



8th Global Experts Meeting on

Advances in Neurology and Neuropsychiatry

August 27-28, 2018 Tokyo, Japan

Scientific Tracks & Abstracts
Day 1

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ADVANCES IN NEUROLOGY AND NEUROPSYCHIATRY

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The overlap and co-occurrence of neurodevelopmental and psychiatric disorders in children with mild intellectual disability: A UK study**Amani Hassan and Langley Kate**
Cardiff University, UK

Background: Neurodevelopmental disorders, such as Intellectual Disabilities (ID), Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and tic disorder, are a group of conditions with onset in the developmental period, which are characterized by a range of deficits with or without impairments. This may vary from limited to global impairment affecting various components.

Aim: Is to detect prevalence of psychiatric and neurodevelopmental disorders, mainly Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) in mild Intellectually Disabled (ID) children in community pediatric settings.

Methods: Data was analyzed for 69 children, 4-11 years, (54 males and 15 females), who were recruited for the Study of Learning Ability, Development and Genes (SLADG). They had an IQ below 70 but above 50, no genetic syndromes and no known cause for ID. The parents were given four questionnaires to complete: (1) The developmental behavior checklist, the strength and difficulties questionnaire, the social communication questionnaire and the children's communication checklist. (2) The teachers were given two questionnaires, the teacher version of SDQ and DBC-24. Each family had further assessments using DAWBA and ADI-R. Each child had an ADOS assessment. The final diagnosis was reached by clinical consensus, (gold standard).

Results: ADHD was diagnosed in 30% of the sample followed by ASD 28% and 6% were diagnosed with both. 55% have ADHD and ODD/CD and anxiety disorder was diagnosed in 11.6%.

Conclusion: The questionnaires used are not sensitive enough to detect or differentiate between any of the NDDs. ADHD is the commonest neurodevelopmental diagnosis among children with mild ID. There is an urgent need for robust new screening tools post DSM 5 and ICD 11.

Biography

Amani Hassan is a Child Consultant and Adolescent Learning Disability Psychiatrist in South Wales since 2012. She is also the Chair C and A Faculty for Royal College of Psychiatrists in Wales, an honorary Academic Associate and Researcher at Cardiff University and the Training Program Director for CAMHS, Wales Deanery. Previously she has worked as Child Consultant and Adolescent Psychiatrist between 2010-2012 with Cwm Taf University Health Board and was an honorary QNIC Lead Reviewer for The Royal College of Psychiatrists between 2010-2011. She has gained other Postgraduate qualifications following her MBBS in 1989. She has a Diploma in Psychological Medicine, Cardiff University, MSc in Medical Law (LLM), Cardiff University and MSc in Clinical Neuropsychiatry, Birmingham University. She became a Fellow of The Royal College of Psychiatrists in 2017. Her interests are research, publication and teaching. She is a Member of IASSID and CAIDPN.

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Diagnosis of ADHD in adulthood**Pawan Rajpal**

10 Harley Street London, UK

Prevalence of ADHD in childhood and persistence of symptoms in adulthood. The history of the diagnosis, ADHD through the life cycle, the myths that surround ADHD will be discussed. The treatments available options available, the protocols used in UK, the NICE Guidelines, and the research discussed. 75% of children diagnosed with ADHD in childhood have symptoms that continue to cause morbidity in adulthood. How the symptom profile can change as the person grows and the brain matures. The characteristic problems seen in adults, who have ADHD. The impact on health systems and society in terms of financial implications will be presented. What is different in treatment protocols in children and in adults. Stimulants, non-stimulant medications, the effects, side effects and compliance issues. Drugs used in past to treat ADHD and potential side effects and monitoring requirements. Comorbidity is frequently seen with alcohol and drugs. Mental illness can also co occur in forms of depression and anxiety. The causes and probable treatment options of these comorbidities will be presented. The executive function deficits associated with the diagnosis and the day-to-day difficulties that present themselves. The adaptations that might help with these issue so as to empower patients to take control of their diagnosis. Treatment options available and expected outcomes. Discussion of different stimulants, the pharmacology and side effect profile. We will discuss the basis of choosing a specific subgroup of medications and what to expect. Psychological aspects of treatment and how they need to be presented differently for somebody with ADHD will be presented.

