



# **EAN 2024**

## **Press Pack**

**ean**  
**congress**

**Helsinki**  
**2024**

## CONTENTS

Welcome	3
EAN 2024 Press Briefing	4
Onsite Press Access in Helsinki	5
Accessing Recordings & the Interactive Programme	6
Sharing Your Coverage	7
FAQs	8
Press Releases	9
EAN Press Release: Frequent Nightmares Predict Cognitive Decline and Dementia, UK Study Shows	10
EAN Press Release: Study Highlights Ethnic Differences in Access to Stroke Care in Europe	13
EAN Press Release: Parental Smoking Increases Risk for Multiple Sclerosis, Multinational Study Shows	16
EAN Press Release: People with Epilepsy Are Less Likely to Find a Job in the EU	19

## WELCOME

Dear Member of the Press,

The European Academy of Neurology (EAN) welcomes press interest in neurological issues and is happy to provide assistance to journalists attending the congress or using the EAN website as a resource in their coverage.

### EAN Press Pack

Within this EAN Press Pack, you will find copies of all official EAN press releases (please note their embargoes), details on how to access content, and information on the EAN 2024 Press Briefing, which will take place on Wednesday, 26 June at 11:00 CEST via a live Zoom link.

If you have any queries at all during the meeting, please email [press@ean.org](mailto:press@ean.org)

We look forward to welcoming you to the congress, both in Helsinki and online, and we hope you enjoy the meeting.

With very best wishes,

The EAN Press Team

## EAN 2024 PRESS BRIEFING

The official EAN 2024 Press Briefing will take place virtually on Wednesday 26 June at 11:00 CEST.

All registered are invited to attend to obtain exclusive first-hand information about some of the most exciting abstracts at this year's congress from the authors themselves. Members of the press will be able to ask direct questions to the abstract authors following each presentation.

### Press Briefing Schedule

The press briefing comprises four 10-minute presentations. We will also dedicate 5 minutes after each presentation for questions to the presenters.

EAN Congress 2024 Press Briefing Agenda	
Topic	Presenter
Distressing dreams, cognitive decline, and risk of dementia: A prospective study of three population-based cohorts	Abidemi Otaiku
Ethnic Differences in Access to Care and Treatment in Patients with Suspected Acute Stroke: a Retrospective Cohort Study	Irene Scala
Parental smoking exposure and risk for multiple sclerosis among adults: the EnvIMS study	Caterina Ferri
EpilepsyPOWER a project to favor inclusion of People with Epilepsy in workplaces	Flavia Narducci

### Accessing the Briefing

To join the EAN 2024 press briefing, ~~click here~~ at 11:00 CEST on Wednesday 26 June.

#### UPDATE:

A recording of the EAN 2024 press briefing can be watched [here](#).

Passcode: **fd@15\*2f**

### Briefing Instructions for Journalists

- ❖ We can organise 1-to-1 interviews with the presenters following the briefing
- ❖ All presentations are under embargo. We ask that this is respected and kindly note that different presentations have different embargoes. This will be stated at the start of the press briefing

Slides will be available to request following the briefing (at the discretion of each presenter). Please email [press@ean.org](mailto:press@ean.org) to request these slides.

## ONSITE PRESS ACCESS IN HELSINKI

Upon arrival at the Messukeskus, please visit the registration desk and be prepared to show your press ID.

Press attendees who have not registered in advance will be directed to the Press Centre for accreditation.

If you have registered online in advance, you will be directed to the Press Centre to collect your pre-printed badge.

For information about registering ahead of the congress, please [click here](#).

To reach the Press Centre from the Registration Area, take the stairs up one floor to the 'Siipi Area'.

At the Press Centre — which will be manned for the majority of the congress — you can ask questions and schedule interviews. If there is no one at the Press Centre at a given time, please email [press@ean.org](mailto:press@ean.org) and we will do our best to get back to you as soon as possible.

