PP1090
Adherence to stroke treatment pathway reinforced by stroke education program
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PP1091
Telemedicine: is tele-EEG, tele-electrophysiology and telecytology possible: a feasibility study
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PP1092
Biomedical ethics in Russian neurology: successes and problems
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PP1093
Cognitive, extrapyramidal and proprioceptive dysfunction after glyphosate: surfactant herbicide exposure
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PP1094
Knowledge and awareness regarding Parkinson’s disease in general population: truth and prejudice
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PP1095
Impact of the implementation of the European Working Time Directive in burnout levels of trainee neurologists: longitudinal study
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PP1096
Awareness about pain management in Greece
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Headache and pain 1

PP1097
Efficacy of Botulinum toxin-A treatment in chronic migraine: First middle east experience
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Introduction: BoNT-A is approved for prophylactic treatment of CM. We aimed to assess the efficacy and safety of Botulinum toxin-A (BoNT-A) in the treatment of chronic migraine (CM)

Methods: This open-label prospective study included 40 CM patients. Each patient received 100 units of BoNT-A following fixed site fixed dose protocol. Patient’s headache was assessed by their headache diary and recording Headache Impact test (HIT-6) at baseline and 4th, 8th and 12th weeks following BoNT-A injection. Adverse events (AEs) were monitored. For willing patients, BoNT-A injection was given and they were assessed at 3 months interval.

Results: After BoNT-A treatment, there were reduction in all parameters (headache frequency and severity, analgesic consumption and HIT-6 score) by 35–40 % at 4th weeks, 41–45 % at 8th weeks and 39–42 % at 12th weeks post treatment. At 4th week, 62.5 % of patients achieved good response while, 37.5 % indicating no alteration in their headache frequency and severity. At 8th weeks and 12th weeks post treatment 30, 25 %, respectively, were found to have no response to treatment. Five patients (12.5 %) experienced mild and short lasting AEs. There was 60–70 % improvement of variables after repeated injections.

Conclusions: BoNT-A is effective and well tolerated therapy in the prophylaxis of CM.

Disclosure: Nothing to disclose.

PP1098
THE rs1835740 variant on 8q22.1 in episodic and chronic migraine
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Introduction: The first genome-wide association study (GWAS) has identified the migraine susceptibility variant rs1835740. The rs1835740 variant has no significant influence on the clinical expression of migraine with aura and migraine without aura. rs1835740 is possibly involved in glutamate homeostasis, which plays a crucial role in migraine chronification. The aim of the study was to evaluate the rs1835740 variant prevalence in episodic and chronic migraine

Methods: 143 patients with migraine (ICHD-III-beta criteria, 2013) were included; all those patients applied to specialized University headache clinic in Moscow region. 97 patients had episodic migraine (EM), 46 had chronic migraine (CM). The age of patients was 41.5 ± 12.5 years. DNA was prepared from blood samples using Magna DNA Prep 200 kit (Isogene Lab. Ltd, Russia). Real-time PCR allele discrimination was performed with the qPCRmix-HS kit (Evrogen, Russia). Primers and probes were synthesized by DNA Synthesis, LLC (Russia). Amplification, detection, and data analysis were performed with a CFX-96 real-time detection system (Bio-Rad, USA).
Results: The prevalence of CC genotype of rs1835740 was 78.5% in EM and 79.6% in CM, p = 0.8; the prevalence of CT genotype was 20.3% in EM patients and 20.5% in CM patients, p = 0.9; the prevalence of TT genotype 1.3% in EM and 0% in CM, p = 0.4.

Conclusions: We did not observe significant difference in the rs1835740 variant prevalence among patients with episodic and chronic migraine. We noticed possible lower prevalence of the rs1835740 variant prevalence among patients with episodic and chronic migraine. We noticed possible lower prevalence of the rs1835740 variant in Russian migraine patients compared with those in West-European population.

Disclosure: Nothing to disclose.

PP1099
Is oral lornoxicam effective in the treatment of acute migraine attacks? A randomized-controlled study
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Objective: To evaluate the effectiveness of lornoxicam (LNX) in the treatment of acute migraine attacks in adults.

Materials and methods: Forty-four volunteers suffering from acute migraine attacks without aura were enrolled in a prospective, randomized, double-blind, placebo-controlled study lasting equally to the time needed for the occurrence of 4 attacks. Patients were asked to take orally one of the tablets from the blister (Placebo/LNX) given for the study and one more tablet if the headache persisted for three hours. Maximum two tablets per day were allowed. If the headache persisted despite the use of the two tablets, eletriptan 40 mg was permitted at least an hour after the second tablet. The severity of headache was evaluated before taking the drug and afterwards at the 15th, 30th, 60th, and 90th min and at the 2nd, 3rd, 6th, 12th, and 24th h with a yes/no questionnaire. Satisfaction was assessed with a rating system of 5 points (1–5).

Results: Thirty-three placebo and 87 LNX tablets were depleted for a total 120 number of attacks. No tablets were taken for the rest 56 attacks. No statistically significant differences were found between two groups regarding both the severity of pain and treatment satisfaction. In the LNX group, drug related dizziness (n = 1), stiff neck (n = 1), fatigue (n = 1) and suspicious drug related fever (n = 1) and epilepsy seizure (n = 1) side effects were observed.

Conclusion: No significant differences regarding safety and effectiveness in treating acute migraine attacks were found between the LNX and placebo groups.

Disclosure: Nothing to disclose.

PP1100
A case of migraine with aura presenting transient visual field loss in visual field test
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Introduction: Migraine with aura accounts for 10% of all migraine cases and more than one third of migraine patients have visual symptoms. Aura symptoms are difficult to be detected with laboratory methods. In the literature, aura detected by laboratory methods are rare. We present a case of migraine with aura presenting with visual aura which then confirmed by visual field test.

Case report: A 21-year-old female patient applied for the complaints of pulsatile, severe headache and blurred vision. She had headache for a long time and a family history of migraine. In the examination, no abnormality except for left homonymous hemianopsia. Left homonymous hemianopsia was detected in visual field test (Figure 1). Visual field test repeated on the third day following disappearance of pain was found to be normal (Figure 2).

Conclusions: The pathophysiology of migraine with aura has been subjected to several studies, but a well-accepted mechanism hasn’t been established yet. Various opinions have been proposed and some of them have been partially confirmed. However, most of the views put forward are based on cortical spreading depression described by Leão. Why the characteristics of aura differ from attack to attack and why pain is localized unilaterally/bilaterally? Similar questions remain unanswered. We are of the opinion that identification of aura symptoms with laboratory methods in such way that is more objective and evaluation of these findings with the characteristics of resulting pain would make contribution to the better understanding of the pathophysiology of migraine in the future.

Disclosure: Nothing to disclose.

PP1101
Lacosamide as a therapeutic option in a refractory cranial neuralgia: results in a series of 20 cases
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Introduction: Lacosamide is a third-generation antiepileptic drug that enhances slow inactivating state of voltage-gated dependent sodium channels. It has been proposed to be useful in the management of neuropathic pain and has been used in small series or isolated cases of cranial neuralgia. We aimed to evaluate its effectiveness in a series of patients with cranial neuralgia refractory to treatment.

Methods: Patients attended in two outpatient headache offices in tertiary hospitals (January 2013–January 2014). Cranial neuralgias diagnosed accordingly to ICHD-III criteria. We have offered lacosamide treatment to patients unresponsive to at least two oral