The basic neuropsychopharmacological research in Sweden started with Ulf von Euler who discovered noradrenaline and defining it as a transmitter in the sympathetic nervous system. Later Arvid Carlsson, through his discovery of neuroleptics in the 1950s, Psychopharmacology at that time was of greater importance even before the introduction of the neuroleptics and antidepressants in the 1960s. Folkert Neubigt had a major role in this development. There was a hope to find relationships between clinical effects and drug concentrations in the blood. Although research interest in pharmacokinetics was intense, results were rather meagre. Correlations with side effects were found but for the therapeutic effects only ranges of plasma concentrations could be defined. The determination of drug concentrations is helpful to individualise drug treatment and control for adherence. One has analysed drug concentrations in CSF to come closer to the brain, though that has not improved the value of drug analysis in understanding clinical effects in the patients. Obviously one has to come closer to the brain.

Still present

The find by Arvid Carlsson that anti-psychotics blocked ratcatecholamine dopamine receptors and that antidepressants inhibited reuptake of serotonin and noradrenaline was fundamental in psychopharmacology. In fact the hypothesis formulated at that time are still present today. During the 1960s new analytical methods were introduced into pharmacology, including massspectrometry, a technique that has attracted several young researchers to his laboratory at the Karolinska Institute. Kjell Fuxe and Annica Dahlström mapped the monoamine neurons. This technique attracted several young researchers to his laboratory at the Karolinska Institute. Kjell Fuxe and Annica Dahlström mapped the monoamine neurons in the rat brain and Urban Ungeström mapped in detail the dopaminergic system. Another Nobel laureate through was Thomas Hökfelt’s discovery that a neuron operates with more than one transmitter (i.e. different kinds of neuropeptides).

The discovery of the endorphins by Lars Törnkvist has had an impact on the view of addiction as a brain disease. Jürgen Engel has worked with behaviour and central neurotransmission and how pharmacology could intervene in the mechanisms underlying addiction.

Closer to the brain

Clinical pharmacology was developed during the 1960s and 1970s. Folkert Neubigt had a major role in this development. There was a hope to find relationships between clinical effects and drug concentrations in the blood. Although research interest in pharmacokinetics was intense, results were rather meagre. Correlations with side effects were found but for the therapeutic effects only ranges of plasma concentrations could be defined. The determination of drug concentrations is helpful to individualise drug treatment and control for adherence. One has analysed drug concentrations in CSF to come closer to the brain, though that has not improved the value of drug analysis in understanding clinical effects in the patients. Obviously one has to come closer to the brain.

During the 1970s the first positron camera was built in the USA. Lars Ericsson took part in this development and when he returned to Sweden he built a camera in Stockholm. The introduction of positron emission tomography (PET) in clinical research was the accomplishment of David Ingvar. In the first studies patients with schizophrenia were investigated with 11C-glucose as the tracer. However, it was soon clear that the glucose technique was not very useful in psychopharmacological research. Pharmacological principals to determine receptor numbers, binding and affinity could be used in vivo with PET as shown by Lars Farde, Göran Sedvall and Frits-Axel Wiesel. In the first pharmacological studies of patients with schizophrenia it was demonstrated that D2-dopamine receptors were occupied by different kinds of neuroleptic drugs. Einar Mattisson, Estonia and Edward Mattsson, Sweden showed that different types of neuroleptics increased dopamine turnover as postulated by Arvid Carlsson. Moreover Maria Åsberg demonstrated with 11C-dopamine metabolite 5-HIAA in CSF. Research in addiction has also been fruitful in Sweden. The first centre of methadone treatment for heroin addicts in Europe was started by Lars Grundén after a visit at Rockefeller University. Improvement. The presentation of the hyperbolic function by Lars Farde, i.e. the relationship between dose/concentration and receptor occupancy has had a substantial impact on clinical psychopharmacology. It can be questioned if not the main advantages of atypicals in comparison with the classical neuroleptics are dose related.

