



EPA CONGRESS NEWS

The official daily newsletter of the 21st European Congress of Psychiatry

Monday 8 April 2013 Issue 2

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EPA 2013 opens to message of collaboration



Christian Roy, Photographer, reporter (www.roy-photographer.com)

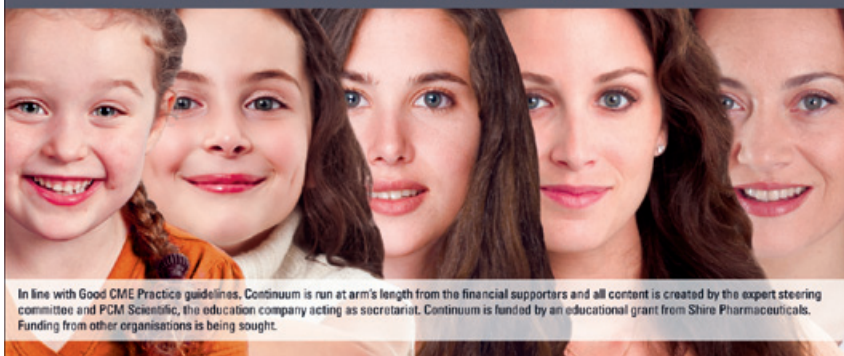
The opening session of EPA 2013 on Saturday evening played to a packed Apollon hall, with EPA President Danuta Wasserman (Karolinska Institute, Stockholm, Sweden) providing the address that would welcome this special 30th year for the EPA.

Of great focus during her introduction was the boost in collaboration that the EPA now harnesses. Specifically, in 2012, 33 European National Psychiatric Associations (NPs) and more than 77,000 members were welcomed into the EPA – an integral step which Professor Wasserman commented made the association even better than the sum of its parts.

Looking to the messages, goals and future plans for the EPA, she added: "We have a very beautiful vision: to improve psychiatry and mental health care throughout

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Evolution in ADHD A Continuum CME Event

Join our symposium and play your part in an **interactive journey** through the life of an ADHD patient

Tuesday 9th April 2013, 13:30–15:00, Hermès Hall

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continuum
evolution in ADHD

EPA 2013 opens to message of collaboration

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Europe.” But for every advance in diagnosis and treatment, Professor Wasserman stressed that we must also learn from our mistakes, and respond to the challenges that we face with even stronger messages and aims.

As such, she underscored the need to make European funding bodies aware of the need for research in reducing the immense mental health burden. “As you probably know the EPA has very extensive activities, however we need to collaborate much more now with independent committees and with national psychiatric associations,” said Professor Wasserman.

She also stressed the importance of good working conditions for psychiatrists in Europe, saying: “In today’s economic climate, we need to fight to secure resources for clinical work. It is not easy because it is not so often we can influence our employers.”

Of paramount importance, she added, was taking care of our own health, by doing so providing better role models for our patients.

In her final remarks during the session, Professor Wasserman added thanks: “I would like to say thank you to our administrative staff in Strasbourg, for bringing in excellent support, and also to Kenes staff for organising our congresses. Thank you very much for joining us in Nice.”

Representing the local organising committee



Christian Roy: Photographer, reporter (www.roy-photographer.com)

during the session was Philippe Courtet (University of Montpellier, France), who welcomed attendees to the session, and congress, adding: “This is an occasion to pay homage to our European leaders who created and developed our association during the past three decades.”

Professor Courtet also touched upon the links between art and psychiatry the world over, commenting “psychiatry is essential for life, not only for our lives.... art is linked to psychiatry, and art is only possible thanks to the light.”

Also speaking during the opening address was Bert Johnson, President of the European Federation of Associations of Families of People with Mental Illness (EUFAMI), who began: ‘On Behalf of my organisation, EUFAMI, what an enormous privilege it is not just to be here, but to be part of the opening ceremony.’

Discussing what EUFAMI represents, he added: “The key concept is the family. That’s not because we see the family as more important than any other collection of interests in the field of mental illness, it’s simply because particularly

in the modern policy of moving people out of institutions, out of hospitals and into the community, community care so often in reality means family care. And our special perspective is simply that the family do a great deal of caring and that can be overlooked. And that’s why we feel we are doing a valuable job in maintaining the focus.”

He continued: “And of course the purpose is to ensure that people who suffer from schizophrenia, bipolar disorder, clinical depression – severe mental illnesses – are able to make the most of their lives to improve the quality of their lives, to recover as much as they can... family have critical part to play.”

Overall, the tone and message of the opening ceremony in this 30th year was clear: collaboration is essential. There is great need to work together with families, funding bodies, other associations and healthcare providers, and of course psychiatrists the world over if we are to truly make the next 30 years of European psychiatry the evolution it has the potential to be.

EPA CONGRESS NEWS

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Christian Roy: Photographer, reporter (www.roy-photographer.com)

State of the Art lecture: Evidence-based treatment for eating disorders Athéna Tuesday 15:55-16:40

Exploring new treatment paths in eating disorders

Evidence-based treatments for eating disorders, such as anorexia nervosa, bulimia and binge eating, will be addressed in a State of the Art lecture tomorrow afternoon at the congress. Janet Treasure (Institute of Psychiatry, King's College London, UK), who has worked in the field of eating disorders for over twenty years, discussed the past, present and future of treatment with *EPA Congress News* ahead of her lecture.

Explaining how societal changes in diet and lifestyle make for the 'toxic environment' that perhaps have contributed to the increase in prevalence since the 1950s of conditions such as bulimia and, more recently, binge eating, Professor Treasure said: "We know that patterns of behaviour with fasting-feasting and eating palatable foods intermittently

can really get an addictive habit pattern in the brain and so what is being found is that obesity and binge eating look very much like drugs of abuse: food becomes like that. In fact, when people are followed up, they evolve from eating disorders and binge eating and go into drugs and alcohol in longer-term follow-up studies. Anorexia has been there for much longer; it doesn't seem to be environmentally driven in the

same way, and that is more linked to OCD [obsessive-compulsive disorder] and the formation of extreme habits of avoiding anxiety. Often this anxiety is related to social factors."

The distinction between bulimia and anorexia has grown in recent years. Treatment of bulimia sees success rates of up to 50 percent, while anorexia patients benefit greatly from earlier intervention, but are prone to becoming 'stuck'. "Those that get stuck die, commit suicide, and use a lot of service," said Professor Treasure. "Nobody

with only six patients. Only three of them got some degree of weight recovery. Two got quite good weight recovery, and one moderate. The two that got quite good [weight recovery] only got it when they went into in-patient care. They were targeting emotion and anxiety, so it looks as though what was happening is that it reduces the anxiety around treatment and re-feeding, so it is risky, especially with these frail patients."

Professor Treasure then spoke of self-management strategies in

bulimia, which are proving effective in certain cases to be able to give treatment when needed. A particular challenging set of cases are the severely ill, whose cognitive capabilities are diminished

to the extent that therapy is not as effective as it theoretically ought to be.

"People are interested now, in terms of binge eating, in the opiates and drugs that affect dopamine, thinking that they have addictive-type patterns", Professor Treasure said. "A group has been using opiates intranasally just at the time when patients have the binge, so it perhaps helps you unlearn it. So that sounds quite good,

"People are interested now, in terms of binge eating, in the opiates and drugs that affect dopamine, thinking that they have addictive-type patterns. A group has been using opiates intranasally just at the time when patients have the binge, so it perhaps helps you unlearn it."

Janet Treasure (Institute of Psychiatry, King's College London, UK)

knows what to do with the stuck lot. We know that involving the family helps at first. One problem is that nutritional factors – starvation particularly with anorexia, and intermittent fasting-feasting – affect the brain markedly and make it less responsive to talking treatments.

"There was a study in the Lancet recently looking at deep brain stimulation (DBS) in eating disorders. This was a proof of concept study



Janet Treasure

rather than a sort of blanket lack of pleasure."

Professor Treasure believed that brain-based treatments were an area of particular promise in eating disorders, whether addressing it from the behavioural perspective (as with self-management) in a manner that is tailored to the individual, or otherwise. "There are things like training attention, because these patients have an attentional bias towards criticism and social problems, where training away from that sort of thing might be helpful. Because they have such problems in social processing, people are trying oxytocin as they are a bit akin to autism spectrum. So there are new approaches that might be of value."

Professor Treasure will deliver her State of the Art lecture on the evidence-based treatment for eating disorders tomorrow at 15:55 in room Athéna.

