

RAPPORTEUR'S REPORT FOR THE 8TH ANNUAL SCIENTIFIC CONFERENCE AND ANNUAL GENERAL MEETING

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Conference Date: 24th October 2025.

Location: Hotel Africana, Kampala-Uganda.

Theme: From symptoms to system: Bridging the neurology gap.

1. EXECUTIVE SUMMARY

The 8th Annual Scientific Conference & AGM brought together over 100 scientists, physicians, physicians-in-training, policymakers and practitioners mainly from Uganda as well as attendees from across the globe. The main theme of the conference revolved around bridging the gap of neurological care in Uganda, with emphasis centred around recent advances in management of stroke, epilepsy and neurological infections. The conference featured keynote addresses from accomplished neurologists, physicians, expert clinicians and policy makers as well as research abstract presentations, panel discussions, and poster presentations with participants showcasing innovative research to solve clinical challenges pertaining neurological care in Uganda.

The guest of honour was Dr. Rony Bahatungire, the commissioner for clinical services at the Ministry of Health, Uganda. The conference was concluded with the Association of Physicians of Uganda annual general meeting where committee members who will champion the activities of the association for the next two years were elected. The conference emphasized; the urgent need for expanded neurology training programs, greater investment in diagnostic infrastructure such as EEG, EMG, MRI etc., translation of Ugandan clinical research into practice and policy and Physician wellness and mental health as critical to sustaining professional performance. This report summarizes the key insights, discussions, and outcomes from the sessions attended at the conference.

2. OPENING & WELCOME REMARKS

The President of the APU, Dr. Lydia Nakiyingi, welcomed the guest of honour, invited guests and delegates to the conference. She highlighted the importance of this year's neurological focus and the need to bridge the gap between clinical practice, academic research, and policy. She thanked the organizing committee for working tirelessly to ensure that this conference would be a success as well as the sponsors for their support. She encouraged and welcomed everyone to enjoy the insightful sessions, have excellent deliberations, gain knowledge and new ideas, create successful collaborations & networking, and get re-energized passion. The event was officially opened by APU executive committee and attended by leaders from the Ministry of Health, Makerere University College of Health Sciences, the Uganda Medical and Dental Practitioners Council (UMDPC), and doctors from Uganda and beyond.

3. KEYNOTE ADDRESS – DR. RONY BAHATUNGIRE, COMMISSIONER-CLINICAL SERVICES, MINISTRY OF HEALTH

Dr. Rony Bahatungire highlighted the heavy burden of neurological disorders, which account for about 43% of disability-adjusted life years in the global NCD spectrum. He called for an integrated public health approach addressing both communicable and non-communicable causes of neurological disability. He emphasized the inequities in access to neurology services, limited availability of diagnostics, and shortage of super-specialist doctors in Uganda. He challenged physicians to engage in policy-relevant research and ensure findings inform national health strategies rather than remaining unpublished academic exercises. He also commended APU's leadership in professional education and re-iterated governments' support, through the Ministry of Health, in specialist training programs, creating conducive work environment and setting up a robust health care system tailored to addressing the needs of the population.

4. UMDPC PERSPECTIVE

Dr. Kisule Ivan, representing the UMDPC, provided national workforce data; Uganda has 110,175 registered doctors but only 298 physicians and just 5 neurologists. He emphasized the need to expand fellowship training sites and strengthen partnerships between APU, UMDPC, and academic institutions. He also addressed the issue of 'fitness to practise' and the management of impaired doctors, highlighting the council's evolving policy on balancing accountability with empathy. UMDPC is committed to supporting APU's initiatives for accreditation of more super-specialist training sites.

5. SCIENTIFIC SESSIONS

Key insights and discussions from sessions at the conference are summarized in the table below;

