



MONTHLY NEWSLETTER

CONNECTING MINDS ACROSS NEUROLOGY AND PSYCHIATRY

August 2026 | Clinical discussion, Research, Education, International collaboration

WELCOME

Warm greetings to colleagues, trainees and researchers across our international community.

August was a particularly active month for GNG, with discussions moving from bedside phenomenology to brain networks, biomarkers and classification. Members explored tremor assessment, catatonia, neurodegeneration in psychosis, brain iron accumulation, late-onset psychosis, functional neurological disorder (FND), and the increasingly porous boundary between neurology and psychiatry. We also held two strong FND-focused academic sessions and shared new papers, conferences and educational opportunities.

This month also marks an important step in GNG's educational offering: selected academic meeting recordings are now being developed into structured educational modules, with video-based learning, knowledge checks and certification available through the GNG members' learning area.

As always, the strength of the group came from members openly sharing cases, uncertainties, experience and literature from across disciplines and countries.

Educational note:

This newsletter summarises professional discussion for education and reflection. It is not a clinical guideline and does not replace individual assessment or local protocols.

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SELECTED CLINICAL DISCUSSIONS FROM AUGUST

Tremor: phenotype before label

A video-based case of a middle-aged man with a disabling unilateral tremor generated a broad differential including functional, dystonic, Parkinsonian, drug-induced, cerebellar and Holmes (rubral) tremor. The discussion became a practical teaching session on distractibility, entrainment, bradykinesia, pointing, loading and the limits of judging a movement disorder from short clips.

Catatonia, ovarian teratoma and autoimmune encephalitis

Members discussed a young person with catatonic features and ovarian teratomas, asking whether the association suggested anti-NMDA receptor encephalitis or was coincidental. The group emphasised chronology, antibody status, MRI/EEG/CSF findings, neurological signs and response to treatment. A past case shared by Sukhmeet Singh highlighted that removal of a teratoma may not itself resolve an established catatonic state; lorazepam and ECT may still be required according to the clinical picture.

Catatonia after lamotrigine: drug effect or mechanism?

A separate case prompted discussion of catatonia emerging after recent lamotrigine exposure in a patient with OCD/schizotypal features and a previous catatonic episode. Contributors considered coincidence, affective/OCD-related mechanisms, medication effects and the possibility of forced normalisation. The exchange was a reminder that unusual temporal associations should generate hypotheses, not premature causation.

Psychosis, cognitive decline and neurodegeneration

A lively thread examined progressive frontotemporal-predominant atrophy in people with longstanding schizophrenia and the broader problem of fitting complex brain disorders into traditional diagnostic silos. Members discussed developmental history, medication exposure, FTD/MND overlap, hippocampal change, cognitive trajectories and the possibility that future biologically informed syndromes may cut across current psychiatric and neurological categories.

Brain iron accumulation: a postpartum neuropsychiatric presentation

An imaging challenge centred on a reported case of postpartum psychosis and catatonia ultimately linked to late-onset mitochondrial membrane protein-associated neurodegeneration (MPAN), part of the neurodegeneration with brain iron accumulation (NBIA) spectrum. Discussion focused on basal ganglia anatomy, pallidal/nigral iron deposition, SWI/T2* sequences, Parkinsonian signs and the importance of revisiting 'normal' imaging when the clinical course is progressive.

CLINICAL REFLECTION

When psychiatric and neurological symptoms evolve together, members repeatedly returned to the same principle: keep the differential broad, re-examine the phenotype over time, and use imaging and biomarkers as part of the clinical story rather than as a substitute for it.

AUGUST POLLS USED AS LEARNING PROMPTS

What type of tremor?

Functional tremor 22 • Holmes/rubral 4 • Parkinsonian 3 • Other 1 • all other options 0

The majority initially selected functional tremor, but the final diagnosis shared was dystonic tremor — a useful demonstration of diagnostic uncertainty from video alone.

Which basal ganglia structure?

Putamen 5 • Globus pallidus 2 • Substantia nigra 2 • Caudate 0 • Thalamus 0

The image challenge opened a wider discussion on NBIA disorders, MPAN and iron-sensitive MRI sequences.

FDG-PET with dysexecutive syndrome: likely diagnosis?

Frontal-variant AD 7 • bvFTD 5 • mixed FTD/AD 0 • AD 0

The split vote reflected the ambiguity of an asymmetric frontal–parietal–temporal metabolic pattern and the need to integrate behaviour, neuropsychology and biomarkers.

What next?

Neuropsychology 5 • blood pTau-217/NfL 3 • CSF biomarkers 2 • amyloid PET 0

Members highlighted social-cognition testing and Alzheimer biomarkers while noting that mixed pathology is common in later life.