Biography

Dr. Pawan Rajpal completed his bachelor's in medicine from Mumbai in India and followed this by a Post Graduate diploma in Psychological Medicine. He 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 last decade in prestigious Harley Street in London and at Priory group, working with people with Neuro developmental disorders, specializing in diagnosing and managing complex cases.

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Normal pressure hydrocephalus: A treatable form of dementia**James Montgomery Barber**
The Royal London Hospital, UK

The world's population is aging at a dramatic rate. The number of persons aged 60 or above is expected to more than double by 2050 and more than triple by 2100. As a result, the proportion of humans with age-related cognitive decline will literally 'explode', creating a massive financial and productivity burden that could be catastrophic to global economies. Whilst the underlying mechanisms, aetiology in precipitating such decline are poorly understood, there are a subset of patients who respond favorably to a neurosurgical intervention that shunts cerebrospinal fluid from the brain into the abdomen. In this talk we will look at some of the theories behind how this condition develops, current techniques to treat it and potential future therapeutic directions that may have applications across the whole spectrum of cognitive disorders in the elderly.

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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Inflammatory markers in psychosis, from prodrome to chronicity: Evidence for immune activation in both first episode psychosis and prodromal stage and differentiation between the immune profiles of the early stages in psychosis**Evangelos Karanikas**

424 General Military Hospital of Thessaloniki, Greece

The aim of this presentation is to report on our laboratory's work regarding neuro-endocrine, neurotrophin and immune parameters especially focusing on early psychosis. Thus, four study groups were involved, the Ultra High Risk for Psychosis (UHR), First Episode Psychosis (FEP), Healthy Controls (HC) and Chronic Schizophrenia patients (CHRON). We measured serum cytokines, Interleukin (IL)-1a, IL-2, IL-4, IL-5, IL-6, IL-8, IL-10, IL-12p70, IL-17A, Tumor Necrosis Factor- α (TNF- α) and Interferon- γ (IFN- γ), as well as the neurotrophin Insulin Growth Factor (IGF)-1. We also measured serum cortisol levels at 3 time points and performed the Dexamethasone Suppression Test (DST) and psychometric evaluations. Our first study involved the direct comparison between FEP and UHR groups. The results showed higher levels of both pro-inflammatory (TNF- α , IL-2, IL-12 and IFN- γ) and anti-inflammatory (IL-10) cytokines in the FEP group without significant alteration regarding the HPA axis function. Subsequently, in a 2nd study, we implicated an additional third group (HC). The results suggest that the FEP group presented increased both pro-inflammatory cytokines (TNF- α , IFN- γ , TNF- β) the anti-inflammatory cytokine (IL-4) compared with HC. The UHR showed increased IL-4 against only the HC. Finally, in a third study we additionally recruited a CHRON group. UHR group presented increased IL-4 levels compared with the rest groups. The findings favor a hypothesis of an increased mobilization of both the pro-and anti-inflammatory cytokine networks, in full blown psychosis compared with both normality and the pre-psychotic stage. IL-4 appears to play a significant role at prodrome. Cytokines rather than endocrine and neurotrophin markers represent a promising field in early psychosis.

Biography

Evangelos Karanikas, is a Military Psychiatrist servicing in 424 General Military Hospital of Thessaloniki, Greece. He is the Head of the Research and Education Department of the Psychiatric Clinic and also the Scientific Associate of 2nd University Psychiatric Department, Aristotle University, Thessaloniki, Greece. He was a Research Fellow of Melbourne Neuropsychiatry Center, Australia and a Lecturer in Rural Medical School, Toowoomba, University of Queensland, Australia. His research interests focus on neuro-endocrine and immunological mechanisms in psychosis.

