



EPA CONGRESS NEWS

The official newsletter of the 23rd European Congress of Psychiatry

Sunday 29 March 2015

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On behalf of the European Psychiatric Association Welcome!

In the 23rd year of European Congress of Psychiatry, EPA continues to promote European psychiatry and to improve mental health by bringing together keen minds from across the world, from the fledgling trainee to the most esteemed expert, to forge new relationships and exchange valuable expertise.

This year's congress takes place against the beautiful backdrop of the city of Vienna, a historical hotbed of creative ideas and innovation – not just in psychiatry, but in art, music, and much more besides.

Guided by the motto Excellence in Psychiatry across Europe: Practice, Education, Research, we have prepared a top-notch scientific programme that will cover the newest achievements in the field. A diversity of session types provides the opportunity for stimulating discussion on the emerging areas of study and treatment in psychiatry, including depression, anxiety, bipolar disorder, psychosis, addiction, ADHD, and many more.

We look forward to Plenary contributions from Dinesh Bhugra, who will be defining what it means to be a good psychiatrist; and we will also be joined by our US friends Bruce Cuthbert, with the latest from the RDoC project, and Marc Potenza, who discusses the opportunities and risks of social media to mental wellbeing.

Another highlight, the EPA Section Symposia Awards mark out five of the best section symposia submitted to the congress. These include: Can psychiatric disorders be predicted and prevented?; Psychopharmacotherapy at the interface of psychiatric and medical diseases; Prevention of mental disorders in children of mentally ill parents; The "mad axman": the relationship between psychosis and violence; and Nature and narratives of depression.

The EPA Forum, which took place yesterday morning, is a new addition to this congress. We envision it growing year upon year and strongly encourage you to attend next year.



And, to take your expertise to the next level, we also recommend the fully-accredited Academia Educational Courses, of which there are a total of 15 taking place over the course of the congress.

I hope that this congress we may all discover the latest knowledge in evidence-based approaches to diagnosis, treatment and education.

We wish you an active and stimulating stay at the European Congress of Psychiatry in the enchanting city of Vienna!

Wolfgang Gaebel
EPA President

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EPA Forum LIVE @ EPA Congress Saturday 09:00-13:00

EPA Forum kicks off congress proceedings

The 1st EPA Forum, 'Improving Mental Health and Mental Health Care across Europe,' took place yesterday morning at EPA Congress. Introducing the proceedings was Wolfgang Gaebel (EPA President), who hoped that this new event would establish itself as the icebreaker marking out the beginning of each annual congress hereafter.

The Forum brought together EPA Council of National Society and Association (NPA) members, invited EPA Individual Members, with European NPAs that are not yet EPA members and European organisations, stakeholders and policy makers in the field of mental health and mental health care. These parties presented and discussed matters



Wolfgang Gaebels opens the first EPA Forum

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of European importance from the perspective of EPA.

"We have gathered different bodies from EPA as well as other international bodies and policy makers in the field of mental health, to provide this forum as a place for the exchange of ideas and the development of answers to questions of current interest in European and global psychiatry," said Professor Gaebel.

Posing what some of these questions might be, he continued: "What are the current problems and challenges? What are the country differences? What are the main goals and solutions? And how can we achieve these goals as much as possible, together?"

Representatives from global association such as the World Health Organisation (WHO), the World Psychiatric Association (WPA), the World Federation for Mental Health (WFMH) and the United Nations (UN) were present, as well as those of European organisations such as the European Union of Medical Specialists (UEMS), the European Brain Council (EBC), the European Academy of Neurology (EAN), the European College of

Neuropsychopharmacology (ECNP), and the Roadmap for Mental Health Research in Europe (ROAMER) project. In addition, patients' organisations GAMIAN and EUFAMI were represented. Altogether, participants provided a communicative setting for scientists, clinicians, policymakers, patients and carers.

"At the end of this EPA Forum, we would wish not only to have got an overview, but also a sketch of a roadmap of how to get to the future."

Wolfgang Gaebel

"At the end of this EPA Forum, we would wish not only to have got an overview, but also a sketch of a roadmap of how to get to the future," said Professor Gaebel.

The proceedings comprised an Introductory Lecture by Shekhar Saxena (WHO), who discussed mental health in light of the WHO's Mental Health Advocacy Project

(MHAP). Round Table discussions were followed by Breakout Sessions, in which perspectives from leading health organisations contributed to brainstorming on the future mental health care, as well as the contributions of future education and future research to mental health care.

Michael Musalek (Vienna, Austria), rapporteur on the world perspectives of future mental health care, summarised the views presented by the WPA, the UN and the WFMH. He began by describing Dinesh Bhugra's presentation on the WPA's work: "Dinesh focussed on five main topics – gender-related violence; child abuse; prisoners' mental health; minority-related health problems (in other words, the health problems of immigrants and refugees); and mental health promotion in general."

Professor Bhugra also spoke of the challenges of the psychiatric profession, as Professor Musalek explained: "The main point is that our role in public health agendas remains quite unclear. We have to find our position there. Of course,

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EPA Forum LIVE @ EPA Congress Saturday 09:00-13:00

EPA Forum kicks off congress proceedings

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the last word was 'prevention is better than cure'."

UN special rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health Dainius P ras focussed his perspectives on the ethical aspects of the future of mental health research and work. "He focussed very much on the monopoly of power of psychiatrists," explained Professor Musalek, "Especially in so-called former eastern countries of Europe.

"He stressed the fact that, in these countries, it is no longer a question of a single power in this field of psychiatrists. What is much more important is the empowerment of mental health users and carers. So it is important to avoid paternalistic strategies in this field, and to include families as well as the carers much more. He also focussed on another topic which is quite important – the discussion around the question: should we follow a more human approach, or a biomedical approach? If you look at developments in the last years, the biomedical approach has been a very important one. And I



"What are the current problems and challenges? What are the country differences? What are the main goals and solutions? And how can we achieve these goals as much as possible, together?"

Wolfgang Gaebel

Michael Musalek at the EPA Forum

we just deal with constructs.

"There was also the question of how to get money for all these approaches," he continued. "It is quite difficult to get money at this time. But there was one possible solution: all of the NGOs and professional organisations working in the field of mental health should work together and, as our president-elect said, should speak with one voice. Then we might have a better chance. To conclude the whole session, Dr Abou-Saleh quoted Goethe: 'Knowing is not enough; we must apply. Willing is not enough; we must do.'"

am quite sure that this is not only a problem in the eastern European countries.

