

Sin

Riunione fondataiva del Gruppo di Studio
della Società Italiana di Neurologia

Società Italiana di Neurologia e paesi in via di sviluppo

Milano, 20 marzo 2019

Istituto Neurologico Besta, Biblioteca Centrale



Gianluigi Mancardi, Università di Genova



Outline della presentazione

Cosa fanno i neurologi italiani delle problematiche neurologiche dell'Africa sub-sahariana

Molti sono attivi ma attraverso proprie associazioni o singolarmente

Cosa può fare la Sin

Neurology in sub-Saharan Africa

A challenge for World Federation of Neurology



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Hanns Lochmüller,
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Neurology[®] 2007;69:1715–1718

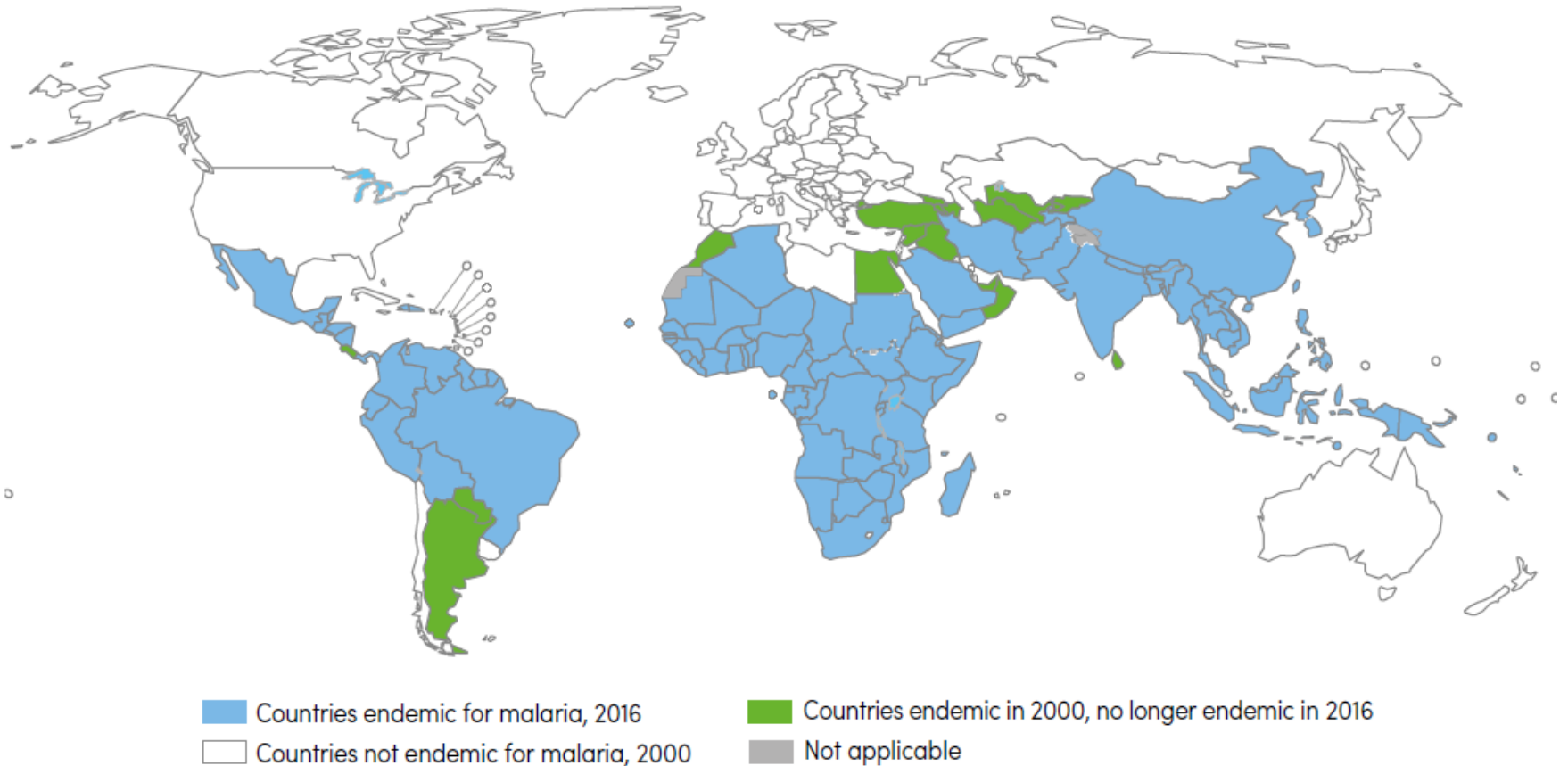
It is time to end the underappreciation of the burden of neurological disorders in global health.¹