Onsite access to all scientific and networking events will only be possible with your personal badge. All participants are requested to wear their name badge throughout the congress.

Please note that any items left in the Press Centre are at personal risk to the owner.

### Congress Opening Hours

- Friday, 28 June 16.00 – 19.00 (early badge pick-up only)
- Saturday, 29 June 07:30 – 20:00
- Sunday, 30 June 07:30 – 19:00
- Monday, 1 July 07:30 – 19:00
- Tuesday, 2 July 07.30 – 16.30

### Press Office Opening Hours

- Saturday, 29 June 08:00 - 19:00
- Sunday, 30 June 08:00 - 19:00
- Monday, 1 July 08:00 - 19:00
- Tuesday, 2 July 08:00 - 17:00

## ACCESSING RECORDINGS AND THE INTERACTIVE PROGRAMME

Press attendees who have registered for the congress will be able to access meeting content, free of charge, from Saturday 29 June. This includes the full Scientific Programme.

**To access this content from the beginning of the congress, please ensure that you have a myEAN account and that your registration has been finalised. Otherwise, you will not be unable to access the sessions.**

If you have not already done this, you can create a myEAN account [here](#). If you have already set up an account, or forgotten your password, please log in here and follow the instructions.

**The Virtual Congress Platform, which will contain session recordings, can be accessed [here](#).**

Please email [press@ean.org](mailto:press@ean.org) if you have any problems with accessing content and recordings.

Please note that if you apply for press registration after 26 June 2023 there may be delays in press registration verification, and therefore in accessing the programme.

## SHARING YOUR COVERAGE

We would greatly appreciate being informed when you publish your coverage of EAN 2024 online or in print.

Please let us know at [press@ean.org](mailto:press@ean.org) or tag the EAN when sharing your coverage on social media.

Facebook: [European Academy of Neurology](https://www.facebook.com/eaneurology) (eaneurology)

LinkedIn: [European Academy of Neurology](https://www.linkedin.com/company/european-academy-of-neurology)

Twitter: [@EANeurology](https://twitter.com/EANeurology)

Instagram: [@EANeurology](https://www.instagram.com/EANeurology)

Hashtags: #EAN2024 #EANeurology #10yearsEAN

## FAQs

If media cannot view the presentations live, will they have an opportunity to access the presentations afterwards?

*The entire congress, including all sessions, ePoster, ePresentations, industry sessions and the virtual exhibition, is available for all congress participants (virtual and onsite) from 29 June 2024, throughout the congress until 16 July 2024 via the virtual congress platform. Live sessions will, in some cases, take up to 48 hours to become available on-demand in the Virtual Congress Platform.*

Are you able to share the media attendee list?

*No, the EAN does not share media lists.*

Please can you confirm the embargo policy?

*Information contained in abstracts may not be released until they have been presented (i.e. are available to view in the Virtual Congress Platform). However, there are some press abstracts (see press release section) that have different embargoes.*

Will there be an abstract book?

*Yes, a password-protected link to the abstract book will be sent to members of the press under embargo before official publication. Check your inbox for the subject line 'EAN 2024 Press Pack & Press Briefing' from 24 June. Please treat the abstract book confidentially, respect embargoes and do not share with others.*

*All content in the Book of Abstracts is under embargo until **Friday, 28 June 2024, 18:30 EEST***





## **Press Releases**

## PRESS RELEASE

**Embargoed: 00:01 EEST, Saturday, 29 June 2024**

### **Frequent Nightmares Predict Cognitive Decline and Dementia, UK Study Shows**

- Pioneering research looked at the relationship between bad dreams and nightmares - so-called 'distressing dreams' - and cognitive decline and all-cause dementia.
- Middle-aged adults having weekly distressing dreams had a four-fold risk of experiencing cognitive decline, and older adults had a two-fold risk of developing dementia, authors found.
- The frequency of distressing dreams in healthy individuals should be communicated and not under evaluated by physicians.