Increasing gap

In the past decade molecular genetics has been successfully applied in pharmacology. However, psychopharmacology is also dependent on understanding complex interactions among different transmission systems and effects on behaviour in developing and evaluating animal models in human psychopharmacology. One outstanding researcher in this respect is Torpny Svensson, who, among other things, has demonstrated that not only the firing but also the pattern of activity of neurons in the brain is regulated by the relationship between the size of the neuronal network and the level of neurotransmitters. Arvid Carlsson also represents this research tradition, which is behind the development of the third generation of neuroleptics, i.e. the dopamine stabilizers. The basis for successful psychopharmacological research has been hampered by decreased resources during the past decade. Psychologists have very little time for research, which is largely due to cuts in the health care budget together with decreasing grants. Furthermore, there is an increasing gap between clinical and basic research. Although there are several young scientists in neurobiology and pharmacology, most of them are not medical students. During the successful years in psychopharmacology research, several clinical researchers were trained in basic science before becoming clinical researchers. The importance of this change is unclear, however.

Hot Topics Session

The presenters of the sixteen best posters of the 2004 ECPN Workshop for young scientists have been selected to present the Hot Topics Sessions at the Stockholm Congress.

The sessions are:

S04 Hot topics in preclinical neuropsychopharmacology Sunday, October 10, 2004 (09:00 – 11:05 hours)
• Diverse psychotomimetics act through a common signalling pathway: Per Seemansson, Sweden
• Neurobiological and behavioural effects of chronic mild stress in dromorchoic receptor impaired transgenic mice: Nicolus Proger, France
• Leptin treatment in activity-based anorexia: Jaqueline Hillbrand, the Netherlands
• Temporal and anatomical characterization of stress-related changes in Ennophoton expression in the rat cerebral cortex: Raffaella Molteni, Italy
• Changes in substantia nigra composition of N-methyl-D-aspartic receptor in animal model of schizophrenia: effect of subcutaneous antagonist: Iryna Skuba, Czech Republic
• Prefrontal cortex dysfunction in an animal model for neurodevelopmental psychiatric disorders: Celine Restenucci, Switzerland
• Hypothalamic histochimistry in different genetic models of anorexia: Jaqueline Petrus, Sweden

S07 Hot topics in interface neuropsychopharmacology Sunday, October 10, 2004 (14:00 – 16:05 hours)
• Anxiogenic drugs act selectively on topographically distinct mihanin, pontine, and medullary serotonin neurons: Jolane Almeida, United Kingdom
• Identification of GABA A receptor subtypes involved in tolerance to the sedative action of diazepam: Camillon van Bijnovv, Switzerland
• GABA A receptors play a key role in the modulation of anxiety and antidepressant-related behaviour: genetic and pharmacological evidence: Cedric Monibear, Sweden
• Association between serotonin-related genetic polymorphisms and clofazin-induced depressive symptoms: Robert Austad, Canada
• Pharmacogenetic testing for polymorphisms in the serotonin transporter gene: Ralf Korte, Germany
• Association between serotonin-related polymorphisms and clofazin-induced depressive symptoms: Robert Austad, Canada
• Pharmacogenetic testing for polymorphisms in the serotonin transporter gene: Ralf Korte, Germany

The 17th ECPN Congress is organized under the patronage of Her Majesty Queen Silvia from Sweden.
Guided poster tour
A new element in the ECNP Congresses is the guided poster tour: The ‘tour’ is metaphorical as in this case tour means to try a new format of poster presentations that has been successfully utilized in other meetings. The background is that individually we get an opportunity to talk about their poster contents rather than simply be passive recipients for questions. In some countries such a presentation is helpful or even necessary in order to get funding to attend a meeting. Moreover, we thought we could develop a theme from a group of posters which would be cohesive and perhaps give greater value than the sum of its parts. The selection of poster is based on an attempt to develop one of the key scientific areas of the congress. The plan is not to seek controversy but to look for a group of posters which, when taken together, will give an interesting and perhaps challenging overview of the scientific hot topics.*

Two of such presentations will be held on the following dates and topics:
- Sunday, October 10 2004, 12.30 - 13.30 hours (Room K2)
- Monday, October 11 2004, 11.15 - 12.15 hours (Room K2)

Affective disorders and antidepressants
- Monday, October 11 2004, 11.15 - 12.15 hours (Room K2)

Psychotic disorders and antipsychotics.

