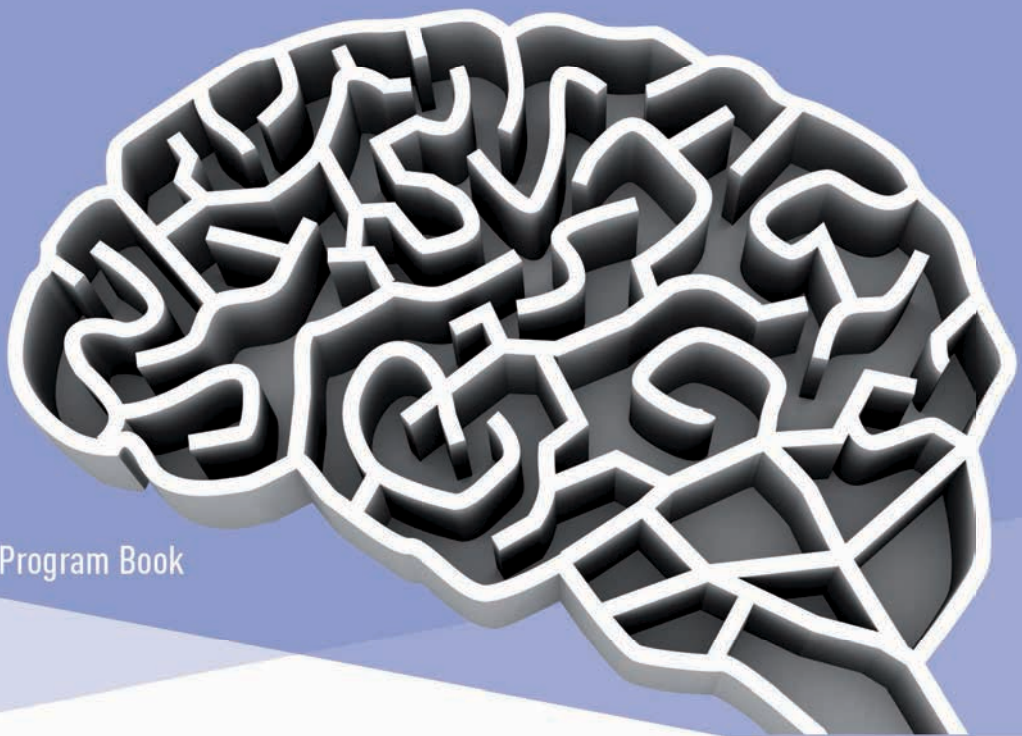
1ST

International Tanta Neuropsychiatry Conference

In Collaboration With

Egyptian Society of Neurology, Psychiatry and Neurosurgery

24th – 25th August 2017 - Intercontinental City Stars Hotel, Cairo - Egypt



Program Book

Welcome Message

Dear professors and Colleagues

On the behalf of the Tanta Neuropsychiatry Department, I have the pleasure and honor to invite you to actively participate in the 1st Tanta Neuropsychiatry International Conference in collaboration with Egyptian Society of Neurology, Psychiatry and Neurosurgery which will take place in Intercontinental City Stars Hotel, Cairo, August 24th - 25th 2017.

The scientific program is hopefully rich, including updated subjects and recent advances in the different fields of Neurology and Psychiatry.

High quality and clinically relevant lectures will be provided by eminent Neurologists and Psychiatrists from Egypt and other countries. You are cordially invited not only to participate in our conference but also contribute actively to scientific deliberations by presenting your latest scientific data and clinical studies.

Welcome again to 1st Tanta Neuropsychiatry International Conference.

Prof. El-Sayed Ali Mohamed Tag El-din

Sayed Tag El Din

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Scientific Main Topics

Neurology

- Cerebrovascular Diseases
- Epilepsy
- Multiple Sclerosis
- Movement Disorders
- Muscle, Nerve and Neuromuscular Disorders
- Headaches and Pain
- Neurotherpeutics.

