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8th Global Experts Meeting on

Advances in Neurology and Neuropsychiatry

August 27-28, 2018 Tokyo, Japan

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8th Global Experts Meeting on

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Keynote Forum

Day 1

James Montgomery Barber, ClinNeuropsychol 2018, Volume 3
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James Montgomery Barber
The Royal London Hospital, UK

Neuromodulation techniques for disorders of cognition and behavior

Neurosurgery to modify behavior is known to have been in practice for thousands of years. It was more than likely that for the majority of this timespan the success of any such interventions were those for either space-occupying tumors or blood clots. In the 20th century, the disastrous forays into disconnecting 'aberrant circuits' in the brain, although initially performed with the best of intentions, set back surgical modification of behavior back to its neolithic roots. With the more recent advent of advanced imaging modalities, connectomics and methods for stimulating brain structures, neuromodulation has seen resurgence in efficacy for treating cognitive disturbance, heralding a new era of highly specific therapies for refractory neuropsychological conditions. In this talk, we will be looking at the various treatments currently available and discuss potential techniques that could prove to be revolutionary in the decades to come.

Biography

James Montgomery Barber has obtained his MBBS from University College London in 1999. He has been working in Neurosurgery since 2005, having been a Consultant in The Royal London Hospital for the past two years. His main areas of practice are neurotrauma, neuromodulation, complex CSF-flow disorders and craniofacial reconstruction. He has published the first case series in the UK of the implantation of a wireless intracranial pressure monitor.

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Philip Anthony McMillan, ClinNeuropsychol 2018, Volume 3
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Philip Anthony McMillan

Hull and East Yorkshire Hospitals NHS Trust, UK

Dementia is a disease of the ependymal layer: Novel theory from looking at cognitive impairment in multiple sclerosis

The intricacies of dementia are explored in relation to varied studies on brain atrophy in multiple sclerosis and used to delineate the primary pathology of the latter. The theory examines the high frequency of cognitive impairment in multiple sclerosis and its early manifestation during the disease. The fact that there is associated brain atrophy cannot be explained by the degree of damage to neurons. Carlos in 2015 noted a 5 to 10 times greater rate of atrophy in multiple sclerosis. The cognitive changes with multiple sclerosis are then correlated embryologically to the subependymal zone explaining the pathology of brain atrophy and why we have not made more progress through research. Our understanding of the blood CSF barrier and the brain CSF interaction is poorly understood and probably holds the key to the symptoms of dementia. This interaction between the CSF and brain interstitial space is coordinated by the ependymal and subependymal zone of the brain. This is a novel concept will aim to explain the links of all forms of dementia, as well as directing fertile areas for research.

Biography

Philip Anthony McMillan is a Consultant in the NHS with over 23 years of medical expertise. His primary focus has been around geriatrics and neurological rehabilitation and has developed unique perspectives on the capacity of the brain to recover from injuries and disease. Through international collaboration he has proposed a nutritional protocol for dementia reversal and has recently had a breakthrough theory on the pathology of dementia. His current aim is to lead the field of dementia to a new direction of research and treatment of this devastating disease.

