International School of Neurology

18TH INTERNATIONAL SUMMER SCHOOL OF NEUROLOGY

IN CONJUNCTION WITH

13TH EUROPEAN TEACHING COURSE on NEUROREHABILITATION

15-16 SEPTEMBER 2023 | POIANA BRAȘOV | BRAȘOV | ROMANIA

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HYBRID EVENT

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Past Vice-President of the World Stroke Organization (WSO)

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SCIENTIFIC PROGRAM

18TH INTERNATIONAL SUMMER SCHOOL OF NEUROLOGY

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DAY ONE – FRIDAY, SEPTEMBER 15TH, 2023

08.50 – 09.00	***WELCOME ADDRESS*** Volker Hömberg (Germany), Dafin F. Mureșanu (Romania)

SESSION 1 |
CHAIRPERSONS: Dafin F. Mureșanu (Romania), Volker Hömberg (Germany)

09:00 – 09:30	Brain Reserve	Towards broadened understanding and concept operationalization Dafin F. Mureșanu (Romania)
09:30 – 10:00	Pharmacological options after brain injuries Volker Hömberg (Germany)
10:00 – 10:30	Assessment tools: the usefulness of scales of functionality, disability and rehabilitation needs Caterina Pistarini (Italy)
10:30 – 11:00	The concept of motivation as multidisciplinary approach Dana Boering (Germany)
11:00 – 11:10	Discussions
11:10 – 11:30	***COFFEE BREAK***

KEYNOTE LECTURE:

11:30 – 12:00	Elements for future designs in neurorehabilitation Volker Hömberg (Germany)

SESSION 2 |
CHAIRPERSONS: Dana Boering (Germany), Rodica Bălașa (Romania)

12:00 – 12:20	Migraine: current classification and diagnosis Rodica Bălașa (Romania)
12:20 – 12:40	Overcoming migraine together: eligible patient profile for anti CGRP monoclonal antibodies Adina Roceanu (Romania)
12:40 – 13:00	Migraine pathology and anti-CGRP mechanism of action Adriana Dulămea (Romania), Daniela Anghel (Romania)
13:00 – 13:10	Discussions
13:10 – 14:30	***LUNCH BREAK***

SESSION 3 |
CHAIRPERSONS: Adina Roceanu (Romania), Elena Terecoasă (Romania)

14:30 – 14:50	Fremanezumab in the treatment of migraine Elena Terecoasă (Romania)
14:50 – 15:10	Anti CGRP monoclonal antibodies - a new era in migraine prevention Adina Roceanu (Romania)
15:10 – 15:30	Efficiency and safety of the treatment with anti-CGRP monoclonal antibodies in chronic migraine Horia Nicolae (Romania)
15:30 – 15:40	Discussions
15:40 – 16:10	***COFFEE BREAK***

SESSION 4 |
CHAIRPERSONS: Cristian Falup-Pecurariu (Romania), Ioana Stănescu (Romania)

16:10 – 16:30	Cardiovascular dysautonomia in Parkinson's disease Cristian Falup-Pecurariu (Romania)
16:30 – 17:00	Immune reconstitution therapy in multiple sclerosis: rationale for initiation and maintenance Rodica Bălașa (Romania)
17:00 – 17:20	Vertigo and elderly Adina Stan (Romania)
17:20 – 17:40	Evaluation of the patient with dyslipidemia and ischemic stroke Ioana Stănescu (Romania)
17:40 – 17:50	Discussions

DAY TWO – SATURDAY, SEPTEMBER 16TH, 2023

SESSION 5 |
CHAIRPERSONS: Dafin F. Mureșanu (Romania), Bogdan O. Popescu (Romania)

09:00 – 09:25	Infusion therapies related guidelines and recommendations in Parkinson's Disease Dafin F. Mureșanu (Romania)
09:25 – 09:50	Strategies on the approach of the continuous dopaminergic stimulation concept (CDS) Bogdan O. Popescu (Romania)
09:50 – 10:15	ON time optimization over the Parkinson's disease evolution Amalia Ene (Romania)

10:15 – 10:40	Management of advanced Parkinson's disease: time valorization, opportunities for the future József Szász (Romania)
10:40 – 10:50	Discussions
10:50 – 11:20	***COFFEE BREAK***
11:20 – 13:20	***WORKSHOP - SUBCUTANEOUS CONTINUOUS APOMORPHINE THERAPY. PRACTICAL ASPECTS***
13:20 – 14:30	***LUNCH BREAK***

SESSION 6 |
CHAIRPERSONS: Amalia Ene (Romania), József Szász (Romania)

14:30 – 14:55	Therapeutic options in dystonias Bogdan O. Popescu (Romania)
14:55 – 15:20	Evaluation and treatment of post-stroke spasticity Ayghiul Mujdaba-Elmi (Romania)
15:20 – 15:45	Challenges in the diagnosis of acute dementia Adina Stan (Romania)
15:45 – 15:55	Discussions
15:55 – 16:25	***COFFEE BREAK***

SESSION 7 |
CHAIRPERSONS: Dafin F. Mureșanu (Romania), Bogdan O. Popescu (Romania)

16:25 – 16:50	Doc, I am so tired. Can you help me? Cristina Tiu (Romania)
16:50 - 17:15	Perspectives on the treatment of uncontrolled Parkinson's disease Bogdan O. Popescu (Romania)
17:15 – 17:40	Myasthenia Gravis – clinical approach, new therapies, better outcomes Tudor Lupescu (Romania)
17:40 – 17:50	Discussions
17:50 – 18:00	***CONCLUDING REMARKS***

ABSTRACTS

MIGRAINE: CURRENT CLASSIFICATION AND DIAGNOSIS

RODICA BĂLAȘA
Professor of Neurology, George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures, Romania

Migraine, a prevalent neurological disorder, presents a significant clinical challenge due to its diverse clinical manifestations and complex pathophysiology. This abstract provides a concise overview of the diagnosis and clinical forms of migraine.

Diagnosis of migraine relies on clinical history and exclusion of other possible causes. The International Classification of Headache Disorders (ICHD) criteria serve as the gold standard for diagnosis, encompassing the typical features of migraine attacks, including duration, associated symptoms, and frequency. Advances in neuroimaging have facilitated the differentiation of migraine from other conditions, aiding in accurate diagnosis.

Migraine manifests in various clinical forms, the most common being migraine without aura and migraine with aura. Migraine without aura is characterized by moderate to severe pulsating headaches, often unilateral, accompanied by nausea, photophobia, and phonophobia. Migraine with aura involves transient focal neurological symptoms preceding or coinciding with the headache, which can include visual disturbances, sensory changes, and speech disturbances.

Furthermore, understanding migraine variants such as hemiplegic migraine, vestibular migraine, and chronic migraine is essential for tailored management. Hemiplegic migraine presents with reversible motor weakness, while vestibular migraine involves dizziness and imbalance. Chronic migraine, diagnosed when headaches occur on 15 or more days per month, necessitates distinct therapeutic approaches.

In conclusion, a precise diagnosis of migraine requires meticulous evaluation of clinical presentation and the exclusion of mimicking conditions. Awareness of the diverse clinical forms is crucial for accurate diagnosis and effective management, enhancing the quality of life for individuals afflicted by this debilitating neurological disorder.

IMMUNE RECONSTITUTION THERAPY IN MULTIPLE SCLEROSIS: RATIONALE FOR INITIATION AND MAINTENANCE

RODICA BĂLAȘA
Professor of Neurology, George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu Mures, Romania

Immune reconstitution therapy (IRT) represents a promising approach in the field of neurology, offering innovative avenues for the management of various neurological disorders with an underlying immune component. This abstract provides a concise overview of the reasons to initiate and sustain IRT in neurology.

Initiating IRT is driven by the recognition of immune dysregulation as a contributing factor to neurological diseases. Many neuroinflammatory conditions, such as multiple sclerosis (MS), are characterized by aberrant immune responses. IRT aims to restore immune balance and suppress pathogenic immune responses through strategies like hematopoietic stem cell transplantation or immune-modulating agents.

Furthermore, the role of IRT extends beyond the management of refractory cases. Early intervention with IRT in relapsing-remitting MS, has shown potential to alter the disease course and reduce disability progression. Thus, IRT should be considered as an upfront option in select cases.

Sustaining IRT depends on monitoring treatment response and adapting the therapy to individual patient needs. Long-term immunomodulation may be necessary to maintain remission and prevent relapses. Ongoing evaluation of disease activity and therapeutic efficacy is essential to guide treatment decisions and optimize outcomes.

In conclusion, IRT is a vital component of MS treatment, offering a tailored approach to immune-related neurological disorders. Initiating IRT addresses the underlying immune dysfunction, while sustaining it ensures long-term disease control. Future research and clinical trials will continue to refine the role of IRT in neurology, paving the way for improved patient care and outcomes.

MOTIVATION - A TRANSDISCIPLINARY APPROACH

DANA BOERING
Secretary General of the European Federation of NeuroRehabilitation Societies (EFNR), Germany

Current literature increasingly considers motivation as long time eluded, yet very important aspect of rehabilitation and there is a growing body of literature emphasizing neurobiological, psychological, and clinical issues of patient motivation during neurorehabilitation after stroke. Nevertheless there is only a scarce interconnection and transfer between the various fields: neurobiology of motivation, psychology of motivation, the role of behavioral or pharmacological manipulation on motivation, disentangling motivation from other volitional and emotional disturbances after acute brain injury.

The talk will intent to build a framework for a comprehensive transdisciplinary motivation enhancing strategy in neurorehabilitation and give a conceptual draft stressing motivation assessment and motivation increasing tools in day by day clinical practice.

ELEMENTS FOR FUTURE DESIGNS IN NEUROREHABILITATION

VOLKER HÖMBERG
President of the World Federation for Neurorehabilitation (WFNR), Germany

Over the last decades significant progress has been made in the field of neurological rehabilitation along with the advances in neurosciences in general.

This is nice to notice but several caveats have to be introduced:
We have so far not yet been able to clearly differentiate aspects of restoration of function or reduction of impairment and compensation of activities when restoration is not possible. We are still in a situation that we are lacking a deeper understanding of the underlying neurological restorative processes which will in future become more and more important to shape appropriate restorative custom tailored strategies.