**HELSINKI, FI, June 29, 2024 (EAN)** — Middle-aged and older adults who frequently experience distressing dreams may be more at risk of developing cognitive decline and dementia, according to work that will be presented on Saturday, 29 June at EAN 2024, the 10<sup>th</sup> Congress of the European Academy of Neurology (EAN) in Helsinki, Finland.

Researchers from Imperial College London in the UK investigated the association between self-reported distressing dream frequency and the risk of cognitive decline and incident dementia in men and women in the general population.

The team assessed distressing dream frequency using data collected in middle-aged adults from the Midlife in the United States (MIDUS) study, and in 2,600 older adults from the Osteoporotic Fractures in Men Study (MrOS) and the Study of Osteoporotic Fractures (SOF).

Compared with middle-aged adults who reported having no distressing dreams at baseline, those who reported having weekly distressing dreams had a four-fold risk of experiencing cognitive decline. Among older adults, the difference in dementia risk was 2.2 times higher.

"Distressing dreams predict cognitive decline and all-cause dementia in middle-aged and older adults in the general population," said Dr Abidemi Otaiku, a neurologist at Imperial College London and the main author of the study, which is the first to explore the interplay between bad dreams and dementia.

#### **Don't Leave Bad Dreams Untreated**

While stress, anxiety or depression can cause distressing dreams, other factors such as frightening content in movies or a person's genetics may trigger distressing dreams.

"Recent research has shown that some people have a set of genes that makes them prone to nightmares," Otaiku said. "Other studies show that people who have parents who have nightmares are more likely to have them too."

The relationship between nightmares and brain conditions such as Parkinson's disease has

already been established in the literature, but it may also help predict autoimmune diseases such as lupus, and attention deficit hyperactivity disorder (ADHD) in childhood. These associations should therefore come under close scrutiny, he explained.

“Nightmares have a very strong link with many brain and other conditions, and I strongly believe that nightmares should be asked about more often by physicians,” he said.

If the cause is psychological, appropriate treatment to better treat one’s stress levels should be sought, either through lifestyle changes, psychotherapy, or medication.

For nightmares with no obvious cause that impair life quality, image rehearsal therapy right before bedtime can be useful.

“Think of a bad dream you regularly have, and, before you go to bed, think about how you can change the ending. For example, if you think you’re being chased and eaten by a tiger, change the end to the tiger giving you a hug. You can even write it down and rehearse that image in your head before you go to bed,” Otaiku suggested.

Five per cent of the general population have nightmares that could be cast as a nightmare disorder. If they really impact life quality, people should not hesitate to check with a physician.

“Don’t leave your nightmares untreated and talk to your GP about it,” he concluded.

## **ENDS**

### **Notes to Editors:**

This press release is about the Oral Presentation ‘Distressing dreams, cognitive decline, and risk of dementia: A prospective study of three population-based cohorts’ presented at EAN 2024 ([link](#))

A reference to EAN 2024 or the 10th Annual Congress of the European Academy of Neurology must be included when communicating the information within this press release.

### **Press Enquiries:**

For further information or to speak to an expert, please contact Simon Lee at [press@ean.org](mailto:press@ean.org)

### **About the Experts:**

Dr Abidemi Otaiku is a neurologist at Imperial College London, UK

### **EAN – The Home of Neurology:**

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## PRESS RELEASE

**Embargoed: 00:01 EEST, Saturday, 29 June 2024**

### **Study Highlights Ethnic Differences in Access to Stroke Care in Europe**

- Retrospective cohort study looked for the first time at ethnic and racial differences in access to stroke treatment in Europe.
- Non-Western Europeans were less likely to receive standard stroke treatment than Western Europeans.
- Racial and ethnic disparities in healthcare should be addressed through education of healthcare personnel and other measures.

**HELSINKI, FI, June 29, 2024 (EAN)** — There is unequal access to care in acute stroke patients based on ethnicity or race in Europe, according to a study that will be presented on Sunday 29 June at EAN 2024, the 10th Congress of the European Academy of Neurology (EAN) in Helsinki, Finland.

