



Congress Interviews

EMJ had the pleasure of speaking with Elena Moro, European Academy of Neurology (EAN) President (2024–2026), and incoming President Kailash Bhatia, reflecting on a meeting shaped by advances in AI and computational neurology, alongside continued collaboration across the field. They discuss EAN initiatives spanning national and international partnerships, including the Brain Health Mission and the Diversity, Equity, and Inclusion in Neurology panel that Moro helped established. Bhatia also shares his perspective on advances in movement disorders, and his vision for the future of neurology under his presidency.

Featuring: Elena Moro and Kailash Bhatia



Elena Moro

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Q1 As the European Academy of Neurology (EAN) President, one of your key priorities has been brain health, spanning public engagement, education, and advocacy initiatives. What do you think has been the most meaningful shift in how brain health is understood or discussed today compared with when you began your presidency?

During my presidency, together with my Board, I built upon the work carried out by my two predecessors, Claudio Bassetti, University of Bern, Switzerland, and Paul Boon, Ghent University, Belgium. I believe that during these last 2 years, the initiatives undertaken by the EAN at a national level with the national neurological societies, and at an international level with the Brain Health Mission, the European Brain Council (EBC), the European Psychiatric Association (EPA), the WHO, and other partner societies, have helped improve

understanding of the concept of brain health and have led to several practical initiatives in prevention, advocacy, research, and education. As an example of this EAN work, last March, 43 national neurological societies signed the Brussels Neurology Declaration in Europe, a collaborative engagement to address, within the next 10 years, the seven most relevant priorities that neurology is facing in Europe. In this common strategic plan, brain health is the first priority on which the 45,000 neurologist members of the EAN will focus.

“43 national neurological societies signed the Brussels Neurology Declaration in Europe”

Q2 The Strategic Research Agenda was developed in response to the mismatch between the enormous burden of neurological disease and the resources devoted to understanding it. The agenda identified headache and pain, Alzheimer's disease, epilepsy, and sleep-wake disorders as particularly high priorities. Why have some of these conditions remained comparatively under-recognised despite their substantial impact on patients and health systems?

The answer is very complex. First, many neurological disorders, especially neurodegenerative ones, have pathogenetic mechanisms that are still not fully understood, and this is the main reason why it is difficult to find effective treatment or cures for them. Moreover, a considerable amount of financial support for education, research, and care should be constantly invested, and this is not the case in several European countries. However, thanks to the brain health campaign, Europe has recently increased funding for research in neurology (the Brain Health

Partnership), although still not enough. To further advance research, Europe also needs to encourage the adoption of new technologies by reducing the huge and discouraging administrative burden, and support data sharing among researchers, which remains nearly impossible, even within individual countries.

Q3 Under your presidency, EAN established the Environmental Influences in Neurology Task Force. Climate change is often discussed in respiratory or cardiovascular health, but much less in neurology. What do you think neurologists still underestimate about the relationship between the environment and neurological disease?

Indeed, neurologists have only recently paid attention to the environmental influences on several neurological disorders. One of the main reasons has been the difficulty in measuring the real contribution of pollution, climate change, pesticides, microplastics, and ultra-processed food to the pathogenesis of brain and

nervous system disorders. Today, this is easier to study thanks to technological and epidemiological advances. Therefore, several studies have recently unveiled the potentially significant impact that the environment has on the pathogenesis and management of several neurological disorders.

Q4 As co-chair of the EAN Gender and Diversity Issues in Neurology Task Force, you have highlighted that conditions such as stroke and Parkinson's disease can differ significantly across sex and gender. How well is neurology currently accounting for those differences in research and clinical practice, and where do the biggest gaps remain?

Indeed, several years ago, I established the Gender and Diversity Task Force in neurological disorders (which has now evolved into the EAN Coordinating Panel for Diversity, Equity, and Inclusion in Neurology) because I realised that neurologists are often not aware that symptoms, disease severity, response to treatment, access to care, and overall management can



greatly differ in women compared to men. This lack of knowledge can have a relevant impact on the way we manage and treat people living with neurological disorders. As neurologists, we need to personalise the care of our patients if we want to be effective. To give a practical example, women with Parkinson's disease develop dyskinesia much more frequently and more severely than men with Parkinson's disease. Knowing this, neurologists should use lower doses of levodopa or propose alternative treatments.

Q5 This year's Congress theme is 'Brains, Bytes & Beyond: Tech in Neurology'. While some areas of neurology have embraced digital technologies, biomarkers, and AI, others have progressed more slowly. Which parts of the field are at greatest risk of being left behind by this technological transformation and why?

Theoretically, rare neurological disorders can be at risk of benefiting less from technological

transformation, since new technologies need big data and financial investments. On the other hand, rare neurological disorders need technology to improve understanding and treatment. Looking at recent progress, I believe that all subdisciplines in neurology will ultimately benefit equally.

Q6 As you prepare to hand over the presidency to Kailash Bhatia, University College London, UK, which achievement are you most proud of, and which unfinished priority do you most hope the next leadership team will continue to advance?

Besides the work I initiated in the field of gender and diversity in neurology, I am particularly proud of the work carried out together with the national neurological societies, which has culminated in the Enhancing Neurology in Europe project and the Brussels Neurology Declaration in Europe. This project will be finalised under the new EAN Board. I am also proud to have

further strengthened the EAN's relationship with the EBC, EPA, and British Medical Association (BMA). We have also established a neuroethics group to better address many new ethical issues in clinical practice and research, and we have initiated a project to develop neuro-public health for neurologists. I am confident that the new EAN leadership will continue to further develop these important initiatives.