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Introduction of NeurOptimal® nonlinear dynamical Neurofeedback™ system**Rumi Suzuki**

Brain Spa Co. Ltd, Japan

Introduction of NeurOptimal® nonlinear dynamical Neurofeedback™ system, which was developed by Dr. Valdeane W Brown & Dr. Susan Dermit Brown of Zengar Institute Inc., Canada, is a neurofeedback technology which harnesses the dynamical properties of the brain. NeurOptimal® Dynamical Neurofeedback™ is the only neurofeedback system which uses the technology of nonlinear mathematics; all the other neurofeedback systems are linear. Instead of pushing the brain in a particular direction as is done by linear neurofeedback systems, NeurOptimal® mirrors back what CNS has just done, which information is then mirrored back to NeurOptimal®, then mirroring back again between CNS and NeurOptimal®. NeurOptimal® is not a treatment but a training, which enhances the resilience and flexibility of CNS by way of its self-regulating ability. As the NeurOptimal® training goes on; the initial problems seamlessly fade away regardless of what diagnosis clients had. NeurOptimal® does not need a diagnosis: NeurOptimal® process is the same for migraines, irritable bowel, anxiety, ADHD, autism or sleep disturbances and it is same for a 100-year-old, a newborn baby and someone in coma or at peak health. The NeurOptimal® mirroring back system made this possible. In addition to the characteristics of NeurOptimal®, a couple of success stories are mentioned: Alzheimer disease (Mr. Craig Walker's office), real moms from Zengar website and myself. NeurOptimal® perfectly mirrored back the minute feel of my depression of 20 years, which was too subtle to be understood exactly by anyone. NeurOptimal® will definitely be one of the essential tools for world-wide mental care.

Biography

Rumi Suzuki has graduated from Japanese High School. She has been Managing Brain Spa Co., Ltd. in Tokyo, a company practicing neurofeedback training for 10 years. She is a Representative of Zengar Institute Inc., Canada and an Instructor who is certified to teach NeurOptimal® in Japanese.

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Quality of life and pain perception in alcohol dependence: A comparative examination of patients, their relatives and healthy controlsMustafa Ender Taner¹, Irem Ekmekci Ertek¹, Rabia Nazik Yüksel², Vahap Ozan Kotan³ and Erol Göka²¹Gazi University, Turkey²Ankara Numune Education and Research Hospital, Turkey³Baskent University, Turkey

Alcohol dependence, quality of life and pain are frequent and clinically important three terms that both coexists and interacts with each other. According to a review in 2005, quality of life in persons with alcohol use disorders is lower than the general population. Used amount of alcohol was inversely proportional with quality of life. Quality of life in alcohol dependence is getting better with treatment and the association of alcohol dependence and quality of life is related with sociodemographic features and comorbidities. Dependence is a social disease that affects not only the dependent person but also his/her family and social environment. For this reason, the quality of life is also affected in the family of the dependent person. Another situation accompanying to alcohol dependence is pain and related conditions. Alcohol dependents are showed to more likely experience painful situations and be more sensitive to painful stimulus. In this study, we aimed to compare quality of life and pain perception in alcohol dependents, their first-degree relatives and healthy controls. Hereby; the possible effect of the difference in quality of life and pain perception on alcohol dependence can be examined.

Biography

Mustafa Ender Taner has graduated from Hacettepe Faculty of Medicine in 1994 and has completed his Residency in Gazi University Faculty of Medicine, Department of Psychiatry. He became an Associate Professor in 2008 and Professor in 2013. He is currently a Lecturer in Gazi University, Department of Psychiatry and Head of Consultation Liaison Psychiatry Department. He is serving as Deputy Chief Physician in Gazi University Health Applications and Research Center since July 2014. He has many national and international studies on many subjects including general psychiatry, psycho-pharmacy, mental state disturbances and consultation liaison psychiatry.

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The role of structural MRI and functional MRI in brain tumor characterization

Yi Wah Eva Cheung

Tung Wah College, Hong Kong

Purpose: To evaluate the effectiveness of using functional MRI in differentiation of brain tumors, using Apparent Diffusion Coefficient (ADC) values.

