

# November in Monaco

*Deux choses sont simples: raconter le passé et prédire l'avenir. Y voir clair au jour le jour est une autre entreprise.<sup>1</sup>*

The tradition of the European Academy of Childhood Disability (EACD) suggests that I write an editorial for this issue about trends, prospects, and priorities. The quote above, from the delicious Armand Salacrou, makes me humble in this task.

Progress in molecular genetics has somewhat reduced the prevalence of preventable genetic diseases, transforming our clinical life. Too many publications in this field are predominantly 'inventories', generating as much confusion as help. In addition, many genetic laboratories that store results and DNA samples, keen to protect their own research interests, avoid robust exchanges with paediatric neurologists and other therapists wanting to produce timely answers for patients. We need to support common interests and investments of paediatric neurologists, molecular geneticists, and paediatric metabolicists in clinical, teaching, and research departments. We also need to work with molecular geneticists to develop information tools on paper and on the internet. All therapists, including non-medical colleagues, face genetic questions from patients and their parents and need to receive appropriate training and continued education about genetic aspects of neurological disorders.

Neuroprotection in early life gradually became a hot topic after Bengt Hagberg and a few others challenged the belief that there was no limit to artificial neonatal care. Research has been carried out into neuroprotection by several groups, including our own.<sup>2</sup> Progress has been achieved in reducing the NMDA (glutamate receptor) excitotoxic cascade triggered by cytokines and by toxic agents, and reducing overexcitation of the AMPA/kainate oligodendroglial pathways. Hypothermia is under evaluation. Prevention of neurological damage through avoidance of futile and abusive practices in artificial continuation of life made significant progress but remains quite variable and reflects the complexity of the question as well as cultural, legal, and ethical variations. In the mid 60s, the late Corneille Giurgea introduced the concept of neuroprotective medications, first in a patent (UCB, Brussels, Belgium) and later in research papers.<sup>3</sup> Since this seminal contribution, clinical applications of neuroprotective medications in early life have developed extremely slowly, even though we have promising agents which could be tried, probably without danger, for a few hours after initiation of a neonatal excitotoxic cascade.

Early intervention and early diagnosis are another crucial aspect of neuroprotection in early life. Integration of the 'tonus' maturation of André-Thomas, the empathic examination of Ronald Mac Keith, the 'liberated motricity' of Albert Grenier and Claudine Amiel-Tison, the clinical approach of Richmond Paine, and the difficult but very powerful Prechtl's Method on general movements<sup>4</sup> remains a research and teaching priority. Neurological prognosis, based upon clinical signs, sophisticated

imaging, and other methods, is sometimes difficult in early life but is much needed for early intervention and parental counselling.

Inclusion in mainstream schools and the practice of paediatric rehabilitation and neurology are significantly different on each side of the Atlantic, and somewhat different on each side of the English Channel and between countries of the EU. Equilibrium between psychodynamic and biological aspects remains a subject for debate, fuelled by frequent oversimplification of the biological constraints of human behaviour. Money allocation and its management are strong factors to support the well-being of children and adults with special needs. Research is crucial to avoid technocratic deviations and to provide protection against routines, oversimplifications, political deviations, and fallacious evaluations. Different systems have been built and are operated in regions and countries of the EU. As examples, the Italian 'anti-special-school' system, the Belgian 'overspecialized' system, the Swedish integrated approach, and the 'elitist' French system, coexist. Human and scientific comparison between these systems is one of the best tools for future evaluation of outcomes and for decision making and planning.

The programme of the next meeting of the EACD which will be held in Monaco, 19–22 November 2005, is available on the EACD website ([www.eacd2005.org](http://www.eacd2005.org)). Among others, the above trends, prospects, and needs will be discussed. The programme is focused on all fields of treatment of children and adolescents with disabilities, with a special effort to present new therapeutic advances and tools and to enhance the dialogue between different therapists, physicians, and non-physicians. This time, the dialogue with associations of patients and parents will be especially rich with satellite symposia.

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## References

1. Salacrou A. (1937) *La Terre est Ronde*. Paris: Gallimard. (In French)
2. Husson I, Mesplès B, Bac P, Vamecq J, Evrard P, Gressens P. (2002) Melatonergic neuroprotection of the murine periventricular white matter against neonatal excitotoxic challenge. *Ann Neurol* 51: 82–92.
3. Giurgea C, Lefevre D, Lescrenier C, David-Remacle M. (1971) Pharmacological protection against hypoxia induced amnesia in rats. *Psychopharmacologia* 20: 160–168.
4. Einspieler C, Prechtl HFR, Bos AF, Ferrari F, Cioni G. (2004) *Prechtl's Method on the Qualitative Assessment of General Movements in Preterm, Term and Young Infants*. *Clinics in Developmental Medicine No. 167*. London: Mac Keith Press.