Suicide: New understanding of the environment Erato Tuesday 15:10-16:40

'It just hurts': Exploring pain and suicidality

The factors that influence the expression of suicidal traits will be discussed tomorrow afternoon in a symposium that explores epigenetic effects, social pain, pharmacogenetics with antidepressants, and the Internet as a tool for prevention. Co-chair Philippe Courtet (University of Montpellier, France)

spoke to *EPA Congress News* ahead of the session about his talk on social pain at the core of the suicidal process.

"The idea is that we know, since the famous work of Émile Durkheim who wrote a book called *Suicide*, that suicide was a social fact," said Professor Courtet. "We know that

environmental factors are commonly found in people who realise suicidal behaviour. I will begin my talk reminding of two studies that have been published recently showing that increases in unemployment in Europe was associated with a rise in suicide rate."

Social adversity affects individuals in different ways,

and the development of the vulnerability-stress model has thrown up the notion of sensitivity to social pain as a vulnerability factor in predicting suicide risk. Brain imaging studies have enabled the identification of the neural correlates specifically related to those with a history of suicide attempts compared to those without. Professor

Courtet continued: "In our group, we found that people with a history of suicide attempt display hyperactivation in the ventromedial prefrontal cortex and the orbitofrontal cortex. They display activation of the orbitofrontal cortex in response to angry faces."

"What happens when

Continued on page 14

Early intervention for harmful alcohol consumption

Treatment strategies for harmful alcohol consumption will be laid bare this afternoon in a State of the Art lecture that will examine both reduction and abstinence in the management of patients.

Speaking to *EPA Congress News* ahead of his lecture, Philip Gorwood (Hospital Sainte-Anne, Paris Descartes University, France) first underlined that as people who intake harmful levels of alcohol are not yet patients, there are a lot of questions as to how best they can be identified. "It might be more about the way to treat them, the modification of their usual habits and the way of assessing the treatments we are giving," he said.

One treatment modality that is being accepted into the European community is nalmefene – a drug with specific indication for the reduction of harmful alcohol consumption, not alcohol dependence. "Everyone will have to take that into account and react in very different ways," said Professor Gorwood.

Crucially, Professor Gorwood stressed that it is time for a paradigm shift in the treatment of harmful consumption, making sure that we are able to treat people before they become patients. "That is really surprising and sometimes not accepted by psychiatrists," he said.

"When you say that you want to reduce harmful consumption that means you are going to reduce consumption in subjects that do not have, up to now, any symptoms. But you know that this level of consumption is going to be difficult, and that means that everyone will be concerned, because before you have over-consumption you just have 'consumption', and what is the border between harmful and healthy consumption? That is very difficult with alcohol."

Looking to the guidelines for safe consumption of alcohol, Pro-



Philip Gorwood

fessor Gorwood added that while it is known that there are serious health risks associated with alcohol consumption that go beyond safe limits (approximately 3-4 units for men and 2-3 units for women per day, depending on the guidelines used), is still remains that, for whatever reasons, there are few people likely to adhere to these limits when they do have a drink. "And apparently we could have some benefit of having one glass

three or four glasses, or you do not drink at all (or at least regularly). Subjects who drink one glass a day every day are probably within a very specific profile of people who are very careful for everything, and especially with regards to risk factors for other medical disorders. So it is difficult to attribute the healthy drinking of alcohol to protective effects."

At the core of the issue is the role that alcohol plays in any one person's life, and when this relationship becomes harmful, it still may be something that is not always immediately apparent to the individual or their friends and family. Thus the question remains on how to intervene: "Should we get to consumers of alcohol that up to now haven't asked for help?" said

Professor Gorwood. "Or, people who do not really have any type of strong negative impact associated

with this consumption so far."

Professor Gorwood continued, emphasising that if people who partake in harmful consumption are targeted for help, psychiatrists are unlikely to be involved until the later stages – the first initial contact being with general practitioners. "The patients, before getting to dependence, do have harmful consumption for a certain period of time, and this is usually followed by their GPs," he said. "And when they have severe dependence or any type of complication, then they get to specialised centres."

With this in mind, Professor Gorwood reiterated that we must try and reach people with harmful consumption as early as possible, and make sure referral strategies, networks and approaches to treatment are all fine-tuned for high consumption and not dependence. "We are much more focussed on motivational interview, which is giving some very brief information, but absolutely personalised... we know that this has a very strong impact," he said.

Of course, education and public awareness of the risks and treatment paths for high alcohol consumption can be extremely beneficial, but the messages are in danger of losing their impact if they are delivered in a more generalised way. "If you discuss that drinking too much is not good for your health, everybody knows that!" said Professor Gorwood.

"What is important is what the relationship between alcohol and a specific person is. We can then propose to these subjects a message which is really relevant to them, and then you will have an impact. The second point is politics. Now it is really obvious that whatever you do to reduce the average consumption of alcohol in your whole country will have an impact on the risk of not only alcohol dependence but also harmful consumption."

An example strategy is to increase the price of alcohol substantially, but while many would argue its benefits, others are reluctant. "For example in France, nobody will ever touch the selling of alcohol

"What is important is what the relationship between alcohol and a specific person is. We can then propose to these subjects a message which is really relevant to them, and then you will have an impact."

Philip Gorwood (Hospital Sainte-Anne, Paris Descartes University, France)

a day, but who drinks one glass a day?" he said.

"Usually you may drink two,

State of the Art lecture: Reduction of harmful consumption versus total abstinence Athéna Monday 15:00-15:45

because it is such a strong love, not only in terms of politics but it is also about money," said Professor Gorwood.

He added that in reality, given the proposed health benefits of small amounts of alcohol, and the long-standing traditions and consumption across much of Europe, reducing harmful consumption is particularly difficult to standardise: "It is technically tricky because everybody is concerned but does not systematically agree," said Professor Gorwood.

However, he stressed that

teaching children from an early age about the dangers of alcohol could the message is effectively delivered: "If you do not involve those that

is not going to be reached," said Professor Gorwood, adding that those children of adults struggling with harmful alcohol consumption or dependence are at significantly higher risk of alcohol-related issues themselves, thus we should place even more focus on helping them.

"Before you have over-consumption you just have 'consumption', and what is the border between harmful and healthy consumption? That is very difficult with alcohol."

Philip Gorwood (Hospital Sainte-Anne, Paris Descartes University, France)

be one of the most vital steps in changing practices, but this education must also actively encourage parent involvement to ensure that

are in fact transforming, listening and modifying the message that is being given to the young children through the parents then the point

Professor Gorwood's State of the Art lecture 'Reduction of harmful consumption versus total abstinence in addiction treatment' will be held today at 15:00-15:45 in room Athéna.

Burnout – Myth or reality Athéna Tuesday 10:00-11:30

Debating fact or fiction for burnout

'Burnout' will be placed under the spotlight tomorrow morning in a dedicated pro/con session that will address the question of whether the condition is 'myth' or 'reality' from both sides of the argument.

"The problem is, in my eyes, whether it is or whether it is not a psychiatric disease or disorder which should be classified among other psychiatric conditions," Cyril Höschl (Prague Psychiatric Centre, Charles University, Prague, Czech Republic) told *EPA Congress News* ahead of his 'myth' standpoint in the session.

Outlining the reasons for his viewpoint, Professor Höschl began by highlighting the wide-ranging array of symptoms exhibited by people. "These symptoms are not consistent, are not constant, and they can occur differently in different people," said Professor Höschl. "The whole concept is not stable enough to fulfil the criteria for a diagnostic category."

He continued, stressing that in addition to these

instabilities and inconsistencies, many symptoms such as headache, dyspnoea, weight loss, insomnia and suchlike are relatively non-specific, i.e. they occur, and can even be defined, in many other psychiatric conditions. "Psychiatry has many diagnostic categories which can easily cover the clinical picture which is frequently ascribed to burnout syndrome," said Professor Höschl.

"An even more interesting issue is if you look at the [Christina] Maslach and [Susan E] Jackson burnout inventory, which is a manual

the mirror clinical picture, so the opposite of exhaustion is energy, opposite to cynicism is involvement, and opposite to inefficacy is efficacy, and these three dimensional inverted concepts define what could be called 'involvement'.

"And if we call burnout syndrome a diagnostic category, can we at the same time define involvement as another psychiatric category? I would say no, so there must be a mistake somewhere in the concept."