Psychiatry

- Substance use and related disorders
- Child Psychiatry
- Liaison Psychiatry
- Psychotherapy
- Updates in Psychiatry

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Registration

14:00 – 15:00

Session 1

15:00 – 16:00

Chairpersons | Alphabetical Order

Ashraf Abo-El Safa
Ayman Nasef
Gharib Fawi
Wael Fadel
Wafik El-Sheikh

15:00 – 15:20	Epilepsy Biomarkers. Wael Fadel
15:20 – 15:40	The New 2017 ILAE Seizure Classification, What It Offers New? Ehab El-Seidy
15:40 – 16:00	Antiepileptogenesis. Amr Hassan

24th August 2017 Thursday

Opening Ceremony

16:00 – 16:30

- Qura'n Kareem

- National Anthem

Prof. Amgad Abdel Raouf Farahat
Dean of Faculty of Medicine, Tanta University

Prof. Mohamed Othman Rabie
Honorary President of the Conference

Prof. El Sayed Ali Mohamed Tag El-Din
President of the Conference

Prof. Yousria El Taweel
President of ESNPN

Prof. Maged Abdel-Naseer
Secretary General of ESNPN

Prof. Ehab El-Seidy
Secretary General of the Conference

16:30 – 17:00 Coffee Break

Plenary Session

17:00 – 17:30

Chairpersons

Alphabetical Order

Fathy Afifi
Hassan Farawiz
Iman El-Benhawy
Mohammed Saad
Tarek El-Gammal

17:00 – 17:30 | Quality of Life after Stroke and Post Stroke Seizure.
Saher Hashem

Merck Symposium

17:30 – 17:50

MERCK

17:30 – 17:50 | When Not to Escalate?
Neveen Mohie El Dien

Session 2

17:50 – 18:50

NOVARTIS
PHARMACEUTICALS

Chairpersons | Alphabetical Order

Farouk Talaat
Hazem Fayed
Magd F. Zakaria
Maged Abd El-Naseer
Mohammed Othman Rabie

17:50 – 18:10	Neuroprotection a realistic expectation with currently available DMTs in MS? Nikolaos Grigoriadis
18:10 – 18:30	New News in Multiple Sclerosis Ayman Nasef
18:30 – 18:50	Late Onset Multiple Sclerosis Tarek El-Gammal

Roche Symposium

18:50 – 19:10

Roche

18:50 – 19:10	Aggressive Multiple Sclerosis ... Diagnosis & Management Ayman Youssef Ezeldin Eassa

Session 3

19:10 – 20:30

Chairpersons | Alphabetical Order

Ayman Youssef Ezeldin Eassa
Ehab El-Seidy
Ma'moun Sarhan
Saleh Attia
Samiha Abd El-Moneim

19:10 – 19:30	Dystonia in Parkinson's disease. Ayman Youssef Ezeldin Eassa
19:30 – 19:50	The Effect of Posterior Tibial Nerve Stimulation on Detrusor Overactivity in Idiopathic Parkinson's Disease. Ehab Shawky
19:50 – 20:10	Diagnostic value of SPECT in Parkinson's Disease. Yasser El Heneedy
20:10 – 20:30	Gullian Barré Syndrome; Beyond the Sensori-motor Manifestations Wafik Bahnasy
20:30 – 21:30	Dinner

Session 4

14:00 – 16:00

Chairpersons | Alphabetical Order

Adel El-Sheshay
Afaf Hamed
Ehab Ramadan
Mai Eissa

14:00 – 14:30	The Dilemma of Management of Behavioral and Psychological Symptoms of Dementia. Afaf Hamed
14:30 – 15:00	Psychiatric Implications of Neurological Disorders. Adel El-Sheshay
15:00 – 15:30	Highlights on False Memory. Ehab Ramadan
15:30 – 16:00	Management of Conduct Disorders in Adolescents in Inpatient Setting: Tanta Experience. Mohammad Seleem
16:00 – 16:30	Coffee Break

Session 5

16:30 – 17:30

Chairpersons | Alphabetical Order

Abd El-Nasser Morad
Ashraf Abdo
Azza Abbas Ghali
Eman Khedr
Hany Aref

16:30 – 16:50	Neurosonology in Clinical Practice: Tanta Experience. Azza Abbas Ghali
16:50 – 17:10	Cerebral Border Zone Infarction: An Etiological Study. Osama Ragab
17:10 – 17:30	Endovascular Treatment of Stroke: Tanta Experience. Hazem Abd El-Khalek

Session 6

Headache Chapter of ESNPN

17:30 – 18:10

Chairpersons | Alphabetical Order

Ehab Shawky
Hassan Nassar
Hatem Samir Shehata
Mohammed El-Tamawy
Osama Abdulghani

17:30 – 17:50	Headache Clinic Set Up: KasrAl-Ainy Headache Disorder Unit "KA-HDV" Model. Hatem Samir Shehata
17:50 – 18:10	An Overview on Physical Exam for Headache Ramez Reda Moustafa
18:10 – 18:30	**Closing Remarks**
18:30 – 19:30	Dinner

ABSTRACTS BOOK

Epilepsy Biomarkers

Prof. Wael Fadel, MD

Professor of Neurology, Tanta University.