This includes our understanding of the genetic and idiosyncratic individual underpinnings for chances to respond to particular form of treatment. This is the major obstacle to define rehabilitation in a manner to address the individual patient's need and come to a focal personalised form of intervention.

We have made some progress in the field of pharmacological influences on brain recovery in the immediate postacute phase after stroke and traumatic brain injury especially by using new substances which multimodal ways of action. Also important progress was made by the application of more refined ways of biometric analyses especially the agglutination of multiple variables to cover the wide range of possible outcomes.

Nevertheless we are still faced with the situation that hundreds of millions of people in the world do not have any access to decent rehabilitation procedures and facilities.

If we have learned anything beneficial from the bad Corona pandemic, it was an improvement in our ease to use digital communication strategies. This in future will provide new avenues for spreading in a low threshold and affordable way knowledge and skills in the field.

Over the decade high-tech and low-tech options have been described in detail to bring the efficacy and efficiency of neurological rehabilitation forward.

In this talk I will give a synopsis of available high-tech options (Robots, brain computer interfaces, the VR and AR technologies, neuro modulation) and contrast them with the available low-tech options such as strategies related to motor or cognitive learning . These low-tech options have the advantage in being affordable and easily accessible as learnable also for nonprofessional caregivers and relatives.

Although every year thousands of articles with good scientific background and flawless methodology are published, nevertheless in neurorehabilitation we do not yet have real" game changers". The question is in how far this can be attributed to a wrong epistemology or eventually to the fact that we are not doing the right trials because we are not asking the right questions.
This intellectutal challenge will become even more relevant in future.

Finally I will address the issue of use of so called "artificial intelligence" in helping dealing with "big data" sets and eventually ease the rapid update of available knowledge for e.g. guideline design.

PHARMACOLOGICAL OPTIONS AFTER BRAIN INJURIES

VOLKER HÖMBERG
President of the World Federation for Neurorehabilitation (WFNR), Germany

Beside the use of training techniques and other behavioral interventions neurological rehabilitation might be augmented significantly by the use of pharmacological agents:

Beside the necessary pharmacological treatments for risk factors such as hypertension and hyperlipidemia and secondary prevention, drugs can also be used to facilitate brain recovery and reduce the level of impairment.
On the other hand certain drugs have to be avoided because they are known to impair brain repair mechanism.

This lecture will address the following issues:

1. A general pharmacological survey of substances impairing or facilitating brain recovery in animal experimentation
2. It is of critical importance to avoid so called "detrimental" drugs defined from animal experimental as well as from clinical catamnestic studies to interfere with brain plasticity. In contrast amphetamines L-dopa, reboxetin and antidepressants may facilitate the effect of rehabilitative techniques.
3. The impact of the use of antidepressant drugs for brain recovery (SSRIs) in not depressed patient after stroke is exemplified by data from FLAME, TALOS and FOCUS and other not yet published trials in the pipeline.
4. A survey of the current status of drugs to influence states of diminished consciousness wiil be given (especially amantadine and Z-drugs)
5. The progress in use of multimodal action drugs especially Cerebrolysin in reducing impairment in the immediate postacute phase in stroke in combination with neuromotor training .
6. Pharmacological influence on neglect and fatigue problems

Suggested reading:

Volker Hömberg
Pharmacologica aspects of neurorehabilitation
DOI http://dx.doi.org/10.1055/s-0043-116338 Neurology International Open 2017; 1: E247–E255 © Georg Thieme Verlag KG Stuttgart · New York ISSN 2511-1795

MYASTHENIA GRAVIS – CLINICAL APPROACH, NEW THERAPIES, BETTER OUTCOMES

TUDOR LUPESCU
Emerald Medical Centre, Bucharest
Mediclass Medical Centre, Bucharest
Associated Professor, UMF "Iuliu Hatieganu", Cluj-Napoca, Romania

There are many possible causes for episodic, fluctuating weakness, but among them, myasthenia gravis is the most frequent. The weakness can be limited (ocular myasthenia) or generalized, affecting bulbar, respiratory and/or limb muscles. It is a typical autoimmune disorder, caused usually by antibodies to the acetylcholine receptor. There are variants, regarding the antibodies. Neurophysiology is very helpful with repetitive nerve stimulation and Single Fiber EMG being the most important techniques. It was considered for many years a very aggressive disease with few therapeutical options. While the initial therapies remain important (acetycholinesteraserinhibitors, corticotherapy, thymectomy when indicated), recent development of new therapies have dramatically changed the outcomes even in refractory cases.

EVALUATION AND TREATMENT OF POST-STROKE SPASTICITY

AYGHIUL MUJDABA-ELMI[1]
BOGDAN O.POPESCU[1,2,3]
1. Department of Neurology, Colentina Clinical Hospital, Bucharest, Romania
2. Carol Davila University of Medicine and Pharmacy, Bucharest, Romania
3. Department of Molecular Medicine, Victor Babeș National Institute of Pathology, Bucharest, Romania

The post-cerebrovascular accident spasticity appears after a first episode in 38% of patients, the percentage increasing to 44% after more than 12 months from the cerebrovascular event. Spasticity is a serious condition that requires structural management and a clear treatment plan.

A first step in the evaluation of patients is represented by clinical evaluation. This should focus on muscle tone, vicious postures, muscle contractions, and pain. The objectives are to improve functionality, alleviate symptoms, improve posture, reduce pressure on caregivers, and optimize services. Specific therapeutic means for spasticity rehabilitation involve non-pharmacological treatments (physical, occupational), oral medications (baclofen, gabapentin), interventional therapies

(intrathecal baclofen, peripheral nerve blocks, local injections with botulinum toxin), or neurotomy in case of ineffective response. The efficacy of treatment with botulinum toxin type A by eco/EMG guided injection in muscles affected by spasticity is established within 7-10 days, with maximum effect in 4-6 weeks. To optimize the effectiveness of therapy, it is recommended to associate it with physical therapy in an appropriate rehabilitation program.

In conclusion, stroke represents a major public health problem worldwide and an important generator of disability, with spasticity being among the most frequent long-term complications. Thus, the coordinated involvement of a multidisciplinary team of specialists is necessary.

BRAIN RESERVE | TOWARDS BROADENED UNDERSTANDING AND CONCEPT OPERATIONALIZATION

DAFIN F. MUREȘANU
Chairman Department of Clinical Neurosciences, University of Medicine and Pharmacy Iuliu Haţieganu, Cluj-Napoca, Romania

This talk provides a comprehensive overview of the current understanding of brain reserve. Initially, it introduces the concept by discussing its definitions, theoretical framework, neurobiological basis, and clinical implications. The presentation then delves into the feasibility of quantifying brain reserve, highlighting the role of biomarkers in predicting and tailoring neurorecovery.

A significant focus is placed on the operationalization of brain reserve, emphasizing the integration and evaluation of existing data to develop an individual resilience index.

The potential to enhance or recover brain reserve is explored, with a focus on the impact of new technologies on neurobiology and its subsequent clinical implications. The integration of brain reserve in clinical research is discussed, suggesting that outcomes are influenced by the interaction between the intervention and the individual's brain reserve.

The presentation concludes by addressing the future of brain reserve, outlining its implications for neurorehabilitation, and suggesting directions for upcoming research.

INFUSION THERAPIES RELATED GUIDELINES AND RECOMMENDATIONS IN PARKINSON'S DISEASE

DAFIN F. MUREȘANU
Chairman Department of Clinical Neurosciences, University of Medicine and Pharmacy Iuliu Haţieganu, Cluj-Napoca, Romania

The presentation delves into the intricate role of the basal ganglia in affecting cognitive, motor, affective, and behavioral activities. Emphasis is placed on the striatum's ability to receive varied projections from cortical areas and the thalamus, functioning as a "generator of diversity." Notably, the striatum is pivotal in the "selection and differential amplification" of this diversity, employing both short-term and long-term mechanisms. The interplay between the basal ganglia and the supplementary motor area (SMA) serves to automate movements, with a parallel control mechanism involving attention control via the premotor area and the anterior cingulate cortex. The presentation further delves into the clinical progression of Parkinson's Disease (PD), highlighting complications associated with long-term treatment and the necessity for continuous striatal dopaminergic stimulation. The efficacy of infusion therapies, in conjunction with deep brain stimulation, is underscored for advanced PD treatment. The presentation concludes by referencing therapeutic guidelines from various European neurological societies, underscoring the importance of evidence-based treatments for the motor symptoms of PD.

EFFICIENCY AND SAFETY OF THE TREATMENT WITH ANTI-CGRP MONOCLONAL ANTIBODIES IN CHRONIC MIGRAINE

HORIA NICOLAE
Assistant Professor of Neurology, Elias University Emergency Hospital, UMF Carol Davila, Bucharest, Romania

Migraine is a widespread condition that predominantly affects the female population. Nevertheless, the treatment with maximum benefits is still under discussion. The deciphering of the role of trigeminal affection in the onset of migraine episodes and the identification of calcitonin gene-related peptide (CGRP) in recent decades have led to the emergence, in recent years, of anti-CGRP treatment which has altered or is currently changing therapeutic guidelines for migraines. One of the pillars of this treatment is represented by the class of monoclonal anti-CGRP antibodies, administered as preventive medication for migraine episodes.

In this lecture, we aim to review the latest evidence in literature on the efficacy of administering monoclonal anti-CGRP antibodies (regardless of their mechanism of action (anti-calcitonin gene-related peptide molecule or anti-receptor) compared to the "classical" and extremely diverse medication used in preventing the onset of migraine episodes. Additionally, we consider the evaluation of the safety of administering this new type of injectable treatment (beyond local reactions) that we have at our disposal (monoclonal anti-CGRP antibodies) a mandatory factor in making therapeutic decisions for the extremely large number of patients with chronic migraine seeking advice from neurologists, and not only.

