge regarding monitoring of early MS and how to escalate therapy in patients with an insufficient response.

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 10:
Management of early multiple sclerosis – advanced**

Course directors: **Peter Rieckmann**, Würzburg, Germany
Finn Sellebjerg, Copenhagen, Denmark

What is triggering MS – immunology of early MS

Peter Rieckmann, Würzburg, Germany

Biomarkers of disease activity and prognosis

Krzysztof Selmaj, Lodz, Poland

Biomarkers of response to therapy

Finn Sellebjerg, Copenhagen, Denmark

Immunopathology in early and advanced MS

Hans Lassmann, Vienna, Austria

With updated information on the pathology of early multiple sclerosis we realised that many determining steps in the pathophysiological cascade of this chronic disease happen already during the first relapses. Therefore, it is in the patients' interest to establish and validate early prognostic markers for individual risk of progression and response to disease modifying treatment. This teaching course will summarise the latest development in this particular area of research based on advanced histopathological studies of CNS tissues from MS patients and results from experimental models of MS.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 11:
Autonomic disorders in neurology: diagnosis and management

Course directors: **Max Hiltz**, Erlangen, Germany
Pietro Cortelli, Bologna, Italy

Autonomic differentiation of MSA & Parkinson's disease

Christopher Mathias, London, UK

Sleep disorders in autonomic failure syndromes

Pietro Cortelli, Bologna, Italy

Autonomic dysfunction in headache and painful disorders

Heinz Lahrmann, Vienna, Austria

Autonomic disorders in GBS and diabetic neuropathy: pathophysiology, clinical relevance and management

Max Hiltz, Erlangen, Germany

In this course we will address some of the most important aspects of autonomic nervous system dysfunction. The differential diagnosis between autonomic dysfunction in Parkinson's disease and multisystem atrophy may be challenging even for experienced neurologists. So far, sleep disorders have often been neglected in autonomic failure syndromes although they are of high clinical relevance. We will address the close link between headache and painful disorders and autonomic dysfunction. The early diagnosis of autonomic neuropathy is essential for the prognosis of diabetic patients. Similarly, autonomic dysfunction is of primary relevance for the prognosis of Guillain-Barré-Syndrome.

Upon completion of this course, participants will be able to:

- better distinguish between autonomic failure in MSA and Parkinson patients
- identify autonomic risk factors in sleep disorders
- recognise autonomic dysfunction in headache patients
- diagnose autonomic failure and assess risk factors in diabetic and in GBS patients

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 12:
Evidence-based medicine headache treatment**

Course directors: **Stefan Evers**, Münster, Germany
Peter Sandor, Zurich, Switzerland

Modern acute and prophylactic drug treatment of migraine

Stefan Evers, Münster, Germany

Drug and non-drug treatment in tension-type headache

Lars Bendtsen, Copenhagen, Denmark

Modern treatment of trigemino-autonomic cephalgias

Arne May, Hamburg, Germany

Empiric and evidence-based treatment of rare idiopathic headache disorders

Peter Sandor, Zurich, Switzerland

This course will focus on the evidence-based treatment procedure in idiopathic headache disorders and is aimed to provide a modern approach for headache management in general neurology. For migraine and for trigemino-autonomic cephalgias, an update of the published EFNS guidelines on acute and prophylactic drug treatment will be given. For tension-type headache, the different treatment procedures for the episodic and chronic types will be presented. The last part will focus on rare idiopathic headache disorders such as idiopathic stabbing headache, exertional headache, sexual headache, and thunderclap headache.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 13:
Neuromuscular disorders

Course directors: **Isabel Illa**, Barcelona, Spain
Jean-Marc Léger, Paris, France

Differential diagnosis of myotonias

Giovanni Meola, Milano, Italy

Limb girdle weakness

Marianne de Visser, Amsterdam, The Netherlands

Management of chronic axonal polyneuropathy

Jean-Marc Léger, Paris, France

Treatment of sero-positive and sero-negative myasthenia gravis

Isabel Illa, Barcelona, Spain

The aim of this course is to familiarise neurologists with both, basic as well as practical aspects of neuromuscular disorders, through the particular view of experts in each of the four selected fields.

The course will focus on the new and most important aspects of molecular genetics, clinical and therapeutic aspects of the different topics. It will generate awareness about the enormous changes in the field of neuromuscular disorders through a comprehensive description of the recent advances in the pathogenesis, the diagnosis and everyday management of these disorders.