"Dr P ras maintained, lastly, that we should come to an integrative approach, looking at human beings as biopsychosocial units, much more than 'carers of brains'."

The last contribution to the world perspectives of future mental

health care was from Mohammed Abou-Saleh of the WFMH, who focussed especially on the integration of mental health in public health. "One of his main statements was 'there is no health without mental health, but there is also no health without people'," said Professor Musalek. "I think this is a very important remark, because sometimes

Don't miss!

EPA Congress 2015's
ePoster sessions
Packed with interesting and
innovative accounts from centres
all over the world.

Symposium: WHO – World Suicide Report Hall N2 Sunday 10:00–11:30

WHO will take on suicide prevention?

Over 800,000 people take their own lives each year, with 20 times that number estimated to have attempted to do so,¹ thus there is extreme importance in working to solidify a strong and effective suicide prevention strategy, as delegates will hear this morning.

In a session led by the World Health Organization (WHO), focus will be placed on the WHO report on suicide prevention, 'Preventing suicide: A global imperative' – an integral part of a larger WHO Mental Health Action Plan which was conceived for the first time following the May 2013 World Health Assembly.²

"Many millions of people experience suicide bereavement every year. However, the quality and availability of data on suicide and suicide attempts is poor globally, which poses a major barrier and challenge for the prevention of suicide," Alexandra Fleischmann (World Health Organization, Geneva, Switzerland) told *EPA Congress News*.

A hindrance to clear data collection lies in the sensitivity surrounding attribution of suicide as the actual cause of death, with misclassification ('accident' or 'other cause of death') or even illegality plaguing data.²

With this in mind, Dr Fleischmann outlined that the main objectives of the report are to prioritise suicide prevention on the global public health and public policy agendas, to raise awareness of suicide as a public health issue, and to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies taking into account a multisectoral public health approach.

"The global launch event of the report was attended by more than 150 people, including WHO Member State representatives, Ambassadors, as well as partner organisations around the world," she continued. "Over 60 international media outlets reported about the new publication through interviews and stories, and social media."



"WHO Member States have now committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020."

Alexandra Fleischmann

Dr Fleischmann noted that the report is aimed primarily at government officials, but also representatives of the health and other sectors, the media, nongovernmental organisations (NGOs), researchers, and the general public.

During the session, she will tackle the epidemiological aspects of suicide in particular. "Suicide is complex, with psychological, social, biological, cultural and environmental factors involved. There are no simple answers and no single factor sufficient to explain why a person died by suicide," she said.

As the report details, there are many different epidemiological components to consider. In richer countries, for example, three times as many men die of suicide as women, whereas low- and middle-income countries see 1.5 men to each woman doing so.² Age is also a significant factor, with suicide be-

ing the second leading cause of death in 15 to 29-year-olds across the globe, while the age group of over 70 years is associated with the highest absolute rates of suicide in most countries.²

Looking to the future, Dr Fleischmann outlined the pressing issues: "Out of the 172 WHO Member States for which estimates were calculated, 68 (40%) have no vital registration. With regard to suicide attempts, some 20 countries have survey data and only three are known to have national data based on hospital registries. These facts highlight the need for each country to improve the quality and availability of their suicide-related data, including vital registration of suicide, hospital-based registries of suicide attempts and nationally representative surveys collecting information about self-reported suicide attempts."

As discussed in the report, restricting access to the means of suicide is a key element of prevention going forward, but the situation is very complex, requiring knowledge of regional differences. Systematically, national prevention schemes would demonstrate a commitment

to suicide prevention at a governmental level, with surveillance, means restriction, media guidelines and public awareness and stigma reduction being core elements.²

In addition, education in the workplace, in schools, and in welfare, service and healthcare bodies would need to be implemented comprehensively, with a clear eye on best practices. "Everyone has a role to play in suicide prevention, whether it is a government official, policy maker, researcher, student, or someone who has lost a loved one to suicide," said Dr Fleischmann.

In her concluding remarks, she framed the current outlook: "WHO Member States have now committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020."

Materials related to the WHO report, such as infographics, fact sheets, questions and answers, are accessible on the WHO website (<http://www.who.int>) and the report has been translated into several languages.

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- 1 World Health Organization. Suicide Factsheet No398. September 2014. (Available at <http://www.who.int/>; Accessed March 2015)
- 2 World Health Organization. Preventing suicide: A global imperative. (Available at <http://www.who.int/>; Accessed March 2015)

EU Joint Action on Mental Health and Wellbeing



"Depression and suicide have become global imperatives all over the world, including the European Union, with depression being one of the most important health concerns of the 21st century."

György Purebl

The World Health Organization's (WHO) global burden of disease (GBD) study has estimated that by 2020, depression will be the second most frequent cause of disability.¹ Taking into consideration the huge impact of depression and other mental disorders, a discussion of the mental health policy actions that need to be prioritised in order to combat this increasing concern will be laid bare this morning at the congress.

In order to address the treatment gap of mental disorders, the lack of properly-implemented prevention strategies and other gaps in mental health promotion, the European Joint Action for Mental Health and Wellbeing was initiated in 2013.¹ Its main goal is to sustain a Europe-wide pact to make significant progress in mental health issues by 2020.

Split into five main work packages, the Joint Action tackles: 1) promotion of mental health in the workplace; 2) promotion of mental

health in schools; 3) promoting action against depression and suicide and implementation of e-health approaches; 4) developing community-based and socially inclusive mental health care for people with severe mental disorders; and 5) promoting the integration of mental health in all policies.

György Purebl (Institute of Behavioural Sciences, Semmelweis University, Budapest, Hungary), who will discuss the work developed by the depression, suicide and e-health Joint Action work package during a dedicated session this morning, spoke to *EPA Congress News* about the initiative, and the overall burden of depression and suicide. "Depression and suicide have become global imperatives all over the world, including the European Union, with depression being one of the most important health concerns of the 21st century," he said.

"Although depression is not the only determinant of suicide, the

truth is that suicide is very much connected with depression, representing probably its most tragic consequence."