CARDIOVASCULAR DYSAUTONOMIA IN PARKINSON'S DISEASE

CRISTIAN FALUP-PECURARIU
Department of Neurology, County Clinic Hospital, Transilvania University Brasov, Romania

Due to its heterogeneity, Parkinson's disease (PD) is considered as a multisystem disorder that also affects the autonomic nervous system, including cardiac denervation. Cardiac dysautonomia refers to the clinical spectrum that accompanies cardiac degeneration and may include fatigue, dizziness, shortness of breath induced by exercise, impaired cognitive performance; it may also include orthostatic hypotension, reduced time to peak heart rate, increased corrected QT intervals, arrhythmias, reductions in heart rate variability and reduced plasma noradrenaline. Orthostatic hypotension (nOH) is one of the most frequent manifestations of cardiac dysautonomia; it is associated with impaired quality of life, mainly due to frequent falls, and it is believed that it emerges once cardiac denervation reaches a certain threshold. A paradox is that, apart from orthostatic hypotension, PD patients can also manifest supine hypertension, which is often asymptomatic, but comes with great morbidity and increased risk of cardiovascular events. The pharmacological treatment of this opposing arterial pressure pattern is intricate and the results are controversial. nOH in PD and pure autonomic failure emerge as an effect of both central and peripheral neurodegeneration, whereas it seems that in multiple system atrophy the denervation is mainly central with spared postganglionic sympathetic nerves. The lecture will cover main aspects of diagnoses and treatment of cardiovascular dysautonomia in PD.

ASSESSMENT TOOLS: THE USEFULNESS OF SCALES OF FUNCTIONALITY, DISABILITY AND REHABILITATION NEEDS

CATERINA PISTARINI
Secretary General of the World Federation for Neurorehabilitation (WFNR)
Director of Scientific Rehabilitation Institute Salvatore Maugeri Genoa, Italy
Director of Neurorehabilitation Department of Salvatore Maugeri Clinical and Research Institutes, Italy.

Rehabilitation interventions are marked by functional assessments of neurological disability.

The several aims of functional assessments are provided by specific tools applied in specific (optimal) evaluation phases of pathway of care: IMING OF ASSESSMENT may vary but it's crucial.

The current clinical way considers tools for evaluating the abilities of:
upper limbs, lower limbs, gait and balance, global recovery monitoring after neurological damages.

The different scales for assessment of functionality, disability and rehabilitation needs will be shown with their specific characteristics.
All scales have construct validity and reliability.The attribution of metric scores facilitates their administration and interpretation.

Their administration at the time of entry/discharge will serve to outline the functional changes of the Pts undergoing rehabilitation and predicting functional recovery of patients with neurological damageThe specific scales can be used in different care settings, not only in acute rehabilitation but also in intensive care units, neurological or neurosurgical units, and nursing homes.

OVERCOMING MIGRAINE TOGETHER: ELIGIBLE PATIENT PROFILE FOR ANTI CGRP MONOCLONAL ANTIBODIES

ADINA ROCEANU
Primary Neurologist, Research Scientist, Neurology Department, University Emergency Hospital Bucharest, Romania

The third (alfa) International Classification of Headache disorders was published in 2018, by the International Headache Society and describes more than 200 types of headaches. Migraine is a highly disabling primary headache that affects more than 1 billion people worldwide.

Migraine is characterized by recurrent episodes of severe unilateral throbbing headache, lasting 4-72 hours, associated with nausea/vomiting and with sensitivity to light, sound and head movement (migraine without aura).

About one third of migraineurs experience fully reversible neurological symptoms (visual, sensitive) that that precedes or accompanies the headache (migraine with aura).

As migraine preventive therapy, beta-blockers and antiepileptic drugs (sodium divalproex in men, topiramate) are traditionally used as first line.
Also, Onabotulinum toxin A is approved for prevention of headache in chronic migraine.

Recently, monoclonal antibodies (CGRP-mAbs) targeting CGRP receptor (erenumab) or CGRP peptide (galcanezumab, fremanezumab, eptinezumab) became available as preventive treatment for episodic and chronic migraine.

The 2019 EHF guideline recommended CGRP-mAbs as a third line treatment for migraine prevention in individuals with migraine and inadequate response, lack of tolerability or lack of compliance to at least two categories of migraine preventatives.

In 2022 EHF guideline update - considering the overall evidence of benefits regarding the CGRP-mAbs, their ease of use – this molecules should be offered even as first line treatment.

ANTI CGRP MONOCLONAL ANTIBODIES – A NEW ERA IN MIGRAINE PREVENTION

ADINA ROCEANU
Primary Neurologist, Research Scientist, Neurology Department, University Emergency Hospital Bucharest, Romania

Migraine is a complex neurovascular disorder. Headache may be due to neurogenic inflammation in cranial dural arterial walls.

The neuropeptide Calcitonin Gene-Related Peptide (CGRP) plays a key role in migraine pathophysiology. CGRP – calcitonin gene-related peptide - is a potent vasodilator and also functions as a messenger in nerve cells.

CGRP is a new target for anti-migraine drugs. New therapeutically active agents specifically targeting CGRP or its receptor were developed for migraine treatment.

- For acute migraine treatment – small oral molecules: gepants - ubrogepant, rimegepant (also for preventive treatment) were developed and are already in use.
- For migraine prevention - large parenteral molecules: monoclonal antibodies (mAbs) targeting the peptide CGRP (fremanezumab, galcanezumab and eptinezumab) or its receptor (erenumab) were developed and are already in use.

Meta-analyses of RCT regarding the use of anti-CGRP monoclonal antibodies in migraine prevention did not reveal clear difference among the mAbs in terms of effectiveness. Real-world evidence may provide useful evidence for the choice of the specific mAbs in certain patient subtypes.

The introduction of anti-CGRP therapies is transforming the care and the life of patients with migraine, compared with previous unspecific treatment options with suboptimal responses, poor tolerability.

CGRP-mAbs have the potential to reduce both health economic expenditures and the socioeconomic burden of migraine. It is therefore important that healthcare professionals to expand their knowledge about the efficacy and safety of new anti-CGRP therapies use in migraine.

CHALLENGES IN THE DIAGNOSIS OF ACUTE DEMENTIA

ADINA STAN
Primary Neurologist, Lecturer of Neurology at the University of Medicine and Pharmacy Iuliu Hatieganu Cluj-Napoca, Romania

Management of a patient with acute dementia or rapidly progressive dementias represents an important challenging in clinical practice, especially in emergency. Vascular diseases, tumors, infectious, immune-mediated, metabolic encephalopathies or neurodegenerative diseases are possible differential diagnosis and must be promptly diagnosed and treated in order to reduce morbidity and mortality, especially in immune-mediated, infectious and other potentially reversible dementias. The present work will focus on the aetiologies, diagnostic work-up protocols, imaging which will help clinicians to establish an early and accurate diagnosis. The inserted clinical cases will point out these aspects.

EVALUATION OF THE PATIENT WITH DYSLIPIDEMIA AND ISCHEMIC STROKE

IOANA STĂNESCU
Head of Neurology I Department, Rehabilitation Hospital, Cluj-Napoca, Romania
University of Medicine and Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania

Evaluation and management of dyslipidemia are essential for stroke patients, as dyslipidemia, hypertension, diabetes and smoking are considered significant risk factors for ischemic stroke. Low-density lipoprotein cholesterol (LDL-C) is the most useful marker for risk prediction of a first or recurrent stroke. Lipid-lowering strategies are therefore recommended for the secondary prevention of ischemic strokes.

Management of dyslipidemia depends on the stroke subtype, the choice of the therapeutic agent and the potential adverse effects of a life-long therapy. Recent guidelines advocate using statins at maximum tolerable doses for lowering LDL-C levels, especially in the large artery atherosclerotic stroke subtype. Lipid-lowering goals need to be established for each stroke subtype. Statins have proven benefits also in the prevention of cardiovascular diseases and reduction of all-cause mortality, despite their potential adverse effects. Atorvastatin is one of the safest statins, with a lower risk of inducing muscular symptoms. When statin therapy alone is insufficient to achieve the target LDL-C levels, an association of ezetimibe or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors is recommended.

A practical approach in managing dyslipidemia according to stroke subtype and patient particularities will be highlighted in the presentation

MANAGEMENT OF ADVANCED PARKINSON'S DISEASE: TIME VALORIZATION, OPPORTUNITIES FOR THE FUTURE

JÓZSEF SZÁSZ
Senior neurologist, University of Medicine and Pharmacy Targu-Mures, Romania

Parkinson's disease (PD) is one of the most important, progressively disabling neurodegenerative disorder. None of the available treatments influence the progression of the disease. Since the discovery of levodopa as the mainstay of pharmacotherapy in the early 1960s, the pharmacological treatment of PD has been continuously debated and adapted, mainly as a result of the pharmacokinetic properties and changing pharmacodynamics of this drug during the disease progression, as this changes inevitably lead to predictable and unpredictable response fluctuations, both motor and non-motor. Motor fluctuations and dyskinesias affect almost all patients with PD at some point during the disease course, with major implications in global health status. Early recognition of advanced PD (APD) could be challenging. There are now several treatment options for switching from intermittent, non-invasive therapy to device-aided treatment (DAT). The continuous intra-jejunal infusion of levodopa (with or without entacapone) or apomorphine infusions offer significant benefits for selected patients and can be considered an option prior to surgery (Deep Brain Stimulation, DBS).

The continuous delivery of levodopa (LD) as levodopa-carbidopa intestinal gel (LCIG) or levodopa-entacapone-carbidopa intestinal gel (LECIG) directly into the proximal jejunum, via percutaneous endoscopic gastro-jejunostomy (PEG-J), provides reliable absorption and more stable plasma concentrations of LD. Compared to the conventional oral LD therapy, LCIG/LECIG has demonstrated a significant reduction of OFF time, increase of ON time without troublesome dyskinesias and has also been shown to improve non-motor complaints commonly associated with chronic oral LD therapy. The tolerability profile of LCIG/LECIG is generally comparable with that of oral therapies, with the exception of events related to the delivery system and its placement.