Saturday, August 23, 2008
14:30 – 16:30

Teaching Course 14:
Amyotrophic lateral sclerosis (ALS)

Course directors: **Albert Ludolph**, Ulm, Germany
Vincenzo Silani, Milano, Italy

The role of genetics in ALS

Peter Andersen, Umeå, Sweden

Evidence-based drug treatment in ALS and upcoming clinical trials

Vincenzo Silani, Milano, Italy

Non-neuronal cells in the pathogenesis of ALS

Albert Ludolph, Ulm, Germany

Palliative care in ALS

Reinhard Dengler, Hannover, Germany

This course addresses the spectrum of recent progress in ALS, from genetics to palliative care. The genetics of ALS were previously restricted to dominant patterns of inheritance. Today also recessive and di- or polygenetic pathways come into play. Activities to develop drugs for ALS treatment and the complementary clinical trials are a major issue in ALS research. This includes translation of results from mice to men. Present knowledge suggests that the pathogenesis of ALS is dependent from an interplay between neuronal and non-neuronal cells; the role of non-neuronal cells is more important than previously thought. As long as pharmacological treatment approaches to ALS are restricted, it remains a focus to improve palliative care in ALS patients.

Therefore, speakers will address this pattern of current ALS research focussing on clinically relevant principles.

Saturday, August 23, 2008
11:30 – 13:30

Teaching Course 15:
Sleep disorders in neurology

Course directors: **Poul Jennum**, Copenhagen, Denmark
Joan Santamaria, Barcelona, Spain

Basis of sleep. Laboratory diagnosis of sleep disorders
Poul Jennum, Copenhagen, Denmark

Clinical symptoms of sleep disorders. How to make a good clinical sleep history
Joan Santamaria, Barcelona, Spain

Sleep walking and sleep terrors in children and adults
Geert Mayer, Schwalmstadt, Germany

Management of the most common sleep problems in neurologic patients
Claudio Bassetti, Zurich, Switzerland

Sleep disorders are very commonly observed in most neurological patients and co-existence of sleep disorders such as sleep disordered breathing or REM behavioural disorders in neurological disorders may worsen daytime function and increase morbidity and mortality. Treatment of sleep disorders reduces daytime symptoms and potential complications. In this course basic physiology, clinical presentations of sleep disorders, diagnostic procedures and management of the most common disorders will be presented.

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 16:
Neuro-ophthalmology**

Course directors: **Christoph Helmchen**, Lübeck, Germany
Dominik Straumann, Zurich, Switzerland

Disorders of visual pathways: clinical and imaging examination

Gordon Plant, London, UK

Clinical and electrophysiological assessment of ocular motor and premotor palsies

Dominik Straumann, Zurich, Switzerland

Nystagmus and ocular oscillations: investigation and clinical role

Christoph Helmchen, Lübeck, Germany

Cortical saccade control: using antisaccades as an experimental probe of cognitive brain function and their clinical use

Bertrand Gaymard, Paris, France

Eye movement abnormalities provide a clinical tool to study dysfunction of the brain, to monitor disease progression, and to evaluate responses to therapeutic trials. The fine assessment of eye movements relies on a great variety of clinical tests and highly precise recording techniques. This course will provide a guide to examine both visual and ocular motor disorders as well as their interactions.

G. Plant will begin with an overview of peripheral and central visual disorders. In one part of his talk he will focus on the very common optic neuritis and its neuro-ophthalmologic consequences.

D. Straumann will review the clinical bedside examinations and electrophysiological tests.

C. Helmchen will discuss the clinical significance of involuntary abnormal eye movements and ocular oscillations and their potential therapy.

Finally, B. Gaymard will demonstrate how antisaccades can be used to examine higher cognitive brain functions. He will demonstrate the consequences of a failure of cortical inhibition of reflexive eye movements towards distracting stimuli.

The course is designed to familiarise neurologists with the clinical and experimental tools for assessing visual and ocular motor disorders and their interactions in health and disease.

Saturday, August 23, 2008

11:30 – 13:30

**Teaching Course 17:
Therapy in neurology I**

Course directors: **Detlef Kömpf**, Lübeck, Germany
Jes Olesen, Copenhagen, Denmark

Therapeutic approach: when approved drugs fail in Alzheimer's disease
Rafael Blesa, Barcelona, Spain

IVIG therapy in neurology: getting enough "bang for the buck"?
Irina Elovaara, Tampere, Finland

Headache: old and new approaches
Hans-Christoph Diener, Essen, Germany

Therapy in neuro-ophthalmology and -otology: nystagmus, ocular oscillations and vertigo
Thomas Lempert, Berlin, Germany

Saturday, August 23, 2008

14:30 – 16:30

**Teaching Course 18:
Therapy in neurology II**

Course directors: **Jacques L. de Reuck**, Ghent, Belgium
Wolf-Dieter Heiss, Köln, Germany