The Chairman of the Commission of the African Union, Alpha Oumar Konaré, recently claimed that Africa now confronts the world's most dramatic public health crisis.² Sub-Saharan Africa has become the poorest region in the world. Many countries still suffer from the legacies of colonialism and slavery. Interethnic conflicts add to the problems. With a population of about 700 million, around 45% live for less than a dollar a day. The medical infrastructure is poorly developed and has approached collapse in some areas. The AIDS situation represents an additional socioeconomic problem.

sufficient to meet the global burden associated with neurologic disorders.³

NEUROLOGY AND PUBLIC HEALTH Neurologic and psychiatric disorders are a great and increasing threat to public health in all developing countries and present special challenges in sub-Saharan Africa with its poorly developed medical infrastructure. The number of people living with HIV globally has now passed 40 million. More than 3 million people worldwide died of AIDS-related illnesses in 2005. Although the situation has improved somewhat during the last year, sub-Saharan Africa is still the most affected region globally, with 64% of new infections occurring

Malaria Cerebrale



212 milioni di casi di malaria nel mondo nel 2015
1 milione di morti, specie bambini



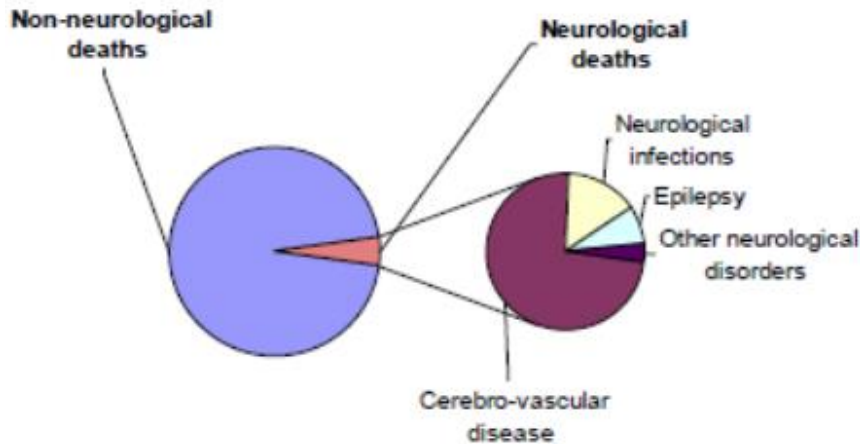
DINO GMI



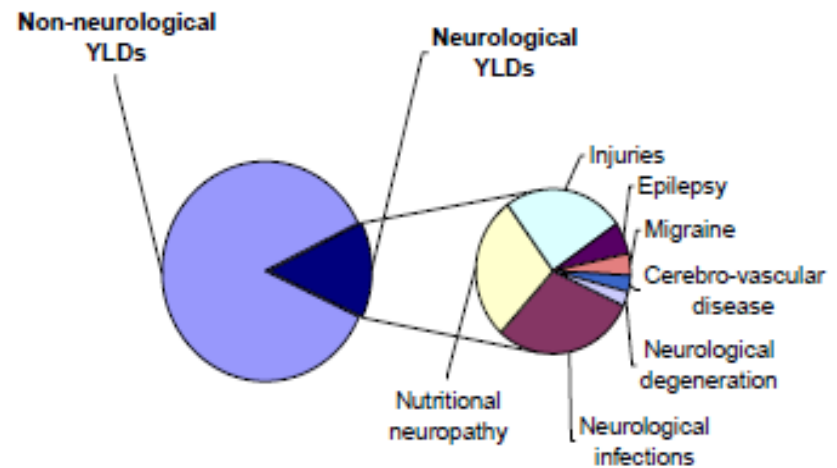
Dipartimento di Neuroscienze, Riabilitazione, Oftalmologia, Genetica e Scienze Materno-Infantili