SESSIONS	PRESENTATION	PANEL DISCUSSION & OUTCOME
1: Stroke: Guideline Updates	<p>Chair: Dr. Morris K Rutakingirwa</p> <p>Time: 9am – 11:45am</p> <p>Welcome remarks to the conference were given by Dr. Ezra Nnunda, who thanked the sponsors, delegates present and the APU scientific committee for organizing this conference. He invited the members to have fruitful discussions, and networking during the conference.</p> <p>Dr. Ogwal Emmanuel presented a clinical case that highlighted a patient with haemorrhagic stroke who necessitated neurosurgical intervention. This clinical case highlighted the importance of swift multidisciplinary care that is necessary to achieve good outcomes in patients presenting with neurological emergencies and set a good baseline for the rest of the presenters.</p> <p>Dr. Andrew Peter Kyazze gave a presentation about recent advances and evidence-based practices for stroke diagnosis and management; he highlighted key advances in regards to stroke diagnostics, thrombolysis, thrombectomy, timing of anticoagulation in patients with ischemic stroke and atrial fibrillation, and highlighted indications for neurosurgical intervention for patients with stroke.</p> <p>Dr. Joel Kiryabwire invited Dr. Micheal Ogwal, a neurosurgeon, who gave a keynote presentation about 'when a patient with stroke needs a neurosurgeon'. He highlighted the importance of neurosurgical interventions in improving outcomes for carefully selected eligible patients with stroke and expounded on why the timing of the intervention is critical.</p> <p>Mr. Derrick Mugisha presented his paper on 'AI-supported community stroke risk screening'. His work showed how one can use routine patient data to develop a locally-adapted tool that can predict who is at a higher risk of stroke in the community, emphasizing how clinicians can better utilize technology for prevention of disease.</p> <p>Dr. Anthony Bamwine presented work on hypertension in Uganda. This work is spearheaded by Prof. D'Arbela and is about long term outcome and follow up and outcomes of patients with hypertension at Nsambya hospital; he highlighted how hypertension control is poor in nearly 20% of the patients and nearly 30% have had a complication of hypertension in 5 years of follow up with heart failure being the most common complication encountered in this cohort of patients.</p>	<p>The discussion centered around the prevention and critical management decisions for a patient with stroke; Dr. Jane Nankabirwa inquired whether there is recent data about whether a high HDL is predictive for development of stroke. The panellist, Dr. Andrew Kyazze attested that HDL is traditionally known for being protective against cardiovascular outcomes, rather than it being predictive for development of stroke when it is high. However, subgroup analyses of local data have shown this trend.</p> <p>The discussion then centred around the benefit of citicoline in patients with stroke; the panellist advised that although it had a neutral effect observed in the ICTAL trial, subgroup analysis demonstrated benefit among patients who did not receive thrombolysis, with NIHSS score > 15 and in whom it had been initiated within 48 hours of the event. Dr. Davis Kibirige inquired about the available stroke imaging diagnostics currently in Uganda with the consensus being that although multi-model imaging is available, perfusion imaging is not currently available. This is thought to be a software problem with a few centres currently having the necessary hardware to do it and there is hope it will be available in the near future.</p> <p>A few delegates inquired whether/how thrombectomy for ischemic stroke is actually performed with the panellist guiding that is an endovascular procedure that carries lower risk compared to chemical thrombectomy and advised that we should work towards attaining more expertise to carry out this procedure in the country. He further guided that physicians should always request for brain imaging to assess progress in patients with strokes.</p> <p>Dr. Mugerwa Oscar raised the issue of using anti-seizure prophylaxis among patients with stroke; the panellist guided that this is not backed up by data/evidence but it's because of our local environment; response time following a seizure, presence of health personnel on ward etc are all metric where we score quite poorly, so it's imperative we prevent the seizure in at-risk patients.</p>
	Following the panel discussion, the session ended with a sponsored talk by Dr. Davis Kibirige, who presented the use of tamsulosin and dutasteride in management of BPH. This presentation was sponsored by Megalife Science .	

