

AUTONOMIC NERVOUS SYSTEM SECTION NEWS

The Official Newsletter of the Autonomic Section/Volume 9/Issue 2

AUTONOMIC NERVOUS SYSTEM SECTION EXECUTIVE COMMITTEE

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Chair's Corner

Max Josef Hilz, MD, PhD, FAAN

Successful development, increasing diversity, and need for consolidation

In our Winter 2006 newsletter, Thomas C. Chelimsky, MD, FAAN, wrote a comment stating: "We are small. We are obscure. We chant: 'Submit more abstracts!' 'Teach more courses!'..."

I can only subscribe to Tom's statement. We are small. Yet, we are slowly growing, probably not in numbers but in influence. As chair of this section, Dr. Chelimsky has worked hard and persistently, and finally managed to set the foundation and fulfill the requirements for our section—as well as the American Autonomic Society—to achieve United Council for Neurologic Subspecialties (UCNS) approval as a subspecialty.

Now, we have huge tasks ahead of us: We must create a subspecialty examination; we must establish more fellowship programs. Yet, we also should assure that the diversity among colleagues interested in the autonomic nervous system is not to our disadvantage but helps us gain more influence and visibility.

The American Academy of Neurology (AAN) has become an international society with quite some diversity and a significant number of members from outside of the United States. These "outsiders" cannot participate in UCNS examinations. It should be our goal to avoid any segregation but to foster close interaction between the various members of our section.

Another remarkable sign of diversity and an example of how to benefit from our differences in background and training as an opportunity to gain visibility and strength became apparent when the 2006 cardiology guidelines on the diagnosis and treatment of syncope had been published without any interaction or input from noncardiologists.

The paper has initiated a fervent cross-disciplinary response from many clinicians working in the autonomic field. This response was an important sign and example of how we could successfully consolidate our experience and expertise with that of other groups.

Within the next few months, several autonomic societies will hold their conferences, and there will even be an overlap of dates. Unfortunately, it is impossible to attend all of these thrilling meetings that are a sign of growth as well as diversity of our field.

We should use opportunities to strengthen the ties among experts in the autonomic nervous system within our section and in other autonomic groups. Only if we increase interaction with other societies will we succeed in utilizing the existing diversity to our advantage and avoid isolation.

Although the needs of the American members of our section are specific to the American medical system and at times distinct from those of non-American members, our goal is a common one: to enhance our skills, knowledge and expertise in clinical work and research to the benefit of all our patients who suffer from autonomic nervous system disorders.

I hope that many of you share my views and support the idea of an intensified cooperation with other societies.

Editor's Corner
Paola Sandroni, MD, PhD

It is quite an exciting time for the autonomic field. As you see in this newsletter, we gained membership in the United Council of Neurologic Specialties (UCNS). A big thank to all of you who worked hard to make this possible, particularly to Dr. Chelimsky, who drove the efforts home. A lot of work lies ahead to prepare the examination and develop training programs, but this is a major recognition as it places the autonomic disorders in the elite of official subspecialties.

Another event with the potential to promote interest in autonomic disorders was the second multiple system atrophy (MSA) consensus conference to revise the MSA diagnostic criteria (see article). It was a stimulating and successful meeting. The paper with the new consensus criteria is in the preparation stage and hopefully will draw more attention to MSA and perhaps stimulate more interest in researching this condition while helping clinicians in diagnosing and treating patients affected by it. I would like to thank everyone who participated. A special thank to Sid Gilman, MD, FAAN, who made it possible and led the entire conference, and to Niall P. Quinn, MD, FAAN, for the being a patient and compulsive "word and punctuation" policeman.

The national MSA patients meeting convened in Boston, MA, on September 28, 2007. That was a great opportunity for patients and their families to meet with fellow patients as well as MSA specialists to share their experiences and concerns, and have their questions answered.

Finally, the second joint meeting of the American Autonomic Society and European Federation of Autonomic Societies took place October 10, 2007 to October 13, 2007, in Vienna, Austria.

The momentum is building and if we can keep it up, the future of autonomic disorders; interests looks bright. Improving training of new specialists, setting standards for the laboratories that are opening across the country, and, hopefully, obtaining more attention and funds for research will lead to better care for our patients.