Professor Purebl also underlined the links between depression and physical disorders: "Many depressive patients have physical comorbidities like type II diabetes, hypertension, etc.," he said. "There is a psychophysiological link between the negative outcome of a physical disorder and depression."

"Depression is a very important risk factor for cardiovascular disorders, and even mild symptoms of depression increase the risk of cardiovascular disorders. Indeed, WHO estimations predict depression and

coronary artery disease rates rising together in the projection of what will be the most prevalent disorders in the future."

One of the key components of the Joint Action will be data collection, focusing on the best practices for a variety of scientific, clinical, policy-based and community/access measures. "One of the best practices, which should be observed more in Europe, is greater attention to depression in general medicine, i.e. not just in psychiatry or in clinical psychology," said Professor Purebl.

He added that general medicine physicians therefore need training to make sure they are best equipped to examine whether a patient may need help for depression.

"The other factor is comprehensive treatment," continued Professor Purebl. "In Europe, the most easily-accessible treatment for major depression is antidepressant medication. But we know that pharmacotherapy combined with psychotherapy has a much more powerful effect. However, psychotherapy has scarce availability in most European countries, where there are often long waiting lists, or psychotherapy is only available in private sectors, and overall there is a severe bottleneck in services. In addition, not all

types of psychotherapy are capable of treating depression. While there is evidence of the effectiveness of some techniques, in relation to others we have no evidence at all."

With this in mind, the e-health component, as detailed in the title of the Joint Action plan, comes into play. "E-health is a great opportunity to cope with the limitations of access to psychotherapy, because many types of psychotherapy treatment could actually be delivered via internet services," explained Professor Purebl. "But only as a sort of 'blended care', which is a very important concept."

But it is also important to point out that e-Health solutions in many

Wellbeing

cases should not be alternatives of psychotherapy – rather useful and cost-effective additional treatments with great synergistic power.

However, as many of the so-called psychotherapeutic programmes that are freely available for patients on the internet are

Professor Purebl. “After all, these avenues are a kind of a prescription.”

Harking back to the best practices seen in Europe, Professor Purebl emphasised the importance of not just relying on medical professionals when setting up a framework, saying: “The very best practices, which stem from the European Alliance Against Depression (EAAD), are those which handle depression as a common concern of community as whole, i.e. a city, a rural area, etc. In that area, all of those people have to collaborate in order to

depression means that education is vital – not just education of medical professionals, but also of local community people and other professionals who are not medically-trained but could regularly be in contact with people at risk of depression or suicide – such as priests, firefighters, police, teachers, etc. These people could be the gatekeepers, helping others receive the best service.

“Of course, non-psychiatric medical professionals or non-clinical psychologists could also act as gatekeepers in the treatment in depression, and it is very important to increase their active collaboration. As an example, if I say to a patient, ‘You have depression, so you have to go into psychiatric care: please go’, the chance that the patient would go there is really quite small, because going to a psychiatrist is still stigmatising in most European countries. But if a doctor says, ‘Please visit Dr Smith – he is a great psychiatrist, I know him very well, and here is

his phone number and location’, the chance of a visit by the patient is much higher.”

Summarising what shows most promise in terms of best practice care as we head towards the 2020 goals of the Joint Action, Professor Purebl reemphasised the importance of a multifaceted, multilevel approach to care: “It means that not just one person is responsible for treating the patient. Each person within a community has his or her own role in helping someone, which is much better, and much more effective, it would seem.”

References

- 1 The Joint Action for Mental Health and Well-being. (Available at <http://www.mentalhealthandwellbeing.eu/>; accessed March 2015)

“Each person within a community has his or her own role in helping someone, which is much better, and much more effective, it would seem.”

György Purebl

not validated by professionals, the e-health initiative will need to ensure programmes are properly scrutinised. “The therapies delivered via the internet, while they may be effective, still have indications and contraindications; they still have inclusion criteria and exclusion criteria. Therefore a doctor is needed to find out whether a particular patient could really be helped with, for instance, computerised cognitive behaviour therapy, or not,” said

cope with depression, and help the patient and relatives find the best treatment for that area.”

As such, an individualised model of comprehensive clinical and social services for different cities or areas, given the variability in services, personnel and overall quality in each, is warranted. “But on the other hand each model has certain common elements,” said Professor Purebl.

“This multifaceted and multilevel model of action against suicide and

PsychiatrySpeaks – what’s it all about?

An international market research survey of psychiatrist opinion — sharing insights on current practice in psychiatry and schizophrenia

No two psychiatrists are the same. Opinion and practice differ considerably with regards to mental health, its management and its intervention; differences that cannot always simply be explained by reference to healthcare system, nationality or culture. To support a better shared understanding and good practice in psychiatry, pharmaceutical companies Otsuka and Lundbeck have conducted an international market research survey – PsychiatrySpeaks.

PsychiatrySpeaks explores the beliefs and behaviours of psychiatrists with respect to their practice and their management of schizophrenia. With over 1600 participants from 8 countries worldwide — Australia, Canada, Germany, France, Italy, Spain, United Kingdom and the United States — it provides a valuable insight into the current state of mind of those working in psychiatry.

An international panel of psychiatrists facilitated the creation of the questions for the survey, identifying topics of interest to them with respect to psychiatry in general and schizophrenia in particular. The topics selected include the role of the psychiatrist, developments in the management of schizophrenia, informing patients,

the role of the caregiver and treatment choice.

Call out: The survey is part of a wider project created to inspire everyone — people with schizophrenia and all those who care for them — with a new sense of what’s possible.

The results of the survey reveal several key themes, one of which is the focus of the first PsychiatrySpeaks report — Autonomy, choice and schizophrenia. This report explores the autonomy of the individual with schizophrenia, their caregiver and the psychiatrist managing their care, with discussion and commentary from experts in the field.

This first PsychiatrySpeaks report is expected to be available in May 2015. Along with expert commentary and video reactions, downloadable reports, articles and data infographics will also be available, giving psychiatrists the opportunity to compare practice and challenge perceptions.

Visit psychiatryspeaks.com to sign up and be one of the first to receive the PsychiatrySpeaks report and the latest updates on the release of the full survey results.

Find out more at the EPA Cyber Corner today!