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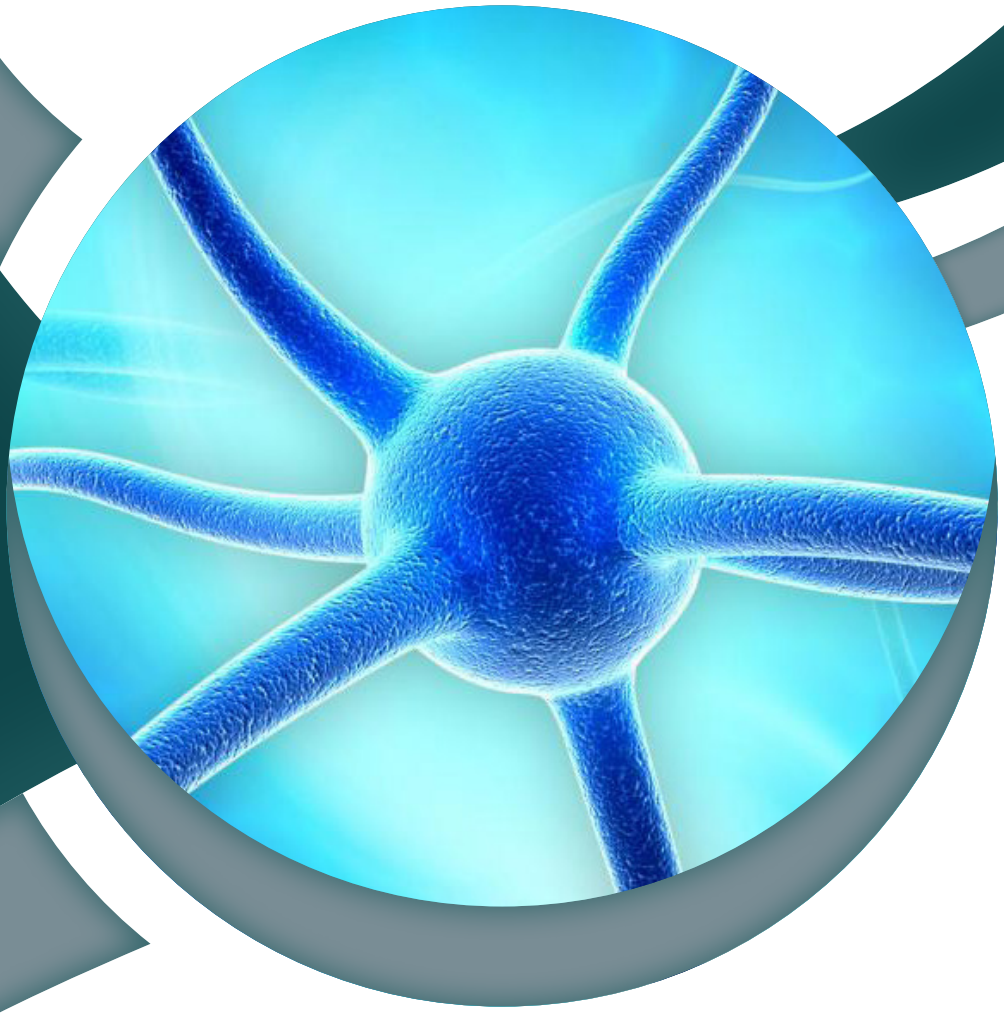

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Day 2

Wai Kwong Tang, ClinNeuropsychol 2018, Volume 3
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Wai Kwong Tang
Chinese University of Hong Kong, Hong Kong

Structural and functional MRI correlates of post stroke depression

Many stroke survivors suffer from depression. Post Stroke Depression (PSD) adversely effects on the recovery and rehabilitation of stroke survivors. The frequency of PSD remained high in both acute and chronic stroke patients. Possible structural correlates of PSD include cerebral microbleeds, lacunar infarcts and white matter changes. Functional changes in several brain networks, such as the default mode network and the affective network have been reported in PSD. Latest findings on the link between structural and functional brain changes and PSD will be discussed.

Biography

Wai Kwong Tang was a Professor in the Department of Psychiatry, the Chinese University of Hong Kong. His main research areas are addictions and neuropsychiatry in stroke. He has published over 100 papers in renowned journals and has also contributed to the peer review of 40 journals. He has secured over 20 major competitive research grants, including Health and Medical Research Fund. He is the Editorial Board Member for five scientific journals.

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Pawan Rajpal, ClinNeuropsychol 2018, Volume 3
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Pawan Rajpal
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Executive function deficits in neurodevelopmental disorders

Neurodevelopmental Disorders (NDD) including autism/Asperger's (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) has deficits described either in social communication/interaction/imagination or in attention/concentration/hyperactivity/impulsivity. There is significant co morbidity, from 30% to 50%. These are often associated with Executive Function Deficits (EFD). EFD is a term used to describe cognitive processes that help individual regulate, control and manage out-thoughts and actions. It includes planning, working memory, attention, problem solving, verbal reasoning, inhibition, cognitive flexibility, initiation of actions and monitoring of actions. Though the EFD are not a part of diagnostic criteria, it is these deficits that cause the most morbidity in day-to-day living. The lack of behavior flexibility, emotional control and self-monitoring is the basis of presentation in people seen with the diagnosis of autism/asperger. Environment adaptations advised for ASD of routine, structure and predictability are not focused on supporting the EFDs that a person is struggling with. They do not reduce the morbidity caused in able children/adults with diagnosis of ASD. ADHD presents with difficulties in prioritizing, impulse control, being emotional with mood swings, poor time keeping, poor ability for task initialization, ability to shift attention and organization. Treatment modalities (medications like stimulants and CBT) used in ADHD does not improve EFDs and they require specific adaptations in the environment. Just focusing on core deficits in ASD or ADHD does not enhance the quality of life or the outcomes. Identifying the exact set of EFDs will allow for developing specific adaptations to enhance the quality of life for children, students and adults.

Biography

Pawan Rajpal has completed his bachelor's in medicine from Mumbai, India followed by a Postgraduate Diploma in Psychological Medicine. He was further trained in London finishing his Membership of the Royal College of Psychiatrists and further Specialized in Psychiatry of Intellectual Disability. He has been practicing for the last decade in prestigious Harley Street in London and at Priory group, working with people with neurodevelopmental disorders, specializing in diagnosing and managing complex cases.

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