Over 50 million people worldwide have epilepsy. In nearly 30% of these cases, epilepsy remains unsatisfactorily controlled despite the availability of over 20 antiepileptic drugs. Moreover, no treatments exist to prevent the development of epilepsy in those at risk, despite an increasing understanding of the underlying molecular and cellular pathways. One of the major factors that have impeded rapid progress in these areas is the complex and multifactorial nature of epilepsy, and its heterogeneity. Therefore, the vision of developing targeted treatments for epilepsy relies upon the development of biomarkers that allow individually tailored treatment.

Biomarkers for epilepsy typically classified as, diagnostic, prognostic & other biomarkers. Diagnostic biomarker provide information about clinical status, such as the extent, localisation, severity of the epilepsy and sensitivity of specific treatments. Prognostic biomarkers allow prediction of future clinical features, such as progression, remission or cure. Other biomarkers used to predict the occurrence of Psychiatric and cognitive comorbidities or sudden unexpected death.
Biomarker research faces several challenges; however, biomarkers could substantially improve the management of people with epilepsy and could lead to prevention in the right person at the right time, rather than just symptomatic treatment.

The New 2017 ILAE Seizure Classification, What it offers new?

Prof. Ehab El-Seidy, MD

Professor of Neurology, Tanta University

As a critical tool for the practicing clinician, epilepsy classification must be relevant and dynamic to changes in thinking, yet robust and translatable to all areas of the globe. In 2017, the ILAE released a new classification of seizure types, largely based upon the existing classification formulated in 1981. Its primary purpose is for diagnosis of patients, but it is also critical for epilepsy research, development of antiepileptic therapies, and communication around the world. The new classification incorporates etiology along each stage, emphasizing the need to consider etiology at each step of diagnosis, as it often carries significant treatment implications. New terminologies were introduced. It is hoped that this new framework will assist in improving epilepsy care and research in the 21st century.

Antiepileptogenesis

Ass. Prof. Amr Hassan MD, FEBN

Associate Professor of Neurology, Cairo University

Epileptogenesis is the process by which a brain network that was previously normal is functionally altered toward increased seizure susceptibility, thus having an enhanced probability to generate spontaneous recurrent seizures (SRSs). The process of epileptogenesis occurs in 3 phases: the occurrence of a precipitating injury; a 'latent' period of epileptogenesis and chronic, established epilepsy. Structural and molecular changes associated with epileptogenesis include selective neuronal loss, axonal and dendritic reorganisation, neurogenesis, altered expression of neurotransmitters, and changes at glial architecture. Antiepileptogenesis can be complete or partial. Complete prevention aborts the development of epilepsy while partial prevention can delay the development of epilepsy or reduce its severity. Targeting signaling pathways that alter the expression of genes involved in epileptogenesis may provide novel therapeutic approaches for preventing epileptogenesis. The mTOR and REST pathways are exciting new potential targets for intervention in the epileptogenic process.

Quality of Life after Stroke and Post Stroke Seizures

Prof. Saher Hashem

Professor of Neurology, Cairo University

One third of stroke patients die in medium term and another one third recover partially or completely. 30-40% will have moderate impairment needing rehabilitation and special care.

Stroke symptoms are many including weakness, dementia, behavioral changes (depression), epilepsy, sensory, speech and swallowing problems.

Stroke is the most common cause of epilepsy in elderly. Post stroke seizures may occur early or late with a high frequency in lobar hemorrhage and less in subarachnoid hemorrhage and MCA infarction. Treatment of post stroke seizure will be discussed.

Neuroprotection a Realistic Expectation with Currently Available DMTs in MS?

Prof. Nikolaos Grigoriadis, MD, PhD

Professor of Neurology, Laboratory of Experimental Neurology and Neuroimmunology
AHEPA University Hospital
Aristotle University of Thessaloniki, Greece.