Researchers from Agostino Gemelli University Polyclinic Foundation IRCCS in Rome, Italy, evaluated the effect of geographic origin and race on access to acute stroke care and treatment.

The team used data collected between 2015 and 2022 at the institution's emergency department (ED), and divided patients into two groups: Western Europeans (WE) and non-Western Europeans (nWE), including Black, Asian and White - mainly Eastern European - individuals.

Belonging to the nWE group was an independent predictor of lower likelihood of receiving intravenous thrombolysis, the authors found. Considering the Black, Asian and White subgroups, ED access for stroke mimics was less frequent among racial minority groups. Black and Asian individuals also had a higher incidence of brain haemorrhages than White individuals.

"Independently from the onset of symptoms to door time at the ED, people from non-Western European countries received less treatment," said Irene Scala, a neurologist and the project manager of the National Virtual Institute of Cerebrovascular Diseases at the Gemelli Foundation. "The root of the problem is to be searched for in the hospital's management."

### **Systemic Racism Can Delay Treatment Onset**

Intravenous thrombolysis (IVT) is the standard reperfusion treatment for patients with acute ischaemic stroke, a condition that affects 1.1M inhabitants each year in Europe, and the incidence of which is growing.

Early recognition of symptoms is key since IVT can only be performed up to 9 hours after stroke onset.

When they arrive at the ED, every patient with suspected stroke will undergo a brain computed tomography (CT) scan, and if stroke is detected, patients will be redirected to IVT on the spot.

The problem is that ischaemic stroke is not always immediately visible on the initial scan, and physicians then have to rely on clinical examination alone to decide which course of action to take.

Language and cultural differences can then become a huge impediment to non-Western European patients receiving time-critical treatment in Western European hospitals, Scala explained.

“When a CT scan is negative for stroke, it’s challenging to know if the patient has stroke based on clinical judgement alone when there are language issues or other cultural biases,” she said. “It is already difficult to interpret symptoms of stroke such as speech disturbances. Non-Western European patients will have more problems to receive treatment.”

While racial inequalities in access to healthcare and stroke treatment have been well documented in the United States, no similar research had been conducted in Europe so far.

“Data concerning unequal healthcare access of acute stroke patients based on ethnicity or race were inconclusive in Europeans,” she said. “Our study highlights how these inequalities also exist here. The problem is not only due to having or not having a universal insurance system.”

Furthermore, racial and ethnic subgroups that are used in the U.S. do not reflect European reality. “Europe tends to ignore these problems. Racial and ethnic categories are not formally defined here, as they are in the U.S., but there is certainly systemic racism towards non-Western Europeans,” she said.

Racial and ethnic disparities in healthcare are a challenging issue in universal healthcare systems, and they should be addressed promptly through measures such as campaigns to educate healthcare personnel and the 24-hour availability of interpreters, she concluded.

**ENDS**

**Notes to Editors:**

This press release is about the Oral Presentation ‘Ethnic Differences in Access to Care and Treatment in Patients with Suspected Acute Stroke: a Retrospective Cohort Study’ presented at EAN 2024 ([link](#))

A reference to EAN 2024 or the 10th Annual Congress of the European Academy of Neurology must be included when communicating the information within this press release.

**Press Enquiries:**

For further information or to speak to an expert, please contact Simon Lee at [press@ean.org](mailto:press@ean.org)

**About the Experts:**

Dr Irene Scala is a neurologist and the project manager of the National Virtual Institute of Cerebrovascular Diseases at the Gemelli Foundation, Rome, Italy.

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## PRESS RELEASE

**Embargoed: 00:01 EEST, Sunday, 30 June 2024**

### **Parental Smoking Increases Risk for Multiple Sclerosis, Multinational Study Shows**

- Exposure to maternal smoking during pregnancy and parental smoking at an early age may increase the risk for developing multiple sclerosis (MS) later in life.
- Study sheds light on a less documented aspect of the risk of developing MS due to smoking exposure.
- 2.9 million people worldwide suffer from MS, an autoimmune disease that causes disability and affects mainly young adults, especially women.

