ROYAL COLLEGE of PHYSICIANS of EDINBURGH

Symposium: Neurology
Thursday 10 November 2022
Answered Slido Questions

Neuromuscular emergencies – Dr Arani Nitkunan

Question: *is there anyone in whom ice test is contraindicated?*

Answer: No.

PARALLEL SESSION C: Update on stroke – Dr William Whiteley

Question: *Can we test for CYP2C19, and is their value doing this routinely?*

Answer: This can be measured in some places in the world, but it is not available routinely in the UK. The value of these is uncertain for people after stroke.

Question: *Everyone on BP lowering medication post stroke? Secondary prevention is not the primary concern is a significant group (which may be small) that are approaching the end of their life (surely)?*

Answer: If people are likely to die of their stroke, or do not have prevention of ill health as a priority, then there is no need for any preventative therapies (including aspirin, statin or blood pressure). However, reaching this position after discussion with a family or person is infrequent. Most people do survive their stroke.

Question: *What is the best time to start prophylactic Enoxaparin after stroke for in-patients?*

Answer: we do not usually use heparins, and tend to use intermittent pneumatic compression stockings.

Question: *ICH and statin please comment?*

Answer: statins probably do not reduce the future risk of ICH; but this population is also at high risk of occlusive vascular events, such as MI and ischaemic stroke.

PARALLEL SESSION D: Update on multiple sclerosis – Dr Waqar Rashid

Question: *When does one stop DMTs?*

Answer: Complex question. Ongoing trial looking into this further. Most data that currently exists is in context of stopping injectables with a little bit of data on natalizumab. Over age 50, free of MRI change and relapse seems to suggest lowest risk of disease re-activation on stopping DMT.

Question: *What do you think about Cladribine in more advanced/progressive disease especially wheelchair users (i.e. Chariot-MS trial)? Makes me a bit nervous as these patients higher infective risk to start with.*

Answer: To date Cladribine appears well tolerated with minimal infection risk but agree would need to tailor to individual and would be reluctant in someone who has high degree of other co-morbidities esp. as these co-morbidities may be mediating a large part of the progression rather than MS-related inflammation amenable to cladribine.

Question: *When people refer to metacognitive issues in MS, is this not a more acceptable way of saying "depression"? Which is associated with negative cognitive biases - negative cognitions around self/world/future...?*

Answer: Partially agree although I think more complex than this - increasing evidence that metacognitive issues have overlap with depression but not all explained by low mood e.g. difference between depression and apathy which also is affected by metacognitive effects.

PARALLEL SESSION G: Movement Disorders – Professor Kailash Bhatia

Question: *Is it worth considering L-Dopa as a trial for all parkinsonism presentation irrespective of underlying aetiology so that the diagnosis can be narrowed down please?*

Answer: If the question is whether levodopa trial could be used to differentiate PD from atypcial forms of parkisonism then the answer would be no - this is because sometimes PD patients may not respond initially (till the right dose is achieved) and on the other hand patients with atpical parkinsonism may get good benefit form levodpa initially (but the effect is not sustained over a longer period). If the question is should levodopa be tried in all forms of parkinsonism then the answer is of course yes- one would expect a good response in PD and even in atypical parkinsonian conditions if there is some benefit its better than nothing.

Question: *How would you manage orthostatic tremors with recurrent falls?*

Answer: the classic orthostatic tremor patients don't generally fall- they feel unsteady when standing at a spot but they are better when walking and generally don't get have falls. If a person with OT is falling they may have developed some other additional features rarely parkinsonism and in some rarer instances cerebellar ataxia. If its OT tremor alone the best symptomatic treatment is clonezepam.

How to solve it! A Neuropsychiatric approach to functional neurological disorders – Professor Alan Carson

Question: *Is functional disorder the same as conversion disorder?*

Answer: To all intent and purpose conversion disorder and fnd are the same thing. Technically CD presupposes that an internal psychic conflict is present and causes the symptoms therefore one might theoretically argue that CD is a subset of FND. However on reality one never knows whether such a conflict is present and if present aetiologically significant. This was reason that definition developed from CD to FnD which is based solely on verifiable signs and doesn't presuppose a mechanism.

Tropical neurology – Professor Thashi Chang

Question: *Does the CSF ADA levels help in TBM diagnosis?*

Answer: Cut-off levels of ADA that could reliably diagnose TB have not been established in CSF. Thus, ADA levels in CSF are of little use in the diagnosis of TBM.

Question: *What is the interval period at which you can suspect Paradoxical upgrade reaction to be cause of deterioration rather than any other possible etiology?*

Answer: There is no specific interval. However, in a patient diagnosed with TBM and commenced on anti-tuberculous therapy, one would naturally reimage if there is clinical deterioration while on therapy. If new or worsening tuberculomas / ring-enhancing lesions are noted, it would be reasonable to consider a paradoxical reaction if there is no concurrent increase in inflammatory markers and reactivity in CSF. On the other hand, if the inflammatory markers have risen and the CSF is highly reactive (with increased pleocytosis and protein, and reduction in glucose), then one needs to consider resistance to treatment.

Question: *If albendazole is contraindicated in the neurocysticercosis-induced severe encephalitis, what will be the treatment of the phase of the disease? Steroids?*

Answer: Cysticercal encephalitis is mediated by an enhanced host immune response. Hence, it would be deleterious to treat with albendazole which would enhance parasitic killing and present more parasitic antigens to the host immune system and fuel the inflammatory response. Thus, treatment is with high-dose corticosteroids.