New News in Multiple Sclerosis

Prof. Ayman Nasef

Professor of Neurology, Ain Shams University

Multiple sclerosis (MS) affects nerves in the brain and spinal cord, causing a wide range of symptoms including problems with muscle movement, balance and vision.
While the cause of MS is still unknown, advances in treatment options and new understanding about disease have been especially brisk in the past few years.
In the past two or three years have seen noteworthy advances in many years, including:
- New understandings about the genetics of the disease
- More drug treatment options, including oral medications expected soon.
- New techniques to repair the damage caused by MS.
- New information about the potential causes of the disease.

MS researches hope genetics will allow doctors to identify people at risk for the disease and intervene with treatment at very early stages of MS—perhaps before symptoms appear.
Scientists step closer to finding cause of MS
High levels of protein Rab32 disrupts key communications involving mitochondria. The disruption causes these "cellular batteries" to misbehave, leading to the toxic effects seen in the brain cells of people with multiple sclerosis.
Study may lead new MS treatments that target Rab32.
Anti-cell death agent a potential treatment for vision loss associated with MS.A new therapeutic agent tested in a mouse model of MS produced anti-inflammatory activity and prevented loss of cells in optic nerve. ST266 is a solution of molecules that stimulate paracrine signalling. This is one way in which cells "talk" to each other: one cell produces a chemical signal that induces changes in nearby cells.

Late Onset Multiple Sclerosis

Prof. Tarek El-Gammal

Professor of Neurology, Tanta University

Multiple sclerosis (MS) is a chronic autoimmune disorder that affects movement, sensation and bodily functions. It is not as rare a disease among people over the age of 50 as previously believed and may present a diagnostic challenge because of the variability in its presentation. Late onset multiple sclerosis (LOMS), defined as the first presentation of clinical symptoms in patients over 50, ranges between 4% and 9.6% in different studies.

The course of the disease is often primary progressive and pyramidal or cerebellar involvement is observed in 60%-70% of the patients at presentation. LOMS is usually associated with a faster progression to disability compared to young adult multiple sclerosis (MS) patients. Moreover in patients over 50, MS variants and atypical forms which present a difficult diagnostic problem, may be frequently encountered.

This article gives an overview of the clinical features of LOMS, the diagnostic challenges and management lines. MS with clinical onset after 50 years old is not as rare a phenomenon as previously thought. A confident and accurate diagnosis of MS is important, but a specific diagnostic test for the disease does not exist. The main goal of therapy is to prevent relapses and progressive worsening of the disease.

Management decisions in individual patients should be based both on the course of the patient's disease and on the probability of severe disabling disease.

Dystonia in Parkinson's disease

Prof. Ayman Youssef Ezeldin Eassa

Faculty of Medicine, Alexandria University.

Dystonia can occasionally be found in idiopathic Parkinson's disease. It is very uncommon in untreated patients and is more frequently seen as a complication of its treatment. In this review, the various types of dystonia occurring in PD, the differential diagnosis with other parkinsonian syndromes associated with dystonia and treatments available are revised.

Dystonia unrelated to treatment can be typical (blepharospasm, torticollis), atypical (parkinsonian writer's cramp, camptocormia, anismus), or occurring in early-onset Parkinson disease (the so-called kinesigenic foot dystonia, considered a hallmark of earlyonset Parkinson's disease). Early and prominent dystonia in untreated patients with Parkinsonism should raise the suspicion of other en-

tities other than Parkinson's disease, such as progressive supranuclear palsy, multiple system atrophy or corticobasal degeneration.

In patients on chronic dopaminergic treatment, peak-dose dystonia, diphasic dystonia and off-dystonia can be seen. The later constitutes the major dystonic feature of chronic levodopa therapy, and a wide variety of strategies are available to manage this complication. Among them, deep brain stimulation of the subthalamic nucleus has proved to be the most effective one.

Dystonic reactions (mainly involving oculomotor cranial nerves and limbs) in operated patients (especially carriers of deep brain stimulation (DBS) devices) are increasingly being reported, constituting a new type of dystonia in patients with Parkinson's disease: dystonia linked to surgical treatment.

The effect of posterior tibial nerve stimulation on detrusor over activity in Idiopathic Parkinson's disease

Prof. Ehab Shawky

Professor of Neurology, Tanta University

Background: Lower urinary tract dysfunction is often occurs in patients with Parkinson's disease (PD) that is primarily induced by neurogenic detrusor overactivity (NDO). Objective: To evaluate the clinical and urodynamic effects of posterior tibial nerve stimulation (PTNS) on NDO of PD patients.