Material & Method: 3T brain MR images were reviewed retrospectively in 66 patients with 73 brain tumors comprised of different types of malignant tumors. The MR protocol included T1w, T2w, T1w+C and DW-MRI was performed using single-shot Echoplanar (EPI) sequence with b gradient factor value of 0, 500 and 1000 s/mm² in the three orthogonal axes. Five Regions Of Interest (ROI) with volume of 5±1.5 mm³ were placed on tumor areas and the minimum Apparent Diffusion Coefficient (ADC_{MIN}) values were obtained, necrotic and vasogenic edema area and correlated with the histopathology results. ADC_{MIN} values between Lymphoma vs. GBM, Atypical Meningioma vs. Meningioma, Lymphoma vs. Demyelination, GBM vs. metastatic tumor, Low Grade Glioma vs. High Grade Glioma, were compared using Mann-Whitney test. The ADC_{MIN} values in different types of gliomas were assessed using Kruskal-Wallis test with pairwise multiple comparison.

Results: The mean ADC_{MIN} is significantly lower in patients with Lymphoma (0.716x10⁻³ mm²/sec) than GBM (1.052x10⁻³ mm²/sec) (p=0.001); the mean ADC_{MIN} of Atypical Meningioma (0.755x10⁻³ mm²/sec) is significantly lower than Meningioma (1.114x10⁻³ mm²/sec) (p=0.012); the mean ADC_{MIN} of Lymphoma (0.716x10⁻³ mm²/sec) is significantly lower than Demyelination (1.832x10⁻³ mm²/sec) (p=0.057). The mean ADC_{MIN} values between GBM (1.052x10⁻³ mm²/sec) and metastatic tumor (0.8-1.1x10⁻³ mm²/sec) were similar, which cannot be used to differentiated (p=0.910). Regarding gliomas, the mean ADC_{MIN} of high grade gliomas (1.064x10⁻³ mm²/sec) is significant lower than that of low grade gliomas (1.455x10⁻³ mm²/sec) (p=0.001). The mean ADC_{MIN} of necrotic tumors is 2.234mm²/sec and the mean ADC_{MIN} vasogenic edema is 1.319 mm²/sec.

Conclusion: The ADC_{MIN} values provide practical information which can be used for the differentiation of specific brain tumor histology as well as glioma types. DWI can improve imaging diagnosis in the clinical setting, compared to using structural MRI scans alone.

Biography

Yi Wah Eva Cheung has completed her MSc in Biomedical Engineering from Chinese University of Hong Kong and MSc in Medical Engineering and Physics from King's College London, UK. Currently, she is pursuing her PhD in University of Hong Kong. She is a Senior Clinical Associate in Tung Wah College, teaching BSc in Radiation Therapy at Tung Wah College, Hong Kong.

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Integrated biochemical theory of delirium and experience with pharmacological reversal**Philip Anthony McMillan**

Hull and East Yorkshire Hospitals NHS Trust, UK.

Delirium is a significant problem in older hospital admissions, with worse clinical outcomes, prolonged hospital stay and functional disability. This presentation will cover the clinical experience of managing these complex patients during their hospital stay. The basis of this theory is with hepatic encephalopathy and the fact that all forms of delirium are clinically consistent. Looking to explain the integrated theory of delirium based on brain glutamate and ammonia management. This will demonstrate the biochemical aspects of delirium and how it is related to other conditions and most significantly how there is a higher incidence of delirium in dementia. Anecdotal experience of reversing delirium using this biochemical framework and use of simple medication in hospital has been very successful with up to 70% of patients demonstrating clinical improvement. This theory has the potential to revolutionize our care of older patients and give insight into the links between delirium and dementia.

Biography

Philip Anthony McMillan is a Consultant in the NHS as a Medical Expert. 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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The STOMP in children and adolescents with learning disabilities in South Wales, UK**Amani Hassan and Collins Ann**
Cwm Taf Health Board, UK

Background: Stopping Over Medication of People (STOMP) with a learning disability, autism or both is a project in the UK. It looks at people being given psychotropic medicine because their behavior is seen as challenging. People with a learning disability, autism or both are more likely to be given these medicines than other people without. These medicines can be good for some people with mental illness or challenging behavior, but have side effects such as weight gain and tiredness so the less people need this medicine, the better.

Aim: Our service is a tertiary service specializing in Child and Adolescent Mental Health Service (CAMHS) Learning Disability (LD) in South Wales. It started in 2012 and covers 3 Health Boards. This project assessed how suitable the STOMP guidelines are for our patients. We also thought about how the STOMP guideline might need to change for children and adolescents.