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Precision psychiatry: The RDoC project

The Research Domain Criteria Project (RDoC) looks beyond DSM and ICD with a view to providing a framework for understanding mental disorders that is rooted in biology, while incorporating modern research methods in all impinging disciplines, from genetics to imaging and behavioural study. Bruce Cuthbert, director of the recently-established RDoC Unit of the National Institute of Mental Health, USA, delivers his Plenary Lecture tomorrow on the topic of the RDoC structure, implementation and future directions.

Crucially, RDoC is not rooted in discrete paradigms that define disorders as we conventionally know them from the clinical perspective – but in dimensions that relate to fundamental mechanisms that may dysfunction to varying degrees. “RDoC is conducted from a translational perspective in terms of normal behavioural/cognitive functions and the brain systems that implement these functions,” Dr Cuthbert explained during an interview with EPA Congress News.

“In other words, the idea is to relate particular aspects of psychopathology, and related impairment in functioning, to activity in those systems most likely to be related to the problems. Thus, PTSD and phobias would be most relevant to perturbations in fear and regulatory systems; anhedonia would be strongly related to reward systems; problems in coding and storing information for short periods of time (phone numbers, the things you wanted to buy in a store) would be related to working memory impairments. Of course, there are many conditions that involve the intersection of multiple systems, and RDoC accommodates this fact.”

The difficulty with which neuroscience and even behavioural science have permeated clinical diagnosis is familiar, and indeed RDoC is a concentrated and much-needed effort in bringing these together. However, amid a common misperception that RDoC is reductionistic – that it does not take neurodevelopmental effects or environmental influences into account and that it ignores experience – a clear understanding of its intentions is demanded.



“The idea is not to take a reductionistic approach...but rather to understand the nature of relationships among measures in these various systems to help understand individual patients.”

Bruce Cuthbert

“RDoC is intended to examine the relationships among patients’ reports of symptoms, measures of their actual functioning (in the lab or in the real world), and various physiological and genomic measures,” said Dr Cuthbert. “The idea is not to take a reductionistic approach, reducing patients’ experiences to brain measures, but rather to understand the nature of relationships among measures in these various systems to help understand individual patients.”

“For instance, virtually all patients with anxiety or fear disorders report that the experi-

ence of imagining their individual anxiogenic situations is very unpleasant; however, some patients show a hyper-reactive pattern of physiological response in these situations, while others show a blunted response – and further, this pattern is related to their overall, general reports of distress, depression, and anxiety.

How can we explain these differing patterns in order to gain a better understanding of the aetiology of each patient’s clinical situation, and to provide optimal treatment for each patient?”

That RDoC is not ready to account for the complexities of clinical use was a criticism that Dr Cuthbert agreed with; at this point in time RDoC is focused on research, namely to help optimise the process of individualised assessment by adding measures of behavioural/cognitive functioning and physiological responses to patients’ presenting clinical symptoms and signs.

“This is intended to contribute to revisions of diagnostic systems that will lead to more precise treatments,” he continued. “In the future, we could anticipate that care systems would change to reflect these different assessments, possibly leading to a new generation of clinical tests for mental disorders. Of course, as in other areas of medicine, we would need to develop tests that are feasible and cost-effective; it is likely that we could not afford, for example, an MRI test for every patient who appears to have clinical depression.”

Ongoing RDoC work is anticipated to provide continual revisions to diagnostic approaches as new research emerges, is replicated, and establishes its clinical validity. And structures are being put in place to take care of data and communication: “We have just released a new online forum

for investigators to exchange information and ideas,” explained Dr Cuthbert. “And we have recently started a large database to facilitate sharing of results across studies. Collaboration with RDoC was also included in a recent call by the European IMI (Innovative Medicines Initiative) for Quantitative Neuropsychiatry.”

Dr Cuthbert gives his Plenary Lecture ‘Precision Medicine for Psychiatry: The NIMH Research Domain Criteria (RDoC) Project’ tomorrow morning between 11:45 and 12:30 in Hall F.

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Symposium: Infection, Immunity and Mental Disorder Sunday Hall C 10:00-11:30

Tackling toxoplasmosis: A new angle on psychiatric treatment

The implication of infectious disease in the development of major psychosis has recently gained increasing attention. A symposium exploring infection, immunity and mental disorder takes place this morning, with Guillaume Fond (Université Paris Est-Creteil, France) speaking about the association of toxoplasmosis infection with mental illness and the potential efficacy of anti-toxoplasmic therapies.

Speaking to *EPA Congress News* ahead of the session, Dr Fond explained: "We now know that infections by some microorgan-

isms may be associated with particular psychiatric disorders and this gives scope for prevention and recovery. Infection with *Toxoplasma gondii* (T. gondii) affects one-third of the global human population¹ and has been robustly associated with major psychiatric disorders such as schizophrenia² and bipolar disorder³. It has been estimated that 13.7% to 30.6% of cases of schizophrenia may be attributed to *Toxoplasma* infection⁴.

"Although numerous studies have confirmed the association of T. gondii with

schizophrenia,⁵ it is not clear whether T. gondii is specifically associated with schizophrenia or with other major psychiatric disorders as well. We carried out a meta-

analysis of these studies and showed that T. gondii is associated with schizophrenia and bipolar disorder, but not with depression.⁶ Addition- the timing of the infection; whether gender specific effects are present; whether a general prevalence of T. gondii in the population is relevant; and whether

"It has been estimated that 13.7% to 30.6% of cases of schizophrenia may be attributed to Toxoplasma infection."

Guillaume Fond

analysis of these studies and showed that T. gondii is associated with schizophrenia and bipolar disorder, but not with depression.⁶ Addition- the timing of the infection; whether gender specific effects are present; whether a general prevalence of T. gondii in the population is relevant; and whether

schizophrenia is associated with a new, latent or reactivated T. gondii infection."

Although the mechanisms of T. gondii in the CNS remain to be fully elucidated, it is known that parasites can modify the



infected cells, for example by altering dopamine metabolism.⁷ T. gondii's

neurotropism and its impact on dopamine pathway have lead researchers to question whether schizophrenia pathogenesis and neuropathology caused by T. gondii may share some common-

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Tackling toxoplasmosis

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alities. The presence of *T. gondii* cysts in the brain may induce an increase of the concentration of dopamine,⁷ and dopamine disturbances may be associated with psychotic or manic episodes as well as with depressive episodes.^{8,9} Evidence of toxoplasmic infection may therefore play a major role not only in pathogenesis but also in the therapeutic response to conventional psychiatric treatment.