Methods: Thirty-three patients with PD and were subjected to weekly treatment with percutaneous PTNS for 12 weeks. The clinical manifestations such as nocturia, frequency of micturition and incontinence episodes were analyzed before and after PTNS using voiding diary, international prostate symptom (IPSS) and quality of life (QOL) scores. Filling and voiding cystometry were done for comparison of the urodynamic parameters suggestive of NDO namely volume at first involuntary detrusor contraction (1st IDCV), maximum detrusor pressure (Pdetmax) and maximum cystometric capacity (MCC).

Result: Frequency and leakage episodes have significantly decreased from a mean of 10.5±2.1 and 3.5±1.0 to a mean of 7.8±1.2 and 2.2±0.7 respectively (P<0.01). Meanwhile nocturia decreased from 3.4±0.8 to 2.1±0.8 (P=0.06). IPSS and QOL were significantly better after PTNS. Likewise, urodynamic parameters also significantly improved. Mean 1st IDCV and MCC significantly increased after PTNS from a mean of 150.6±46.6 and 232.9±63.1 to 271.3±67.3 and 329.1±65.7 respectively (P<0.01). No serious adverse events or side effects were observed during or after treatment.

Conclusion: The use of PTNS in IPD patients with overactive bladder are encouraging for amelioration of detrusor overactivity and improving bladder storage symptoms. However, long- term follow-up is needed for planning to maintenance

Diagnostic value of Single Photon Emission Computed Tomography (SPECT) in Parkinson's disease patients

Hassan G. Nassar1, Yasser A. El Heneedy1, Shahinaz M. Borg1, Ahmed A. Kandeel2

Department of Neurology, Tanta University1 and Department of Nuclear Medicine, Cairo University2, Egypt

Introduction: Cognitive impairment in PD patients may be associated with reduced cerebral cortical blood flow. The functional neuroimaging techniques as SPECT usually show abnormal findings.

Aim of the work: is to assess the diagnostic value of SPECT in PD patients with and without cognitive impairment.

Patients and methods: This study was performed on 20 PD patients who were divided into two groups. Group I included 10 PD patients without cognitive impairment and group II included 10 PD patients with cognitive impairment. The patients were subjected to detailed history, general examination, neurological examination, routine laboratory investigations, assessment of the severity of PD using UPDRS, assessment of cognition using MoCA score and finally SPECT study.

Results: Male sex was predominant in both groups. The age of the patients and the duration of the disease were significantly higher in group II. Tremors was predominant in group I and rigidity was predominant in group II. The UPDRS score was significantly higher in group II. The SPECT showed normal findings in 50% of patients of group I and mild hypoperfusion in the other 50%. In group II, SPECT showed cerebral hypoperfusion in 100% of cases ranging from mild to severe.

Conclusions: Cognitive impairment in PD is correlated with increased age of the patients, duration of the disease and the severity of the disease. SPECT could be considered as a useful diagnostic tool for evaluation of the cerebral cortical metabolism and perfusion in PD patients.

Guillain Barré Syndrome
Beyond the Sensori-motor Manifestations

Wafik S. Bahnasy[1], Yasser A. El-Heneedy1, Ahmed M. El-Shamy1, Marwa Y. Badr1, Reham A. Amer2, Ibrahim S. Ibrahim3

Departments of Neurology1, Psychiatry 2, Chest3, Tanta University, Egypt

Background: The sensori-motor manifestations of Guillain Barré Syndrome (GBS) are usually severe enough to mask the psychiatric and sleep problems which are in need for more attention for better functional outcome.

Objectives: was to assess sleep and psychiatric disturbances in GBS patients, their relationship to the severity of sensori-motor manifestations and the possibility of their spontaneous recovery after GBS immunotherapy.

Methods: This study was performed on 20 GBS patients and 10 healthy controls. Patients were evaluated initially before immunotherapy using the overall disability sum score (ODSS), neuropathy pain scale (NPS), Hamilton Anxiety Scale (HAS), Montgomery–Åsberg Depression Rating Scale (MADRS) multiple sleep latency test (MSLT) and one night polysomnography (PSG). Reevaluation was done using the same parameters 1 month after completing immunotherapy.