Therapy in cerebral gliomas and lymphoma
Jerzy Hildebrand, Brussels, Belgium

MS escalation therapy
Per Soelberg Sørensen, Copenhagen, Denmark

Therapy in acute stroke: drugs, intensive care, stroke units
Markku Kaste, Helsinki, Finland

Evidence based treatment of immune-mediated neuropathies
Richard Hughes, London, UK

Sunday, August 24, 2008
20:30

“Tapas Dinner”
Management of the dizzy patient

Chairperson and speaker: **Thomas Brandt**, Munich, Germany

Peripheral or central vestibular syndromes are commonly characterised by a combination of vertigo, nystagmus, postural imbalance, and nausea. These four manifestations correlate with different aspects of vestibular function. The vertigo itself results from a disturbance of cortical spatial orientation; nystagmus is secondary to a direction-specific imbalance in the vestibulo-ocular reflex, which activates brainstem neuronal circuitry. Postural imbalance is caused by inappropriate or abnormal activation of monosynaptic or polysynaptic vestibulo-spinal pathways. Finally, the unpleasant vegetative effects of nausea and vomiting are due to activation of the medullary vomiting center. Basically, there are three types of vestibular dysfunction with typical signs and symptoms which help to establish the correct diagnosis:

- Bilateral vestibular failure = vestibular loss. Key symptoms are oscillopsia associated with head movements (due to the defective vestibulo-ocular reflex) and unsteadiness of gait, particularly in the dark or on unlevel ground (when visual and somatosensory input cannot substitute for the missing vestibulo-spinal control) and – as recently discovered – deficits in spatial orientation and navigation.
- Acute unilateral lesions of the labyrinth, vestibular nerve, or central vestibular pathways = vestibular tone imbalance. Key symptoms are rotatory vertigo or perceived body tilt with a direction-specific deviation of gait and body falls (due to the lesion-induced vestibular tone imbalance).
- Inadequate paroxysmal stimulation of the vestibular system = vestibular attacks. Key symptoms are attacks of vertigo, ocular motor dysfunction, and postural imbalance which may occur spontaneously (basilar migraine, familial episodic ataxia, epilepsy) or may be elicited by changes in head position (benign paroxysmal positional vertigo, vestibular paroxysmia due to neuro-vascular cross-compression).

Central vestibular syndromes result from unilateral or bilateral lesions of vestibular structures in the brainstem, cerebellum, dorsolateral thalamus or vestibular cortex.

The prevailing good prognosis of vertigo should be emphasised, because

1. Many forms of vertigo have a benign cause and are characterised by spontaneous recovery of vestibular function or central compensation of a peripheral vestibular tone imbalance;
2. Most forms of vertigo can be effectively relieved by pharmacological treatment, physical therapy, surgery, or psychotherapy. New medical treatment options include 4-aminopyridine for downbeat nystagmus and familial episodic ataxia type 2.

Number of participants: up to 50 persons. Early booking is recommended.
Price per person: € 50

MAIN TOPICS

Sunday, August 24, 2008
08:30 – 10:30

Main Topic 1:
Silent strokes – how noisy are they?

Convenors: **Sarah Vermeer**, Rotterdam, The Netherlands
Bo Norrving, Lund, Sweden

Silent brain infarcts among stroke patients: innocent by-standers or prognostic determinants?

Bo Norrving, Lund, Sweden

The brain at risk: silent brain infarcts in the general population

Sarah Vermeer, Rotterdam, The Netherlands

The epidemic of silent stroke: can we prevent it?

Vladimir Hachinski, London, ON, Canada

Main Topic 2:
Trigemino-autonomic cephalgia

Convenor: **Juan A. Pareja**, Madrid, Spain

Clinical manifestations

Juan A. Pareja, Madrid, Spain

Pathophysiology and neuroimaging

Arne May, Hamburg, Germany

Treatment and neuromodulation

Massimo Leone, Milan, Italy

Sunday, August 24, 2008
08:30 – 10:30

Main Topic 3:
Neurostimulation for epilepsy

Convenor: **Paul Boon**, Ghent, Belgium

Neurostimulation, how, where and when?

Wytse Wadman, Amsterdam, The Netherlands

Clinical experience with vagus nerve and deep brain stimulation in epileptic patients

Paul Boon, Ghent, Belgium

The future of neurostimulation for epilepsy

Alim-Louis Benabid, Grenoble, France

Monday, August 25, 2008
08:30 – 10:30

Main Topic 4:
Movement disorders in 2008 – what's new, what works?