Methods: We looked at hospital notes of all 117 patients with mild to severe learning disabilities. Their age, gender, diagnosis and what medicine they were taking were written down. When patients were taking psychotropic medicine, and if we were following all of the STOMP guidelines was also recorded. If we were not doing what STOMP suggested, notes were explored to find a reason.

Results: Positive Findings: (1) Clear reasons for prescribing were found in (98.39%). (2) Psycho educating patients and their families with regard to risk and benefits (95.08%). (3) Regular follow ups (96.77%). (4) Care plans considered if medication was still required (66.13%). Negative Findings: (1) Low percentage with regard to assessing capacity and gaining formal consent (11.29%). (2) The service was rated low at explaining that a medicine is 'off-label' (4.55%).

Conclusion: CAMHS focuses their work on the whole family. Consent is gained from discussion with the family as a whole. This needs to be formalized, as STOMP recommends. Capacity assessments are only relevant for over 16 year olds. Moving forward CAMHS LD specific STOMP guidelines should be developed.

Biography

Amani Hassan is a Consultant Child and Adolescent Learning Disability Psychiatrist covering three local health boards in South Wales since 2012. She is also the Chair C&A Faculty for Royal College of Psychiatrists in Wales, an Honorary Academic Associate and Researcher at Cardiff University and the Training Program Director for CAMHS, Wales Deanery. Her previous post was Consultant Child and Adolescent Psychiatrist during 2010-2012 with Cwm Taf University Health Board and was an Honorary QNIC Lead Reviewer for The Royal College of Psychiatrists during 2010-2011. She has gained other postgraduate qualifications following her MBBS in 1989. She has a Diploma in Psychological Medicine, Cardiff University, MSc in Medical Law (LLM), Cardiff University and MSc in Clinical Neuropsychiatry, Birmingham University. She became a Fellow of The Royal College of Psychiatrists in 2017. Her interests are research, publication and teaching. She is a Member of IASSID and CAIDPN.

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The efficacy of hypnotherapy in conversion disorders: A systematic review**Obiajulu C Okoye**

St George Healthcare Group, UK

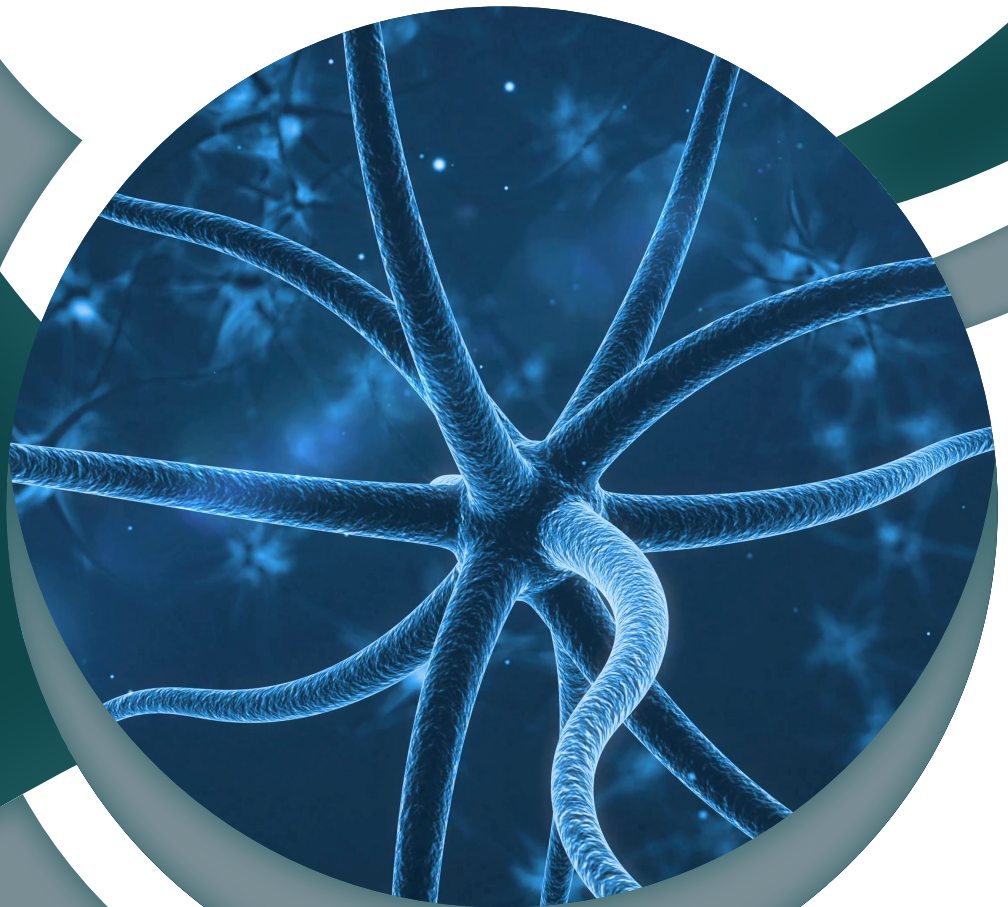
Conversion Disorders (CD) are the psychogenic based deficits in motor and sensory function, classified as a somatoform disorder in DSM-IV and a dissociative disorder in ICD 10. Treatment of CD with hypnosis extends as far back as the 19th century and used by eminent psychiatric/psychology luminaries like Charcot and Freud, yet not as well-known as newer/other psychotherapies like CBT, psychodynamic therapy, DBT, etc. Hypnotherapy was endorsed by British Medical Society, American Medical Association and NIH Technology Assessment Panel in 1955, 1958 and 1996, respectively. Recent neuroimaging studies show the similarities of neurophysiological processes in CD and during hypnosis which may point to potential efficaciousness of hypnosis in CD. No previous systematic review of efficacy of hypnotherapy for CD, so this review might be the first one, though several case studies show hypnosis to be efficacious for CDs.