Results: The study showed significant increase in HAS in GBS patients which were positively correlated with the degree of motor disability. MSLT was significantly shortened and PSG showed shortening of the total sleep time, sleep efficiency, lowest O2 saturation and pulse transit time with increased wake after sleep onset, sleep stage transition index, apnea hypopnea index, desaturation index, arousal index, snore index and periodic limb movement index. One month after immunotherapy, the anxiety symptoms and sleep abnormalities showed non-significant improvement in spite of good improvement of the sensori-motor manifestations

Conclusion: GBS patients usually have sleep and psychiatric abnormalities which may take longer time to improve than the sensori-motor manifestations. So they are in need of more attention in the management protocol for early patients' independence and better quality of life.

The dilemma of management of behavioral and psychological symptoms of dementia

Prof. Afaf Hamed Khalil, MD, FRC, Psych., FAPA

Professor of Psychiatry, Ain Shams University

President of the Egyptian Society for Psychiatric Services

Behavioral and psychological symptoms occur frequently among people with dementia. The symptoms, include, psychotic symptoms, mood symptoms, agitation, aggression, and wandering. Psychotropic drugs are frequently used to treat these behavioral and psychological symptoms despite their well-known side-effects as extrapyramidal, and metabolic side-effects. Also, there an increased risk of cerebrovascular events and higher mortality among people with dementia. The presentation will highlight the prevalence of behavioral and psychological symptoms in patients with dementia and to focus on the dilemma of pharmacological and non pharmacological management.

Psychiatric Implications of Neurological Disorders

Prof. Adel El Sheshay

Professor of Psychiatry, Alexandria University

Highlights on false memory

Prof. Ehab Ramadan

Professor of Psychiatry, Tanta University

False memory and confabulation have both clinical and forensic significance. It can be defined merely as a disturbance of memory. It is the production of fabricated, distorted or misinterpreted memories about oneself or the world, without the conscious intention to deceive. Individuals who confabulate present incorrect memories ranging from "subtle alterations to bizarre fabrications", and are generally very confident about their recollections, despite contradictory evidence. Theories of confabulation range in emphasis. Some theories propose that confabulations represent a way for memory-disabled individuals to maintain their self-identity. Other theories use neurocognitive links to explain the process of confabulation. Still other theories frame confabulation around the more familiar concept of delusion

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Management of Conduct Disorder in Adolescents in Inpatient Setting: Tanta Experience

Ass. Prof. Mohammad Seleem, M.D.

Associate Professor of Psychiatry, Tanta University

Conduct disorder (CD) refers to a set of ongoing behavioral and emotional problems displayed by a child or adolescent who typically demonstrates little or no concern for the rights or needs of others. CD is among the most frequently diagnosed childhood disorders in outpatient and inpatient mental health facilities worldwide. It occurs in one to four percent of nine- to seventeen-year-olds and is far more common in boys. However, adolescent girls are increasingly being diagnosed with the disorder. Important continuities to oppositional defiant disorder and antisocial personality disorder have been documented. Extensive comorbidity, especially with other externalizing disorders, depression, and substance abuse, has been documented and has significance for prognosis.

To be effective, treatment of CD must be multimodal, address multiple foci, and continue over extensive periods of time. No single intervention is effective against severe CD. Effective psychotherapies include parent management training, individual therapy, family therapy and social skills training. Comorbid conditions and their specific symptoms, such as aggression, mood lability, or impulsivity, may be targets for psychopharmacological intervention. In this review we provide an overview of the current evidence based treatments of CD. The starting experience of child and adolescent psychiatry unit in Tanta Psychiatry and Neurology Center, including outpatient and inpatient services, will be outlined with special focus on certain case presentations.

Neurosonology in Clinical Practice: Tanta Experience.

Prof. Azza Ghali

Professor of Neurology, Tanta University

Neurosonology is non-invasive, portable, and has excellent temporal resolution, making it a valuable and increasingly popular tool for the diagnosis and monitoring of neurological conditions when compared to other imaging techniques. This presentation looks beyond the use of neurovascular ultrasound in stroke to encompass a wide range of other neurological diseases and emergencies.

Modern treatment and prevention of ischemic stroke rely on prompt diagnosis. Ultrasonography has found a place as a noninvasive screening test and bedside technique that provides estimates of the degree of stenosis as well as hemodynamic and structural information about intracranial and extracranial vessels in real time. Other standard applications of neurosonology include detection of vasospasm in patients with subarachnoid hemorrhage, selection of appropriate candidates for blood transfusion among patients with sickle cell anemia (primary stroke prevention), right-to-left shunt testing, emboli detection, vasomotor reactivity assessment, and noninvasive confirmation of cerebral circulatory arrest. Improvement in image quality permits novel uses of ultrasonography in neurodegenerative and peripheral nervous system disorders, providing clinically important information that is complementary to the clinical examination and electrophysiology. Transcranial parenchymal sonography may assist in the differential diagnosis of movement disorders, while peripheral nerve ultrasound using high-frequency probes may provide structural information regarding the underlying etiology of entrapment neuropathies.