**Second Consensus Conference on the Diagnosis of
 Multiple System Atrophy**
Sid Gilman, MD, FAAN
Paola Sandroni, MD, PhD

A consensus conference held in 1998 established the initial consensus guidelines for the diagnosis of multiple system atrophy (MSA). As our knowledge expanded over time, these consensus criteria for diagnosis needed to be updated. To support this activity, Sid Gilman, MD, FAAN, assisted by a Steering Committee (Gregor K. Wenning, MD, and Phillip A. Low, MD, FAAN), wrote an application to the NIH for the support of a second consensus conference. This grant, together with smaller grants from Novartis and Chelsea Therapeutics, permitted a conference to be planned and held. Initially the Steering Committee selected participants from the international community of contributors to the field, including experts in autonomic failure, parkinsonian features, cerebellar disorders, imaging results, and neuropathological findings in MSA. Chairs of these groups were appointed and assigned the task of writing consensus guidelines on each of these aspects of the disease in advance of the meeting. The Steering Committee reviewed these documents, then distributed them to the entire consensus group, all prior to the meeting. The conference was held on April 26 and 27, 2007, just before the latest meeting of the AAN in Boston, MA. The meeting began with a review of methods for achieving consensus in group interactions. Each of the subgroups then presented their recommendations, which were discussed by the entire group. We then discussed modifications that need to occur to amalgamate the recommendations of each group, incorporate the neuropathological and imaging findings, and emerge with a single document. The groups separated to respond to the need for modification, with a rigorous schedule for returning to the entire group. This method occurred repetitively until we finally achieved consensus.

A true feeling of teamwork set in very quickly, with the participants obviously enjoying the interactions, disagreements, and thought-provoking comments. Although some strong opinions were voiced, the progress was steady and the group drove forward. The group managed to stay on track and on time even though every possible imaginable aspect came to the table and was thoroughly dissected. The experience was both enriching and enjoyable. After swinging back and forth from old to new ideas, we came to the realization that the first consensus criteria were very good and only needed to be simplified with new information added.

By the end of the conference, a new set of criteria were developed. The paper presenting it for publication is in preparation, and we hope that it will assist in the diagnosis of MSA, call attention to MSA, and perhaps stimulate more interest in investigating this condition while helping clinicians in recognizing patients affected by it.

United Council of Neurologic Specialties (UCNS) Membership

Thomas C. Chelimsky, MD, FAAN

Both the Autonomic Nervous System Section of the AAN, and the American Autonomic Society (AAS) feel privileged to have obtained membership in the United Council of Neurologic Specialties (UCNS). This was an effort across time, across continents, across societies, and across disciplines.

Across time, because Eduardo E. Benarroch, MD, FAAN, began the process of a core curriculum for fellows as chair of the section, before anyone had even considered an organization called UCNS. William P. Cheshire, Jr., MD, FAAN, followed with the vision to understand the importance of UCNS membership and galvanized the section into endorsing the idea. Finally, junior members of our section, especially Katalin J. Pocsine, MD, did much of the work in finalizing the definition of an autonomic training program.

Across continents, because we were ever encouraged by Max Josef Hilz, MD, PhD, FAAN, and other members of the European Federation of Autonomic Societies to lead the way in this effort.

Across societies, as the AAS and the AAN Autonomic Nervous System Section (ANS) were constantly sharing ideas regarding fellowship training, thanks to Horacio C. Kaufmann, MD, and Italo Biaggioni, MD.

Across disciplines, because autonomic disorders belong to everyone, and it was a pleasure to celebrate such interdisciplinary collaboration with cardiologists, pharmacologists, gastroenterologists and endocrinologists whose common interest lies in the ANS.

Our membership in UCNS will have great value in several ways. The field of autonomic disorders can only accelerate its growth through an increase in the availability of training programs. This membership will allow us to write an examination for certification of fellows, the next and final step in the UCNS process. Although it is not clear what UCNS certification will mean in relation to the Educational Commission for Foreign Medical Graduates and other federal agencies, the process of this investigation has begun.

While each of these consequences of UCNS membership is important in its own right, this effort may carry a longer term benefit to us as autonomic specialists. It has initiated an evolving process and has fostered new thinking about what we do and how we do it. We have begun a definition of our specialty that transcends disciplines and can look forward to an ongoing collaboration to place our work into the broader perspective of education and training in medicine.

60th AAN Annual Meeting Autonomic Nervous System–Related Courses

3AS.008 How to Test the Autonomic Nervous System

Monday, April 14, 2008

7:30 p.m.–10:30 p.m.

Max Josef Hilz, MD, PhD, FAAN

3BS.008 Small Fiber Neuropathies: Somatic, Autonomic, or a Mixture of Both

Monday, April 14, 2008

6:45 a.m.–8:30 a.m.

Kamal R. Chémali, MD

6PC.003 Evaluation and Management of Autonomic Disorders

Thursday, April 17, 2008

2:15 p.m.–6:00 p.m.

William P. Cheshire, Jr., MD, FAAN

Calendar of Events

November 2, 2007–November 4, 2007

AAN Fall Conference

Las Vegas, NV

Website: www.aan.com/go/education/conferences

January 18, 2008–January 20, 2008

AAN Winter Conference

Miami, FL

Website: www.aan.com/go/education/conferences/winter08

April 12, 2008–April 19, 2008

AAN 60th Annual Meeting

Chicago, IL

Website: www.aan.com/go/am

August 23, 2008–August 26, 2008

10th European Federation of Autonomic Societies Meeting

Madrid, Spain

Website: www.efasweb.com/congress/congress08.htm