Convenor: **José Obeso**, Pamplona, Spain

Advances in genetics of movement disorders

Enza Maria Valente, Rome, Italy

Imaging of basal ganglia disorders

Daniela Berg, Tübingen, Germany

Neurosurgical options in Parkinson's disease

José Obeso, Pamplona, Spain

Main Topic 5:
Complications in neurocritical care patients

Convenors: **David Dolezil**, Ostrava, Czech Republic
Stefan Schwab, Erlangen, Germany

Metabolic and septic encephalopathy

David Dolezil, Ostrava, Czech Republic

Critical illness neuropathy and myopathy

Stefan Schwab, Erlangen, Germany

Bacterial meningitis in adults – new approaches in diagnosis and management

Erich Schmutzhard, Innsbruck, Austria

Neurogenic pulmonary oedema

Lutz Harms, Berlin, Germany

Monday, August 25, 2008
08:30 – 10:30

Main Topic 6:
Traumatic brain injury

Convenor: **Pieter Vos**, Nijmegen, The Netherlands

Mild traumatic brain injury and the post-concussion syndrome

Pieter Vos, Nijmegen, The Netherlands

New insights in the basic mechanisms and pathophysiology of diffuse axonal injury

John T. Povlishock, Richmond, VA, USA

Evidence-based guidelines for neurosurgical treatment of traumatic brain injury

Franco Servadei, Cesena, Italy

Cognitive sequelae and cognitive rehabilitation after traumatic brain injury

Philippe Azouvi, Garches, France

Tuesday, August 26, 2008
08:30 – 10:30

Main Topic 7:
From vascular dementia to CADASIL: clinical and pathogenic aspects

Convenors: **Antonio Federico**, Siena, Italy
Hubert Kwiecinski, Warsaw, Poland

From bed to bench and contrary in an interesting model of small vessel disease
Antonio Federico, Siena, Italy

From vascular dementia to CADASIL: MRI as a diagnostic tool and as a marker of therapeutic effectiveness
Franz Fazekas, Graz, Austria

The genetics of CADASIL
Martin Dichgans, Munich, Germany

What can we learn from the neuropathology of CADASIL
Dorota Dziewulska, Warsaw, Poland

Main Topic 8:
Disorders of the autonomic nervous system: from pathophysiology to diagnosis and treatment

Convenor: **Christopher Mathias**, London, UK

Central nervous system diseases
Pietro Cortelli, Bologna, Italy

Spinal cord injury
Christopher Mathias, London, UK

Familial amyloid polyneuropathy: an extraordinary model of peripheral autonomic failure
Teresa Coelho, Porto, Portugal

Endocrine or internal disorders
Jens Jordan, Berlin, Germany

Tuesday, August 26, 2008

08:30 – 10:30

**Main Topic 9:
New trends in MS therapy**

Convenors: **Krzysztof Selmaj**, Lodz, Poland
Xavier Montalban, Barcelona, Spain

Multiple sclerosis: one or several disease mechanisms?

Hans-Peter Hartung, Düsseldorf, Germany

Monoclonal antibodies and antigen-specific immunotherapy

Krzysztof Selmaj, Lodz, Poland

Combination therapy

Per Soelberg Sørensen, Copenhagen, Denmark

Designing individual therapy for the single MS patient

Xavier Montalban, Barcelona, Spain

FOCUSED WORKSHOPS

Sunday, August 24, 2008

15:30 – 17:00

**Focused Workshop 1:
Rehabilitation approaches in movement disorders**

Convenor: **Giovanni Abbruzzese**, Genova, Italy

New strategies in the rehabilitation of Parkinson's disease

Giovanni Abbruzzese, Genova, Italy

Update in rehabilitation of dystonia

Marie Vidailhet, Paris, France

rTMS in movement disorders: a potential tool for rehabilitation?

John Rothwell, London, UK

The syndromes that cause “movement disorders” are often represented by chronic conditions requiring a rehabilitative approach in addition to pharmacological treatment. In the recent years rehabilitation of movement disorders has largely changed due to our increased knowledge of the underlying physiological mechanisms and the introduction of new instrumental techniques. The workshop is focused on updates on recent developments of rehabilitation procedures in the field of movement disorders (mainly parkinsonism and dystonia) with a special attention to innovative interventions such as cortical stimulation.

Sunday, August 24, 2008
15:30 – 17:00

Focused Workshop 2:
REM and NREM motor and behavioural disorders

Convenor: **Poul Jennum**, Copenhagen, Denmark

REM behavioural disorders and other motor disturbances of sleep in advanced Parkinson's disease

Claudia Trenkwalder, Kassel, Germany

The spectrum of motor disturbances of sleep in RLS

Birgit Högl, Innsbruck, Austria

Differential diagnosis between paroxysmal arousals of NFLE and confusional arousals: old and new tools

Marco Zucconi, Milan, Italy

Consequences and autonomic activation in NREM and REM related disorders

Poul Jennum, Copenhagen, Denmark

During the past years there has been increased attention into sleep related motor and behavioural disorders. These disorders are not benign as earlier assumed, but are related to increased morbidity and mortality and often related to other major neurological disorders. Furthermore they are often difficult to assess. The current focused workshop will focus on these disorders to increase awareness and insight into NREM and REM related disorders.