Ascribing burnout as more of a typology rather than a diagnostic category,

"The problem is, in my eyes, whether [burnout] is or whether it is not a psychiatric disease or disorder which should be classified among other psychiatric conditions."

Cyril Höschl (Prague Psychiatric Centre, Charles University, Prague, Czech Republic)

to describe the whole syndrome. It has three dimensions. The first dimension is exhaustion, the second dimension is inefficacy, and the third dimension is cynicism. We can easily imagine

Professor Höschl continued to discuss the role that stigma has to play in its prevalence. The first consideration, he said, was the tendency for some GPs to misdiagnose long-term ex-



Cyril Höschl

haustion and diminished interest as burnout syndrome instead of other disorders that are more stigmatised.

"Instead of psychiatric categories, it is less stigmatising for patients and sometimes also for doctors to talk about fatigue syndrome, about burnout syndrome, stress reaction, exhaustion and so on, and not to use the labels of psychiatric categories," said Professor Höschl. Similarly, it is likely more accepted

for patients to define their problems as 'burnout' at their places of work, shifting the blame, as it were, on their bosses and workplace.

Professor Höschl continued, emphasising that

burnout syndrome is a typical example of a grey zone between normal psychological reactions of everyday life and psychiatric nosology, which is a part of psychiatry that is understood as a medical discipline. "And psychiatry as a medical discipline relies on the authority of medicine, so if this source of authority is obscured in psychiatry, the discipline will be blamed to serve as a social tool for controlling undesirable phenomena and practises," he said.

He added: "I think that these concepts may be beyond limits of psychiatry as a medical discipline. That is in no way an argument criticising the concept [of burnout] or eliminating it, but just putting it in the right place as typology, as attention paid to psychological problems, but warning before medicalisation of everyday life of psychological problems."

The pro/con session 'Burnout – Myth or Reality' will be held tomorrow morning at 10:00-11:30 in room Athéna. Joining Professor Höschl in the debate will be Wulf Rössler (Switzerland), who will weigh-up the evidence and perceptions of burnout in the present day.

Live from EPA 2013

New diagnostic approaches for children and adolescents

A symposium dedicated to the topic of DSM (Diagnostic and Statistical Manual of Mental Disorders) and ICD (International Classification of Diseases) took place on Sunday at the congress, in which delegates were informed of undergoing draft revisions amid meticulous discussions of the warranted adjustment of clinical criteria for specific mental disorders.

Speaking to *EPA Congress News*, Eric Taylor (Institute of Psychiatry, King's College London, UK) shared his thoughts on some of the broad trends that we have seen in psychiatry over the past decades, as well as what he would like to see in the future to improve prevention as well as diagnosis and management.

"I think at present the most influential research has been about the new disorders, either the ones we accepted or didn't accept, and how far they met the standards of being a properly validated disorder," he said. "So crucially, the clinical research. Secondly, in the current thinking, there is the research about what is happening in practice about the nature of the diagnoses that are being applied by clinicians. What is happening to the trends over time? For the future, I think the basic fundamental research about the neuroscience is going to change things a great deal. I think as we understand the brain mechanisms involved in the disorders of childhood, that will

lead to a different thinking about disorders. But the time has not yet come to making that a main part of classification."

While noting that there should not be much in the way of radical changes to the childhood conditions in the new DSM, Professor Taylor went on to describe the innovations, particularly in magnetic resonance imaging (MRI), that have accelerated the refinement of our understanding of the neurobiology of child and adolescent conditions. Going beyond the DSM, he then highlighted some of the elements of the health care system that need to change in order to

"In the current thinking, there is the research about what is happening in practice about the nature of the diagnoses that are being applied by clinicians. What is happening to the trends over time?"

Eric Taylor (Institute of Psychiatry, King's College London, UK)



Eric Taylor

by different people and they are not brought together sufficiently. World-wide, I think it is very much a matter of the development of resources, because there are countries with very little resources in child mental health

bring about progress. "I'd like to see services becoming more comprehensive, because in pretty much every country there is a big failure to meet the needs. I'd like them to become more integrated, because, for example, drug treatments and psychological interventions are often done

available. I think that community interventions have the promise of reducing the rates of mental disorders in the long term – I'm thinking of things like parent guidance, school counselling. And I think there will be a future in which we learn how to give existing therapies better."

Brain imaging across mental disorders: Early detection and treatment Med. 5 Monday 10:00-11:30

Dismaturation a common feature of schizophrenia and depression

Distinguishing affective from non-affective psychosis will be explored this morning in a session focussing on brain imaging for the early detection across different mental disorders. Nikolaos Koutsouleris (Ludwig-Maximilians-University, Munich, Germany) spoke to *EPA Congress News* about his recent work in developing an MRI-based diagnosis of affective and non-affective disorders, which he will be presenting during the session.

The work that Dr Koutsouleris has done so far in brain image analysis is a sign of things to come in not only early recognition of at-risk individuals, but in differential diagnosis too. "These methods in MRI have been shown to be quite effective in predicting psychosis," he said. "This has been the work that I have done so far. We don't know how these methods generalise to larger populations, and how specific they

are in distinguishing between different sorts of psychiatric disorders.

"What I have been doing in the last few years is trying to predict the condition in high risk individuals using MRI. All of these analyses don't answer the question, what are we predicting? Is this schizophrenia or psychosis – psychi-



Nikolaos Koutsouleris

atric illness? So therefore it is very important to look at whether we can differentiate affective and non-affective psychotic illness using MRI and pattern recognition."

Using MRI data from a large longitudinal study carried out in his department over the past 15 years, Dr Koutsouleris was able to identify schizophrenic and depressed patients with unambiguous diagnoses that did not alter in the long term. He continued: "I was looking for facts that have to do with dismaturation.

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Live from EPA 2013

The latest trial data laid bare for novel ADHD treatment

This morning played host to a session that examined the use of a novel drug in the treatment of attention deficit-hyperactivity disorder (ADHD).

The satellite session, sponsored by Shire, focussed on Elvanse (lisdexamfetamine dimesylate; or 'LDX'), the first single-daily dose long-acting prodrug stimulant indicated as part of a comprehensive treatment for children (aged six and above) with ADHD whose response to previous methylphenidate treatment was considered clinically inadequate.

After oral administration, LDX is hydrolysed (primarily by red blood cells) in the bloodstream into the active molecule d-amphetamine. Following its established use in the US and Canada since 2007 and 2010 respectively, LDX is now in the process of obtaining approval within many European countries.

As chairman of the session Michel Lecendreux (Hospital Robert Debré, Paris, France) outlined, the development of an individualised treatment approach for ADHD must begin with diagnosis and continue through all stages of treatment and re-assessment. By setting individualised goals, focus can be placed on specific needs, rather than generalised outcomes, but these goals must encourage and incorporate family, allowing both patients and relatives' perspectives to be taken into account when assessing the 'successful' management of ADHD.

Introducing Elvanse as an option for effective ADHD control during the session was David Coghill (University of Dundee, UK), who presented study data examining the efficacy and safety of the drug.

First to be discussed was a randomised, double-blind, phase 3 European trial in which once daily LDX (30, 50 or 70mg/day) was compared to placebo in a cohort of 336 children (age: 6-12 years) and adolescents (13-17 years) with moderate to severe ADHD (as determined by the Diagnostic

and Statistical Manual of Mental Disorders IV-TR criteria for primary diagnosis).

The primary efficacy endpoint in the study was ADHD rating scale -IV total score (baseline to endpoint), alongside safety data which was also gathered. After seven weeks, the study found a significant improvement ($p < 0.001$) in score when using LDX versus placebo (-24.3 and -5.7 respectively). These data are shown in Figure 1. Throughout the study, LDX exhibited a safety profile consistent with established long-acting stimulant use, as well as previous LDX data.

Dr Coghill also presented data from another randomised, double-blind, placebo-controlled withdrawal trial which assessed the maintained efficacy of LDX in children and adolescents with ADHD. In the study, patients were optimised to open-label LDX for 26 weeks before a subsequent six week withdrawal period.

The study results were promising, with LDX showing significantly

fewer treatment failures when compared to placebo (15.8% and 67.5% respectively), as determined by the observation of a 50% increase in ADHD rating scale-IV total Score, as well as a ≥ 2 point increase in Clinical Global Impression-Severity (CGI-S) score. Crucially, LDX demonstrated a consistent safety profile in line with ADHD stimulant medication.

