Sunday, 26 September

European Basal Ganglia Club (EBGC)

SS 1-1

**Current and future perspectives in the treatment of Parkinson’s disease**

W. Poewe

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Although idiopathic Parkinson’s disease (PD) remains the only neurodegenerative disorder for which there are highly effective symptomatic therapies, there are still major unmet needs regarding its long-term management. While levodopa remains the gold standard for efficacy, its chronic use is associated with potentially disabling motor complications. Current evidence suggests that these are related to the mode of administration, whereby multiple oral doses of levodopa generate pulsatile stimulation of striatal dopamine receptors. Current dopamine agonists, while producing more constant plasma levels, fail to match the efficacy of levodopa. Strategies to treat levodopa-related motor complications are only partially effective, rarely abolishing motor fluctuations or dyskinesias. Best results are currently achieved with invasive strategies via subcutaneous or intraduodenal delivery of apomorphine or levodopa, or deep brain stimulation of the subthalamic nucleus. Recently, the PPN has received attention as a potential target for DBS to improve freezing of gait. In addition, cell-based and gene therapies are being explored experimentally as a means to achieve more stable dopaminergic input into the diseased putamen in PD. Another area of major unmet medical need is related to non-dopaminergic and non-motor symptoms of PD. Targeting transmitter systems beyond the dopamine system is an interesting approach, both for the motor and non-motor problems of PD. So far, clinical trial evidence regarding 5-HT agonists, glutamate antagonists, adenosine A2 antagonists and α-adrenergic receptor antagonists, has been inconsistent, but trials with cholinesterase inhibitors and atypical antipsychotics to treat dementia and psychosis, have been successful. However, the ultimate goal of PD medical management is modifying disease progression, thereby delaying the evolution of motor and non-motor complications of advanced disease. As understanding of preclinical markers for PD develops, there is new hope for neuropreventive strategies to target ‘at risk’ populations prior to clinical onset of disease.

EAYNT Session

SS 2-1

**EAYNT present and future**

L. Sztriha

*Szeged, Hungary*

The European Association of Young Neurologists and Trainees (EAYNT) is an independent non-profit organization with the main purpose of representing the interests of junior neurologists. Membership is completely free. Major activities include the exchange of information on educational and research opportunities in Europe, and the interconnection of junior colleagues. Members can apply for an EFNS-EAYNT travel grant to help their participation at meetings. Activities at the EFNS congresses include a Special Session, a Club Lounge for meeting invited guests, and a social event. More details with regular updates are available on our webpage at www.eaynt.org.

SS 2-2

**A key to scientific research literature – what it says and what it means**

J. De Reuck

*Department of Neurology, University Hospital, Ghent, Belgium*

Milton Hodge, Professor in Neuropsychology at the Georgia University of the United States, presented thirty years ago an allegory concerning the interpretation of scientific papers. He stressed the importance to remain critical when reading a paper and not to accept unconditionally the interpretation of the authors. This presentation will show in a humoristic way the interpretation of some statements mentioned in a “scientific” paper.
SS 2-3

Challenges and opportunities for pan-European education on added competences

M. de Visser

Academic Medical Centre, Amsterdam, The Netherlands

Over the past decades there has been a considerable increase in diagnostic and therapeutic possibilities in medicine driven by developments in molecular genetics and technology, in particular imaging. This has fuelled the tendency to acquire additional or particular competences (formerly known as sub-specialisation) within all medical fields because medical specialists are finding it increasingly difficult to deal with the ever growing body of knowledge in the field. Extended skills and knowledge in more complex areas of a specialisation which are beyond the broad-based training, should not be learned by trial and error, but by systematic, supervised acquisition of additional competence in particular areas of the specialty on (near) completion of regular training. This can be gained in so-called fellowships of defined duration (modules or training programme) in an accredited training institute which has proven to have the necessary expertise and case-load (training institutes). Sub-specialisation within neurology varies significantly across Europe. This is seen in a number of areas, but particularly in Paediatric Neurology, Clinical Neurophysiology and Neurological rehabilitation. Additional competence is supposed to improve healthcare by the focused acquired skills and knowledge in particular areas of the medical field which are underrepresented in the basic training because of the scarcity of patients (e.g., neuromuscular diseases) or the complexity of diagnosis and/or interventions (e.g., stroke, clinical neurophysiology, neuro-intensive care). However, one must be aware of the challenges in the sense that it will extend the already lengthy training period of medical specialists, and that fragmentation of the field and competition with the basic training should be avoided. One must also take into account that sub-specialisation has legal and financial implications. All these opportunities and challenges will be discussed in an interactive manner.

SS 2-4

What I would do if I were you – key issues for a career in clinical neurology

P. Schellinger

1Neurology, University Clinic at Erlangen, 2Neurology, Johannes Wesling Klinikum Minden, Germany

This presentation is aimed at giving a personal impression based on my own experience over my career. The talk will be interactive and will consist of questions and answers.

The key issues for a clinical career in Neurology are essentially the same as in other fields:
- Willingness to work
- Willingness to read
- Willingness to listen
- Curiosity
- Willingness to specialize while still being willing to be an allrounder
- Endogeneous energy to learn how to read research, design research, write research, publish research and apply for funding (usually after hours over most of the time course during your career)
- Ability of being recognized by your peers
- Willingness for at least 2 strategical career moves