Joint Event on

International Conference on

NEUROSCIENCE AND NEUROLOGICAL DISORDERS

&

International Conference on

PSYCHIATRY AND PSYCHOLOGICAL DISORDERS

June 28-29, 2018 | Dublin, Ireland

DAY 1

Keynote Forum

Giulio Maria Pasinetti
Icahn School of Medicine
USA

Biography

Giulio Maria Pasinetti is The Saunders Family Chair and Professor of Neurology, received an MD from the Milan University School of Medicine and a PhD from the University of Milan. He is currently the Program Director of the NIH funded Mount Sinai Centre for Molecular Integrative Neuroresilience and the Chief of the Brain Institute Centre of Excellence for Novel Approaches to Neurodiagnostics and Neurotherapeutics. He is also a Professor of Psychiatry, of Neuroscience, and of Geriatrics and Adult Development. He is the recipient of several academic awards including the prestigious Zenith and Temple awards from the Alzheimer's Association. Most recently, also he was awarded with The Faculty Council Award" for academic excellence at Mount Sinai School of Medicine and "The Charles Dana Alliance for Brain Research Award" from Dana Foundation, recognizing productivity and worldwide leadership in his field of expertise, which further emphasizes his standing as an academic role model.

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Note:

PRINCIPLES OF INFLAMMASOME PRIMING AND INHIBITION: IMPLICATIONS FOR PSYCHIATRIC DISORDERS

The production of inflammatory proteins by the innate immune system is a tightly orchestrated procedure that allows the body to efficiently respond to exogenous and endogenous threats. In the talk the author will first discuss accumulating evidence suggesting that disturbances in the inflammatory response system not only provoke autoimmune disorders, but also can have deleterious effects on neuronal function and mental health. As inflammation in the brain is primarily mediated by microglia, the immune inflammatory cells of the brain, there has been an expanding focus on the mechanisms through which these cells initiate and propagate neuroinflammation. Based on this evidence the author will debate novel concepts about how microglia can enter persistently active states upon their initial recognition of an environmental stressor and are thereafter prone to elicit amplified and persistent inflammatory responses following subsequent exposures to stressors. In view of the recent evidence suggesting that primed microglia may be respond to environmental insults through mechanisms involving the NLRP3 inflammasome; in the presentation the author will then discuss new concepts supporting the activation of NLRP3 inflammasome mechanisms responsible for the generation of inflammatory interleukins into functional forms that elicit several consequential effects in the local neuronal environment. This evidence supports the principle that within primed neuroimmune systems a lowered threshold for NLRP3 activation can cause persistent neuroinflammation or the amplified production of inflammatory cytokines. Collectively, the take home message of my presentation will provide novel evidence suggesting that targeting the NLRP3 inflammasome complex may represent an innovative approach to limit neuroinflammatory states in psychiatric disorders.

Diane Roberts Stoler, J Neurol Neurorehabil Res 2018, Volume 3

Diane Roberts Stoler

Dr. Diane Brain Health, USA

Biography

Diane Roberts Stoler is a Neuropsychologist, Board Certified Health Psychologist, Board Certified Sports Psychologist, and Performing Arts Psychologist with over 35 years of clinical experience. She is a sought-after international brain injury Consultant, forensic expert, speaker and brain injury survivor. She is the author of three books, the latest is coping with Concussion and Mild Traumatic Brain Injury. She is a verified therapist by Good Therapy and a syndicated blogger for Psychology Today. As a neuro feedback Practitioner,she specializes in Brain Rehabilitation and Brain Fitness. She uses the latest cutting-edge technology to help brain injury and brain trauma survivors regain control of their lives and become thrives.

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CUTTING-EDGE TECHNOLOGY FOR EVALUATION AND TREATMENT OF BOTH THE CAUSE AND SYMPTOMS OF NEUROLOGICAL DISORDERS

A standard electroencephalogram (EEG) records electrical activity or brainwaves representing underlying cortical brain activity, while a Quantitative EEG (qEEG) process allows you to create a brain map through precise measurement and quantitative comparison identifying patterns of dysfunction. In the past, qEEG would produce visual pictures of the various hertz of the brain and amplitude. Brain mapping is a set of neuroscience techniques predicated on the mapping of (biological) quantities or properties onto spatial representations of the brain resulting in maps. Unlike other QEEG software qEEG-Pro provides in-depth sLoreta information, as well as protocol recommendations for treating causes and symptoms of neurological disorders, along with 2 and 3 dimensional photos with locations of specific Brodmann areas and neural networks. The author will present step-by-step on how qEEG Pro works showing clinicians how to evaluate through evidence-based technology causes of various symptoms of neurological disorders, along with discussing specific treatment modalities to help patients regain their life again, as Diane has done with her own.