Stroke: Guideline Updates	<p>Dr. Violah Nahurira presented an intriguing case of a middle-aged male patient with diabetic amyotrophy, a plexopathy. This patient did present in diabetic ketoacidosis and proceeded to develop paraplegia while on ward. This case highlighted the interesting interaction between metabolic derangements and neurological disease. The question of whether steroids are useful in patients with this condition remains unanswered. Despite anecdotal evidence from a small RCT showing that steroids improve pain in patients with amyotrophy, the patient presented did not show significant improvement and remained with residual weakness.</p> <p>Dr. Salvatore Semanda presented salient clinical pearls about myasthenia gravis, a neuromuscular disease. He highlighted the presentation, diagnostic work up, treatment and complications of the disease; emphasizing the importance of making a distinction between a cholinergic and myasthenic crisis and how to prevent them.</p> <p>Dr. Nyakake Juliet gave a presentation about advances in neuroimaging, she highlighted the improvements in ultra-strength MRI's, 3D isotropic imaging, diffusion tensor imaging, among others. She emphasized the use of AI in neuroimaging, molecular imaging and the use of neuroimaging in stroke.</p> <p>Dr. David Komaketch presented his abstract titled, 'Moderate-severe symptomatic extra-cranial carotid stenosis and related mortality in south-Western Uganda'. In this prospective study, he found that 15% of patients admitted with ischemic stroke at a tertiary health facility had moderate-severe carotid stenosis, and unfortunately 38% of these patients died within 3-months of follow up. This study emphasizes the importance of doing standard duplex ultrasonography for all patients with ischemic stroke and gives a strong background to develop capacity in our setting to do carotid endarterectomy.</p>	<p>The discussion centred around findings from Dr. Komaketch's study; Dr. Gyavira Makanga inquired about the characteristics of patients that were enrolled in his study whereas Prof. D'Arbela inquired whether routine history and physical examination was obsolete in determining carotid stenosis, do we need to wait for someone to get a TIA or stroke before we can assess their carotid?. The panellist expounded that the current international guidelines all recommend against screening for asymptomatic disease, whether by clinical evaluation or imaging; this is because surgical management options are only reserved for moderate-severe disease. Furthermore, the panellist highlighted that the patients enrolled in the study were mainly older females with hypertension and diabetes comorbidities which likely contributed to the development of carotid stenosis.</p> <p>Whether steroids would improve outcomes in patient with diabetic amyotrophy was another centre of discussion, this was raised by Dr. Jumba Moses. The panellist explained that routine medications for neuropathic pain are the first-class recommendation for these patients, however, IVIG and plasmapheresis have all shown promise as per data from small clinical trials. Although steroids are also touted to reduce pain in this condition, evidence for their use is scanty.</p> <p>The role of plasmapheresis in the management of myasthenia gravis was also extensively discussed, with the panellist attesting that it is only recommended in patients with myasthenic crisis.</p>
	<p>Following the panel discussion, the session ended with a sponsored talk by Dr. Orionga Moses, whose presentation tackled the role of vitamin B12 deficiency in stroke. This presentation was sponsored by Troikaa pharmaceuticals.</p>	
OPENING CEREMONY Chair: Dr. Henry Ddungu Time: 12: 20pm – 2:30 pm	<p>The session commenced with opening remarks from the president of the association of Physicians in Uganda, Dr. Lydia Nakiyingi; who was overwhelmed by the attendance and thanked all the delegates present. She also led a vote of thanks to the presenters, the sponsors of the conference, the invited guests, and the executive committee that worked tirelessly to ensure this conference was a success. Lastly, she expounded on why neurology was chosen as the theme of this year scientific conference; citing the growing burden of stroke in our setting and the opportunity to halt this trend.</p> <p>The key note speech was delivered by Prof. Musisi Seggane and was centred around self-care and management of burnout among Physicians. He cited the increasing lower life span of physicians in Uganda, emphasizing that stress, in whatever form, significantly contributes to this. His rejuvenating and</p>	N/A