THEMES THAT REPEATEDLY SURFACED

Neurology + psychiatry: toward one brain framework

Members discussed a Lancet commentary proposing a more integrated classification of neurological and psychiatric disorders for a future ICD. The conversation reflected a broader GNG theme: clinical syndromes frequently cross the traditional neurology–psychiatry boundary, while neuroscience increasingly describes shared networks, mechanisms and vulnerabilities.

Late-onset psychosis as a neurodegenerative signal

A newly published PET study reporting frequent tau pathology in late-onset psychosis prompted interest in whether some later-life psychotic presentations may represent heterogeneous neurodegenerative processes rather than a single psychiatric entity.

FND as a network disorder

Functional neurological disorder remained a major August focus. Shared work on network integration and segregation, practical examination signs and two GNG academic sessions all reinforced the move toward positive diagnosis, mechanistic models and multidisciplinary care.

Training the next neuropsychiatry workforce

An e-Delphi curriculum for clinical psychologists and neuropsychologists was welcomed as a possible prototype for broader neuropsychiatry training. The group also debated how much general medicine and neurology should be embedded in psychiatry training, and vice versa.

Iron, sleep and 'getting the basics right'

The tremor discussion broadened into iron status, restless legs syndrome, ADHD and sleep disorders. Members highlighted the value of checking basic physiological contributors alongside specialist pharmacological treatment.

SELECTED READING FROM THE AUGUST DISCUSSION

1. Personality change after traumatic brain injury: a systematic review and meta-analysis

Burns L, Jones K, Kerr K, et al. Journal of Neurology, 2026.

A systematic review of the heterogeneous literature on post-TBI personality change, including irritability, mood instability, disinhibition, withdrawal and aggression. The group discussion questioned the usefulness of value-laden labels and stressed rehabilitation and frontal-limbic mechanisms.

[Read the paper](#)

2. Delineating network integration and segregation in the pathophysiology of functional neurological disorder

Westlin C, Guthrie AJ, Bleier C, et al. Brain Communications, 2025.

A network-neuroscience study examining altered integration and segregation in FND, shared in the lead-up to the month's FND teaching sessions.

[Read the paper](#)

3. High prevalence of tau pathologies in late-onset psychosis: A PET study

Kubota M, Kurose S, Tagai K, et al. Molecular Psychiatry, 2026.

In vivo amyloid and tau PET suggested heterogeneous Alzheimer and non-Alzheimer tau-related processes in late-onset psychosis, supporting careful cognitive and neurological assessment in later-life psychotic presentations.

[Read the paper](#)

4. Developing a neuropsychiatry curriculum for clinical psychologists and neuropsychologists: An e-Delphi study

Kerr K, Anderson T, Blackman G, et al. Journal of Neuropsychology, 2026.

A three-round expert Delphi process identifying core neuropsychiatry curriculum content for psychology and neuropsychology training — discussed as a useful model for wider interdisciplinary education.

[Read the paper](#)

5. Towards a joint classification of neurological and psychiatric disorders

White P, Nicholson T, Stone J, et al. The Lancet, 2026.

A commentary arguing that modern neuroscience and overlapping clinical phenotypes challenge the historical separation of neurological and psychiatric disorders, and proposing a more integrated future classification.

[Read the paper](#)

6. Neurocysticercosis — Images in Clinical Medicine

Lee RLM, Pedregosa BC II. New England Journal of Medicine, 2026.

A concise image-based case involving headache, visual hallucinations and characteristic cystic brain lesions — a reminder that neuropsychiatric symptoms may be the presenting face of infectious neurological disease.

[Read the paper](#)

TWO FND-FOCUSED SESSIONS IN AUGUST

13 August 2026

GNG–INA Neuropsychiatry Journal Club

Dr Heiko Paland (Germany), supported by Dr Alexander Lehn and colleagues, led an educational session focused on Functional Neurological Disorder. The meeting complemented the ongoing WhatsApp discussion on positive examination signs and contemporary FND mechanisms.

View the [August Journal Club recording](#).

27 August 2026

GNG Monthly Academic Meeting

The August academic meeting featured Dr Ishan Walpola and Dr Adith Mohan and team, chaired by Dr Tejas Patel. The programme focused on Functional Imaging in FND and a Sustainable Service Model in FND, bringing together mechanistic neuroscience and practical service delivery.

View the [August Academic Meeting recording](#).

August thread

Across the month, FND appeared in case discussion, bedside examination teaching, network neuroscience and formal academic sessions — a good example of how the GNG community can connect clinical phenomenology, research and service design.