La maggior parte della disabilità e mortalità dovuta a malattie neurologiche avviene nei paesi dove la mancanza di specialisti è maggiore

Deaths attributable to neurological disorders in Sub-Saharan Africa (4.6% of all deaths)



Disability (YLDs) attributable to neurological disorders in Sub-Saharan Africa (14.17%)



1 neurologo ogni 20 mila abitanti nei Paesi sviluppati

VS

1 neurologo ogni 3 milioni di abitanti nei Paesi in via di sviluppo

Aumento della aspettativa di vita
nell'Africa sub-sahariana e tipi di
malattie che si stanno progressivamente
modificando

HIV

A risk factor for main neurologic disorders

Adults and children estimated to be living with HIV 2017



http://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf

EDITORIAL

The merging burden of HIV infection and stroke in the developing world

Rita Behrouz, DO
Rebecca F. Gottesman, MD, PhD

According to the WHO, at the end of 2014, the majority of the approximately 36.9 million people living with HIV/AIDS resided in low- to middle-income countries in sub-Saharan Africa.¹ The same report indicated that cases in sub-Saharan Africa account for almost 70% of the global total of new HIV infections.² The burden of stroke in developing countries parallels that of HIV/AIDS. Approximately 80% of people who have had a stroke live in low-to

hypertension as another important risk factor, the authors parse out the relative importance of these 2 major risk factors in this population, with the novel finding that hypertension is a more important risk factor than HIV in older Malawian adults. The increased risk of stroke in younger HIV-infected patients found by this study is consistent with prior reports.³

The study has limitations, especially with regard to generalizability. The investigation was conducted in

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Neurology® 2016;86:1873-1877

Neurologic disorders incidence in HIV+ vs HIV- men

Multicenter AIDS Cohort Study, 1996–2011

Farrak J. Mateen, MD*
Russell T. Shinohara, PhD*
Marco Carone, PhD
Eric N. Miller, PhD
Justin C. McArthur, MBBS, MPH, FAAN
Liu P. Jacobson, ScD
Ned Sacktor, MD
For the Multicenter AIDS Cohort Study (MACS) Investigators

ABSTRACT

Objective: To study the incidence and pattern of neurologic disorders in a large cohort of HIV-positive men, compared with HIV-negative men, in the era of highly active antiretroviral therapy (HAART).

Methods: The Multicenter AIDS Cohort Study is a prospective study of men who have sex with men enrolled in 4 cities in the United States. We compared HIV-positive vs HIV-negative men for incidence and category of neurologic diagnoses in the HAART era (July 1, 1996, to last known follow-up or death, on or before July 1, 2011).

Results: There were 3,945 participants alive during the HAART era (2,083 HIV negative, 1,776 HIV positive, and 86 who became infected with HIV during the study period) including 3,427 who were older than 40 years of age. Median age at first neurologic diagnosis among all participants alive in the HAART era was lower in HAART-treated HIV-positive vs HIV-negative men (48 vs 57 years of age, $p < 0.001$). Incidence of neurologic diagnoses was higher in HAART-treated HIV-positive vs HIV-negative men (younger than 40 years: 11.4 vs 0 diagnoses per 1,000 person-years [$p < 0.001$]; 40–49 years: 11.6 vs 2.0 [$p < 0.001$]; 50–59 years: 15.1 vs 3.0 [$p < 0.001$]; older than 60 years: 17.0 vs 5.7 [$p < 0.01$]). Excess neurologic disease was found in the categories of nervous system infections ($p < 0.001$), dementia ($p < 0.001$), seizures/epilepsy ($p < 0.01$), and peripheral nervous system disorders ($p < 0.001$), but not stroke ($p = 0.60$).