	<p>enlightening talk highlighted the top causes of stress among Ugandan physicians and expounded on how doctors in general can prevent/avoid them.</p> <p>In his speech, the guest of honour, Dr. Rony Bahatungire, thanked and appreciated the efforts of the organizing committee who had made this conference a success. He also highlighted the commitment and role of the ministry of health in training medical specialists in Uganda who are vitally crucial due to the growing burden of both communicable and non-communicable diseases. He implored the delegates to take a front seat in shaping healthcare systems in Uganda to be cognisant of the needs of the people it serves, citing how patients with neurological disorders often present with complications and have limited access to physiotherapy services. He further alluded to the fact that research about neurological diseases in our country is often done for complications and very little of this ends up informing policy. He thus requested the delegates to have a mindset change and start conducting research that is geared towards changing the narrative of practice in our country. He further alluded to governments commitment to train more super specialists in the country.</p> <p>Dr. Kisuale Ivan, a physician and deputy registrar of the Uganda Medical and Dental Practitioners council was called upon to give an impromptu speech. He thanked the organisers of the conference and highlighted how the country is struggling with few specialists; with only 298 registered physicians and a mere 5 neurologists. He thus encouraged the delegates to take up opportunities for super-specialization availed by the government. He also highlighted the available certified entities with programs for training super-specialists in the country, including UHI for cardiology, UCI for oncology among others.</p>
	<p>The session ended with a photo-moment with the guest of honour, invited guests and the delegates.</p>
<p>2: Infectious Neurology</p> <p>Chair: Dr. Oscar Mugerwa</p> <p>Time: 3:20-4:55 pm</p>	<p>Dr. Ahmed Ddungu presented an intriguing case of HIV associated neurocognitive disorder. The patient, a 45-year-old woman present with progressive cognitive decline and ataxia, with neuroimaging showing HIV-related leukoencephalopathy. Despite management, only mild improved was noted in terms of mentation and the patient's quality of life remained below-par. This case illustrates the life limiting complications that are common in older persons living with HIV.</p> <p>Dr. Nicholas Kulaba presented his abstract titled, 'systemic inflammation and oxidative stress with stroke mortality among patients admitted in a tertiary hospital in Uganda'. This prospective cohort study conducted at Mbarara RRH showed that elevated CRP and hyperglycaemia are strong predictors of early stroke mortality in our setting. This calls for integration of inflammatory biomarker testing in acute stroke management.</p> <p>Dr. Joseph Malesh presented his abstract titled, 'Incidence and predictors of drug resistant epilepsy at Mbarara regional referral hospital epilepsy clinic'. This study showed a high incidence of drug resistant epilepsy in our setting</p> <p>The delegates noted that there are limited diagnostics for CSF which hampers the diagnostic process and potentially contributes to poor patient outcomes.</p> <p>Prof. David Meya, the head of department of internal medicine, encouraged the delegates to join and support the centennial cerebrations of Makerere University College of Health sciences scheduled on 12th December with a goal to revamp the Davis lecture theatre. he argued that delegates should view this as giving back to the place that natured them into the physicians they have turned out to be. He implored delegates to contribute to this occasion by participating in a run, booking a place at a dinner table, among others.</p> <p>Panel discussion was cut short due to time.</p>

	<p>with late presentation, and family history of epilepsy being predictors for development of drug resistant epilepsy.</p> <p>Prof. David Meya gave a keynote presentation on rational approach to diagnosis and management of meningitis, highlighting what is new in this field. He emphasized the predominance of cryptococcus, as the most prevalent aetiology of meningitis in our setting, highlighted the emerging use of the semi-quantitative Crag LFA to determine the cryptococcal antigen titre, highlighted emerging TB diagnostics, stressed the emerging resistance to antifungal drugs, highlighted emerging novel antifungal drugs that could alter the paradigm of management of fungal infections, expounded on the critical importance of managing raised ICP in patients with cryptococcal meningitis, and emphasized the dysregulated inflammatory responses encountered in patients with meningitis, emphasizing how the focus should shift to determine which patients are in a hyperinflammatory state and need steroids versus those that are in a hypo-inflammatory state and need interferon.</p>	
<p>3: Epilepsy and Novel therapies</p> <p>Chair: Dr. Orionga Moses</p> <p>Time: 5:05-6:55pm</p>	<p>This session was followed by a presentation by Dr. Peter Senyonga, a paediatric neurosurgeon on the novel therapies of treatment of epilepsy sponsored by <i>Microlabs</i>.</p> <p>Dr. Francis Ssali presented a case that highlighted neurological complications following bone marrow transplant; this case involved a 15-year-old post sickle cell transplant patient who developed seizures secondary to posterior reversible encephalopathy syndrome (PRES) that was due to transplant associated thrombotic microangiopathy (TA-TMA). Management with eculizumab led to recovery, highlighting the role of complement inhibition in such cases.</p> <p>Dr. Martin Kaddumukasa enlightened the delegates on the epidemiology of epilepsy. He highlighted that 80% of persons with epilepsy reside in low- and middle-income countries like Uganda, who incidentally have a very high epilepsy treatment gap, with nearly 75% of patients with epilepsy with poorly controlled seizures in our setting. He further presented findings from a recently conducted study analysing the prevalence of epilepsy in Uganda; which stands at 1.69%, translating to nearly 775,000 people living with epilepsy. He further emphasized gaps in treatment of epilepsy in our setting.</p> <p>Dr. Adrian Kayanja gave a keynote presentation about using an EEG for targeted therapy and future prospects. He explained and emphasized why a routine EEG will only pick seizure activity in 30% of the time, but however cautioned why it must always be done whenever opportunity arises and serial EEGs are sometimes mandatory. He illuminated on determining the epileptiform zone to guide surgical therapy for epilepsy, expounded on more pitfalls of a scalp EEG, when to do electrocorticography, and the role physicians ought to play in selection of epilepsy patients for non-pharmacological therapy.</p> <p>Prof. Neoline Nakasujja gave a presentation on how physicians can make a difference for patients with dementia; she highlighted on how to make a diagnosis of dementia, investigations are necessary to exclude the reversible causes of dementia, she expounded on why not to lead with pharmacotherapy but rather dwell on explaining to the family first, and she highlighted the qualities that embody a physician who makes a difference for a patient with dementia.</p> <p>Dr. Oriba Dan Langoya presented his abstract titled, 'prevalence of dementia among older persons in Northern Uganda'. This study found that 17.7% of older persons had dementia with family history of dementia, advanced age, and history of depression being predictive for development of dementia whereas physical activity was very protective. This study highlights actionable strategies we could implement now to reduce the future risk of developing cognitive impairment.</p> <p>Dr. Isaac Turyasingura, wrapped up the session with his abstract presentation titled, 'Clinical characteristics and factors associated with multiple anti-epileptic drug use among adult patients with epilepsy at Mulago NRH'. This Mulago based study of 341 patients revealed that half were on multiple drugs but still had poor seizure control. Common anti-epileptic drug combinations like carbamazepine and sodium valproate were used sub-optimally. The study urged rational titration before introducing polytherapy.</p>	