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Amarnath Mallik, J Neurol Neurorehabil Res 2018, Volume 3

Amarnath Mallik
Woodlands Hospital, India

Biography

Amarnath Mallik is a Consultant Psychiatrist and he completed his practice from institutes like Kothari Medical Centre, Kolkata, Woodlands Hospital, Kolkata and Belle Vue Nursing home Mumbai, India. He is a Specialist in the field of Psychiatry and his expertise lies in the field of Neuropsychiatry.

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Note:

DEPRESSION IN WOMEN

Depression is common among women and likely due to certain biological, hormonal and social factors that are unique to women. Women are at higher risk than men of developing depression particularly during the reproductive years. The burden of depression is 50% higher for females than males. Mood changes in women may be due to life events (divorce, death) or may be due to hormones (pregnancy, menstrual cycle). MDD is the fourth common cause of disability in female in all age groups. Life time prevalence is 10%-25% and more common among married women. Late life depression is also common in the elderly women. Dysthymia (Persistent Depressive Disorder) is common in women. Bipolar disorder occurs with similar frequency in men and women but Bipolar II significantly more common in female. Research suggests that in women, hormones play a role in the development and severity of bipolar disorder. Mixed mania and rapid cycling is more common in bipolar women. Post-partum period is associated with high risk of onset and relapse of BD. Premenstrual dysphoria is a heritable disorder. Genes related to estrogen and serotonins are believed to be of primary importance in PMDD. In studies it has been seen that centrally active progesterone metabolite allopregnanolone has potential role in the pathogenesis of PMDD. Mood and anxiety disorders are prevalent during pregnancy. Prenatal depression and Prenatal Bipolar Disorders are common, and risk of recurrence of mania or depression needs proper management. During the post-partum period about 85% of women experience some mood disturbance and 10% to 15% of women experience clinically significant symptoms. Post-partum depressions are of three categories: Post-partum Blues, Non-psychotic major depression and Puerperal Psychosis. Post-menopausal depression is also common and due to declining levels of estrogen and progesterone. In PMD, vasomotor symptoms may be related to the dysregulation of thermoregulatory center, associated with fluctuations in estrogen levels and increased noradrenergic tone in hypothalamus. Management of Depression in women is very important. Psychotherapy, Cognitive Behavior Therapy plays a useful role. Different antidepressant drugs are used considering safety, efficacy and tolerability. Mood stabilizers are used for Bipolar Disorders, ECT is also used. Prevention of suicide needs special attention.

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DAY 2

Keynote Forum

Mervat Wahba
University of Tennessee, USA

Biography

Mervat Wahba is an Associate Professor of Neurology UTHSC since July 1st, 2012 to current. She served as an Assistant Professor of Neurology UTHSC since February 1st, 2006 to June 30th, 2012. She is the Fellowship Director of Vascular Neurology, from September 1st, 2010 to October 5th, 2015. She is the Medical Director of Comprehensive Stroke Canter. She is also the Methodist System Medical Director since September 1st, 2010 to March 2nd, 2014. She has been working as a Neurology Clerkship Director since May 2008 till today.

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CATASTROPHIC ANTIPHOSPHOLIPID ANTIBODIES SYNDROME

A 29-year-old African American lady presented to the ER with sudden onset right UE weakness and numbness, right LE drift with an NIHSS of three. She then suffered right eye blindness with an NIHSS of five. She has a past medical history of systemic lupus. She qualified to receive IV TPA, the platelet count was pending. The patient's right weakness and right eye blindness improved and her NIHSS improved to one manifesting as mild hand drift. At the very end of the IV TPA infusion the patient informed us that she is on lovenox 1 mg/Kg body wt Q12Hr despite initially denying being on anticoagulation. All medications to reverse a post-TPA bleed were ordered as standby and the patient was closely monitored. Few hours after the IV TPA infusion she suffered right lower extremity symptoms or embolization. A diagnosis of a thrombotic storm versus Heparin-induced Thrombocytopenia versus DIC was contemplated. The platelet count was unavailable due to clumping. The Hematology consultant advised starting a direct thrombin inhibitor: lepirudin and the Vascular Surgery performed a successful right femoral artery-popliteal bypass and right anterior tibial embolectomy. The patient's labs showed a normal Fibrinogen level, a D-dimer and no schistocytes indicating no DIC. The SRA test for Heparin induced thrombocytopenia was negative. The diagnosis was CAPS which represents the perfect storm with cytokine-induced activation of vascular endothelium and changes in coagulation factors and platelets. Platelets count was 174,000. The patient continued to improve, the stroke was punctate.