Sunday, August 24, 2008
15:30 – 17:00

Focused Workshop 3:
Myotonic dystrophy

Convenor: **Abhijit Chaudhuri**, London, UK

Genetics and molecular aspects of myotonic dystrophy

Douglas Willcox, Glasgow, UK

Missed diagnosis of myotonic dystrophy

Bruno Eymard, Paris, France

Central and neuromuscular symptoms in myotonic dystrophy

Abhijit Chaudhuri, London, UK

Traditionally considered to be a muscle disease, myotonic dystrophy is a complex multi-systemic syndrome with distinct clinical and genetic subtypes. All parts of the nervous system may be affected and despite the ease of diagnostic test of different genetic subtypes, the molecular mechanism of the disease and its protean manifestation remains poorly understood. Recognition of this condition is extremely important because of the progressive nature of disability and risk of sudden cardiac death. The purpose of the focused workshop is to update practising neurologists with the recent developments in clinical genetics, diagnostic issues and symptom variability of this inherited disorder.

Sunday, August 24, 2008
15:30 – 17:00

Focused Workshop 4:
Nuclear medicine beyond routine procedures

Convenor: **Susanne Asenbaum**, Vienna, Austria

Amyloid imaging and PET

Agneta Nordberg, Stockholm, Sweden

Visualising new therapeutic concepts in PD – application of PET in cell-based therapy

Paola Piccini, London, UK

Differentiation of idiopathic and atypical parkinsonian syndromes

Andrea Varrone, Naples, Italy

Functional imaging in neurology is an important tool for diagnosis and therapy control. Especially dopamine transporter imaging achieved sustained success. However, nuclear medicine offers a wide variety of investigations dealing with different cerebral functions.

Labelling amyloid plaques is the challenge of the last years. Recent developments and applications in humans will be presented. Especially in movement disorders nuclear medicine investigations can be essential either for differential diagnosis or evaluation of therapeutic strategies. Methods of choice are FDG PET and imaging different transmitter systems. Importance of these techniques for clinical practice (e.g. differential diagnosis of movement disorders), as well as for neurological science (therapy monitoring) will be discussed.

Supported by an unrestricted educational grant by EANM (European Association of Nuclear Medicine)

Sunday, August 24, 2008
15:30 – 17:00

**Focused Workshop 5:
Enhancement of stroke recovery**

Convenors: **Anna Czlonkowska**, Warsaw, Poland
Vida Demarin, Zagreb, Croatia

Brain plasticity and stroke rehabilitation

Barbro Johansson, Lund, Sweden

Drugs used in stroke rehabilitation

Anna Czlonkowska, Warsaw, Poland

Can music help in stroke recovery?

Vida Demarin, Zagreb, Croatia

Modern concepts of stroke recovery include the brain's capacity to undergo dynamic, plastic changes. Brain imaging has provided an opportunity to visualise cerebral reorganisation associated with recovery from stroke. Evidence is accumulating that combining pharmacotherapy and various environmental stimulations with cognitive or motor rehabilitation can enhance recovery.

Monday, August 25, 2008
15:30 – 17:00

Focused Workshop 6:
Differential diagnosis in paraneoplastic neurological syndromes

Convenor: **Bruno Giometto**, Treviso, Italy

Paraneoplastic versus autoimmune encephalitis: the case of limbic encephalitis

Bruno Giometto, Treviso, Italy

Toxic versus paraneoplastic neuropathies: a possible overlap?

Christian Vedeler, Bergen, Norway

Endocrine paraneoplastic syndromes and metabolic disorders in the oncological patient: how to differentiate

Wolfgang Grisold, Vienna, Austria

The diagnosis of paraneoplastic neurological syndromes is generally difficult, although it has been facilitated by recent progress in immunology and by the definition of new clinical criteria. However, in some situations differential diagnosis is complicated and the diagnostic workup is not well defined. The aim of the workshop is to provide relevant clinical and laboratory updates in three clinical scenarios of paraneoplastic neurological syndromes in which differential diagnosis is particularly challenging.

Monday, August 25, 2008

15:30 – 17:00

**Focused Workshop 7:
Brain death criteria**

Convenors: **Hubert Kwiecinski**, Warsaw, Poland
Lutz Harms, Berlin, Germany

Brain death – different criteria in different countries

Michael Piradov, Moscow, Russia

Caveats and pitfalls in the determination of brain death

Hubert Kwiecinski, Warsaw, Poland

Declaration of brain death: how to be sure?