The final speaker presenting during the session was Kenny Handelman (Oakville Trafalgar Memorial Hospital, Ontario, Canada), who discussed the use of LDX for consistent symptom control through the day. To that end, Dr Handelman summarised data from a randomised, phase 3, double-blind, parallel group, forced-dose titration study in which once-daily LDX (30, 50 or 70mg/day) was tested in a cohort of children for efficacy and tolerability. Primary endpoints for efficacy were set as a change in ADHD-RS-IV total score, alongside secondary CGI-I and Conners' Parent Rating Scale-

Revised (CPRS-R) scores.

Results from the study demonstrated consistent symptom control up to 6pm each day across all doses tested. Drug efficacy was analysed within the first week of treatment. Assessment of adverse reactions showed similar effects to other stimulant ADHD medication.

Within the session, Dr Handelman also touched upon a similar phase 3, double-blind, parallel group forced-dose titration study, The Extended Analogue Classroom Study, which evaluated the duration of effect of LDX in a patient group ages 6-12 years. Primary efficacy assessment was determined using the SKAMP-D (Swanson, Kotkin, Agler, M-Flynn, and Pelham Department) rating scale.

Data from the trial was positive, with the LDX cohort showing significant improvements in ADHD symptoms when compared to placebo.

General reference

Shire. ELVANSE® (lisdexamfetamine dimesylate): A new option in ADHD treatment – Abstract Book. (Accessed 6/4/2013)

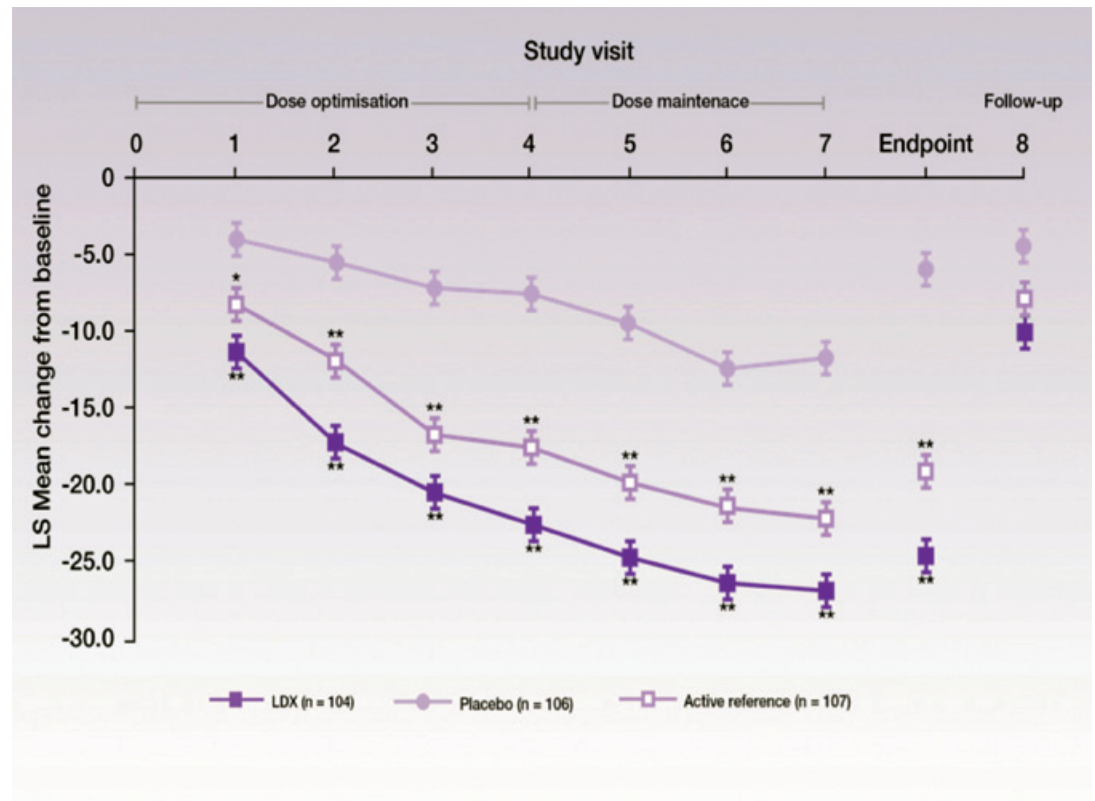


Figure 1: Primary efficacy outcome: Change in ADHD-RS-IV total score

Strategies to diminish the burden of mental health disorders Erato Monday 15:00-16:30

Joint strategies to lighten the load for European mental health

The mental health burden in Europe is a topic of much focus and concern across psychiatric societies and institutions, thus collaboration and innovation are essential components to diminish the load as we move forward.

To that end, Monday's programme features a session that will see the European Union (EU), World Health Organisation (WHO), the European Union of Medical Specialists (UEMS) and the EPA joining forces to propose strategies and guidance for the future.

As co-chair of the session, Siegfried Kasper (Medical University of Vienna, Austria) spoke to *EPA Congress News* to offer a brief introduction as to some of the ways we may be able to address the burden, his first message being that we should keep psychiatry in the mainstream

of medicine. "It might be astonishing to hear, but on the other hand there are some thoughts that psychiatry is more part of public health than medicine," he said.

"This is not very good for psychiatry because then we lose all the different resources that are available for psychiatry, but not there for public health. This is a major burden."

Professor Kasper added that there are a number of other considerations also important in reducing mental health burden, including the way in which disorders are identified. He said: "Psychiatric disorders are brain disorders, and brain disorders can be treated with specific modalities including psychotherapy, pharmacotherapy and psychosocial intervention. But we need to focus that they are brain disorders, and

then patients and caregivers are also more likely to accept this type of treatment."

In addition, Professor Kasper stressed that we must iron out discrepancies in the treatment paths taken. Specifically, he noted that 'good' data in psychiatry is under-utilised, and in contrast to internal medicine, psychiatrists still seem reluctant to trust these data. But treating certain disorders in the early stages (e.g. depression) follows the same ideal as many medical issues – such as high blood pressure for example – in that it can prevent a chronic development of the disease.

"The literature should be transformed to daily clinical practise, because when you have this new insight you start talking differently to patients," said Professor Kasper.



Siegfried Kasper

Strategies, guidance documents and proposals to reduce the mental health burden in Europe will be explored in greater detail by representatives from WHO, EU, UEMS and the EPA during this afternoon's dedicated session; 15:00-16:30, room Erato.

An overview of the European Research Networks in Psychiatry Galliéni 5 Monday 17:00-18:30

Ensuring a better future for European networks

Collaboration, open-exchange and flexible but united approaches towards common objectives are essential components in ensuring our research networks can evolve as we move forward, delegates will hear this evening in a presentation that will provide an overview of the EU networks in psychiatry.

Patrice Boyer (CMME, Paris, France) began by noting that a traditional viewpoint is often 'big is beautiful' in the design of networks. He said: "If you have a consortium with 70 different centres and if you are recruiting 5000 people then it's good – that's the idea behind it because big is good for genome-wide association studies and so on."

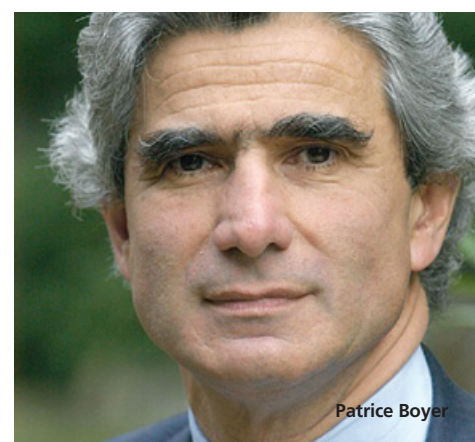
However, Professor Boyer commented that this was a short-sighted, very limited and restricted view. After all, a network should not be designed simply for the purpose of recruiting large numbers, performing certain 'tasks' and then dissolving the framework. "No, it is also to attract brain power, which is much more important," he said. "This means to be able to create a network for generating new ideas and efficiently brainstorming. That is the first thing for a network."

Next, he added, should be to discuss what

has already been collected and to try and analyse what the current state of the art for each topic is. In this way, we can embrace the good points, and offer constructive criticism on others, thus helping to avoid repetition or the same mistakes. "If a network is emphasised only as recruiting a large amount of patients and conducting enormous studies, we will repeat exactly the same errors and we will continue on the wrong tracks."