Biography

Obiajulu C Okoye is a Consultant Neuropsychiatrist to a secure and locked rehab unit in the United Kingdom, for people with brain injury and autism, who have significant challenging behaviors. Before his current post in which he has worked for almost 2 years, he had extensive experience of over 8 years, of working as a Consultant Psychiatrist in the NHS, in the United Kingdom, in different adult psychiatry services, such as Locked Personality Disorder Unit, Prison In-reach Mental Health team, Crisis team, etc. He has also been involved in teaching and as an Examiner of medical students, General Practitioner and Psychiatric Trainee Doctors in the UK. He has been involved in research and has published in peer review journal. He is passionate about creating hope where there appears to have been none for people with neuropsychiatric problems and other general psychiatric conditions.

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Video Presentation

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The hidden relation, clues of autism, ADHD and depression which reveal the effective cause and cure**Van Duy Dao**

Pharmacist, Vietnam

They lack social skills, they cannot talk: language is the product of living environment - as your native language and my native language, we speak it naturally without thinking at all. We are not born with our native language, so I doubt their connection with their living environment and/or the state of mind that they can not/don't want to learn. You can test them with Aesop fables (they do not understand), pretending game - they do not understand, interacting, communicating or persuading. They are in the low level of this. For official test: you can test them with EQ test, and Aesop stories, metaphors. All these low-level vital skills make them never feel safe, connection to the environment: it makes them stress. Over time, it makes the downward spiral that make them more and more lack of social skills and suffer more stress.

Biography

Dao Duy Van has completed his pharmacist bachelor degree at the age of 23 years from Hanoi University of pharmacy. I am Van, a pharmacist, personal development lover, meditation practitioners, and lifelong learner, all combine to find the answer for human problems. The school with teachers: books, internet, video, forum, every people; Van's teachers is also the well-known speakers, authors: Stephen Covey, Jim Rohn, Brian Tracy, Peter Drucker, John. C Maxwell, Daniel Pink, Jim Collin, Jame Allens, Napoleon Hill, Dale Carnegie, Seth Godin, Micheal Porter, Darren Hardy, Richard Branson, Tony Robbin, Daniel Goleman, Malcolm Gladwell, Wayne Dyer, Hanh Thich Nhat, Richard Mathieu, and many successful authors. Most of the authors value the attitude, principles, virtue, brain, and mind to the success but there are little support evidence and a lot of debating in society.

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