*In each ‘guided tour’ eight people will present their posters. The short presentations are followed by five-minute discussions. The poster presentations at ECNP Congresses have always been lively - indeed maybe a bit too busy to get all you can out of the posters. By means of this initiative others that fit to give both presenters and congress participants the opportunity to explore the posters a bit more in depth.

The topics chosen: interface of anxiety and depression (Joseph Zohar), contemporary long-term treatment of schizophrenia (René Kahn), and psychiatric epidemiology (Jean Pierre Lépine) were not only of high practical interest to the participants, but also gave the opportunity to touch upon diverse issues related to their own experience and research.

The whole event was completely interactive and the exchange of information and ideas was free and unbiased. The participants gained valuable knowledge on how to “pose questions that advance the field”, in the words of Prof. Zohar. Altogether a very satisfactory event, well-worth the time and effort invested, as illustrated on this page by the impressions of some participants.

ECNP Brainstorming Session
ECNP members received an e-mail last March, informing them of an exciting initiative at the 17th ECNP Congress at Stockholm, Sweden. From Sunday October 10 to Tuesday October 12 they have been given the opportunity to organize a brainstorming session on a topic of their choice. At the end of April nine brainstorm sessions were selected from out of the 32 proposals received.

In the proposals the members were asked to name two other experts on the topic in question. The registration fee is waived for up to three experts and ECNP provides a room for a maximum of thirty people, including facilities for presentation. The brainstorm sessions and the chairs are:
- ADHD in Adults
  (Johanna Krause, Germany)  
- Alzheimer’s disease
  (Lars Linnell, Sweden)  
- Bipolar disorder: can we extrapolate from registration studies to guideline and clinical practice?  
  (Willem Nolen, the Netherlands)

- Glucocorticoid signalling: A novel pathway for antidepressant drug discovery  
  (Ulike Schmidt & Marcus Boenigk, Germany)

- Pharmacological treatment of stimulant dependence - preclinical and clinical aspects  
  (Ulrich Tacke, Finland)

- Treatment of women with depression  
  (Peter Gaszner, Hungary)

- Tryptophan depletion and loading techniques: consensus and recent developments  
  (Abdullah Badawy, UK)

ECNP Brainstorming Session

- Child and adolescent neuropsychopharmacology  
  (Celso Arango, Spain)

- Getting rid of mal performing EPS rating scales  
  (Anton Lonnem, the Netherlands)

- Glucocorticoid signalling: A novel pathway for antidepressant drug discovery  
  (Ulike Schmidt & Marcus Boenigk, Germany)

- Pharmacological treatment of stimulant dependence - preclinical and clinical aspects  
  (Ulrich Tacke, Finland)

- Treatment of women with depression  
  (Peter Gaszner, Hungary)

- Tryptophan depletion and loading techniques: consensus and recent developments  
  (Abdullah Badawy, UK)

Full details of the location and other experts will be published in the programme.

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I have been long wondering whether I was working properly and whether I had been attending the right meetings. I have been sitting at those endless corporate presentations of incredibly good drugs as well as at reviews of absolutely unbiased internationally acquired data. At the same time I have been living in a very different reality, treating people with old medications as the new ones proved ineffective. Trapped in a double professional standard, I began to ask myself where things get distorted and I even arrived to some definite conclusions.

On the way to this meeting I had already organised my thinking around the concept that I would participate in the same sort of event. However when I joined the discussion and acquainted myself with the ideas, projects and visions of Joseph Zohar, René Kahn, and Jean-Pierre Lépine I told myself that I had simply not mingled with the right people. My bewilderment was complete when during the whole educational course at Fenerite I was gently but persistently led to the same conclusions and solutions to which I had arrived before. The whole experience enriched my general view on evidence-based medicine as I could look at it from the perspective of three impartial and competent experts. Our conversation ran smoothly and was completely unpretending. Moreover, I found it awfully stimulating to share my personal experience, no matter how unwieldy it was and to exchange opinions with people who had fresh ideas about how to make medicine and psychiatry effective and useful in the real world.

There were bad things as well. All was over in a jiffy, one could hardly take one’s breath and above all a lot of issues were left outside the discussion but anyway, the important thing is to have the questions inside your head. The answer will be found sometime.”