This accumulation of 'brain power' is an essential step in the analysis of where we have been, and where we want to go next. To facilitate this, Professor Boyer stressed the importance of a common database which will allow open access for those wishing to explore information. "Often nobody knows how the data has been collected, and nobody knows what is inside this bunch of data," he said. "There is no access to it – it's too secret. It is not 'forgery', but sometimes it is not far off."

"So the only way not to waste time is to have an open access to it. This idea of a network in this way will create a common database with an open access for the members of the network, and even people from the outside if they can justify it."



Patrice Boyer

Offering a summary of his main messages, Professor Boyer reiterated that a network should be a flexible research structure that recruits experts interested in a common objective, with the utilisation of existing resources and standardised, open-access databases that offer a new benchmarks in the free exchange and advancement of knowledge.

'An overview of the European Research Networks in Psychiatry'; 17:00-18:30, Monday, Galliéni 5.

An Overview of the European Research Networks in Psychiatry Galliéni 5 Monday 17:00-18:30

Collaboration is the future of European research

Fostering collaborative relationships across Europe is important to find culturally compatible and complementary ways of improving health care and increasing knowledge sharing across Europe. European research networks are the foundation of understanding broad health care needs that can be translated into policy, as well as forming a better understanding of where research should be going in the coming decades. *EPA Congress News* spoke to Kristian Wahlbeck (Nordic School of Public Health, Nordic Research Academy in Mental Health, Gothenburg, Sweden, and National Institute for Health and Welfare (THL), Vaasa, Finland) and Josep Maria Haro (Parc Sanitari Sant Joan de Déu Barcelona, and Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM) Catalonia, Spain) about what they hope European networks have and can achieve.

"The challenge is the prevention of mental disorders," said Professor Wahlbeck. "It is always more humane and also more cost-effective to prevent disorders than to treat them. So we really need to implement evidence-based prevention across Europe."

Although Europe possesses a high quality public health system, Professor Wahlbeck pointed out that it is not as good at taking up evidence-based practice and implementing it effectively. "That is something we could learn, for example, from the States or from Australia: how to put new evidence into practice."

The Road Map for Mental Health and Wellbeing Research in Europe (ROAMER), funded by the European Commission under the Seventh Framework Programme (FP7), is one of the networks that Professor Wahlbeck will speak about. "It aims to put together a comprehensive road map for research funders – what kind of research should be funded in the future in Europe. We are looking both at policy relevance (what is needed), what is possible (the low hanging fruit, so to speak), and where we have strengths com-



Kristian Wahlbeck

pared to other continents."

But how is this possible in view of the disparities that are clearly evident across Europe, not just in culture, but in economic strength? "That is a challenge for research," said Professor Wahlbeck. "We know that most of the mental health research is done in the north-West of Europe and we need to bring the other countries on board as well."

We also need to be aware of the contextual, cultural factors, which affect mental health. For example, now in the economic crisis we can see a negative mental impact in countries that have a low level of social security – in Greece and Portugal, we begin to see the negative impact of the economic crisis. But we know from research that in countries which have a high level of social security, that even in times in economic crisis we don't see an impact on mental health; we don't see an impact on the suicide rate. If there is an effect, it is social policy protecting families and unemployed people. That is one of the differences we see in Europe. In the north, we tend to rely more



Josep Maria Haro

on formal social security and in the south there is more dependence on the family. This means that people who are at the margins of society, who don't have a family, are at high risk in times of crisis."

The disparities between European countries could actually be the basis of valuable knowledge-sharing, as Professor Haro explained of the ROAMER project. "This is a

can do is to look at the different ways of providing care. In Europe we have many different health systems. This includes all the European countries. By comparing them, we can find out which may be the most effective, efficient ways of delivering care."

The ROAMER project is creating a road map of mental health with the idea of improving its efficiency and creating a collaborative, complementary Europe. "Now we have already defined what is the state of the art in mental health in Europe," said Professor Haro. "We have also defined what are the gaps. Now we are in the process of defining what advances are needed. After this, we will try to prioritise them and decide which are necessary. The plan now is to try and establish a stable organisational structure to help facilitate this continued communication between the people who decide the policy and the scientists, the professionals, the patients and families."

Professor Wahlbeck will also be speaking about the Nordic network, which fosters collaborative exchange of best practice between the member countries. "The governments of the five Nordic countries (Denmark, Sweden, Norway, Finland and Iceland) together own the Nordic School of Public Health, which provides training and research in public mental health.

This common

school is also the base for the Nordic network for mental health research. So we have an institution for collaboration between countries. This is quite unique. There is a lot of collaboration that goes on in Europe, but there are not that many institutions for it."

"In the north [of Europe], we tend to rely more on formal social security and in the south there is more dependence on the family. This means that people who are at the margins of society, who don't have a family, are at high risk in times of crisis."

Kristian Wahlbeck (Gothenburg, Sweden and Vaasa, Finland)

European project," he said. "We made sure to draw participants from all European members. We want to see what are the factors that determine when one country or another country are active in different areas. The recommendation would also include some kind of relationship between different countries – how we can increase complementarity and increase collaboration. One of the things we

'An overview of the European research networks in psychiatry'; 17:00-18:30, Monday, Galliéni 5.

The SUPREME Project



Vladimir Carli



Gergö Hadlaczkzy

A new interventional website dedicated to the promotion of mental health issues is being launched across Europe, with the aim of providing young people with an online community, as well as the information they need to reach professional help. The website emerges from the SUPREME project (Suicide Prevention by Internet and Media Based Mental Health Promotion), which will be discussed alongside other presentations on the topic of the use of the Internet in the treatment and prevention of mental disorders tomorrow morning. EPA Congress News spoke to SUPREME project leader Vladimir Carli (Karolinska Institute, Stockholm, Sweden) and project leader of the Swedish arm of the study Gergö Hadlaczkzy (Karolinska Institute, Stockholm, Sweden) ahead of the session, to talk about what is involved in executing such a study.

The SUPREME project arises from the initiative of a number of universities in seven European countries, namely Sweden, England, Spain, Hungary, Italy, Estonia and Lithuania, with the objective of recruiting other partners over time. Websites will be developed for each country and will take into account the

nuances that reflect differences in culture and healthcare approaches. Professor Carli noted that existing websites that are designed as outreach facilities for vulnerable people are not evaluated for effectiveness in a scientific way. Explaining how they went about gathering knowledge to develop such a website, he said: "The first source was our experience, because we have a long experience of promoting mental health in adolescents in a more traditional way – not through the Internet, but in other ways like school-based projects. We know that this has a positive effect on their health, and also a positive effect in reducing suicidality among adolescents."

The next step was to create focus groups with school children

from several schools within the general population. "That was very interesting, because sometimes their ideas were surprising. Then we went into psychiatric hospitals for children, because we also wanted to listen to the perspectives of children who have mental health problems. We had focus groups

also with adolescent psychiatric patients. It was very helpful."

The website was tested by 'offline' evaluation as part of a randomised controlled trial. "What we did was to go into schools and speak with the students," said Professor

then we asked them to go to the website. Two months later, we went back into the schools and administered the questionnaire again to see how their mental health had changed. Another two months later, we visited an additional time, because this allows us to look at how long [the effects] last."

Speaking about some of the difficulties in carrying out such a trial, Dr Hadlaczkzy mentioned the fact that many schools were unable to participate (simply because Swedish schools already participate in such a great number of local and national monitoring surveys). He said that another element of the difficulty arose from the fact that consent was required from both the schoolchild and their parents, when perhaps the youth would rather their parents did not know, and in some cases parents did not want anybody to find out about it either. "Stigma is very usual in these kinds of studies in mental health intervention; it reduces the willingness to participate, especially when parents and kids are involved. We are targeting young people here, and it is extremely important to get there and help before the problems get too big. Sometimes we get lots of

"Everybody doesn't really know how to get to psychiatric care or a psychologist. These things have to be cleared up for these people so that they know how they can get help."

Gergö Hadlaczkzy (Karolinska Institute, Stockholm, Sweden)

Carli. "We evaluated a sample of students, we administered a questionnaire to evaluate some general outcomes about mental health,

The use of internet in the treatment and prevention of mental disorders Hermès Tuesday 08:00-09:30

help from parents, and sometimes it is very difficult."

The trial consists of a control arm and two active arms. The control students were visited in schools but were not referred to the website. The two active arms consisted of students that were referred to the website either by their peers or by a professional. The study has recruited around 2,500 adolescents in Europe, and data analysis is expected to be completed and the end of the summer of this year.