Conclusions: HIV-positive men receiving HAART have a higher burden of neurologic disease than HIV-negative men and develop neurologic disease at younger ages. *Neurology*® 2012;79: 1873–1880

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- Epilepsy
- Stroke
- Alzheimer
- Polyneuropathies

- *Mateen et al Neurology 2012;79: 1873–1880*
- *Benjamin et al. Neurology 2016 ; 86(4):324-33.*

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Conclusions: HIV-positive men receiving HAART have a higher burden of neurologic disease than HIV-negative men and develop neurologic disease at younger ages. *Neurology*® 2012;79: 1873–1880

HIV, antiretroviral treatment, hypertension, and stroke in Malawian adults

A case-control study

OPEN

Laura A. Benjamin, MRCP, PhD
Elizabeth L. Corbett, FRCP, PhD
Myles D. Connor, FRCP, PhD
Henry Mzinganjira, MMed
Sam Kampondeni, MMed
Augustine Choko, MSc
Mark Hopkins, PhD
Hedley C.A. Emsley, FRCP, PhD
Alan Bryer, FC Neurology (SA), PhD
Brian Fatagher, PhD
Robert S. Heyderman, FRCP, PhD
Theresa J. Allain, FRCP, PhD
Tom Solomon, FRCP, PhD

ABSTRACT

Objective: To investigate HIV, its treatment, and hypertension as stroke risk factors in Malawian adults.

Methods: We performed a case-control study of 222 adults with acute stroke, confirmed by MRI in 86%, and 503 population controls, frequency-matched for age, sex, and place of residence, using Global Positioning System for random selection. Multivariate logistic regression models were used for case-control comparisons.

Results: HIV infection (population attributable fraction [PAF] 15%) and hypertension (PAF 46%) were strongly linked to stroke. HIV was the predominant risk factor for young stroke (≤ 45 years), with a prevalence of 67% and an adjusted odds ratio (aOR) (95% confidence interval) of 5.57 (2.43–12.8) (PAF 42%). There was an increased risk of a stroke in patients with untreated HIV infection (aOR 4.48 [2.44–8.24], $p < 0.001$), but the highest risk was in the first 6 months after starting antiretroviral therapy (ART) (aOR 15.6 [4.21–46.6], $p < 0.001$); this group had a lower median CD4⁺ T-lymphocyte count (92 vs 375 cells/mm³, $p = 0.004$). In older participants (HIV prevalence 17%), HIV was associated with stroke, but with a lower PAF than hypertension (5% vs 68%). There was no interaction between HIV and hypertension on stroke risk.

Conclusions: In a population with high HIV prevalence, where stroke incidence is increasing, we have shown that HIV is an important risk factor. Early ART use in immunosuppressed patients poses an additional and potentially treatable stroke risk. Immune reconstitution inflammatory syndrome may be contributing to the disease mechanisms. *Neurology*® 2016;86:324–333



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journal homepage: www.elsevier.com/locate/jns

Mortality and morbidity among hospitalized adult patients with neurological diseases in Cameroon



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^c Columbia University, New York, NY, United States




^d University of Burgos, Burgos, Spain

Table 2
Primary neurological diagnosis.

Primary diagnosis	Frequency	Percent
B50 - Malaria	67	3.01
B99 - Other unspecified infection	3	0.13
C70 - CNS tumor - meninges	4	0.18
C71 - CNS tumor - brain	58	2.61
C72 - CNS tumor - spinal cord	25	1.12
E90 - Nutritional and metabolic disorders	31	1.39
G00 - Bacterial meningitis	37	1.66
G04 - Encephalitis, myelitis, encephalomyelitis	219	9.84
G06 - Intracranial and intraspinal abscess and granuloma	214	9.62
G20 - Parkinson disease	11	0.49
G21 - Secondary parkinsonism	7	0.31
G25 - Essential tremor	2	0.09
G30 - Alzheimer disease	1	0.04
G31 - Other dementias	38	1.71
G35 - Multiple sclerosis	1	0.04
G36 - Other demyelinating syndromes	1	0.04
G40 - Epilepsy	223	10.02
G43 - Headache	47	2.11
G45 - Cerebrovascular disorder - Transient Ischemic Attack (TIA)	45	2.02
G46 - Cerebrovascular disorder - Infarct	1091	49.03
G50 - Trigeminal nerve disorder	1	0.04
G51 - Facial nerve disorder	5	0.22
G56 - Mononeuritis, upper limb	12	0.54
G57 - Mononeuritis, lower limb	50	2.25
G61 - Inflammatory polyneuropathy	22	0.99
G63 - Polyneuropathy in diseases such as DM, nutritional deficits	8	0.36
G72 - Other myopathies	1	0.04
R29 - Tetany	1	0.04