Georgi Vinchey
Forth year of specialization in psychiatry Sofia University Hospital Alexandrovo, psychiatric clinic, Bulgaria.

"For the first time in my professional biography I was formally asked to present a CV and project summary so I could attend a meeting. I was intrigued to find which ‘wonders’ awaited me there… A computing group gathered far away, my thoughts the farsighted reach of the pharmaceutical industry in a Bulgarian remittance village with the only ‘mecanic’ idea to bear to ask and to wonder what happens with psychiatric SCIENCE and how the results of serious and REAL research should be obtained and presented.

On the first day the visiting experts formally presented their topics and in the following discussions I felt proud of the fact that I am a psychiatrist and I can grasp the manner in which psychiatry is ‘made’ to be strict, honest, and not in the conditional inclination. During the second and last day of the event the experts consulted the research projects of the participants. This brought the inevitable disappointments. All of us lack good tutors and try to compensate by reading thick volumes. But when you encounter a professional who is not only giving a structure to your ideas but also in generating ideas that fit perfectly into your ‘revelations’, you just want to go on discussing every issue in depth and in no hurry. Unfortunately the time limitations did not allow such comprehensive review of the really interesting projects and it made me feel abstinent and ask continued on page 4
Jan K. Buitelaar: “Children are not simply small adults!”

Jan Buitelaar, professor in adult psychiatry and child and adolescent psychiatry at UMC St Radboud in Nijmegen, the Netherlands, will be giving a plenary lecture at the 17th ECNP Congress in Stockholm, Sweden. In this lecture he will concentrate on the neurobiological development of ADHD and autism. Buitelaar got involved with child psychiatry during his studies and since then has been fascinated by the versatility and different angles in the therapy.

As I prepared for this interview I searched Internet for background information and more and more I came to the impression that you primarily deal with ADHD. Would you agree with this impression?

“The main disorders in children are ADHD and autism, in a somewhat lesser degree you will also find children with depression and Tourette syndrome. In the 80s I started studying child psychiatry as I wanted to find out more about the development of psychiatry and its necessity to embrace the understanding of the child. However, I am fascinated by the versatility - not only the child but his or her environment play an important role in the treatment. You cannot just talk to a child in therapy. You have to be very creative and use all kinds of techniques. However, I am also a bit too versatile for me! Therefore, I have tried to develop a medication treatment with stimulants as Methylphenidate (Ritalin) and dexamphetamine. This particular drug stimulus the frontal cortex that controls regulating and planning so, in short, it is a small but essential treatment to overcome a problem in a bit more relaxed manner. Also concerning the medicinal treatment, I must emphasise the role of education. Understanding the illness is the first step also for children! Of course, education is also important for people suffering from Borderline Disorder. There is no standard medicine for treatment for Borderline. At the UMC St Radboud we have tried antipsychotics for this group and although we booked good results we cannot say that as a standard we treat Borderline with antipsychotics.

What about the prescription of children’s medication?

“One medication for children in paediatrics is often off label” as many of the instruction leaflets of medicine given to children usually advise against prescribing the drug to under eighteen year olds. The reason being that no research has been done on the age groups below eighteen. The same goes for children’s medication concerning neurochemical and psychiatric disorders. A notable exception is Ritalin that has been tested on 6 - 18 years olds and acknowledged by EMEA (For more information on EMEA, see ecnp matters 5). There are a few more general drugs that have been tested on children and approved by EMEA. However, hardly any antipsychotic has been tested on children. There have been some, it a job with SSIS, however with a bias between published and unpublished data, generating more questions than giving answers for clinical practice. The reason for the lack of research is that it is up to the pharmaceutical companies to decide which drugs they should be researching in which group. Research in children is just too much fast and also not as lucrative for the them as there are several age groups they have to test on and relatively small populations to make it worth their while.

How do you feel about this situation?