The indications for using one of the available DAT are similar and include: pronounced motor and/or non-motor fluctuations, with or without dyskinesias, severe conventional oral dopaminergic therapy-related complications. In spite of undisputable improvements during the last years, many patients remain

significantly disabled, and a fully satisfying management of motor complications is still an important unmet need of APD therapy.

FREMANEZUMAB IN THE TREATMENT OF MIGRAINE

ELENA TERECOASĂ
Department of Neurology - University Emergency Hospital Bucharest, University of Medicine and Pharmacy Carol Davila Bucharest, Romania

The monoclonal antibody Fremanezumab, by targeting CGRP, prevents its binding to its receptor. Given the role of CGRP in migraines, this makes Fremanezumab a promising therapeutic option. Clinical trials have explored its efficacy and safety in both chronic and episodic migraines. Studies have consistently shown that patients treated with Fremanezumab experience fewer monthly migraine days compared to placebo. Furthermore, the treatment was generally well-tolerated with minor side effects, the most common being injection site reactions. The reduction in headache frequency and severity was significant, enhancing the overall quality of life of patients. Fremanezumab offers a novel approach to migraine management. Its targeted action against CGRP brings forth significant improvements in the frequency and intensity of migraine episodes. While it has proven efficacy and a favorable safety profile, continued research is necessary to understand its long-term effects and potential in combination therapies.

DOC, I AM SO TIRED. CAN YOU HELP ME?

CRISTINA TIU[1,3]
IULIANA TUDOR[1], IULIAN ENACHE[1,3], VLAD TIU[2,3], ANCA NEGRILĂ[1], ELENA TERECOASĂ[1,3]
1. University Emergency Hospital Bucharest, Department of Neurology, Romania
2. University Emergency Hospital Elias, Department of Neurology, Romania
3. University of Medicine and Pharmacy Carol Davila , Department of Clinical Neurosciences, Romania

Fatigue is one of most frequent symptoms in Multiple Sclerosis (MS), being identified in all diagnostic subtypes (relapsing remitting and progressive forms), with a prevalence up to 80% during lifetime. Patients consider fatigue one of the most disabling symptoms. There are multiple mechanisms related to fatigue pathogenesis, some directly related to MS (central and peripheral), others related to medication, sleep disorders or to stress factors. Inflammation and neuroendocrine dysfunctions can also contribute. Currently there is no unified

definition or a biomarker for fatigue, and the impact on every individual patient is evaluated by different questionnaires, such as MSIF, FSMC, FSS or MFI. Several neurochemical pathways are involved, such as dopaminergic, glutamatergic, serotonin and noradrenergic circuitries and one must be aware of the frequent association with depression which is a major confounder for fatigue. MRI has brought a lot of information in the field, regarding both structural and functional changes in the brain of MS patients with fatigue. Despite a good control of the relapses, many patients complain of fatigue, and despite of numerous attempts to treat fatigue with different classes of drugs, such as Aspirin, Amantadine, Modafinil, 4- amynopiridine and others, the results are modest and variable at inter and intra-individual level. Occupational therapy or physical activities can moderately alleviate fatigue. Although we do not possess a magic bullet to „kill" fatigue, we can try to help our patients by considering a complex evaluation in order to identify possible non- MS causes or fatigue confounders.

CURRICULUM VITAE

RODICA BĂLAȘA
ROMANIA

Rodica Balasa is a professor of neurology at the University of Medicine, Pharmacy, Sciences and Technology „George Emil Palade" of Targu Mures (UMFST) and head of the Neurology 1 Clinic in the Emergency Clinical County Hospital of Mures, Romania. Since 2017, she is the director of the Doctoral School of UMFST. Rodica obtained her PhD degree from the University of Medicine and Pharmacy of Targu Mures in 2003 in the field of visual evoked potentials for multiple sclerosis (MS). In 2005 she became the Coordinator of the Regional MS centre in Tg. Mures. Her research interests are focused on the clinical features and treatment of MS. A special interest covers developing predictive biomarkers of treatment response, research that has been materialized into numerous impact publications. She has been the recipient of several important research grants, such as the Merck Regional Grant for Central and Eastern European Countries 2017 Research Project, which developed an experimental model of peripheral mononuclear cell cultivation to develop personalised MS treatment. Rodica has conducted more than 40 international clinical trials in the field of neurological pathologies and coordinates the national programme for acute and chronic neurological inflammatory disorders and fibrinolysis therapy for acute ischemic stroke. She coordinates 10 PhD students with impact research in the field of molecular biology, neuroimmunology and stroke. Her extensive clinical experience and dedication have served for more than 20 years at the Neurology 1 Clinic of Targu Mures, where she coordinates a team of 8 neurologists actively involved in academic and clinical research.

DANA BOERING
GERMANY

EDUCATION:
1. Secondary School I. Slavici Arad, Romania
2. Medical School: Faculty of Medicine and Pharmacy I.M.F. Cluj-Napoca, Romania

ACADEMICAL QUALIFICATIONS:
1. Dr. medic: I.M.F. Cluj Napoca 1981
2. German acknowledgement as Dr. med. 1987
3. Specialty qualification: Neurologist 1994
4. Further specialty qualification: Neurorehabilitationist 2001, Neurophysiologist 2002

EMPLOYMENT:
St. Mauritius Therapieklinik Meerbusch 2002-2016
SRH Gesundheitszentrum Bad Wimpfen since 2016

PROFESSIONAL APPOINTMENTS, SCIENTIFICAL ACTIVITIES:
1994-2002: Collaboration with the University of Essen in the field of plasticity after stroke, with an emphasis on the role of the cerebellum in motoric learning tasks;
Since 2002: Collaboration with the University of Düsseldorf in the field of plasticity after stroke;
Since 2009: Collaboration with the Coma Science Group Liege Belgium Member of the DOC special interest group of the IBIA;
Secretary General of the European Federation of NeuroRehabilitation Societies (EFNR).

VOLKER HÖMBERG
GERMANY

MEDICAL CAREER

1973 - 1980	Medical School, Universities of Düsseldorf and Freiburg; Electives in Neurology at Boston City Hospital, Boston, Mass.; National Hospital for Nervous Diseases, London
1975-1980	Junior researcher in the Department of Neuropsychology at the C. & O. Vogt Institute for Brain Research, Düsseldorf and the Department of Neurology, Freiburg (Prof. R. Jung)

1980 - 1981	Research fellow in the Department of Neuropsychology (Prof. G. Grünewald) at the C. & O. Vogt Institute for Brain Research, Düsseldorf
1981-1986	Clinical training in the Department of Neurology (Prof. H.-J. Freund), Heinrich-Heine-University Düsseldorf
since 1985	Senior registrar in the Department of Neurology, Heinrich-Heine-University Düsseldorf
1987-1996	Senior investigator for the German Research Council Special Task Force in Neurology at Heinrich-Heine-University (SFB 200 and SFB 194)
1987-2005	Medical director of the Neurological Therapy Center (NTC), Heinrich-Heine-University Düsseldorf
Since 1988	Board examiner for Neurology at the local examination board (Ärztekammer Nordrhein)
1989-1997	Co-Founder and Vice president of the German Society for Neurological Rehabilitation
1993	Habilitation in Neurology, Heinrich-Heine-University Düsseldorf
Since 1995	Board examiner for physical medicine and rehabilitation (Ärztekammer Nordrhein)
1997-2005	Medical director of the Neurological Therapy Center, Cologne
1998-2004	President of the German Society for Neurological Rehabilitation
2000 to 2010	Medical director and head of Neurology, St. Mauritius Therapy Hospital, Meerbusch
From 10/2011 to Sept 2022	Head of Neurology and Medical Director SRH Gesundheitszentrum Bad Wimpfen
Since 2003	Secretary General World Federation for NeuroRehabilitation (WFNR)
10/2004 to 12/ 2010	Vice president of the German Society for Neurological Rehabilitation

2005 to 2010	Panel-Chairman Neurorehabilitation for European Federation Neurological Societies (EFNS)
Since 12/2010	Member of the DGNR board (German Society for Neurorehabilitation)
Since 2011	Secretary General European Federation of Neurorehabilitation (EFNR)
Since 2016	Vice President European Federation of Neurorehabilitation (EFNR)
Since 2017	Honorary doctorate University of Medicine and Pharmacy Iuliu Hatieganu Cluj-Napoca Romania
Since 11/2020	President Elect Word Federation for Neurorehabilitation
Since 12/ 2022	President World Federation for Neurorehabilitation

HEALTH POLITICS

Board Member Bundesverband Neurorehabilitation (Federal organisation for Neurorehabilitation) until 2022

AREAS OF SCIENTIFIC INTEREST

- Motor control
- Neuropsychology
- Brain plasticity
- Epistemology of rehabilitation sciences
- Pharmacology in neurorehablitation
- Rehabilitation services concept formation

SPECIAL HONORS

- Honorary member Japanese Society of Physical medicine and Rehabiliation
- Honorary member Romanian Society of Neurology
- Honorary member German Society of Neutrotraumatology and Neurorehab
- Neurorehabilation Award German Society of Neurology and German Society of Neurorehabilitation

PUBLICATIONS

more than 200 original articles in peer reviewed journals (see publication list)

JOURNAL CO EDITOR
Journal of Neural Repair

JOURNAL REFEREE
BRAIN
Cerebrovascular disease
Annals of Neurology
Neurology
Archives of Neurology
Neurologie und Rehabilitation

CONGRESS ORGANISATION
Annual meetings Deutsche Gesellschaft für Neurorehabilitation (DGNR)
World Congresses on Neurorehabilitation (WCNR):
HongKong (2006)
Brasilia (2008)
Vienna (2010)
Melbourne (2012)
Istanbul (2014)
Philadelphia (2016)
Mumbai (2018)
Lyon (2020)
Vienna (2022)
Vancouver (2024)
European Congresses of Neurorehabilitation (ECNR)
Merano (2011)
Bucharest (2013)
Vienna (2015)
Lausanne (2017)
Budapest (2019)
Digital (2021)
Lyon (2023)
Controversies in Neurology (annually since 2011)
Program chairman AMN, *i.e.*, Academy for Multidisciplinary Neurotraumatology

CONCEPT FORMATION /START UP MANAGEMENT
Neurological Therapy Center at University Düsseldorf (1986/87)
Neurological Rehab Center Magdeburg (first in east Germany after reunification) 1990
Neurological Therapy Center Hamburg (for MEDIAN group) 1994

Neurological Therapy Hospital Hilchenbach 1995 (for AHG group)
Neurological Therapy Center Cologne 1996/1997
Neurological Rehabilitation Hospital Magdeburg 1996 (for MEDIAN group)
St Mauritius Therapy Hospital Meerbusch 1998-2001 (for VKKD group)
Dept.Neurology Health Center Bad Wimpfen and senior consultant for the SRH group (from 2011 to 2022)

FURTHER MANAGEMENT EXP.