With this in mind, Dr Fond outlined his *in vitro* research: "One other major finding in this field was the discovery that psychiatric treatments like valproate and haloperidol have anti-toxoplasmic properties and these may be associated with better effectiveness in these disorders.¹⁰ So we sought to determine which treatments have the best anti-toxoplasmic activity during the development phase of the parasite. As it is not possible to know the intracellular concentrations of antipsychotics in the brain, we tested the effects of many commonly used antipsychotics drugs on toxo-

plasmic activity *in vitro*.¹¹

"We found that first-generation antipsychotics fluphenazine and zuclopenthixol had high anti-toxoplasmic activity. Clozapine and other second-generation demonstrated low or intermediate anti-toxoplasmic activity. Valproate had no activity on parasite development." He added: "Further clinical studies are required to determine whether these *in vitro* findings have potential implications in treatment of toxo-positive patients with schizophrenia. It may then be advantageous to choose an antipsychotic and/or mood-stabilising molecule having anti-toxoplasmic properties in patients that have been previously infected by toxoplasma."

Applying these *in vitro* findings to clinical data, Dr Fond went on to describe his group's most recent study, a retrospective look at whether schizophrenic and bipolar patients who had tested positive for *T. gondii* had better clinical outcomes when taking drugs with anti-toxoplasmic activity. The group

found that bipolar patients with *T. gondii* infection experienced more lifetime depressive episodes when treated by a drug having no anti-toxoplasmic activity, compared to patients who received drugs with anti-toxoplasmic activity.¹²

Concluding the interview with a proposal for a new approach to psychiatric therapy, Dr Fond said: "We need to determine the aetiology in psychiatric disorders and assess the activity of toxoplasmosis, especially when choosing

the first-line antipsychotic drug or mood stabiliser in previously-infected patients. This is especially relevant in the context of emergent biomarkers for mental illnesses and the urgent need to develop personalised medicine".

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ECP: Conversations with Guy Goodwin EECF Hall N3 Sunday 10:00–11:30

It's all in a name for psychotropic drugs

Pharmaceutical nomenclature should ideally encompass modern-day knowledge, terminology and indication, yet many psychotropic drugs – some of which were named decades ago – bear little expression of their true mechanisms. What this means for both patient and physician is garnering increasing focus, thus this morning will feature a session posing the question: is it time to change the current nomenclature of psychotropic drugs?

"It simply reduces our vocabulary," Guy Goodwin (University of Oxford, UK) told *EPA Congress News*. "The Eskimo people need

a lot of words to describe snow, yet we seem to have thought we just needed to think about indications, when in fact what matters is mechanism of drug action. While not unique in medi-

The session, which places Professor Goodwin in a conversational setting with early career psychiatrists, will have a central theme in the joint nomenclature project that has been initiated

"Psychiatry is unusual in having so much of what we understand about our disorders being related to our understanding of how drugs work."

Guy Goodwin

cine, psychiatry is unusual in having so much of what we understand about our disorders being related to our understanding of how drugs work."

by the European College of Neuropsychopharmacology (ECNP), Asian College of Neuropsychopharmacology (AsCNP), American College

Continued on page 12



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ECP: Conversations with Guy Goodwin EECF Hall N3 Sunday 10:00–11:30

It's all in a name for psychotropic drugs

Continued from page 11

of Neuropsychopharmacology (ACNP) and the International College of Neuropsychopharmacology (CINP).

"It was driven by a coalition of the willing, all of whom were interested in psychopharmacology, and its genesis was about four years ago," commented Professor Goodwin, who, as ECNP President, has had first-hand experience with the ECNP Taskforce on Nomenclature, along with Past-President Joseph Zohar (Chaim Sheba Medical Center, Tel Hashomer, Israel) and other colleagues.

The first phase of the nomenclature project, which is known as Neuroscience-based Nomenclature (or 'NbNomenclature'), comprises both a handbook and app, allowing clinicians and scientists to refer to new naming conventions as they are updated. "We all believe the app is the key," continued Professor Goodwin. "It makes for genuine ease of reference, and allows drugs to be accessed under different groupings (including the conventional 'by indication' names). It is also easy to maintain and edit."

Of course, as the project develops, more and more updates will need to be made in order to keep momentum going, place proper emphasis on priority drugs, and ensure there are no important omissions made.

In the selection process,

a number of axes are used to decide on what new drugs to focus on. For one, the pharmacological target and mode of action is assessed, with members of the nomenclature taskforce identifying what might be most relevant. If there is no clear primary target or modes of action, the drug is deemed multifunctional.

Side effects and neurobiological activity are also assessed, as are approved indications by regula-

for different countries. Translation is the first step, but national approvals and even guidelines could be important additions to meet local needs."

With this morning's session being specifically aimed at early career scientists, Professor Goodwin stressed that junior members are an extremely important part of

the ongoing work, both in terms of absorbing the new naming conventions earlier in their careers, and also in terms of their eventual potential roles as editors and contributors to the data down the line.

Adding his take-home message, Professor Goodwin said: "To be a good psychiatrist you have to

have an informed understanding of the mechanism of action of the drugs you prescribe. NbNomenclature puts the information in your pocket."

The Neuroscience-based Nomenclature (NbN) app is now available for free download in the iOS App Store and the Google Play Store.

"To be a good psychiatrist you have to have an informed understanding of the mechanism of action of the drugs you prescribe. NbNomenclature puts the information in your pocket."

Guy Goodwin

tory bodies. Crucially, an important component lies in teasing out when agents may be extremely effective in a disorder, yet have no official indication (e.g. tricyclics for the treatment of anxiety, despite their antidepressant nomenclature). "All of those criteria need to be addressed," Professor Goodwin underlined.

"How the site is to be curated, i.e. ensuring the high quality of the information, is not yet decided. There is also a question of whether national differences would require markedly different editions

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Mental health in the digital age

The digital age has transformed the way we interact, and like any form of progress this presents a multitude of consequences – some positive, some negative. Tuesday morning sees Marc Potenza (Department of Psychiatry, Yale University, USA) presenting his Plenary Lecture on the prominent issue of social media and the role it plays in mental health, and he spoke to *EPA Congress News* ahead of the event to discuss how social media is being harnessed by psychiatry.