Dr Hadlaczy went on to explain the relevance of the Internet, saying that for most people under the age of 40, the Internet is their first port of call in looking for help

with medical complaints. "For this reason it is extremely important to provide adequate help. For me, it seems like that's the platform of the future if you want to be able to quickly help people by either giving them information or giving them a community that they can talk to, or referring them to medical health care. Twenty years ago, if you had, say, an anxiety disorder or an eating disorder as a kid, you were probably the only one in your class with that disorder because it is prevalent, but not that prevalent. Also, most people keep quiet about it, so even if there was someone else you wouldn't know about them. So if this person can any-

mously sit in front of a computer and find where there are other kids just like them, it can have extremely nice effects – especially if this community is monitored by mental health professionals.

"One of the key points is that it should be moderated by mental health professionals in a productive way. This is partly what we are testing – we are testing how we can do this in an effective way. I have the feeling that in many of the countries in the world, people don't really have a good understanding of how to get there. If you have a sore throat, everybody knows that you have to go to the GP, and they know how to get to

the GP. But everybody doesn't really know how to get to psychiatric care or a psychologist. These things have to be cleared up for these people so that they know how they can get help. They don't know the practical route to getting help. In Sweden it's not a simple system. It's not something that a 14-year-old necessarily knows. Some adults have difficulties in understanding how to get to different parts of the health care system."

The SUPREME project will be discussed in more detail during the session 'The use of internet in the treatment and prevention of mental disorders'; 08:00-09:30, Tuesday, room Hermès.

Mental Health During Pregnancy and in the Perinatal Period Athéna Monday 17:00-18:30

Maternal borderline personality disorder: Challenges for mother and infant

The way in which we recognise, intervene and treat maternal borderline personality disorder (BPD) is essential in improving both the lives of the individual, and reducing the risks of future psychopathology in their children, delegates will hear this evening at the congress.

Speaking on the issues surrounding BPD in the peripartum will be Gisèle Apter (Erasmus Hospital University Paris Ouest, Antony, France), who will stress that while peripartum mental health does receive much focus, especially in terms of severe psychiatric disorders and peripartum depression, borderline personality disorder has actually received relatively little attention, and is still under-recognised.

"These people were often considered as just impossible or difficult to treat," said Dr Apter. "So no care is offered to them or ultimately their offspring. Except perhaps

later after they leave the maternity ward of the immediate perinatal care unit where it comes out that the situations are neglectful and harmful. Some of the children may be taken away or if they are not their lives are unfortunately as chaotic as their parents' lives are."

She added: "We are talking about something that is very common that is not recognised and therefore not treated, and not taken care of. So one message is we have to be more aware in order to do more."

The implications for children of mothers with borderline personality disorder are of course numerous and wide-ranging in their implication. Thus there is a great need to both identify and help both parent and child as fast as possible. "We have to find ways of having first line health providers recognise (or at least identify sorts of warning signals that are set off) when there are a number of issues present,"

said Dr Apter.

"For example, history of trauma or history of major social difficulties – those things are generally not asked, or if they are asked they are considered as social issues for the attention of social workers... you're going to need to recognise that taking care of the general sociological difficulties is not going to address the real issues."

But the way in which first-line health providers can identify warning signals during pregnancy, or at least during the immediate peripartum period, is still a question needing to be addressed fully. Indeed, a critical issue is the maintenance of a relationship between health provider and patient, as one of the core characteristics of borderline personality disorder is that relationships can be hard to sustain.

"But the peripartum is a great period," said Dr Apter, adding that midwives, obstetricians or other associ-

ated health care providers will at least mean that patients are exposed to regular interaction in that period.

Better training of those than come into contact with potential borderline personality disorder sufferers and their children is of course another key aim in improving treatment, ideally in the provision of psychiatrists who have experience of both adult and child personality disorders.

But an obstacle in the evaluation of how a child is developing under the care of a parent with borderline personality disorder is how to best examine emotional development and the configurations of family interactions. Dr Apter noted that while essential developmental milestones (smiling, sitting up, holding up their heads etc.) will still be met by these children, the attachment, vulnerability and resilience can be spotted early on, if the right signals are looked for.

"As early on as 3-4

months you can detect what is going wrong – when you've not been able to address these issues either during the pre-partum or during the immediate post-partum timeframes," said Dr Apter. "I would say these aspects deserve at least more investigation and therapeutic tries."

She added that, intuitively, identification and treatment of parents with borderline personality disorder may be assumed to pave the way for major prevention in their children. "But actually that is not true, because of the temporality of things," said Dr Apter. "It is true maybe of the child born three or four years from then, but not for the child that's already been born, because their development as an infant is so rapid... there is nothing we can do to be quick enough for the infant."

'Maternal borderline personality disorder and the peripartum: challenges for mother and infant', as part of the session 'Mental Health During Pregnancy and in the Perinatal Period – Prevention and Treatment'; 17:00-18:30, Monday, room Athéna:

The past 30 years of European psychiatry and its future perspectives **Athéna Tuesday 11:45-12:45**

Looking into the past, and future, of European psychiatry


 30th European Psychiatric Association
ANNIVERSARY

This year marks the 30th anniversary for the European Psychiatric Association – a milestone that not only exemplifies the journey that has been made thus far, but allows a chance to draw on this gained wisdom when looking forward into the next era of European Psychiatry.

Alongside a number of special anniversary sessions at the congress this year, Tuesday morning will play host to a session that will take stock of the lessons learned from the last three decades, and how we should frame our perspectives moving forward.

Delivering his 30-year perspective during the session will be Norman Sartorius (Association for the Improvement of Mental Health Programmes, Geneva, Switzerland), who spoke to *EPA Congress News* to give a glimpse of some of the journey he plans to recount.

One of the most significant changes he stressed was the continued expansion of the European region, now including more than 20 additional countries when compared to 30 years prior. This of course has had a significant impact on psychiatry, notably with respect to the migration of health workers, while another major challenge has been the ever increasing emphasis on the economy of health care.

Professor Sartorius will also outline some of the political and sociodemographic changes that have occurred since the EPA's inception, leading on to a review of changes in both medicine and psychiatry.

Having seen these changes unfold first hand, how does Professor Sartorius see today's contemporary psychiatry when compared to projected levels set back in the 1980s? "There has been very significant progress in knowledge, but this progress has not been translated into day to day services as much as we would have hoped," he said.

"There have been some disappointments. For example we were thinking we could learn a lot about the genetics of mental disorders, but as we have been learning about



Norman Sartorius

them we discovered there are even more complex things behind them. There are huge new avenues of thinking in the area of research and knowledge."

This exploration of knowledge, and its ever-unfolding lessons, is but one of the challenges that the field has faced in the past 30 years of evolution. And these challenges are often impossible to predict, such as the shifts in community care. Expanding on this, Professor Sartorius noted that while there has been a lot of emphasis on how to best reduce the number of beds in mental illness hospitals, and in turn put more focus on the communities that patients are set to return to, modern ways of living have had a profound effect

on the structure of these communities requiring a review of strategies of community psychiatry which has not yet been done sufficiently well.

"Urbanisation has changed the face of many European countries, and families have diminished in size," said Professor Sartorius. "The number of single person households has increased so that the original ideas of community care will have to be adjusted to the new forms communities – for example

the electronic community – that they have taken."

Somewhat paradoxically, despite more recent observations that mental illness often runs alongside physical illness, modern infrastructure means that it is very unlikely that both aspects of a patient's health will be handled by the same care giver: "Medicine as such has become more and more specialised, more and more fragmented, so it becomes very complicated to look after the total needs of the patient," said Professor Sartorius, adding that an overwhelmed GP service – as well as an ageing population with more comorbidities – only compounds the issue.

As co-chair of the session, EPA President Danuta Wasserman (Karolinska Institute, Stockholm, Sweden) added her perspectives on the future of European Psychiatry, beginning by highlighting the importance of collaboration between different societies and experts from all over Europe, saying: "We now have 33

base, we have different attitudes, cultures and points of view on many issues."

Professor Wasserman noted that while we must take pride in the progress that has been made in psychiatric treatment thus far, we still have a long journey ahead of us, and we must strive for constant innovation and development. Although testing in itself, it is even more challenging when one considers the constant fight against a tide of limited resources that is stifling efforts to address the enormous global mental health burden.

With this in mind, once again collaboration will be key if we are to break down the barriers of bottlenecked resources: "Now we have so many associations, and so many beautiful traditions under the same roof, it will give us better visibility for psychiatry at European and national levels," said Professor Wasserman. "By that exchange of ideas and practices across Europe, and by that contribution, we can aim to

reduce the burden of psychiatric disorders and burden of mental health in Europe."