Juanjo Zarranz, Bilbao, Spain

Brain death criteria: is European consensus possible?

Lutz Harms, Berlin, Germany

Hubert Kwiecinski, Warsaw, Poland

Monday, August 25, 2008

15:30 – 17:00

**Focused Workshop 8:
Multiple sclerosis (MS): what can we learn from genetic studies?**

Convenor: **Hanne F. Harbo**, Oslo, Norway

Update on MS genetics

Hanne F. Harbo, Oslo, Norway

The role of genetics in differential diagnosis of MS

Bertrand Fontaine, Paris, France

Pharmacogenetics in MS and future implications

Pablo Villoslada, Pamplona, Spain

This focused workshop will give the neurologist or neurologist candidates the opportunity to discuss the most recent scientific evidence for the involvement of genes in multiple sclerosis and differential diagnoses of MS, and the relevance of this for neurological practice, including the future importance of pharmacogenetics in MS.

Monday, August 25, 2008
15:30 – 17:00

Focused Workshop 9:
Animal models of migraine

Convenor: **Jes Olesen**, Copenhagen, Denmark

Genetically modified animals

Arn van den Maagdenberg, Leiden, The Netherlands

Cortical spreading depression and vascular models

Saurabh Gupta, Copenhagen, Denmark

Behavioural models of migraine

Jes Olesen, Copenhagen, Denmark

The participants will learn about existing animal models of migraine. These models are important partly for experimental studies of migraine mechanisms, partly for the development of new candidate therapies for migraine. The workshop is therefore targeted towards neurologists with a research interest in migraine and/or representatives from the industry, who are interested in developing or using animal models of migraine.

Monday, August 25, 2008
15:30 – 17:00

Focused Workshop 10:
Herpes virus infection of the nervous system

Convenor: **Israel Steiner**, Jerusalem, Israel

Herpes simplex virus

Uta Myyding-Lamade, Frankfurt, Germany

Varicella Zoster virus

Peter G.E. Kennedy, Glasgow, UK

**The potential causative association of herpes viruses with neurological disease
(e.g. HHV-6 & EBV with MS; HSV with Alzheimer's disease)**

Israel Steiner, Jerusalem, Israel

The herpes viruses are double stranded DNA viruses with the unique ability to establish latent infection in their hosts and causing recurrent disease by reactivation. There are at least 8 human herpes viruses and 3 of them, HSV-1 & 2 and VZV establish latent infection in peripheral sensory ganglia, a reservoir site from which they can reactivate to cause severe neurological disease. The workshop will focus on the biology, pathogenesis, clinical features, course, therapy and prognoses of the neurological disorders caused by the neurotropic herpes viruses and discuss the possible herpetic etiology in several inflammatory and degenerative neurological disorders.

Tuesday, August 26, 2008
14:00 – 15:30

Focused Workshop 11:
Update on progressive supranuclear palsy (PSP)

Convenor: **Carlo Colosimo**, Rome, Italy

Molecular biological aspects of PSP

Günter Höglinger, Marburg, Germany

Diagnostic criteria and neuroimaging in PSP

Carlo Colosimo, Rome, Italy

The cognitive and behavioural disorder of PSP

Thomas Bak, Edinburgh, UK

As a result of participating in this workshop, the attendee should be better able to:

- describe the pathophysiology and clinical features of progressive supranuclear palsy
- discuss the diagnostic approach and neuroimaging tools available for this disease
- discuss the possible pharmacological and non-pharmacological treatment options

Tuesday, August 26, 2008
14:00 – 15:30

Focused Workshop 12:
Transient loss of consciousness: syncope vs. epilepsy

Convenor: **J. Gert van Dijk**, Leiden, The Netherlands

Classification and terminology – consciousness and transient loss of consciousness

J. Gert van Dijk, Leiden, The Netherlands

Syncope, orthostatic hypotension, neurocardiogenic syncope

Wouter Wieling, Amsterdam, The Netherlands

Cardiac metabolic and other causes of transient loss of consciousness

Piotr Kulakowski, Warsaw, Poland

Epileptic seizures versus syncope

Philippe Ryvlin, Lyon, France

The presence of some jerking movements in someone who was temporarily unconscious is often interpreted as evidence of epilepsy, without realisation that syncope can also cause myoclonus. Epilepsy, syncope and a few other attacks form a differential diagnostic group: "transient loss of consciousness (TLOC)". This focused workshop is suited for all clinical and practising neurologists, but also for internists, paediatricians and physicians in other disciplines who need to differentiate the various causes of TLOC.