Cerebral Border Zone Infarction: An Etiological Study

Tarek M. El-Gammal, Wafik S. Bahnasy, Osama A. Ragab, Ayman M. Al-Malt
Department of Neurology, Tanta University

Background: Border zone infarcts (BZI) are ischemic lesions at the junction between two main arterial territories which may be either cortical or internal BZI.

Objectives: was to investigate the etiology of BZI different types focusing on the role of developmental and/or acquired disorders of arterial vessels supplying the brain.

Patients and methods: This study was conducted on 76 cerebral BZI patients and 20 history healthy control. Patients were divided to group I included 26 internal BZI, group II included 19 cortical BZI and group III included 21 mixed internal/cortical BZI patients. Patients were subjected to neurological examination, laboratory investigations, ECG, echocardiogram, brain CT and/or MRI and extra and intracranial blood vessels imaging by duplex and CT angiography. Control subjects were compared to patients regarding CT angiography data.

Results: Hypertension was significantly higher among groups I and III compared to group II while atrial fibrillation (AF) was significantly higher in groups II and III than group I ($p<0.05$). Sonographic assessment of extra and intracranial blood vessels revealed significant increase in mean flow velocities of CCA, ICC and MCA on both side in groups I and III compared to group II ($p<0.05$). CT angiography revealed non-significant differences between BZI patients and control as well as in between the 3 BZI patient's groups regarding the existence of vertebral artery hypoplasia and/or circle of Willis anomalies.

Conclusion: Vascular stenosis is a possible etiological factor in internal BZI while AF is higher in cortical ones. Congenital vascular anomalies may be a predisposing factor but usually need to act with other factors for BZI development.

Endovascular Treatment of Stroke: Tanta Experience.

Dr. Hazem Abd El-Khalek
Assistant Lecturer of Neuropsychiatry, Tanta University

The number of stroke cases that endovascular intervention is increasing progressively, according to all guidelines, treatment of ischemic strokes and hemorrhagic stroke due to aneurysmal SAH and AVM, endovascular interventions pay the major role for their treatment. Within two years, Tanta Neuropsychiatry Department has become a leading center in the field of interventional neuroradiology treating more than 350 patients.

Headache Clinic Set-Up (Kasr Al-Ainy Headache disorders unit 'KA–HDU' model)

Prof. Hatem Samir Shehata, M. D

Professor of Neurology, Cairo University

Headache clinics can serve 50% of populations to provide an expert advice for patients with primary headache disorders. They also help in establishing a system for teaching and educations of junior neurologists and for research plans. According to the global burden of the disease (GBD), 2010, TTH and migraine are respectively the second and third most prevalent diseases globally (behind dental caries). Migraine has high prevalence with prominent temporary disability, making it the seventh leading specific cause of years of life lost to disability (YLDs), responsible for 2.9% of all YLD (with disease weight: 0.03). The hierarchy of KA–HDU as a model, the role for every joined personnel including the headache nurse, guidelines for the clinic set-up and medical as well as invasive strategies will be discussed.

Keywords: Headache set up, migraine, KA–HDU, disease burden.

An overview on physical exam for headache

Ass. Prof. Ramez Reda Moustafa

Assistant Professor of Neurology, Ain Shams University

Headache is a unique pain disorder in that it is a universal experience, yet has clearly identifiable subtypes and forms that qualify as separate disease entities. The primary headaches each has different features that can be recognized by detailed history taking and a careful analysis of pattern, pain location, characteristics and frequency. Clinical examination can also be a very useful adjunct to diagnosis and can aid in tailoring treatment strategies to the individual patient. Examples of findings on examination include identifying tender points on the skull, excluding causes of secondary headaches, diagnosing bruxism, and locating muscle spasm and pain trigger points.

Keywords: primary headache, examination, diagnosis, trigger points

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Save The Date

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Neuropsychiatry

Conference

16th – 18th August 2018 - Intercontinental City Stars Hotel, Cairo - Egypt