CEO Neurological Therapy Center at Heinrich Heine University (1987-2005)
CEO Neurological Therapy Center Cologne (1997-2005)
CEO St. Mauritius Therapy Hospital Meerbusch 1998-2001
Member of the board (Aufsichtsrat) Bank im Bistum Essen (2002-2010)

SPORTS:

Horse riding

HOBBIES

Medieval History, Philosophy, Cooking

CRISTIAN FALUP-PECURARIU

ROMANIA

Cristian Falup-Pecurariu is Head of the Department of Neurology, County Clinic Hospital from Brasov, and is Full Professor of Neurology at the Transilvania University from Brasov, Romania. He received his medical degree from the University of Medicine and Pharmacy "Iuliu Hatieganu" from Cluj-Napoca. He hold a 1 year fellowship of the European Neurological Society in Parkinson's disease and other movement disorders at Hospital Clinic, University of Barcelona, Spain.

During his career Cristian Falup-Pecurariu was President of the European Association of Young Neurologists and Trainees (EAYNT), EAYNT Liasion Officer with World Federation of Neurological Society. He was Secretary of the EFNS/MDS-ES Panel on Movement Disorders, member of the Education Committee of MDS-ES, member of the MDS Leadership Task Force and European Academy of Neurology (EAN) Scientific Panel Movement Disorders. He was also member of the Teaching Course sub-Committee of the European Academy of

Neurology, member of the EAN Scientific Panel Movement disorders Management Group. He was Chair of the Education Committee of the MDS–European Section, member of the Executive Committee of MDS-ES, Chair of the MDS Archives Committee, member of the International Executive Committee of MDS, member in Steering Committee of the MDS Non motor symptoms study group. Currently - member of the Program Committee of the European Academy of Neurology, member of the Overarching theme for EAN Congress 2024 Helsinki and EAN Congress 2025 Seville, Chair of the MDS Non motor symptoms Study Group. He is the initiator and Course Director of the annually Movement Disorders Teaching Course.

TUDOR LUPESCU
ROMANIA

Tudor Lupescu obtained his medical degree from "Carol Davila" University of Medicine in Bucharest, in 1989. After 3 years of training at Colentina Clinical Hospital he became Specialist in Neurology in 1994. Between 2006 and 2022 he run the Neurology Department, Agrippa Ionescu Clinical Hospital in Bucharest. 1998, he qualified as Consultant Neurologist. Since his early years of training in Neurology, Tudor Lupescu has shown a special interest in Clinical Neurophysiology. In 2000 he earned a Competence in Clinical Neurophysiology (EEG, EMG, and Evoked Potentials). 1997 he was the first to use Transcranial Magnetic Stimulation in Romania. This was also the subject of his PhD thesis presented in 2005. Since 2008, Tudor Lupescu is President of ASNER – Romanian Society of Electrodiagnostic Neurophysiology. He is also founding member and vicepresident of the Romanian Society of Diabetic Neuropathy, and member of the Board of the Romanian Neurology Society.

Dr Tudor Lupescu is member of the European Academy of Neurology, Fellow of the American Academy of Neurology, and Associate Member of the American Association of Neuromuscular and Electrodiagnostic Medicine. Between 2008 and 2014 he was also member of the Neurophysiology Subcommittee of ENS, and since 2015, he is member of the Neurophysiology Subcommittee of the European Academy of Neurology.

AYGHIUL MUJDABA-ELMI

ROMANIA

POSTGRADUATE QUALIFICATIONS (date, place, speciality):

1992-1998:	Ovidius University of Medicine and Pharmacy Constanta, Romania
1999-2002:	Training as resident in general medicine at the Emergency Hospital of Constanta
2002-2007:	Training as resident in neurology at the University Emergency Hospital of Bucharest
2007(mart):	Specialist neurologist
2007(may):	Second competence in electroneuromiography aproved by Ministry of Health in 2007
2007(sept):	Second competence in Doppler vascular cerebral approved by Ministry of Health in 2007
2009:	Second competence in electroencephalography aproved by Ministry of Health in 2009
2011-	Course in EMG, Neurography, Prof Erik Stallberg Uppsala University
2014 (july):	Senior neurologist
2015-	course of Transcranial Doppler(TCSS) prof Valduesa - Charite University Berlin
2017-	present- training courses for eco and electromyography botulinum A toxin injection in dystonia and spasticity after stroke, Multiple Sclerosis, cerebral palsy
2019-mar	Course Atrophy in multiple sclerosis - Academic Medical Center Amsterdam
2023 (mar)-	International Clinical TMS Certification Course- Maastricht University

CURRENT APPOINTMENT
2007 – 2013:
• Neurologist – University Emergency Hospital of Bucharest, Neurology Department
September 2013- to date
• Neurologist – Colentina Clinic Hospital, Neurology Department
January- 2009- 2012
• treasurer of the Romanian Society of Electrodiagnostic Neurophysiology

MEMBERSHIPS / AFFILIATIONS
International Neurotoxin Association (INA), 2019-present
European Society of Neurosonology and Cerebral Hemodinamics (ESNCH), 2012-present
Romanian Society of Eletrodiagnostic Neurophysiology, 2009- present
Romanian Society of Neurology, 2002- present

ADDITIONAL INFORMATION
Skilled in using Microsoft Word, Excel and Power Point

LANGUAGES
English (writing, reading, speaking), French (writing, reading, speaking)

HOBBIES
Swimming , music, art.

DAFIN F. MUREȘANU
ROMANIA

Professor of Neurology, Senior Neurologist, Chairman of the Neurosciences Department, Faculty of Medicine, Iuliu Hatieganu University of Medicine and Pharmacy Cluj-Napoca, President of the European Federation of Neurorehabilitation Societies (EFNR), Management Co-chair Neurotraumatology Panel of the European Academy of Neurology (EAN), Past President of the Romanian Society of Neurology, President of the Society for the Study of Neuroprotection and Neuroplasticity (SSNN), Chairman "RoNeuro" Institute for Neurological Research and Diagnostic, Corresponding Member of the Romanian Academy, Member of the Academy of Medical Sciences, Romania and secretary of its Cluj Branch. He is member of 17 scientific international societies (being Member of the American Neurological Association (ANA) - Fellow of ANA (FANA) since 2012) and 10 national ones, being part of the executive board of most of these societies. Professor Dafin F. Muresanu is also a specialist in Leadership and Management of Research and Health Care Systems (specialization in "Management and Leadership, Arthur Anderson Institute, Illinois, USA, 1998"; "MBA – Master of Business Administration - Health Care Systems Management, The Danube University - Krems, Austria, 2003"). He has performed valuable scientific research in high interest fields such as: neurobiology of central nervous system (CNS) lesion mechanisms; neurobiology of neuroprotection and neuroregeneration of CNS; the role of the Blood-brain barrier (BBB) in CNS diseases; developing comorbidities in animal models to be used in testing therapeutic paradigms; nanoparticles neurotoxicity upon CNS; the role of nanoparticles in enhancing the transportation of pharmacological therapeutic

agents through the BBB; cerebral vascular diseases; neurodegenerative pathology; traumatic brain injury; neurorehabilitation of the central and peripheral nervous system; clarifying and thoroughgoing study on the classic concepts of Neurotrophicity, Neuroprotection, Neuroplasticity and Neurogenesis by bringing up the Endogenous Defense Activity (EDA) concept, as a continuous nonlinear process, that integrates the four aforementioned concepts, in a biological inseparable manner.

CATERINA PISTARINI
ITALY

WFNR General Secretary
Director of Scientific Rehabilitation Institute Salvatore Maugeri Genoa, Italy
Director of Neurorehabilitation Department of Salvatore Maugeri Clinical and Research Institutes, Italy
Professor of Physical and Rehab Discipline, University of Genoa
Past President of Italian Society of Neurorehabilitation (SIRN)
Chair of WFNR SIG on Mild and Severe Brain Injury

- Define a training standard that provides the basis of knowledge and experience in the management of disability due to neurological diseases.
- Provide adequate guidelines in the management of patients affected by acute, subacute, and chronic neurological diseases in adulthood, geriatrics, and pediatrics.
- Encourage training in the management of assessment and outcome tools, medical, pharmacological, rehabilitation treatments for motor, cognitive, and behavioral problems, in the development and application of new technologies, in the knowledge of prosthetic and orthotic techniques, adaptation of devices.
- Prepare training programs that involve transversally the various professional figures of the rehabilitation team.
- Promote the conception and participation in translational research projects
- Implement the European curriculum in neurorehabilitation proposed by the European Federation of Neurorehabilitation Societies.
- How new technologies open the chances of neurorehabilitation.

BOGDAN O. POPESCU
ROMANIA

Born March 8th, 1971 in Bucharest, Romania.
Address: Department of Neurology, School of Medicine, 'Carol Davila' University of Medicine and Pharmacy, Colentina Clinical Hospital, 19-21 Sos. Stefan cel Mare, sector 2, 020125, Bucharest, Romania.

Scientometrics: 50 ISI full text articles, 0ver 1000 ISI citations, Hirsch index 18.