Upon completion of this workshop, the participant will be able to:

- define transient loss of consciousness (TLOC)
- identify the major causes of syncope
- understand the circulatory pathophysiology of syncope forms, and
- will become acquainted with the roles of history-taking and tilt table tests
- will become acquainted with state-of-the-art treatment regimens of TLOC, in particular syncope

Tuesday, August 26, 2008
14:00 – 15:30

Focused Workshop 13:
Medication overuse headache: risk factors and treatment guidelines

Convenor: **Stefan Evers**, Münster, Germany

Pathophysiology and clinical picture of medication overuse headache

Zaza Katsarava, Essen, Germany

Evidence-based treatment of medication withdrawal and of withdrawal headache

Stefan Evers, Münster, Germany

Non-drug treatment and prophylaxis of medication overuse headache

Peter Kropp, Rostock, Germany

The workshop will first give an update on the pathophysiology of medication overuse headache (MOH) including risk factors and the typical clinical picture. Then, the existing guidelines on the treatment of MOH including treatment of withdrawal headache will be presented. Finally, the prophylactic and the long-term non-drug treatment will be presented. The aim of this workshop is also to summarise the current evidence-based treatment procedures in MOH in order to prepare EFNS guidelines for the treatment of this disorder.

Tuesday, August 26, 2008
14:00 – 15:30

Focused Workshop 14:
The diagnostic role of muscle biopsy in the investigation of patients with myalgias

Convenor: **Theodore Kyriakides**, Nicosia, Cyprus

A diagnostic approach in the evaluation of patients with myalgias – the role of muscle biopsy

Theodore Kyriakides, Nicosia, Cyprus

Myopathies commonly associated with myalgias

David Hilton-Jones, Oxford, UK

Muscle biopsy and biochemical tests – contribution to diagnosis in patients with myalgias

Corrado Angelini, Padova, Italy

At the end of the workshop the participant will be able to appreciate the indications and the potential usefulness of a muscle biopsy in the investigation of a patient with myalgias.

Tuesday, August 26, 2008
14:00 – 15:30

Focused Workshop 15:
Manipulation of afferent inputs in motor rehabilitation

Convenor: **Klaus Martin Stephan**, Meerbusch, Germany

Subliminal electrical and vibrotactile stimulation in stroke rehabilitation

Stefan Golaszewski, Salzburg, Austria

Upper plexus anaesthesia in stroke rehabilitation

Klaus Martin Stephan, Meerbusch, Germany

Repetitive sensory stimulation training in stroke

Hubert Dinse, Bochum, Germany

The manipulation of afferent input can be a very powerful tool to facilitate motor rehabilitation in stroke. In this focused workshop three promising techniques will be presented and demonstrated, which have been proven to open a new window for motor rehabilitation after stroke derived from clear neurobiological thinking. Examples will be presented also on hands.

SPECIAL SESSIONS

Sunday, August 24, 2008
15:00 – 17:00

Special Session:
EFNS-EUREPA – epilepsy symposium
Are new drugs not better than old ones?

Chairpersons: **Hermann Stefan**, Erlangen, Germany
Peter Wolf, Dianalund, Denmark

Treatment of a single seizure

Pros: Kristina Malmgren, Göteborg, Sweden
Cons: Bettina Schmitz, Berlin, Germany

Monotherapy new gold standard

Pros: Günter Krämer, Zurich, Switzerland
Cons: Phillipe Ryvlin, Lyon, France

Sunday, August 24, 2008
15:00 – 17:00

Special Session:
Neurology and art - The good life
EFNS/EFNA session

Hosted by: **Mary G. Baker**, London, UK

The diagnosis of a severe neurological disease is a watershed in people's lives. Life changes forever but that change need not be completely negative and some find strengths they were unaware of before.

In spite of this major earthquake, **Life Can Be Good**. We invite you to walk with us through art, music and dance, as seen through the looking glass of people living with a severe neurological disorder.

Sunday, August 24, 2008
15:00 – 17:00

Special Session:
Specific diagnostic tests for autonomic dysfunction

Organiser: **Luis Silva Carvalho**, Lisbon, Portugal

Basic and technical aspects of blood pressure and heart rate variability: time- and frequency-domain estimates

Jean-Luc Elghozi, Paris, France

Different tests of clinical relevance

Luis Silva Carvalho, Lisbon, Portugal

Clinical applications: MSA and Parkinson's disease

Jean-Michel Sénard, Toulouse, France

Biological data processing (practical), analysis of the time, time frequency and frequency domains of biological signals (demonstration)

All speakers

Autonomic dysfunction is recognised as a key element in the development and progress of many neurological diseases. A correct evaluation of the autonomic nervous system (ANS) is now considered essential as a good clinical practice in several areas of medicine. In recent years, an increasing number of tests became available for ANS evaluation but some controversy in their application and interpretation of the results made them not always easy to be applied by specialists in fields where ANS pathology is of major relevance such as cardiology, diabetology and, mainly, neurology.