GNG LAUNCHES ITS NEW LEARNING MANAGEMENT SYSTEM

Learn. Assess. Certify.

The Global Neuropsychiatry Group is pleased to introduce the **GNG Learning Management System**, a new dedicated learning platform designed to extend education beyond our live academic meetings.

GNG members can now access selected academic sessions as **structured educational modules**, allowing them to revisit expert teaching at their own pace, consolidate key learning points and complete an assessment based on the module content.

On successfully completing the required assessment, participants can receive a **personalised certificate of completion** for the educational module.

WHAT YOU CAN DO THROUGH THE GNG LEARNING MANAGEMENT SYSTEM

- Access educational modules
- Learn through structured video-based content
- Complete module assessments to test and reinforce your understanding
- Receive a personalised certificate after successful completion
- Build an ongoing record of your learning through GNG

START LEARNING

The GNG Learning Management System is available through the **members only section**. Sign in to explore the available modules, complete your learning and work towards your certificates.

Not yet a GNG member? Membership is free for professionals with an interest in neuropsychiatry and the clinical neurosciences.

[Access GNG Learning & Certification](#)

EVENTS & OPPORTUNITIES

Neuropsychiatry: A Comprehensive Update 2026

Massachusetts General Hospital / CME programme

[Official information](#)

Faculty of Neuropsychiatry Annual Conference 2026

Royal College of Psychiatrists — 10 September 2026

[Official information](#)

Biological Psychiatry Congress / registration shared by GNG members

South Africa

[Official information](#)

Multidisciplinary Laboratory for Reproductive Psychiatry

Research resource shared during discussion of hormonal change and neuropsychiatry

[Official information](#)

Event details can change; please check the linked organiser pages for current registration, programme and timing information.

RECENT GNG ACTIVITY SPOTLIGHT

Recent public GNG and professional updates highlight continued work in FND education, accessible neuropsychiatry teaching and international collaboration.

13 August — GNG-INA FND Journal Club

Dr Heiko Paland presented recent FND pathophysiology research, with Professor Richard Kanaan and A/Prof Toby Winton-Brown as panel experts and Dr Alexander Lehn chairing.

[View source](#)

27 August — Functional Imaging & Sustainable FND Services

GNG's August academic meeting combined functional imaging in FND with discussion of a sustainable FND service model; the recording is listed in the GNG webinar archive.

[View source](#)

Public education — Brain, Mind & Behaviour

A recent GNG public professional update explained neuropsychiatry through the relationship between brain, mind and behaviour, reinforcing the group's cross-disciplinary educational mission.

[View source](#)

RADiANT × GNG collaboration

Recent public professional activity from RADiANT highlighted collaboration with GNG to promote education, improve access to neuropsychiatry and support international research connections.

[View source](#)

Recent GNG activities were compiled from publicly available professional and organisational updates, checked 16 September 2026.

RANZCP Section of Neuropsychiatry 2026 Conference

From neurons to narratives: The integrated science of brain and mind

12–15 November 2026 | QT Gold Coast, Surfers Paradise, Queensland

The RANZCP Section of Neuropsychiatry is collaborating with the Section of Psychiatry of Intellectual and Developmental Disabilities (SPIDD) and the Global Neuropsychiatry Group (GNG) to present this multidisciplinary conference. The meeting brings together psychiatry, neurology, psychology and allied health to explore contemporary research and clinical practice at the interface of brain and mind. The programme also includes an FND Day on 12 November.

[Conference information and registration](#)



CONTINUE THE CONVERSATION

BECOME A GNG MEMBER

*For clinicians, trainees and researchers interested
in the interface between brain and mind*

GNG is an international professional community built around generous exchange: challenging cases, journal discussions, research updates, academic meetings and connections across disciplines and borders. If this August round-up was useful, we invite you to become part of the conversation.

MEMBER ACCESS



ACADEMIC MEETINGS

Join international academic meetings and journal discussions.



CONTRIBUTIONS

Contribute ideas for future meetings, surveys, handouts and newsletters.



GLOBAL NETWORK

Learn from colleagues working across psychiatry, neurology, neuropsychology, rehabilitation and neuroscience.



ACADEMIC OPPORTUNITIES

Share research, educational resources and carefully de-identified clinical questions.

Our shared purpose: To advance neuropsychiatric education, thoughtful clinical practice and collaboration—while keeping curiosity, humility and patient-centred care at the heart of the work.

[BECOME A GNG MEMBER >](#)



globalneuropsychiatry.org



contact@globalneuropsychiatry.org

Thank you for reading, contributing and helping GNG connect minds across borders.