ACADEMIC EDUCATION AND APPOINTMENTS

1996	MD, 'Carol Davila' University School of Medicine, Bucharest, Romania
2000 - 2009	Assistant Professor, 'Carol Davila' University School of Medicine
2001	PhD, 'Carol Davila' University School of Medicine - suma cum laudae
2002 - 2008	Neurologist, University Hospital Bucharest
2004	PhD, Karolinska Institute, Stockholm, Sweden
2005 -	Head of Laboratory of Molecular Medicine, 'Victor Babeș' National Institute of Pathology, Bucharest, Romania
2008 -	Senior Neurologist
2009 - 2012	Lecturer, 'Carol Davila' University School of Medicine
2009 -	Senior Researcher, 'Victor Babeș' National Institute of Pathology, Bucharest, Romania
2012 - 2015	Associate Professor, 'Carol Davila' University School of Medicine and Head of Neurology Unit II, Colentina Clinical Hospital
2015	Professor of Neurology, 'Carol Davila' University School of Medicine, Colentina Clinical Hospital

AWARDS

1999	Beaufour-Ipsen prize for the best research study in neurology
2000	Young histochemist award - International Society of Histochemistry and Cytochemistry
2004	Diploma of scientific merit – 'Victor Babeș' National Institute of Pathology
2007	'Victor Babeș' Award of Romanian Academy for medical research
2010	Science and Art National Foundation Award of Excellence for research in the field of Neuroscience and Neuropathology
2014	'Brain Networking' Foundation Award of Romanian Academy of Medical Sciences, for developing Neurology nationally and internationally.
2017	'Carol Davila' Prize for Medicine, Awarded by The Great Lodge of Romania and Romanian Academy

2018 'Ana Aslan' Prize for performance in studies and treatment of chronic degenerative diseases, for contribution to development of Romanian medicine, awarded by 'Ana Aslan' National Institute of Gerontology and Geriatrics

OTHER CURRENT ACTIVITIES

Editor in Chief of Romanian Journal of Neurology (2016 –) and former Executive Editor (2001-2016)

President of the Romanian Society of Neurology (2017 –) and former Secretary General (2001-2013)

Research director of the Society for the Study of Neuroprotection and Neuroplasticity (2005 –)

Vicepresident of 'Carol Davila' University of Medicine and Pharmacy Bucharest (2016 –2020)

Vicepresident of Bucharest College of Physicians (2015 –2019)

SELECTED PUBLICATIONS

1. Wallin A, Kapaki E, Boban M, Engelborghs S, Hermann DM, Huisa B, Jonsson M, Kramberger MG, Lossi L, Malojcic B, Mehrabian S, Merighi A, Mukaetova-Ladinska EB, Paraskevas GP, Popescu BO, Ravid R, Traykov L, Tsivgoulis G, Weinstein G, Korczyn A, Bjerke M, Rosenberg G. Biochemical markers in vascular cognitive impairment associated with subcortical small vessel disease - A consensus report. BMC Neurol. 2017; 17:102.

2. Ceafalan LC, Popescu BO. Juxtacerebral Tissue Regeneration Potential: Telocytes Contribution. Adv Exp Med Biol. 2016;913:397-402.

3. Gheorghiu M, David S, Polonschii C, Olaru A, Gaspar S, Bajenaru O, Popescu BO, Gheorghiu E. Label free sensing platform for amyloid fibrils effect on living cells. Biosens Bioelectron. 2014, 52:89-97.

4. Enciu AM, Gherghiceanu M, Popescu BO. Triggers and effectors of oxidative stress at blood-brain barrier level: relevance for brain ageing and neurodegeneration. Oxid Med Cell Longev. 2013;2013:297512.

5. Popescu BO, Gherghiceanu M, Kostin S, Ceafalan L, Popescu LM. Telocytes in meninges and choroid plexus. Neurosci Lett. 2012, 516:265-9.

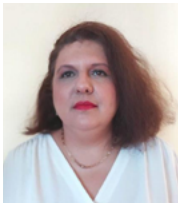
6. Hort J, O'Brien JT, Gainotti G, Pirttila T, Popescu BO, Rektorova I, Sorbi S, Scheltens P; EFNS Scientist Panel on Dementia. EFNS guidelines for the diagnosis and management of Alzheimer's disease. Eur J Neurol. 2010, 17:1236-48.

7. Popescu BO, Toescu EC, Popescu LM, Bajenaru O, Muresanu DF, Schultzberg M, Bogdanovic N. Blood-brain barrier alterations in ageing and dementia. J Neurol Sci, 283:99-106, 2009.

8. Cowburn RF, Popescu BO, Ankarcrona M, Dehvari N, Cedazo-Minguez A. Presenilin-mediated signal transduction. Physiol Behav. 2007;92:93-7.

9. Popescu BO, Cedazo-Minguez A, Benedikz E, Nishimura T, Winblad B, Ankarcrona M, Cowburn RF. Gamma-secretase activity of presenilin 1 regulates acetylcholine muscarinic receptor-mediated signal transduction. J Biol Chem. 2004;279:6455-64.

10. Cedazo-Mínguez A, Popescu BO, Blanco-Millán JM, Akterin S, Pei JJ, Winblad B, Cowburn RF. Apolipoprotein E and beta-amyloid (1-42) regulation of glycogen synthase kinase-3beta. J Neurochem. 2003;87:1152-64.



ADINA ROCEANU
ROMANIA

Neurologist (since 2000) and senior research scientist (since 2003) with special interest in headache and electrophysiology, PhD - doctor in medical sciences (since 2001), with thesis concern "Migraine – electroclinical correlations in sleep and wakefulness state", working at the University Emergency Hospital of Bucharest Department of Neurology (since 1995).

Acting as Romanian Society of Neurology representative at the European Headache Federation (since 2006), at the International Headache Society (since 2011) and European Academy of Neurology sceintific panel of Headache (since 2015).

Organiser of headache teaching courses and conferences:

- 2009 - "European Headache School 2009 videoconference course" – Presidents: F. Antonaci, A. Roceanu; 12th-14th November 2009, Bucharest-Romania, University Emergency Hospital of Bucharest,
- 2014 - 22th of November 2014 - a one day videoconference in Bucharest, Romania – EHF, with prof dr Rigmor Jensen (Denmark)
- 2016 - symposium "Actualities in migraine diagnostic and treatment", with the participation of Prof. Dr Fabio Antonaci
- 2019 – 14.05.2019 - chairperson – course " Headache and other cranial pain", 17-Th National Congress of Romanian Society of Neurology with International Participation - Danubian Symposium of Neurology, Bucharest, 201
- 2022 – chairperson – headache section - 17th International Summer School of Neurology – Virtual Educational Program 8-10 July 2022

ADINA STAN
ROMANIA

Dr. Adina Dora Stan is senior neurologist, associate professor at the Neuroscience Department, University of Medicine and Pharmacy "Iuliu Hatieganu", Cluj-Napoca, Romania. Adina Dora Stan received her MD degree from the University of Medicine and Pharmacy Cluj-Napoca in 2001. She trained in neurology in The University Emergency County Hospital Cluj-Napoca, receiving her confirmation in this field in 2006. Since 2011 she is senior neurologist. She followed the courses of European Master of Stroke Medicine, Danube University, Krems, Austria. Adina Dora Stan received her PhD degree in 2015, with the thesis "Early neurorehabilitation in acute ischemic stroke with and without endogenous neuroplasticity stimulation with neurotrophic factors."

She has authored more than 40 scientific publications. She is principal investigator in many clinical trials with stroke and dementia. Her research interests include stroke, autoimmune, and neurodegenerative diseases.

IOANA STĂNESCU
ROMANIA

PROFESSIONAL EXPERIENCE

2004-present
Primary Physician in Neurology
Head of Department Neurology I - Rehabilitation Hospital (starting June 2017)

University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca,
Rehabilitation Hospital Cluj-Napoca, Romania

- medical activity coordinator in the Neurology I department of the Cluj Rehabilitation Hospital
- clinical activity in in-patient and out-patient settings, as a full-time doctor with a permanent contract
- didactic activities with students and resident doctors
- clinical and epidemiological research activities
- writing specialized papers in national and international magazines
- member in various interdisciplinary research groups
- participation in national and international congresses
- investigator in numerous clinical, multicenter studies

1999-2004
Specialist Neurologist
University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca
Rehabilitation Hospital Cluj-Napoca
- clinical activity in in-hospital settings and ambulatory as a resident doctor with a permanent contract
- didactic, practical activities with groups of students
- practical, clinical activities with resident doctors
- clinical research activity
- participation in congresses

1994 – 1999
Resident doctor in the adult neurology
University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca,
Cluj-Napoca Emergency County Clinical Hospital
- participation in all course activities during the entire residency
- clinical activity at the patient's bedside
- didactic, practical activities, carried out with students
- clinical research activity
- participation in congresses

2021 – present
Lecturer, Neurology and Pediatric Neurology Discipline
Department no. 10 Neurosciences, Faculty of Medicine
University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca
Main activities and responsibilities
- complex didactic activities, courses, and clinical internships with students and resident doctors
- tutor and coordinator for the conception and writing of the bachelor's theses of the sixth-year students
- clinical research activities
- writing specialized papers
- member of interdisciplinary research groups
- participation in national and international congresses

2009 –2021
Assistant Professor, Discipline of Neurology and Pediatric Neurology, Department no. 10 Neurosciences, Faculty of Medicine, University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania
Main activities and responsibilities

- complex didactic activities, courses and clinical internships with students and resident doctors
- tutor and coordinator for the conception and writing of the bachelor's theses of the sixth year students
- clinical research activities
- writing specialized papers in national and international magazines
- member in interdisciplinary research groups
- responsible for research projects
- participation in national and international congresses
- investigator in clinical, multicenter studies

1999-2009
University assistant, Neurology Discipline, Faculty of Medicine, University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania
Main activities and responsibilities

- practical didactic activities with students and resident doctors
- tutor and coordinator for the conception and writing of the bachelor's theses of the sixth year students
- clinical research activities
- writing specialized papers in national and international magazines
- member in interdisciplinary research groups
- participation in national and international congresses
- investigator in clinical, multicenter studies

EDUCATION AND TRAINING

2007
Doctor of Medicine (PhD)
Confirmation by Order of the Minister of Education and Research No. 1418 of 29.06.2007, Doctoral Diploma Series D No. 0005314, issued with no. 923 of 10.07.2007

2002 – 2007
PhD student in Neurology
University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania

2004
Neurology Primary Physician
Confirmation by Order of the Minister of Health No. 1067/2004
University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania

1999-2004
Specialist Physician in Neurology
Confirmation document, Order of the Minister of Health No. 905/15.12.1999.
Faculty of General Medicine, University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania

1987-1993
Medical Doctor (MD), specialization General Medicine
Graduation diploma no. 428/23.09.1993
Faculty of General Medicine, University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca, Romania

SKILLS AND COURSES

Master's Diploma, Health Services Management, University of Medicine and Pharmacy "Iuliu Haţieganu" Cluj-Napoca series H, No. 0017780, issued with No. 28 of 10.11.2009

Certificate of Advanced Specialized Training in Neurology, Paris XII University – Val de Marne, Paris, France, 30/04/2001

ORGANISATIONAL SKILLS AND COMPETENCES

Advanced organizational competencies and skills, acquired through the Master's Diploma "Management of Health Services" and through the activity of Head of Section from 2017 until now.