The present session was specially shaped for neurologists. A critical review of the state-of-art of ANS testing will be presented and clinical insights in Parkinson's disease and multiple system atrophy will show a practical application of ANS testing. Other clinical situations will be also presented and discussed with the participants of the session.

Monday, August 25, 2008
14:30 – 17:00

Special Session:
European Basal Ganglia Club (EBGC)

Chairperson: **Wolfgang Oertel**, Marburg, Germany

Invited lecture:

**Can we prove neuroprotection in Parkinson's disease -
designing and analysing clinical trials**

Karl Kieburtz, Rochester, NY, USA

Supported by an unrestricted educational grant by Teva

Followed by a video discussion session

Monday, August 25, 2008
15:00 – 17:00

Spanish Special Session:
Diagnostic challenges in neurology – Part I

Chairperson: **Jesús Porta-Etessam**, Madrid, Spain
Co-chair: **Antonio Gil-Nagel**, Madrid, Spain

Moderators: **Eva López Valdés**, Madrid, Spain
Valentín Mateos, Oviedo, Spain

Introduction: **Jesús Porta-Etessam**

Neuro-ophthalmology

15:00 **Neuro-ophthalmological evaluation. Beyond funduscopy examination**
Teresa Moreno Ramos, Barcelona, Spain

15:30 **Waxing and waning diplopia. Differential diagnosis and treatment**
Carles Roig, Barcelona, Spain

Headache

16:00 **Clinical diagnosis of cranial neuralgia. Much more than trigeminal neuralgia**
Ana Belén Caminero, Avila, Spain

16:30 **Emerging headaches. New disorders and their treatment**
Juan Pareja, Madrid, Spain

Tuesday, August 26, 2008
10:30 – 12:00

Special Session:
History of Neurology

Convenors: **Jesús Porta Etessam**, Madrid, Spain
Ivan Iniesta, Liverpool, UK

History of medicine in Spain: Pedro Laín Entralgo
Ivan Iniesta, Liverpool, UK

Cajal Lecture: "The butterflies of the soul"
Javier De Felipe, Madrid, Spain

Neurology in Spain after Cajal
Alberto Portera, Madrid, Spain

Followed by the **Neurohistory Tour: "In the footsteps of Cajal"**
Visit the Cajal Collection at the "Instituto Cajal" and the nearby "Residencia de Estudiantes"

Tuesday, August 26, 2008
12:00 – 13:00

First Lecture on Clinical Neurology
David H. Miller, London, UK

Tuesday, August 26, 2008

13:30 – 15:30

**Spanish Special Session:
Diagnostic challenges in neurology – Part II**

Moderators: **Francisco Grandas**, Madrid, Spain
 Mariano Huerta, Tortosa, Spain

Involuntary movements

13:30 **Non-epileptic events. A diagnostic challenge**
Irene García Morales, Madrid, Spain

14:00 **Paroxysmal movements. Seizures or movement disorders**
Rocío García-Ramos, Madrid, Spain

Neurootology

14:30 **Managing vertigo. Therapeutic and diagnostic approach**
Jesús Porta-Etessam, Madrid, Spain

15:00 **Paroxysmal unsteadiness. The need for a correct diagnosis**
García Moncó, Bilbao, Spain

Tuesday, August 26, 2008
13:30 – 15:30

Special Session:
Second Joint Session EFNS – PAUNS
Neuro-Infectious Diseases

Chairpersons: **Riadh Gouider**, President of the Pan-Arab Union of Neurological Societies
Jacques L. De Reuck, President of the EFNS

Topics:

Lyme Disease
Prion Diseases (Creutzfeldt-Jakob, BSE)
HIV
West Nile virus

Speakers to be announced

MAP OF HOTELS

- 1 Meliá Castilla
- 2 Intercontinental Castellana
- 3 Hesperia Madrid
- 4 Confortel Suite Madrid
- 5 Confortel Pío XII
- 6 ME Madrid
- 7 Sofitel Campo De de Las Naciones
- 8 Novotel Campo De de Las Naciones
- 9 Holiday Inn
- 10 NH Principe de Vergara
- 11 NH Hotel Eurobuilding
- 12 Confortel Atrium
- 13 Confortel Alcala Norte
- 14 Auditorium Madrid
- 15 Silken Puerta de America
- 16 Travelodge Torrelaguna
- 17 NH Zarzano
- 18 Westin Palace
- 19 Ritz
- 20 AC Curco
- 21 Meliá Avenida America
- 22 Meliá Galgos

● IFEMA Congress Center