“From a societal perspective, the internet and other digital technologies have changed the way we operate in many domains,” he said. “We need to consider both the advantages that the internet may afford us, as well as the disadvantages. It is interesting because we are in a transitional period right now: a large number of people have become digital natives – they have grown up in the era of the internet and know no different. With this in mind, modern psychiatry has adapted in positive ways and also addresses negative tendencies which come with these changes.”

In fact, interventions are being adapted to take advantage of the capabilities of internet use and digital technology, Dr Potenza explained. Such strategies include the use of ecological momentary assessment to gather information from those who are potentially vulnerable or at high risk of relapse. This exploits the approaching-real-time feedback capability that is the epitome of social media, which used in this way has the potential promote good health and even to intervene.

The other side of this picture, as Dr Potenza pointed out, paints this very same pervasiveness in a way that can pose harm if users do not take steps to, say, protect their private information. “Cyber-bullying is also a common through social media sites,” he added. “And there is much debate on how to address this situation from a mental health perspective, i.e., how to protect the vulnerable and how to limit perpetrators.”

Dr Potenza expanded on the advances in digital technologies in psychiatry, saying: “There is great potential for the use of digital technology, web-based therapies and social media in mental health. For example, using a computer-based therapy would mean greater treatment fidelity, immediate access to sessions when required or prompted, and easy access to treatment (without the logistical constraint of going to a clinic). Smart apps are already being



used in such a way for smoking cessation to promote abstinence.¹

Dr Potenza then discussed the role of social networking sites and their use in informing patients of therapy protocols and supporting patients and their relatives. “These sites do keep people connected; however, the privacy and protection of sensitive health information are important considerations that we need to discuss and implement if we are to unlock the potential that the internet and digital technology afford us.”

The relationship between social networking sites and mental illness is controversial. Commenting on the association of social networking

disorder’, which focusses solely on gaming, but not other forms of (unhealthy) internet usage.²

“Certain groups are likely to have issues with social networking.³ One study estimated that 10% of college students were ‘addicted’ to Facebook; interestingly, they were also more likely to have problems with emotional regulation and drinking. The definition of internet use disorders is challenging: some argue that it is simply a medium, i.e., gambling addicts will use the internet for gambling, but the internet is not the cause. Attempts to measure the extent of addiction have led to wide variance in results, and research on this issue is faced with numerous challenges.⁴ Therefore in order to define that an addiction exists, a set of clear criteria are required.”

Depression, he explained, is also associated with problematic internet usage across multiple studies.⁵ But it is not yet clear whether depressed individuals use the internet more than others; whether internet use interferes with other areas of their life, leading to depression;

or whether there is a common aetiology, genetic or environmental factor that leads to the expression of both.

Further emphasising the need for clear guidelines in this arena with regards to gender, Dr Potenza said: “Gender differences in areas of problematic internet use have been observed. Boys tend to have problems with online gaming and pornography, and girls with social networking. By

not addressing gender differences, seminal texts describing psychiatric nomenclature might be missing a huge health disparity, and this is especially pertinent considering the approaching 11th revision of The International Classification of Disease (ICD-11).”

Dr Potenza delivers his Plenary lecture, ‘Opportunities and Risks of Social Media In Relation to Mental Health,’ on Tuesday in Hall B, between 11:45 and 12:30.

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“The definition of internet use disorders is challenging: some argue that it is simply a medium.”

Marc Potenza

“Using a computer-based therapy would mean greater treatment fidelity, immediate access to sessions when required or prompted, and easy access to treatment.”

Marc Potenza

sites, internet addiction and depression, Dr Potenza said: “The DSM-5 has addressed the topic of internet addiction, using a criteria for ‘gaming

Mobile technology

From digital health to psychiatry

Psychiatry presents certain barriers that impede direct measurements, and therefore hinder the knowledge of underlying mechanisms: many psychiatric phenomena are studied through the use of subjective and retrospective questionnaires; and there is limited ecological validity of the data collected by traditional methods. But developments in both the sophistication and affordability of mobile technology – custom-designed applications in hardware and software – mean that treatments can now be available to people when and where they are needed.

Ahead of Tuesday's symposium dedicated to the topic of mobile technologies, *EPA Congress News* spoke with Aroldo Dargél (Inserm U955, Paris-Est University, Créteil, France), who will be speaking on translational mobile psychiatry. Dr Dargél explained how mobile technology is already popular in a number of specialist medical fields, including cardiology¹ and oncology.²

"Although it is a relatively new application in psychiatry, emerging data is very encouraging with respect to assessment³ and intervention⁴," noted Dr Dargél. "Mobile technology can measure the target construct (e.g., functional behaviours, mood states, and psychotic symptoms), while still providing unique information concerning relationships between daily life contexts, behaviours, and experiences.

"Our goal is to be able to provide a biomarker in psychiatry to assess and diagnose patients. Sometimes the diagnosis of mental states has been based on subjective self-reporting by patients. By utilising these tools – including mobile applications and handheld microcomputers like smartphones and tablets as well as biosensor wristbands to measure physical activity and skin conductance – we have the opportunity to measure physiology, cognition and other

behaviours and to proactively treat conditions in patient before complications have progressed."

As such, these data can provide objective physiological and behavioural biomarkers for patients, something that could be greatly beneficial in psychiatry research. "It enables us to track progression of

gradually changing symptoms like cognition," said Dr Dargél. "I will be showing some interesting, early data demonstrating the applicability of mobile technology in bipolar disorder."

Dr Dargél concluded the interview by describing mobile technology's translational capacity and its potential for facilitating the individualised care that so many see on the horizon of psychiatry and other fields of medicine alike. "From the perspective of mobile technology, 'translational' describes the journey from the 'digital bench' to the bedside, in order to find new predictive biomarkers. We would like use mobile technology to create a digital profile of a patient's state of mental health for personalised

care – ultimately to lead to better care for patients."

Dr Aroldo Dargél will be presenting, 'Translational mobile technology' during the 'Mobile technologies in psychiatry' symposium on Tuesday at 15:30-17:00 in Hall M1.

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"Our goal is to be able to provide a biomarker in psychiatry to assess and diagnose patients."

Aroldo Dargél



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"Some research carried out in our department has shown that suicide rates in female Turkish immigrants are double that of native born German women."