**HELSINKI, FI, June 30, 2024 (EAN)** — Selective exposure to parental smoking at an early age may differentially increase MS risk in the general population, according to a study that will be presented on Sunday, 30 June at EAN 2024, the 10<sup>th</sup> Congress of the European Academy of Neurology (EAN) in Helsinki, Finland.

Using the data collected within the Environmental Risk Factors In Multiple Sclerosis (EnvIMS) study, a large multinational case-control population-based study, researchers investigated the association between MS and smoking habit, maternal smoking during pregnancy and maternal or paternal smoking in Canadian, Italian, and Norwegian populations.

An association between MS and maternal smoking during pregnancy and maternal smoking was observed among Norwegians. A tendency for paternal smoking to be associated with MS was found among Canadians, while no significant association to parental smoking was detected in the Italian population.

“Selective exposure to parental smoking at an early age may differentially increase MS risk in the general population and independently from the subject’s past or current smoking habit,” said Caterina Ferri, a neurologist and researcher from the University Hospital of Ferrara, who led the study which will be presented at EAN 2024 in Helsinki.

However, the absence of an association between MS and past exposure to parental smoking in some populations may reflect its smaller effect on MS risk compared to other factors, she added.

“There are a lot of genetic and environmental risk factors that interact with each other in MS. It is a complex interplay,” she explained. “The timing of exposure to environmental factors, for example breastfeeding or infections such as mononucleosis, is also important. During the early stages of life, an infection can be protection, but later in life it can be a risk factor.”

MS is an inflammatory, demyelinating disease of the central nervous system the onset of which typically occurs in people aged between 20 and 40. The disease can also develop



earlier in life during childhood or later in people older than 50.

“The susceptible period is believed to be in the early stages of life, because the immune system is still developing in that phase. So endogenous factors may affect its development,” Ferri said.

### **New Results on Risk Factors and Patient Prognosis**

While active smoking is a known risk factor for MS development and poor prognosis, the impact of past exposure to parental smoking, including maternal smoking during pregnancy, had not yet been properly defined.

“We wanted to study if parental smoking could be associated with MS status because knowledge in this field is scarce,” Ferri said. “If you compare two studies that have recently been published on maternal smoking during pregnancy, they say the opposite. One says there is no association, while the other concludes that children of mothers who smoked had a higher risk of developing MS. It is confusing.”

Research must distinguish between maternal smoking that happens in the prenatal phase, and parental smoking, which is passive smoking during childhood.

“It is hard to investigate this field,” she said. “Another factor to be considered is that if your parents smoke, you are more predisposed to becoming a smoker, which affects per se the risk of developing MS. So, there is a lot of confounding in this kind of study if you do not adjust the results. You may find results that do not reflect the reality.”

Future research should continue to explore MS risk factors, but also patient prognosis, she believes. “Environmental exposure may affect not just the risk but also future disability of the patient.”

Association with parental smoking needs to be investigated further, as other fields of medicine suggest that exposure to parental behaviour may affect the child’s risk of developing non communicable diseases, such as diabetes and cardiovascular diseases.

“It’s a new concept that has never really been applied in multiple sclerosis, especially prenatal - intrauterine or preconception - exposure. It could be interesting to explore this field,” she concluded.

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*EnvIMS is a large multinational case-control population-based study resulting from the collaborative efforts of researchers in Italy, Norway, Canada, Serbia and Sweden and is funded by the Italian and Canadian MS Foundations and academic and health institutions in Italy, Norway and Canada.*

**ENDS**

**Notes to Editors:**

This press release is about the Oral Presentation 'Parental smoking exposure and risk for multiple sclerosis among adults: the EnvIMS study' presented at EAN 2024 ([link](#))

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**About the Experts:**

Caterina Ferri is a neurologist and researcher at the University Hospital of Ferrara, Italy

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## PRESS RELEASE

**Embargoed: 00:01 EEST, Saturday, 29 June 2024**

### **People with Epilepsy Are Less Likely to Find a Job in the EU**

- A study looked at unemployment and underemployment rates among people with epilepsy in five European countries over 65 years.
- Unemployment rates were found to be up to two or three times higher than the general population.
- The study is part of a three-year project to improve inclusion of people with epilepsy in the job market.