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Ann Marie Leonard-Zabel, J Neurol Neurorehabil Res 2018, Volume 3

Ann Marie Leonard-Zabel
Curry College, USA

Biography

Ann Marie Leonard-Zabel is a full Professor of Psychology at Curry College in Massachusetts, USA. She is President of private clinic specializing in international School Neuropsychology and Clinical Forensic Counselling. She holds diplomat and fellow certifications in the field of Neuropsychology, Forensics, Autism, Psychotherapy, Addictions, CBT, Disability Analysis, and Homeland Security. She was recognized in the American Psychological Association-Monitor on *Psychology Journal* under the personality and achievement section. This year she was awarded the Distinguished Leadership Circle of Directors from the American Board of Disability Analysts and the title of Honorary Founding Faculty Member for the American College of Disability Analysts. She serves on the Learning Disabilities Worldwide Congress-Board of Directors. She was awarded the Curry College Excellence in Teaching 'Researcher of the Year' and 'Person of the Year' from Curry College acknowledging excellence in teaching, mentorship, leadership and community service. Recently, she was awarded the Jerrold Simon Award for Distinguished Lifetime Career Achievement from both the American Board of Disability Analysts and the American Board of Medical Psychotherapists and Psychodiagnosticians of which she is the third recipient to ever receive the award from both organizations.

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EXPLORING THE NEUROPSYCHOLOGICAL ASSESSMENT PROCESS INVOLVING PSYCHIATRIC IMPACT OF SUBSTANCE USE DISORDER AMONG YOUTH

Substance use disorder (addiction) is prevalent throughout the world and is making a profound impact on Neurocognitive-Neurobehavioral development among youth. This presentation will explore the neurocognitive theories of understanding the morphology and functioning of the addicted brain involved in the psychological process of learning, emoting and behaving. We will explore specific areas including the following: The impact of substance use on neurobiological brain development, understanding the neuropsychological effects and consequences of substance abuse on the hijacked brain utilizing a neuro-profiling approach within a neuropsychological assessment model and review several methodologies focusing on treatment outcomes and evidence-based practices involving home, school and community as an outgrowth of the neuropsychological profile to improve psychiatric outcomes.

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Arthur G O'Malley, J Neurol Neurorehabil Res 2018, Volume 3

Arthur G O'Malley
Mascot Child and Family Services limited, UK

BEYOND THE ART OF BART: SENSORIMOTOR FOCUSED EMDR FOR PSYCHOTHERAPY AND PEAK PERFORMANCE

This is an integrated approach to psychotherapy, which incorporates elements of trauma focused cognitive behaviour therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), mindfulness, somatic experiencing and sensorimotor psychotherapy (SP). This workshop gives participants an understanding of information processing in the body following significant life events. Gut feelings are initially registered at the level of the gut brain. Research on the gut microbiome and its relation to mental health will be presented. The next level of reprocessing takes place at the level of the heart brain, which is often linked to feelings of loss panic and anxiety. Activation of the body's energy system continues with activation of the hypothalamic pituitary adrenal (HPA) axis. A key component of reprocessing is overcoming the symptoms of speechless terror, which are felt at the level of the throat and pharynx. The goal of activating and reprocessing these sensations, motor impulses, emotions, feelings and thoughts is to bring unconscious trauma triggers into conscious awareness. In trauma as Bessel van der Kolk wrote in 1992, "the body keeps the score", with 90% of information stored somatically while we are consciously aware of only 10% of the information related to the traumatic event. This explains why premature use of CBT is ineffective. The reprocessing is continued with the patient being maintained in calm waters (Conscious Aware, Level-Headed, Mindful, Window of Affective Tolerance Emotional Regulation and Stability). The author will explain my two and three-dimensional models of dissociation associated with high arousal or RAPIDS (Racing Thoughts, Affective instability, Partitioned personality, Impulsivity, Distress and suicidality). This will also include a demonstration of dissociation and low arousal states or FROZEN (Freeze Reaction, Oblivious, Zonked out and Emotionally Numb). The author will illustrate the use of the sensorimotor EMDR psychotherapy with different types of traumatic dissociation with reference to individual cases of both acute and complex PTSD. I will also introduce delegates to quantum field theory and how quantum consciousness can be utilized in the consultation between therapist and client.

Biography

Arthur G O' Malley has worked as a consultant child and adolescent Psychiatrist from 2004 and accredited as an EMDR consultant from 2008. He has also trained in sensorimotor psychotherapy. He has been a Member of the UK and Ireland EMDR Association since 2002 and was a Member of the European Conference organizing committee for the London Conference and the Child and Adolescent Committee. He has presented at their AGMs in Glasgow, Manchester, Dublin and at the European conferences in Paris and London. He has presented widely in the fields of trauma, neglect and the developing brain, attachment disorders, personality disorders, emotional dysregulation in ADHD and ASD diagnosis and management. He first presented on this model at the ISSTD 28th Annual Conference in Montreal November 2011. Recent articles on the clinical effectiveness of BART psychotherapy have been published to complement the book, The Art of BART which was published by Karnac books in London in 2015 and is available in print and as an eBook from Amazon and karnacbooks.com. The updated version of the book, Beyond the Art of BART: Sensorimotor Focused EMDR for Psychotherapy and Peak Performance will soon be published.

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