Meryam Schouler-Ocak

Could we be doing better for immigrants' mental health?

A personal or family history of migration is a high risk factor for schizophrenia,¹ but there is strong evidence against selective migration as the explanation: the impact of social-cultural stressors on brain functioning and on the pathogenesis of mental health problems is believed to play a large role.

Meryam Schouler-Ocak (St. Hedwig Hospital, Berlin, Germany), who will chair tomorrow's symposium on this topic, outlined the proceedings in an interview with *EPA Congress News*: "With increasing globalisation and movement of people across nations, it has become important to be aware of the different needs of immigrants.

"There is a higher incidence of psychosis, affective disorder and suicidal tendencies in immigrants," she added. "These are caused by a complex interplay of the migration process, cultural bereavement, identity, and congruity, along with biological, psychological and social factors."

Immigrants can often have identity problems, she explained, when experiencing a new cultural context at odds with what they may have been used to. This issue appears to be particularly pertinent in women and their experience of the differences in cultural values as well as differences in the expectations of those around them, such as family and peers. Discrimination based on appearance and religious expression is also common, noted Dr Schouler-Ocak. "Some research carried out in our department has shown that suicide rates in female Turkish immigrants are

double that of native born German women."²

But the problem of identity is not gender specific: "Immigrant men find that the expectation of their family for them to bear the burden of responsibility can be difficult. Studies in the UK and the Netherlands have shown that ethnic minority males have higher incidences of psychiatric disorders.^{3,4} Furthermore, these studies show that living in urban environments and

"Cultural openness is requisite: the clinicians must view patients in the context of the patients' own culture."

Meryam Schouler-Ocak

societal exclusion are also strong factors.

"Research shows that second-generation migrants are most likely to suffer mental health problems as a result of acculturation, and identify issues leaning to self-esteem problems. Isolation, negative social message, perceived discrimination and ethnic identity crises (including self-esteem) are all risk factors for psychological symptoms and psychiatric problems."

Regarding how we can ensure a better understanding of the needs of this vulnerable group, Dr Schouler-Ocak outlined some of the key issues in the recently published EPA Guid-

ance on Cultural Competence Training,⁵ with special regard to training in institutions: "These guidelines represent a comprehensive response to the mental health care needs of immigrant patients. They demand knowledge, skills and attitudes which can improve the effectiveness of psychiatric treatment.

"Communication – both culturally and verbally – is key, so it is imperative that translators are used effectively and with appropriate training. Cultural openness is also requisite: the clinicians must view patients in the context of the patients' own culture."

Touching upon the issue of misdiagnosis and misidentification of psychiatric or psychotic disorders, she added: "Unfortunately, misinterpretation can arise due to miscommunication, lack of awareness of cultural issues and expectations of how patients should explain symptoms. Again, this underlines the importance of effective communication and cultural competency. To reach these aims, training must be implemented both at the individual and organisational level."

Dr Meryam Schouler-Ocak will be chairing the symposium, 'The influence of socio-cultural factors on mental health of immigrants' on Sunday at 8:00 till 9:30 in Hall L1.

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Cross-disciplinary interventions in AD

This morning's symposium on the interface of dementia and physical health looks to unravel the relevance that their interactions might pose for improving diagnosis and therapy. Dieter Schoepf (University of Bonn, Germany) opens the session, chaired by Reinhard Heun, with a recent analysis on the topic, suggesting that we might serve patients better by paying special heed to comorbidities in Alzheimer's disease (AD).

In order to determine the relevance of different common comorbidities in AD, Dr Heun and Dr Schoepf along with colleagues analysed hospital cases over an eight year observational period using data from Birmingham University hospital, UK. Anonymous information of discharge diagnoses were received from the computerised hospital activity analysis register, in which hospital episode statistics are collected during a patient's time at hospital.

By picking out common comorbidities (those occurring with $\geq 1\%$ prevalence at initial hospitalisation), Dr Schoepf and colleagues were able to compare 634 late-onset AD individuals with 72,244 controls of age 70 years and over. AD patients suffered more eating disorders, infectious diseases, neurological diseases, and neck of femur fractures compared to control upon hospitalisation. Interestingly, while some cardiovascular diseases (CVDs) and CVD risk factors were less prevalent in individuals with AD compared to controls, univariate comparisons revealed that four out of six disease contributors to in-hospital deaths in the AD group were CVDs.

"Individuals with late-onset AD compared to controls have a different pattern of physical comorbidities," explained Dr Schoepf in an interview with *EPA Congress News*. "But they die from the same physical diseases as elderly people without dementia. In simple words, individuals with AD suffer and die of the same age-related acute and chronic physical diseases as other elderly, especially from pneumonia and its cardiovascular related complications."

The crux of the findings lies within the fact that individuals with AD appear to be at greater risk of opportunistic infections with fatal complications. This has significant implications for clinical practice, noted Dr Schoepf: "It is therefore important to keep them out of the hospital. Infections, especially pneumonia and gastroenteritis, need special attention in these individuals who may not be able to identify or report the early symptoms."

Offering some notion of what such special attention might be, he continued: "Strict prophylaxis of avoidable and recurrent infections, early referral, early detection in combination with aggressive treatment of pneumonia, controlling for drug-related side effects, and creating awareness about preventive strategies for cardiovascular

"Infections, especially pneumonia and gastroenteritis, need special attention in these individuals who may not be able to identify or report the early symptoms."

Dieter Schoepf

related respiratory complications, may help in reducing pneumonia-related mortality in individuals with late-onset AD."

In this context, Dr Schoepf marked out the importance of cross-disciplinary risk factor-based interventions, taking into consideration individual patients' risk profiles of physical illness as well as setting-specific interventions. "There is also a need for the training of healthcare personnel in this respect," he added. "A cross-disciplinary approach to complex situations associated with mental ill-health will produce significant added value."



But Dr Schoepf was keen at this stage to point out the limitations of this work, saying that it is possible that overall mortality was underestimated, given that no data were available as to how many of the cases died outside of the hospital after

initial hospitalisation. Amongst a number of factors limiting the interpretation of the data, the study was restricted to a single hospital, and Dr Schoepf there-

fore urged for more randomised-controlled study to determine cross-disciplinary risk factors with greater certainty, and indeed to develop specialist interventions for individuals with AD.