Review Article

Risk Factors for Hemorrhagic and Ischemic Stroke in Sub-Saharan Africa

Gertrude Namale ¹, Onesmus Kamacooko,¹ Alison Kinengyere,² Laetitia Yperzeele,³ Patrick Cras,³ Edward Ddumba ⁴, Janet Seeley ^{1,5} and Robert Newton^{1,6}

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TABLE 4: Pooled prevalences for hemorrhagic and ischemic stroke by selected risk factors for stroke.

Risk factor	References	Pooled prevalence -HS (%)	Pooled prevalence – IS (%)	<i>p</i>
Hypertension	7 [15–17, 24–27]	73.5	62.8	0.001*
Diabetes	7 [15–17, 24–27]	10.6	15.9	0.009*
Alcohol use	4 [15, 16, 26, 27]	29.3	24.2	0.182
Smoking	6 [15, 16, 24–27]	11.2	13.1	0.340
Atrial fibrillation	5 [15, 16, 24, 25, 27]	2.3	9.6	0.001*
HIV infection	2 [15, 16]	11.8	20.0	0.123
Hypercholesterolemia	4 [15, 16, 25, 27]	18.6	13.7	0.176

* Statistical significance at 5% level.

Namale et al 2018

Quality of antiepileptic drugs in sub-Saharan Africa: A study in Gabon, Kenya, and Madagascar

Jeremy Jost¹  | Voa Ratsimbazafy¹ | Thu Trang Nguyen² | Thuy Linh Nguyen² | Hanh Dufat² | Annabelle Dugay² | Alassane Ba³ | Guilhem Sivadier³ | Yattussia Mafilaza³ | Cyril Jousse⁴ | Mounir Traïkia⁴ | Martin Lereboure⁴ | Emilie Auditeau¹ | Adeline Raharivelo^{1,5} | Edgard Ngoungou^{1,6} | Symon M. Kariuki⁷  | Charles R. Newton^{7,8} | Pierre-Marie Preux¹

Key points

- The burden of epilepsy in low- and middle-income countries is still high; availability and accessibility of antiepileptic drugs (AEDs) are critical, and complicated by poor drug quality
- The analysis of 3782 AEDs gathered from 3 sub-Saharan African countries, revealed that 32.3% of AEDs were of poor quality
- Improper storage without temperature and humidity control and unpacking practices generate improper and possibly dangerous drugs

Parkinson's Disease in Sub-Saharan Africa: A Review of Epidemiology, Genetics and Access to Care

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Sheffield, UK

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Newcastle, UK

ABSTRACT

A low prevalence of Parkinson's disease (PD) has been reported in the Sub-Saharan Africa (SSA) region. The genetic causes and clinical features of PD in this region have been poorly described. Very few reports have examined the availability and access to evidence-based quality care for people living with PD in this region. We reviewed all publications focusing on idiopathic PD from SSA published up to May 2016 and observed a prevalence of PD ranging from 7/100,000 in Ethiopia to 67/100,000 in Nigeria. The most recent community-based study reported a mean age at onset of 69.4 years. The infrequent occurrence of mutations in established PD genes was also observed in the region. Treatments were non-existent or at best irregular. Additionally, there is a lack of well-trained medical personnel and multidisciplinary teams in most countries in this region. Drugs for treating PD are either not available or unaffordable. Large-scale genetic and epidemiological studies are therefore needed in SSA to provide further insights into the roles of genetics and other etiological factors in the pathogenesis of PD. The quality of care also requires urgent improvement to meet the basic level of care required by PD patients.