PUBLISHED BOOKS - CO-AUTHOR

3 books, co-author of 1 book chapter

SCIENTIFIC PUBLICATIONS ISI

8 main author, 5 co-author (ISI with impact factor)
31 main author, 15 co-author (ISI without impact factor)
12 BDI articles

JÓZSEF SZÁSZ
ROMANIA

EDUCATION:

- University of Medicine and Pharmacy (UMPh), Tirgu-Mures, Romania (1986-1992)
- PhD thesis: Motor complications and therapy in advanced Parkinson's Disease (2005)
  University of Medicine and Pharmacy, Tirgu-Mures, Romania

WORK EXPERIENCE :

- Resident in Neurology (1992-1998)
- Neurologist (1998-2003)
- Senior neurologist (2003-)
- Assist. Prof. at the Department of Neurology UMPh Tg.Mures (1999-2009)
- Senior Lecturer at the Department of Neurology UMPh Tg.Mures (2009-2020)
- Associate Prof. 2021-

TEACHING ACTIVITY

IN ROMANIAN: clinical practice in neurology for students and resident doctors (1999-)
IN HUNGARIAN: lectures in adult neurology (2005-)

CLINICAL TRIALS

Principal investigator in 18, investigator in 6, phase III clinical trials.

THE MOST IMPORTANT PUBLICATIONS:

1. Kerenyi L, Kardos L, Szász J, Szatmari S, Bereczki D, Hegedus K, Csiba L. Factors influencing hemorrhagic transformation in ischemic stroke: a clinicopathological comparison. European Journal of Neurology 2006 Nov;13(11):1251-1255. ISSN 1351-5101 IF: 2,244
2. Szatmari S, Pascu I, Mihalka L, Mulesa SV, Fekete I, Fulesdi B, Csiba L, Zselyuk G, Szász J, Gebefugi J, Nicolescu S, Vasiesiu D, Smolanka VI, Bereczki D: The Mures-Uzhgorod-Debrecen study: a comparison of hospital stroke services in Central-Eastern Europe. European Journal of Neurology 2002;9:1-4 ISSN 1351-5101 IF: 1,565
3. Rupam Borgohain, Jozsef Szász, P. Stanzione, et al. Randomized trial of safinamide add-on to levodopa in Parkinson's disease with motor fluctuations. Mov Disord, 2014, 29:229–237
4. Rupam Borgohain, Jozsef Szász, Paolo Stanzione, et al. Two-Year, Randomized, Controlled Study of Safinamide as Add-on to Levodopa in Mid to Late Parkinson's

Disease Mov Disord, 2014, 29: 1273–1280
5. Fekete K, Szatmari S, Szőcs I, Szekeres C, Szász J, Mihálka L, Smolanka V, Kardos L, Csiba L, Bereczki D. Prestroke alcohol consumption and smoking are not associated with stroke severity, disability at discharge, and case fatality. J Stroke Cerebrovasc Dis. 2014 Jan;23(1):e31-37 IF: 1.984
6. O. Bajenaru, A. Ene, B. O. Popescu, J. A. Szasz, M. Sabau, D. F. Muresan, L. Perju-Dumbrava, C. D. Popescu, A. Constantinescu, I. Buraga, M. Simu. The effect of levodopa–carbidopa intestinal gel infusion long-term therapy on motor complications in advanced Parkinson's disease: a multicenter Romanian experience. J Neural Transm (2016) 123:407–414 DOI 10.1007/s00702-015-1496-z IF: 2.392
7. Angelo Antonini, Werner Poewe, K. Ray Chaudhuri, Robert Jech, Barbara Pickut, Zvezdan Pirtosek, Jozsef Szasz, Francesc Valldeoriola, Christian Winkler, Lars Bergmann, Ashley Yegin, Koray Onuk, David Barch, Per Odin. Levodopa-carbidopa intestinal gel in advanced Parkinson's: Final results of the GLORIA registry. Park Rel Disord 45 (2017) 13-20. IF: 4.721
8. Szasz Jozsef A., Viorelia Constantin, Fazakas Peter Alpar, Blenyesi Eszter, Grieb Levente Gabor, Balla Antal, Sarig Monika, Szegedi Kinga, Bartha Eszter Noemi, Szatmari Szabolcs. The role of selective monoamine oxidase B inhibitors in the therapeutic strategy of Parkinson's disease in the neurology clinics of Tirgu Mures County Emergency Clinical Hospital. Orv Hetil 2017 Volume: 158 Issue: 51 Pages: 2023-2028. IF:0,322
9. József A. Szász, Károly Orbán-Kis, Viorelia A. Constantin, et al. Therapeutic strategies in the early stages of Parkinson's disease: a cross-sectional evaluation of 15 years' experience with a large cohort of Romanian patients. Neuropsychiatric Disease and Treatment 2019:15 831–838. IF: 2,115
10. József A. Szász, Károly Orbán-Kis, Viorelia A. Constantin, et al. Profile Of Patients With Advanced Parkinson's disease Suitable For Device-Aided Therapies: Restrospective Data Of A Large Cohort Of Romanian Patients. Neuropsychiatric Disease and Treatment 2019:15 3187–3195. IF: 2,115
11. Szász József Attila, Szatmári Szabolcs, Constantin Viorelia, et al. Characteristics of levodopa treatment in advanced Parkinson's disease in the experiences of the neurology clinics of Târgu Mureș, Romania. Orv Hetil. 2019; 160(17): 662–669. IF: 0,479
12. Viorelia A. Constantin, József A. Szász, Károly Orbán-Kis, et al. Levodopa-Carbidopa Intestinal Gel Infusion Therapy Discontinuation: A Ten-Year Retrospective Analysis of 204 Treated Patients. Neuropsychiatric Disease and Treatment 2020:16 1835–1844. IF: 2,115
13. Jozsef Attila Szasz, Dragos Catalin Jianu, Mihaela Adriana Simu, et al. Characterizing Advanced Parkinson's Disease: Romanian Subanalysis from the OBSERVE-PD Study. Parkinson's Disease. Vol 2021, Article ID 6635618, https://doi.org/10.1155/2021/6635618
14. József Attila Szász, Viorelia Adelina Constantin, Károly Orbán-Kis, et al. Management Challenges of Severe, Complex Dyskinesia. Data from a Large Cohort of Patients Treated with Levodopa-Carbidopa Intestinal Gel for Advanced Parkinson's Disease. Brain Sci. 2021, 11, 826. https://doi.org/10.3390/brainsci11070826
15. Alfonso Fasano, Tanya Gurevich, ... József Szász, et al. Concomitant Medication Usage with Levodopa-Carbidopa Intestinal Gel: Results from the COSMOS Study. Movement Disorders, Vol. 36, No. 8, 2021 DOI: 10.1002/mds.28596

FIELDS OF INTEREST: movement disorders, dementia, stroke, chronic pain, epilepsy.

ELENA TERECOASĂ
ROMANIA

WORK EXPERIENCE

October 2021 onward
Lecturer, University of Medicine and Pharmacy "Carol Davila" Bucharest

October 2014 – September 2021
Assistant lecturer, University of Medicine and Pharmacy "Carol Davila" Bucharest
January 2013 onward
Specialist in Neurology, University Emergency Hospital, Bucharest, Romania

September 2011 – March 2012
Fellowship with the theme "Stroke outcome after intravenous thrombolysis in patients with atrial fibrillation", "Ramon y Cajal" University Hospital, Madrid, Spain

January 2008 – December 2012
Resident in Neurology, University Emergency Hospital, Bucharest, Romania

EDUCATION AND TRAINING

2001 – 2007
Doctor (MD), University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania, Faculty of Medicine

2005 – 2008
Bachelor of Informatics, University "Spiru Haret" Bucharest, Faculty of Mathematics-Informatics, Profile Informatics

2009 – 2013
Ph.D., University of Medicine and Pharmacy "Carol Davila", Bucharest, Romania

2016 – 2021
M.Sc. in Stroke Medicine, Danube University, Krems, Austria

RESEARCH AND PROJECTS

Part of the research team in the following projects: COST CA 18118, Follow Me AAL 70, AngioNET SMIS 107124.
Investigator in the following clinical studies: SOCRATES, THALES, BAF, OPTIMUM, RESONANCE.