"Cardiovascular diseases and relevant risk factors of cardiovascular disease, such as hypertension, type II diabetes mellitus and depression, may be under-recognised in individuals with late-onset AD," concluded Dr Schoepf. "This may be associated with fatal consequences, as illustrated by the complexity in the treatment of individuals with AD and coexisting physical comorbidities."

"Infections, especially pneumonia and gastroenteritis, need special attention in these individuals who may not be able to identify or report the early symptoms."

Dieter Schoepf

Dr Schoepf presents 'Comorbidity and mortality in Alzheimer's disease,' during the symposium 'An Update on the Interface of Dementia, Physical Health and its Relevance for Diagnosis and Therapy' taking place this morning between 8:00 and 9:30 in Hall N2.

Sleep matters in psychiatry

Impaired sleep often co-occurs with mental ill health. But one is not always a consequence of the other, and a pragmatic approach towards teasing apart their interaction can help to deal with a patient's sleep disorder more effectively, as sleep specialist Thomas Pollmächer (Klinikum Ingolstadt Centre of Mental Health, Germany) explains in one of two State of the Art lectures taking place tomorrow afternoon.

Psychiatrists frequently hear of their patients' sleep complaints; this quotidian appearance, and the difficulty with which some complaints are characterised aetiologically, has perhaps led to a general neglect of their importance. Yet sleep disorders are an important yet multidisciplinary problem, explained Professor Pollmächer in conversation with *EPA Congress News*, and their diagnosis must be considered as such: "If you have a person complaining about insufficient sleep, about short sleep, about sleep interruptions – or, on the other side of the coin, daytime sleepiness and fatigue – you have to take these complaints as a sign of some hidden problem, at least at first glance."

While some patients may have a sleep disorder as a symptom of depression, others have a separate sleep disorder (such as insomnia) or another disorder entirely that manifests itself in disturbed sleep. In psychiatric patients, disturbed sleep is found to be concomitant in 65% to 75% of cases of disorder (including depression, anxiety, schizophrenia, and alcohol/drug dependence) or drug use or withdrawal. Indeed, in the general population,

sleep complaints are the third most popular reason for visits to the general practitioner, behind somatic diseases and pain.

"Disordered sleep might be a psychiatric problem," said Professor Pollmächer. "But, it might also be pulmonological or neurological; for example, in patients suffering from nocturnal breathing disorders such as sleep apnoea, or from restless leg syndrome. But the particular problem in psychiatry is that, in the entire range of psychiatric patients, at least 70% somehow and somewhere complain about disturbed sleep during the course of a disorder. In some diagnoses, like depression, this even approaches 100%."

Separating these out can be achieved

using a number of approaches, he explained, with the process beginning with observation: "If you are suffering

from depression, and during the course of the depression you get a quite severe sleep disturbance (which in many patients starts even before the typical depressive symptoms), then this is the real context. In these patients, you just have to treat depression properly, and the sleep problems will go away in parallel. In these cases, which are as ever in medicine the majority, it is relatively easy."

But disturbed sleep may continue to occur following remission of depression. Depression can also be a 'symptom' resulting from pre-occurring insomnia, or



"Disordered sleep might be a psychiatric problem. But, it might also be pulmonological or neurological."

Thomas Pollmächer

as a result of a breathing disorder. Thus, depression can lead to sleep disturbance, just as sleep disturbance can lead to depression.

Professor Pollmächer stressed that all cases of sleep disturbance should be treated seriously, especially given that the route from transient sleep disturbances to chronic insomnia is not well understood. What is evident is that chronically impaired sleep can bear a significant negative impact on physical health, and finding out exactly how these physiological changes occur forms the subject of

of the heart and the brain."

Returning to his clinical practice, Professor Pollmächer concluded the interview with some advice for psychiatrists, noting that particular attention should be paid to those whose sleep disorder does not evolve in parallel to their psychiatric symptomatology. As well as asking more questions, a rich source of knowledge comes from objective investigative techniques such as polysomnography, polygraphy (apnoea screening) or actigraphy. These techniques are particularly valuable in light of the fact that subjective reports of sleep, while valuable, are essentially subtractive – because we cannot perceive sleep, we must estimate it through our subjective experience and perception of wakefulness.

"It is important for psychiatrists to learn and to be aware that sleep complaints have to be taken seriously," said Professor Pollmächer, concluding with a summary of the pragmatic treatment approaches that could be adopted in different cases: "They have to be looked at in a differentiated way. The final goal of every work up in a psychiatric patient with sleep problems is to find the proper treatment for him. This might just be the proper treatment of his psychiatric problem, or a specific approach for insomnia, such as cognitive behavioural treatment, or even the treatment of any coexisting somatic sleep disorder."

Professor Pollmächer's current research project: "This work demonstrates the importance of sleep disorders in general, and is a relatively new area of research."

"In earlier times, one mainly concentrated on the consequences of sleep disturbances on brain function. But chronic sleep disturbances (and probably chronic sleep disturbances in psychiatric patients too) might also have consequences on physical health – in particular, on glucose metabolism; chronic sleep disturbances might even induce diabetes. And it probably more indirectly impacts cardiovascular and cerebrovascular health, because not only is sleep disturbance a chronic stress problem, it also contributes to the damaging of vessels

Professor Pollmächer presents his State of the Art lecture, 'Sleep disorders in Psychiatric Patients' tomorrow afternoon between 14:00 and 15:00 in Hall B.

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GOING BACK FOR A BETTER FUTURE

OPTIMISING SHORT- AND LONG-TERM
OUTCOMES IN SCHIZOPHRENIA

13:15-14:45

MONDAY 30 MARCH 2015

HALL 8, AUSTRIA CENTER VIENNA

AGENDA

Optimising long-term treatment outcomes
with antipsychotics in schizophrenia

David Taylor (Chair),
UK

Rewind stage 1:
Stable but with CV risk factors

Pierre-Michel Llorca,
France

Rewind stage 2:
Uncontrolled chronic patient

Jimmi Nielsen,
Denmark

Rewind stage 3:
Newly diagnosed young patient

Jonathan Meyer,
USA

Panel Q&A and summary

All

Sunovion Pharmaceuticals Europe Ltd and Takeda Pharmaceuticals International GmbH organised satellite symposium taking place on the occasion of the 23rd European Congress of Psychiatry (EPA)



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