Moving on to discuss another important issue that will need to be better addressed in the coming years, Professor Wasserman underlined the importance of nurturing improved working conditions for our European psychia-

trists. "I think that this question has not been dealt with much before," she said. "The working conditions are extremely important, both from a structural point of view (how our hospitals and administrators give resources to help us perform the work) but also we as psychiatrists need to take care of our own health, both mental and somatic."

Professor Wasserman continued to describe another prevalent issue

"As we have been learning about [mental disorders] we discovered there are even more complex things behind them. There are huge new avenues of thinking in the area of research and knowledge."

Norman Sartorius (Association for the Improvement of Mental Health Programmes, Geneva, Switzerland)

National Psychiatric Associations as a part of our organisation, which is of course extremely important because we have a very wide European coverage, and they will give to the EPA a large knowledge of local traditions of different cultures, of opportunities and problems for psychiatric research and clinical practice in different corners of Europe."

She added: "We need to learn from each other and see that, despite having the same knowledge

Continued on page 14



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The past 30 years of European psychiatry and its future perspectives Athéna Tuesday 11:45-12:45**Looking into the past, and future, of European psychiatry***Continued from page 12*

that will be likely be placed under the spotlight in the years hence: education. In particular, the use of education to dissolve the stigma of psychiatric disorders exhibited in many different cultures. "It depends very much country to country, and it varies also in different regions of the same country," commented Professor Wasserman.

"I think people are more knowledgeable at the moment about what mental disorders are, but still they are not knowledgeable enough about the possibilities and drawbacks. Maybe some people are expecting too much from the treatment, and others too little, so we must be very realistic in that while we have good treatment methods, they work differently for different people.

"They work very individually and we must be humble, realising that we need more research to learn more. And I think this message is very important to the public – not to give a too pessimistic or too opti-

mistic picture of psychiatry."

To that end, Professor Wasserman stressed that increased awareness and education would be pivotal in improving stigmatic attitudes as well as offering better understanding of the nature – and realistic expectations – of psychiatric disorders and their treatments. "We had tested in Stockholm a model at the university for students who were studying pedagogy, and we could see that the attitudes changed a lot among them," she said. "They are teachers of the future and they understand more what mental problems are. Their attitudes are better and they can better encounter young people who have problems."

She added that it was her "dream" to have lessons about mental health established into the core curricula of schools for pupils and universities for students in pedagogics, as well as training programmes for those jobs that regularly involve contact with mental disorders (for example, social workers and the police force).

"In this way we could change stigma; we could change taboo, and increase knowledge," continued

Professor Wasserman. "We cannot just start campaigns, and only write articles – they are momentary inputs, which are of course important but not sustainable. We need to have sustainable measures and hopefully in the future we will have this."

In his closing remarks, Professor Sartorius also touched upon the perceptions of mental illness in the population and among professionals. "The stigma that was linked to mental illness and to all that touches it – the persons who have the illness, their families, their doctors, institutions in which treatment for mental illness is given – has diminished somewhat but not very much, it is still very much present," he said.

He echoed Professor Wasserman on the positive effects of anti-stigma programs in Europe – and stressed the benefits of social interactions between people who have mental disorders and those who do not – and he added that legal considerations must also be part of the fight. "We should systematically examine the legal instruments which we have to see if we can eliminate the discrimination following stigma that currently exists," said Professor Sartorius.

**Danuta Wasserman**

Christian Roy, Photographer, reporter (www.roy-photographer.com)

"It will probably be possible to change people's attitudes and behaviour. This can be supported by education, but just the provision of knowledge by itself will not be enough. We have to not only change the content of education but also the manner in which it is delivered."

The special 30th anniversary session that will examine the past thirty years of European psychiatry and its future perspectives will take place at 11:45-12:45 on Tuesday in room Athéna.

Suicide: New understanding of the environment Erato Tuesday 15:10-16:40**'It just hurts': exploring pain and suicidality***Continued from page 3*

you see an angry face? It is a social signal of disapproval, of rejection. We hypothesised that the hyper-activation of the orbitofrontal cortex suggests a hyper-sensitivity to social rejection. In the same study we found that in response to mild happy faces (not prototypical happiness) there was a hyper-activation of the anterior cingulate. We suggest that this may indicate that these people need to make more effort to perceive social support."

This region has been related to social exclusion, as well as psychological pain, in members of the general

**Phillipe Courtet**

population. Not only this, but certain areas of brain activation in psychological pain are shared with the typical activation pattern seen in physical pain. Relating this to depression and suicide, Professor Courtet said: "We performed a clinical study of depressed patients. Those with a his-

tory of suicide attempt (past or recent) had a higher level of psychological pain compared to those depressed patients without any history of suicide attempts."

This increased perception of pain, regardless of its origin, naturally led to the exploration of how different cohorts deal with physi-

cal pain. "We performed a study from the general population, comparing three groups according to the existence of the history of suicide attempt or depression," said Professor Courtet. "The idea was to investigate the analgesic consumption in this population. We found that people with a history of suicide attempt had an increased consumption of opioids and analgesics compared to the other groups, adjusting for confounding variables such as depression, somatic comorbidities, etc."

"It suggests that people with a history of suicide attempts have an increased perception of pain and the problem is whatever is the cause of the pain. People say the same thing: 'it

hurts'. It could be physical, social, psychological – it is the same word. There is a shared neuroanatomy for all the kinds of pain, and it is the same word as well. So perhaps when they go to the physician and they say, 'it hurts', the physician prescribes analgesics. If the people with suicide attempts perceive more pain, it would explain how the prescriptions go more towards the opioid analgesics."

Professor Courtet will co-chair the session 'Suicide: New understanding of the environment' alongside Frederic Rouillon (France) tomorrow at 15:10 in room Erato. During the session, Professor Courtet will give his presentation on 'Social pain at the core of the suicidal process'.



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Mental Health of European Youth Thallie Tuesday 17:00-18:30

Education and policy drive big change in mental health

The mental health of European youth will be addressed tomorrow, tackling topics such as depression, anxiety, and the relationship between self-injury and suicide. As co-chair of the symposium, Christina Hoven (Columbia University, Department of Psychiatry, College of Physicians and Surgeons and Department of Epidemiology Mailman School of Public Health, New York, USA) spoke to EPA Congress News in advance of the meeting to lend her epidemiological perspective along with co-chair Marco Sarchiapone (University of Molise, Compobasso, Italy), who will also be talking about sleep and depression in youth.

The SEYLE project (Saving and Empowering Young Lives in Europe) involved the study of 12,000 adolescents of around 13 and 14 years of age in various European countries. "We investigated several lifestyles and also several psychopathological cycles as anxiety, depression, some kind of psychotic symptoms among adolescents," said Professor Sarchiapone. "Among lifestyles, we also investigated the use or abuse of tobacco, alcohol and drugs."

The study also looked at behavioural characteristics: impetuous activities (such as fast driving); sexual behaviour; physical activity and sleep. "We also interestingly found that the average sleep hours among adolescents is 7.7 hours per night, which is less than we would expect. We would expect eight or nine hours. Concerning the gender distribution, we found that girls sleep less than boys."

Professor Hoven laid out her thoughts on the progress in mental health over recent years, saying: "I think a lot of the progress has been in the willingness to do identification at earlier ages. The evidence is now quite clear that the onset is, for most mental health problems, in childhood and adolescence. So I think that that recognition has brought about a much greater concern for how to do early identification, whether it be in schools or in families. I think that's a great improvement."

Describing the promising EU-funded research in teaching children mental health awareness, Professor Hoven explained that introducing this vocabulary was helping young people to understand and to recognise mental health issues. "We treat mental health problems almost as a secret society," she said, "If you have it and you come forward, we don't want too many people to know about it. I think that is exactly opposite to what is a good intervention. What we want is for people to self-recognise and to feel free to tell their friends, perhaps you should see someone. If we don't have a vocabulary and we don't have an openness, we are not going to have that happen."

Professor Hoven considered an EU-wide mental health registry as paramount to developing better understanding of changes that will help on the societal level. Although these exist on the national level of some individual nations, it would be more efficient to collect data from Europe as a whole. "We have all kinds of surveillance systems

"We treat mental health problems almost as a secret society. If you have it and you come forward, we don't want too many people to know about it. I think that is exactly opposite to what is a good intervention."