4. Association of Physicians of Uganda AGM	The executive committee highlighted the tremendous achievements of APU in the past 2 years and the overall role and goals of the associations with emphasis placed on participation in professional development, organizing various scientific conferences, research, lobbying for postgraduate training opportunities, mentorship and physician welfare among others. APU is the local chapter for ECSACOP in Uganda and currently spearheads and runs physician training. A vote of thanks was given to the Uganda Medical Association which is the umbrella body under which APU falls. An audited financial report for the past 2 years was showcased to the delegates.
Chair: Dr. Ezra Nnunda Time: 7-8:10pm	Dr. Lydia Nakiyingi was voted to remain the president of APU for the next 2 years and Dr. Oriba Dan Langoya was seconded to be the representative for northern Uganda on the APU executive committee. Lastly, the various sponsors for this conference were given certificates. The conference ended with a gala dinner which provided a networking opportunity for the delegates.

6. CLOSING SESSION AND ACKNOWLEDGEMENTS

The closing ceremony celebrated the presenters (for both oral & poster presentations) for their contribution to advancing medical knowledge in Uganda. Special thanks to the invited guests for honoring the invitation, delegates and sponsors including Megalife Sciences (gold sponsors), Zydus Life Science, Denk Pharmaceuticals, Ajanta pharmaceuticals, Microlabs, Wide-spectrum, Brain capture and Troikaa, who were recognized for supporting the scientific program. The Uganda Medical Association (UMA) was commended for continued collaboration with APU in advancing physician welfare and advocacy. APU executive committee was commended for organizing an excellent conference under the leadership of Dr. Lydia Nakiyingi, whose term as APU president was extended for another 2 years. The gala dinner that followed provided a relaxed networking opportunity for the delegates.

7. KEY RECOMMENDATIONS

The main recommendations from the conference include;

- Expand postgraduate fellowship programs and mentorship in neurology and subspecialties through APU–UMDPC–MOH collaboration.
- Encourage context-specific, policy-driven research that has potential of impacting the Ugandan population.
- Improve access to diagnostic and neuroimaging facilities through public-private partnerships.
- Standardize management protocols for stroke, epilepsy, HIV-associated neurocognitive disorder, diabetic amyotrophy etc.,
- Physician Wellness: Develop mental health support frameworks and peer counselling programs for physicians.
- Delegates should endeavor to support the centennial Makerere University College of Health Sciences celebrations.

8. CONCLUSION

The 2025 APU Scientific Conference reaffirmed the pivotal role of the association in shaping Uganda's internal medicine practice through research, training, and policy advocacy. Collaboration between clinicians, policymakers, and educators was emphasized as a pathway that can lead to a reduction in the neurological disease burden and improve patient outcomes nationwide.

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