Africa subsahariana

Centri per l'HIV e per le principali malattie neurologiche: EPILESSIA

Principali punti del percorso formativo

- Capacità di fare diagnosi clinica
- Distinzione dai disturbi psichiatrici
- Conoscere i farmaci e le interazioni
- Gestire l'aderenza alla cura
- Disponibilità dei farmaci
- Costi dei farmaci
- Quando inviare il paziente all'ospedale: rete territorio - ospedale
- Lotta allo stigma
- Retention



Africa subsahariana

Centri per l'HIV e per le principali malattie neurologiche: STROKE

- Principali punti del percorso formativo per la prevenzione
- Ipertensione arteriosa (uccide 4 volte di più in Africa che altrove)
 - Diagnosi
 - Misurazione della pressione arteriosa a tutti (in Africa il 50% della popolazione non ne ha accesso)
 - ECG e valutazione cardiologica. Telemedicina!
 - Biomateriali di base, glicemia, elettroliti, funzione renale, esame urine, profilo lipidico etc
 - Educazione stile di vita: fumo, alcool, peso, sedentarietà, carica virale virus HIV, altri fattori di rischio
 - Disponibilità delle terapie per l'ipertensione arteriosa, il diabete etc
 - Quando inviare il paziente in ospedale: rete territorio - ospedale
 - Retention



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Sin

Sin e rapporti internazionali



*Antonio Federico, delegato
istituzionale della Sin*



*Riccardo Soffietti, Board,
Chair Education Committe*



Africa Initiative: Committee Guidelines and Mandate

The Africa initiative is a collective term used for describing various WFN activities related to the development of neurology in the African region. They comprise training of new neurologists, establishing educational programmes in neurology, supporting new national neurological associations, assistance in fund-raising for neurology in this part of the world, travelling fellowships, support of public health activities in sub-Saharan Africa and collaboration with WHO, EFNS and IBRO.

The WFN structural basis of the Africa initiative has two arms, the Task and Advisory Force for Africa (TAFNA) and the WFN Africa Committee (ACWFN).

TAFNA ("Friends of Africa") is chaired by the WFN President. The members are neuroscientists with a personal background in African medicine.

ACWFN consists of neurologists living and working in Africa. For French-speaking African countries, training of neurologists will mainly be in Senegal, Morocco and Tunisia, while training of neurologists from the English-speaking countries may be established in South Africa. The ACWFN shall therefore have members from French- and English-speaking sub-Saharan African countries. It is presently (2008) chaired by Amadou Gallo Diop (Senegal), Alfred Njamshi (Cameroon) and Beugre Kouassi (Ivory Coast).

The Task and Advisory Force for Africa Committee shall consist of the President, the First Vice-President, the Secretary-Treasurer General and the Chair, Education Officer and Treasurer of the WFN Africa Committee. This committee shall be empowered to act on behalf of the Council of Delegates between regular meetings of the Council and its decisions shall subsequently be reported to the trustees.



Guidelines for TAFNA Committee

To conduct an annual review of the neurology training status in sub-Saharan Africa.

To be responsible for securing any and all additional funds designed for development of neurology in Africa.

To have a close relationship with the EFNS Africa Committee.

To have a close relationship with the Pan African Association of Neurological Sciences.

To make recommendations to the Regional Director for the Africa region.

To make recommendations to the Trustees regarding future meetings and congresses.

Guidelines for the WFN Africa Committee:

The ACWFN will have a close contact with the WFN Regional Director for the Africa region.

The ACWFN is responsible for monitoring the status of neurology training in sub-Saharan Africa.

The ACWFN shall collaborate with the PAANS.

The ACWFN prepares a budget with the mandatory prioritization.



Da poco attivato un Sub- Committe per i rapporti con l’Africa
Coordinatore prof Claudio Bassetti

Hanno organizzato a settembre 2018 un Regional teaching course
in Africa

EAN fornisce un supporto economico ad AFAN (Società Africana
di Neurologia) per il loro Congresso che e’ a Febbraio

Incontro a Vienna del Board il 5 Aprile.

Chair Education Committee: prof Riccardo Soffietti.



Nell'ambito delle attività internazionali sono stati sviluppati in questi anni relazioni con diversi paesi dell'Africa.