PUBLICATIONS

1. Radu, R.; Terecoasă, E.; Tiu, C.; et al. Neutrophil-to-Lymphocyte Ratio as an Independent Predictor of In-Hospital Mortality in Patients with Acute Intracerebral Hemorrhage. Medicina. 2021 Jun. 57(6), 622 – 631. https://doi.org/10.3390/medicina57060622.
2. Radu, Razvan Alexandru; Terecoasa, Elena Oana; Bajenaru, Ovidiu Alexandru; et al. Etiologic classification of ischemic stroke: Where do we stand? Clinical Neurology and Neurosurgery. 2017 Aug. 159: 93 - 106. doi: 10.1016/j.clineuro.2017.05.019
3. Radu, Razvan Alexandru; Terecoasa, Elena Oana; Ene, Amalia; et al. Opsoclonus-Myoclonus Syndrome Associated With West-Nile Virus Infection: Case Report and Review of the Literature. Frontiers in Neurology. 2018 Oct; 9:864. https://doi.org/10.3389/fneur.2018.00864
4. Siegler, James E.; Cardona, Pere; Arenillas, Juan F.; et al. Cerebrovascular events and outcomes in hospitalized patients with COVID-19: The SVIN COVID-19 Multinational Registry. International Journal of Stroke. 2020 Sep;0(0): 1 -11. DOI: 10.1177/1747493020959216
5. Tiu, Cristina; Terecoasa, Elena Oana; Grecu, Nicolae, et al. Transient Global Amnesia After Cerebral Angiography With Iomeprol: A Case Report. Medicine. 2016 May. 95 (19): e3590. DOI: 10.1097/MD.0000000000003590
6. Marta Guillan, Araceli Alonso-Canovas, Jaime Gonzalez-Valcarcel, Nuria Garcia Barragan, Juan Garcia Caldentey, Ignacio Hernandez-Medrano, Alicia Defelipe-Mimbrera, Victor Sanchez-Gonzalez, Elena Terecoasa, Maria Alonso de Leciñana, Jaime Masjuan. Stroke mimics treated with thrombolysis: further evidence on safety and distinctive clinical features. Cerebrovascular Diseases. 2012 Jul. 34(2): 115 – 120. DOI: 10.1159/000339676
7. Dragușin A, Grecu N, Ribigan A, Badea RȘ, Terecoasă EO, Ene A, Tiu C. Low fluctuation of symptoms may delay diagnosis of myastenia gravis: a case series. Neurology and Therapy. 2022 Mar. 11(1): 481 – 487. DOI: 10.1007/s40120-021-00312-w
8. Tiu C, Terecoasă EO, Tuță S et al. Quality of acute stroke care in Romania: Achievements and gaps between 2017 and 2022. European Stroke Journal. 2022 Jul; 0(0). DOI:10.1177/23969873221108746
9. Terecoasă EO, Radu RA, Negrilă A et al. Pre-Hospital Delay in Acute Ischemic Stroke Care: Current Findings and Future Perspectives in a Tertiary Stroke Center from Romania-A Cross-Sectional Study. Medicina. 2022 Jul. 58(8): 1003. DOI: 10.3390/medicina58081003.
10. Enache, Iulian; Radu, Razvan Alexandru; Terecoasa, Elena Oana et al. Stress cardiomyopathy misinterpreted as ST-segment elevation myocardial infarction in a patient with aneurysmal subarachnoid hemorrhage: a case report. Romanian Journal of Internal Medicine. 2020 Sep; 58(3): 173-177. DOI: 10.2478/rjim-2020-0010
11. Radu, Razvan Alexandru; Terecoasa, Elena Oana; Casaru, Bogdan et al. Access to post - stroke physical rehabilitation after acute reperfusion therapy- the neglected link in ischemic

stroke management: a retrospective cohort study. BALNEO AND PRM RESEARCH JOURNAL. 2021 Mar; 12(1) : 52-46. DOI:http://dx.doi.org/10.12680/balneo.2021.418
12. Negrilă A, Terecoasă EO, Radu RA et al. Complex auditory impairment with peduncular hallucinosis due to pontine haemorrhage – a case report. Romanian Journal of Neurology. 2021 Sep; 20(3). DOI: 10.37897/RJN.2021.3.23
13. R. Badea, E. Terecoasa, A. Ribigan, et al. Factors Associated with Severe Carotid Artery Stenosis in a Population with One of the Highest Incidences of Ischemic Stroke in Europe–Single National Center Analysis. Maedica – a Journal of Clinical Medicine. 2020 Sep; 15(3): 339 – 347. DOI: 10.26574/maedica.2020.15.3.339
14. Razvan Alexandru Radu, Elena Oana Terecoasa, Cristina Tiu et al. Clinical Characteristics and Outcomes of Patients with Intracerebral Hemorrhage – A Feasibility Study on Romanian Patients. Journal of Medicine and Life. 2020 Apr – Jun; 13(2): 125 –131. DOI: 10.25122/jml-2020-0042.
15. Răzvan Alexandru Radu, Luiza Maria Ioniță, Elena Oana Terecoasă et al. Hypertrophic olivary degeneration after brainstem hemorrhage – A Case Report. Romanian Journal of Neurology. 2019. XVIII(1): 45-50. DOI: 10.37897/RJN.2019.1.8
16. Adriana Grigore, Vlad Tiu, Elena Terecoasa et al. Seven steps to diagnose delta – aminolevulinic acid deficiency porphyria. Romanian Journal of Neurology. 2017. XVI(4): 175 - 179.
17. Cristina Tiu, Elena Terecoasa, Nicolae Grecu et al. Vertebral Artery Dissection:a Contemporary Perspective. Maedica – a Journal of Clinical Medicine. 2016; 11(6): 144-149.
18. AC Ribigan, FA Antochi, EO Terecoasa et al. Cerebral vasomotor reactivity in patients with arterial hypertension and cognitive impairment. Romanian Journal of Neurology. 2016. XV(4): 168 – 173.
19. Nicolae Grecu, Cristina Tiu, Elena Terecoasa et al. Endocarditis and stroke. Maedica –a Journal of Clinical Medicine. 2014. 9(4):375-381.
20. Elena Terecoasa, Cristina Tiu, Jaime Masjuan et al. Safety of thrombolysis with iv rt-pa in patients with atrial fibrillation related ischemic strokes and prior subtherapeutic use of coumarinic anticoagulants. Romanian Journal of Neurology. 2013. XII(3): 118-123.
21. Elena Terecoasa, Cristina Tiu, Marta Guillan, Victor Sanchez-Gonzalez, Maria Alonso de Leciñana, Jaime Masjuan. Safety and outcome of intravenous thrombolysis with rtPA in patients with atrial fibrillation. Romanian Journal of Neurology. 2012. XI(3): 115 – 119.
22. Cristina Tiu, Alina Poalelungi, Carmen Gavan, Elena Terecoasa. Bilateral dysgenesia of the internal carotid arteries – case report. Romanian Journal of Neurology. 2012. XI(2): 88 – 94.
23. Elena Terecoasa, Cristina Tiu, Nuria Huertas, Maria Alonso de Lecinana. Oral anticoagulation related intracerebral haemorrhage: more questions than answers. Romanian Journal of Neurology. 2012. XI(1): 13 – 23.
24. Alina Poalelungi, Raluca Nistor, Elena Terecoasa et al. Tuberculous meningitis mimicking acute polyradiculonevritis. Romanian Journal of Neurology. 2011. X(4): 194 – 198.
25. Cristina Tiu, Elena Terecoasa, Carmen Gavan et al. A case of recurrent acute ischemic stroke after rtPA fibrinolysis in a patient with Waldenstrom's macroglobulinemia. Romanian Journal of Neurology. 2010. IX(1): 51 - 54
26. Silvia Nica, Remus Iulian Nica, Tiu Cristina, Terecoasă Elena Oana et al. Stroke in Adults; a Monocentric Experience. Research and Clinical Medicine. 2021. V(2): 19 – 23.

27. Radu RA, Terecoasă EO, Marinescu AN et al. Cranial cerebrospinal fluid leak and intracranial hypotension syndrome – a case report. Journal of Medicine and Life. 2021 Jul-Aug; 14(4): 587–590.

MEMBERSHIPS

European Stroke Organisation
World Stroke Organisation
European Academy of Neurology
Romanian Society of Neurology

CRISTINA TIU
ROMANIA

Graduating from the Faculty of General Medicine at the "Carol Davila" University of Medicine and Pharmacy in Bucharest in 1987, since 1991, she embarked on a continuous path of training within the Neurology Clinic at the Bucharest Emergency University Hospital, from her first year of residency up to the present. She obtained a PhD in Medical Sciences in the year 2000, with a thesis titled "Chronic Ischemic Changes in Cerebral Microangiopathies," and the title of European Master of Stroke in 2012 after completing the Master's program at the Danube University in Krems, Austria. Since 2003, she has been the annual organizer of the Cervical and Cerebral Ultrasonography Teaching Course in Romania and since 2015, is the head of the Working Group for Acute Stroke Action within the Ministry of Health. From October 2020, she helds the position of Chief of the Neurology Clinic at the Bucharest Emergency University Hospital.

She is the current President of the Romanian Society of Neurology for the period 2021-2025 and a member of the Steering Committee for the Stroke Action Plan for Europe, 2018-2030.

GENERAL INFORMATION

GENERAL INFORMATION

LOGISTIC PARTNERS

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tel.: +40364137103
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Scientific Secretariat

Foundation for the Society for the Study of Neuroprotection and Neuroplasticity
37 Mircea Eliade Street, 400364, Cluj-Napoca, Romania
Mr. Ovidiu Selejan: +40745255311
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Contact Details

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LANGUAGE

The official language is English. Simultaneous translation will not be provided.

CHANGES IN PROGRAM

The organizers cannot assume liability for any changes in the program due to external or unforeseen circumstances.

FINAL PROGRAM & ABSTRACT BOOK

Available online on ssnn.ro

TIME

The program hours are adjusted to Current Local Time in Bucharest, Romania, Eastern European Summer Time, UTC/GMT +3 hours

ORGANIZERS

Institute for Neurological Research and Diagnostic
www.roneuro.ro

Foundation of the Society for the Study of Neuroprotection and Neuroplasticity
www.ssnn.ro

Foundation of the Journal for Medicine and Life
www.medandlife.org

Tel Aviv University
www.tau.ac.il

"Iuliu Haţieganu" University of Medicine and Pharmacy Cluj-Napoca, Romania
www.umfcluj.ro

Romanian Academy
www.acad.ro

Romanian Academy of Medical Sciences
www.adsm.ro

Academy for Multidisciplinary Neurotraumatology
www.brain-amn.org

ACADEMIC PARTNERS

European Federation of Neurilogical Societies
www.efnr.org

World Federation for NeuroRehabilitation
www.wfnr.co.uk

Foundation for the Study of Nanoneurosciences and Neuroregeneration

Romanian Society of Neurology
www.neurology.ro

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