**HELSINKI, FI, June 26, 2024 (EAN)** — Unemployment and underemployment are more common among people with epilepsy in Europe, despite good seizure control, according to work that will be presented on Sunday, 30 June at EAN 2024, the 10<sup>th</sup> Congress of the European Academy of Neurology (EAN) in Helsinki, Finland.

International researchers made a systematic review of epilepsy and employment, selecting 55 articles from 1958 to 2023 in Bulgaria, France, Germany, Ireland and Italy.

Authors found that unemployment rates ranged from being similar to the general population, to being up to two or three times higher than the general population. Above all factors, seizure control and employers' attitudes contributed the most to unemployment, according to Flavia Narducci, a neurologist and PhD student at Bio-Medico Campus University of Rome, Italy, a co-author of the study.

“The most important reasons are external,” she said. “Employers’ attitudes and unsupportive family environment are determinant in whether an individual can find a job or not.”

There is a widespread misconception towards epilepsy, she added. “The literature shows that employers think that absenteeism and accident rates are higher in people with epilepsy, which just is not true,” she said. “We find similar rates of incidents and accidents not related to seizures between people with epilepsy and without epilepsy.”

Unemployment rates in people with epilepsy (PwE) were 7.9% in Italy, 6.7% in Ireland, 8.5% in France, 15% in Germany, and 9% in Bulgaria. Fully employed PwE represented 42.9% of PwE with a job in Italy. This rate was higher in Ireland (53%) and Bulgaria (47.9%), and lower in France (31.7%) and Germany (40%).

A significant number of people with epilepsy chose not to reveal their condition, probably due to existing stigma. Narducci identified regional differences in the disclosure rate.

“In Italy, 24.2% of people with epilepsy did not disclose their condition, whereas in Bulgaria 48.5% did not, so almost double,” she noted.

### **Boosting the Inclusion of People with Epilepsy**

Awareness in the workplace about epilepsy and management or prevention seizures tends to be low. Narducci’s study also asked higher education institutions about their knowledge and attitudes about the condition. Although most individuals correctly defined epilepsy as a neurological disorder that is treatable in most cases, most respondents said they did not know how to give first aid.

There are simple things employers can do to help make the workplace a seizure-free environment, she explained.

“Today you can live with no seizures with the appropriate treatment, and sometimes it is just a matter of accommodation,” she said. “For example, you can adjust triggering factors, such as flickering lights that could provoke a seizure. Employers could very easily fix triggering factors so that staff with epilepsy do not get seizures.”

Employers could also accommodate work schedules in order to prevent seizures, by, for instance, avoiding night shift work, as sleep deprivation is a well-known triggering factor.

The study is part of a wider European project, called EpilepsyPOWER, that aims to improve workplace inclusion of PwE, notably by establishing a certification that employers can obtain to show they are inclusive.

The team will be developing learning modules both for people with epilepsy—to help them prepare for a job interview and boost their application—and institutions, to help them improve their knowledge of epilepsy and social aspects of the disease.

“We want to help spread a culture of inclusion and fight marginalisation of these people in the workplace, allowing them to attain appropriate employment,” she concluded.

**ENDS**

### **Notes to Editors:**

This press release is about the Oral Presentation ‘EpilepsyPOWER a project to favor inclusion of People with Epilepsy in workplaces’ presented at EAN 2024 ([link](#))

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**About the Experts:**

Flavia Narducci is a neurologist and PhD student at Biomedical Campus University of Rome, Italy

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