Sono stati organizzati alcuni Workshop durante i Congressi Sin (vedi ad esempio il Congresso di Cagliari)

Sono stati siglati accordi fra Sin e WFN per accogliere specializzandi o neurologi provenienti dall'Africa in Italia per periodi di formazione. Negli ultimi anni sono stati formati 6 diversi medici.



Nel 2009 stage di 12 mesi per 2 medici provenienti dall'Etiopia, 6 mesi a Siena (prof Federico) e 6 mesi al Bambin Gesù' (prof Vigevano, Neurologia Pediatrica, 12500 euro ciascuno).

Nel 2017 1 mese presso Ospedale di Padova (dr Giometto) per un medico dall'Etiopia e presso la Clinica Neurologica di Bologna (prof Cortelli) per un medico del Lagos (3500 Euro ciascuno)

Nel 2018 1 mese a Trento dal dr Giometto una dottoressa dalla Etiopia e un medico dal Sud Africa presso la Clinica Neurologica di Napoli (prof Tedeschi, 3500 euro ciascuno).



January 24, 2009

To: Dr Kindu Woldemichael

Ref: Fellowship in Paediatric Neurology

We are happy to invite Dr Kindu Woldemichael to be trained in Paediatric Neurology for a year, sponsored and supported by the Italian Society of Neurology, in accordance with the World Federation of Neurology.

The amount of fund the fellow receive will be 12.500 euros; it will be paid every three months (3122 euros), following a letter of the tutors.

The stage will be performed at the Ospedale Bambin Gesù', Rome, where Prof. Bertini and Prof. Vigeveno expressed their agreement to accept them and are organizing the accommodation.

We hope that this effort of our Scientific Society will be able to enable further collaboration and promotion of Neurology in your country.

Yours sincerely

Prof. Antonio Federico
President Elect Italian
Society of Neurology
Delegate for Foreign Affairs

Prof. Giorgio Bernardi
President Italian Society of Neurology



La Sin e il suo possibile contributo alla lotta alle principali malattie neurologiche nell'Africa sub-sahariana.

Creazione di un Gruppo di Studio Sin dedicato al problema:

Sin e paesi in via di sviluppo

Sin

Un nuovo Gruppo di Studio: **Sin e paesi in via di sviluppo**





La Sin e il suo possibile contributo alla lotta alle principali malattie neurologiche nell'Africa sub-sahariana.

Formazione dei giovani neurologi africani o di altre figure sanitarie in Italia. Programma strutturato, accordi con le Università, WFN o EAN, finanziato e continuo nel tempo e non sporadico.

Formazione in loco

Formazione in Italia o in loco di specialisti delle professioni sanitarie di origine africana. Convenzioni con Università africane

Percorsi formativi per i giovani neurologi italiani interessati a fornire un contributo in sede africana



La Sin e il suo possibile contributo alla lotta alle principali malattie neurologiche nell'Africa sub-sahariana.

Contributo economico e formativo per creare centri in Africa dotati di adeguata strumentazione e dedicati alla cura della epilessia e dello stroke e delle altre malattie del sistema nervoso, in collaborazione con WFN e EAN e organizzazioni, come ad esempio la Comunità di Sant'Egidio col il modello DREAM, già attive da anni, ma anche altre (tipo Medici in Africa etc)

Sin

Raccordare le nostre iniziative con





Epilessia: Acquisto di un Elettroencefalografo e borsa di studio per tecnico EEG da formare al Besta : costo EEG portatile Euro 13500.Costo EEG fisso e Kit video EEG: 23500

Stroke: Borsa di studio Sin per clinical officer per la prevenzione primaria dello stroke

Formazione: in loco e in strutture Universitarie-Ospedaliere-IRCCS italiane, che finanzino il progetto, in accordo al programma della WFN e della EAN

Accordi con Società Scientifiche locali e Seminari a distanza in inglese

Gruppo di studio come collettore di esigenze, con attività di coordinamento delle diverse iniziative

Implementare il teleconsulto

Sin

Riunione fondataiva del Gruppo di Studio
della Società Italiana di Neurologia

Società Italiana di Neurologia e paesi in via di sviluppo

Milano, 20 marzo 2019

Istituto Neurologico Besta, Biblioteca Centrale



Gianluigi Mancardi, Università di Genova