Christina Hoven (Columbia University Mailman School of Public Health, New York, USA)

for medical issues: for example, concerning tuberculosis or avian flu, but we don't have a very good system for the ongoing monitoring of the mental health of society.

"The mental health of society is determined to a great extent by the health of young people. It would seem reasonable to think



Marco Sarchiapone

about how best to set up ongoing surveillance systems in schools, for example, across the EU to collect and monitor mental health data so that programs can be developed around the needs of society. These are not terribly expensive things to do once they get put into place. So creating a registry, an ongoing monitoring system not only drives policy, but in the process contributes to a dialogue. Until society is having those conversations about the health and mental health of its citizenry, then it is difficult to develop appropriate interventions."

Registry-based studies can not only have an effect on policy, but can also help uncover previously unrecognised risk groups. Professor Hoven said: "One of the more interesting groups that was revealed in analyses of a large sample of adolescents from eleven countries in a paper that Vladimir [Carli] is about to submit has to do with an often overlooked group, and we found them in each of the countries. This is the group that has combined high rates of media consumption, reduced sleep and sedentary behaviour." Those behaviours, which individually are often thought of as not having much salience, when they are clustered together, turn out to be an important risk group that is totally overlooked.

Adolescents with reduced sleep also tend to experience problems with emotional problems and suicidal ideation, according to the findings of Professor Sarchiapone that emerged from a similarly robust pan-European study designed to increase awareness of mental health among youths. Sleep patterns were related to anxiety and depression symptomatology (without any association with clinical depression or anxiety), and this is thought to be linked with stress. He said: "The surprise was that we also found a correlation between this average of sleep in youths (which was less than usual) and suicidal ideation. It is an independent correlation. Usually, it is possible that several elements could be linked together in order to make a correlation, but in this case we found an independent correlation that is very strong. Suicidal behaviour is the final outcome of several problems. As a medical issue, suicide is the most important outcome for depression patients and anxiety patients."

"How do you think about this across cultures?" asked Professor Hoven. "Again, you can't answer it if you're not asking the right questions. As with everything in science, the question is the most important thing. Are you asking whether a person meets criteria, or is being classified as having a disorder? I call that 'dancing on the head of the pin'. Ultimately, it is going to do something for the appropriate intervention for that individual. But I'm an epidemiologist! The questions that you have to ask are to help alleviate suffering in a population as opposed to an individual. Those questions are different. As long as we focus just on individuals, we are not going to bring about the kinds of societal and social changes that we would like to see. So I think the reason that large-scale studies are important is that they allow you to have a snapshot of society, and it is only with this that you can bring about changes in policy."

'Mental Health of European Youth': 17:00-18:30, Tuesday, Thallie.

The Year of the Brain – Joint Symposium with EBC Erato Tuesday 10:00-11:30

The societal challenges within Europe

We are facing challenging and ever-changing times, with an unprecedented advancement in healthcare and science that is accelerating away from our societal structure, thus we must be much more adaptive to change, delegates will hear tomorrow in a joint symposium with the European Brain Council (EBC).

Discussing European societal challenges during the session will be EBC President Mary Baker (UK) who began by underscoring the immense financial expenditure associated with brain diseases in Europe: "It's just short of 800 billion Euros, which is the most incredible cost", she said.

One radical change to the structure of society from past generations is the sheer size of our aging population. Indeed, Dr Baker relayed the startling statistic that of all the people that have lived to be 65 or over, two thirds of them are on the planet today. "And the fact is the longer you live the more chronic illnesses you acquire," she added.

With such an ageing population, Dr Baker noted that in the UK, for example, it takes approximately six taxpayers to support the pensions of one person over 65. But with lower birth rates and the sheer number of elderly people, there are only close to half this number of taxpayers per person, therefore a significant gap in economic balance is clearly in need of addressing.

Given additional confounding factors that include comorbidity, polypharmacy and increased migration, Dr Baker was clear that we need to look ahead now as to how we can move forward

and better manage the increased healthcare load that our shifting societal dynamics present. "I'm really going to suggest a way forward which is about trust, and innovation, and then I will talk about prevention, because we do very little of it; we expect solutions not



Mary Baker

preventions, but we take very little responsibility," she said.

She added: "We have very little understanding of benefits and risks, and are clinical trials fit for purpose? I'm suggesting they're not, because the exclusion criteria is mainly of the people who are elderly... also, a lot of women are having their children later, and a lot of them have been living with medication for, for

lives over time, relaying that while community support previously relied so much on the generous voluntary care by women in communities, modern family structures are much different. "Women are educated now, they want jobs, and this has made a difference to family structure," said Dr Baker, adding "we have not adapted to the change."

Another topic of focus will be patient-reported outcomes, something which Dr Baker believes should receive much more emphasis. "This is another big challenge: how do you measure societal benefit?"

Dr Baker stressed that arguably the most challenging aspect moving forward will be the communication of science to society, particularly with respect to personalised medicine. "If we don't do this well, society will misunderstand it and there will be other tensions within our society," she said.

She added: "Today we diagnose

and treat based on symptoms and a subjective interpretation of symptoms. In the future we [should] diagnose and treat based on biology and select medication based on an objective evaluation of the benefit/risk for the individual patient."

In her concluding remarks, Dr Baker underlined the importance of taking more responsibility of our own health, and not shifting blame onto doctors or pharmaceutical companies, for example. "If we can extend two more years of healthy living, which is good for the patient, good for the family and marvellous for the health system, that's something that we could all perhaps aspire to," she said.

Offering a quote that perhaps most aptly sums up her message about the umbrella of societal challenges face in Europe, Dr Baker turned to the words of Charles Darwin: "It is not the strongest of the species that survives nor the most intelligent that survives. It is the one that is most adaptable to change," she said.

'The Year of the Brain – Joint Symposium with European Brain Council'; 10:00-11:30, Tuesday, Erato.

"If we can extend two more years of healthy living, which is good for the patient, good for the family and marvellous for the health system, that's something that we could all perhaps aspire to."

Mary Baker (EBC President; UK)

instance, schizophrenia or bipolar disorder, and the psychiatrists don't know what to do. Do they keep them on the medicines or take them off because nobody knows what this is doing to the foetus?"

Dr Baker also will touch upon the changing dynamics in women's

Dismaturation a common feature of schizophrenia and depression

Continued from page 6

There is a hypothesis to do with schizophrenia that the pattern of brain changes that we see emerge from a structural dismaturation process. The brain of these patients doesn't evolve in the same way that it does in healthy controls."

Using a cohort of healthy controls, Dr Koutsouleris trained a predictor that was able to recognise age-related structural brain changes in individual brains. In the general population, maturation continues beyond adolescence, with areas such as the pre-

frontal cortex and subcortical regions, associated with higher mental processing, tend to undergo continued pruning with age. After

actually is that the brains of schizophrenic patients look five to six years older than healthy controls, which fits very well into the hypoth-

"There is a hypothesis to do with schizophrenia that the pattern of brain changes that we see emerge from a structural dismaturation process. The brain of these patients doesn't evolve in the same way that it does in healthy controls."

Nikolaos Koutsouleris (Ludwig-Maximilians-University, Munich, Germany)

establishing the normal trajectory of brain structure dynamics, the regressor was then applied to the schizophrenia and to the depression cohort. Dr Koutsouleris said: "What I saw

esis that this is a dismaturation process and that there is an over-pruning of synapses in the brain.

"The age offset – the error – that the method made in the schizophrenic

patients was plus five years. In the depressed patients, it was about four years. So it seemed to me that there were a lot of commonalities between schizophrenia and depression. This was quite astonishing, that the structural brain changes

that we see in non-affective psychosis did not seem to be specific to schizophrenia, that they also occur in patients with unipolar depression.

There are other studies that

show that there are a lot of commonalities to bipolar disorder and so on."

Commonalities abound, although there are of course distinctions between depression, schizophrenia,

and healthy controls that are evident in research. And indeed, this was the next step in Dr Koutsouleris' research. He said: "You can train a very robust classifier to distinguish, on a single subject level, between major depression and schizophrenia. This is very interesting because it means that there are different dimensions. There is the dismaturation dimension, where these disorders have commonalities compared to healthy controls, but if you try to distinguish them you can still pick up features of the brain that are different."

Dr Koutsouleris will deliver his presentation 'Towards an MRI-based diagnosis of affective and non-affective psychoses' during the session 'Brain imaging across mental disorders: Early detection and treatment'; 10:00-11:30, Monday, Med. 5.

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