“I think it is very bad not to have research results for children’s medication. There is some research going on, but it is taking a long time. In the United States the Food and Drugs Administration can strongly request the industry to conduct a certain research in exchange for licensing. I don’t know if that is the ideal situation but I do believe we need a change. The problem with Europe is that even though there is a central European Medications Authority (EMEA) every country has its own traditions. (Also see ecnp matters 5 for more information on registration.) It appears to be difficult to get all countries in line with regard to children’s medication, especially those concerning psychiatric and neurological disorders. The Netherlands, France, Germany and Scandinavia follow the American approach. On the other hand, the United Kingdom is fairly anti when it comes to prescribing drugs for neuropsychiatric disorders to children.

Jan Buitelaar’s plenary lecture ‘Children and Adolescents: the future of psychiatry’ will take place at the 17th ECNP Congress on Monday October 11, 2004 (11.15 - 12.00). More details can be found in the preliminary programme or on www.ecnp.nl.
Despite the improved tolerance of newer antidepressants as compared to older tricyclic agents, we urgently need more studies on efficacy — and pragmatic solutions to the treatment of depression — of greater efficacy. If possible, with complementary properties permitting control of co-morbid anxious and cognitive symptoms. There has been spectacular progress in experimental research over the past decade. However, the difficulty remains of translating these gains in knowledge into benefits for patients. In rising to this challenge it is important to remember that depression is a heterogeneous disorder with a complex and multifactorial etiology involving genetic (hereditary), developmental (neonatal) and environmental (life events) factors. Within this light, several interrelated and fundamental issues must be addressed.

First, the impact of the human genome

Its sequencing has fuelled hopes of discovering hitherto-unknown targets for improved symptomatic control of depressive states, and even their prevention in predisposed individuals presenting genetic, endocrine or neurological markers. Further, though it is unlikely that a ‘gene for depression’ will be found, subpopulations of patients may express genes rendering them vulnerable to other genetic, developmental and/or environmental factors. However, identification of novel genes (targets) potentially implicated in depressive states is by no means the end of the story, it is just the beginning. There is no pre-programmed and straightforward sequence from the genome to improved treatment of disease: genome-derived drugs are not inherently better than any others, and they are certainly not quicker or easier to discover and develop. The real bottleneck in drug discovery have not changed: rigorous, pre-clinical target validation, transformation of chemical leads into genuine drugs requires the stringent pharmacological, pharmacokinetic and toxicological criteria (the first five years of high-throughput screening and allied technologies have proven hugely disappointing) and imaginative, well-controlled clinical trials.

Second, monoamines fulfill a pivotal role in the control of mood, and in the pathogenesis and treatment of depressive states.

All currently available antidepressants act by a broad-based reinforcement of corticolimbic monoaminergic transmission. One may, then, enquire whether depressive states can be improved via mechanisms acting independently of monoaminergic networks. Certain novel agents may act upstream of, and modulate, monoaminergic transmission — as illustrated by neurokinin1 receptor antagonists which were initially pro- claimed to work by an entirely new mechanism of action. Other classes of drug may act downstream of monoaminergic pathways, perhaps converging onto common cellular substrates. However, clinical proof that depressive states can be alleviated by agents not involving monoaminergic mechanisms is awaited. It is crucial, therefore, to pursue multi-level non-monoaminergic and combined strategies in the search for novel anti-depressant approaches.

Third, for genome-derived, novel targets “specificity” of drugs actions is invariably emphasized. That is, priority is afforded to drugs interacting exclusively with a single site hypothesised to be implicated in depressive states. Together with current research strategies (such as knock-out mice), selective agents are indispensable in the experimental characterisation of novel targets. However, it may be questioned whether drugs with highly discrete actions are well-adapted to the treatment of a disorder as complex as depression which entails a widespread perturbation of cerebral function. For novel targets, it may be wise to incorporate activities rendering the drug perturbing other (established) modes of action. That is, multi-target agents should be prioritised for the improved treatment of depression.

The key notion of ‘time’

Partly for reasons outlined above and in view of the intrinsically difficult and time-consuming nature of drug discovery, the opportunity to discuss my results with many other scientists. I must admit that I have rarely encountered such a positive response to a poster presentation. It was most encouraging.

At the ACNP meeting I was also invited to two social events, The Travel Award Breakfast and The Travel Award Luncheon, arranged for all Travel Awardees (about 40) who had received their Awards from various organisations. Both events were very pleasant indeed.

My general impression of the ACNP meeting is that the quality of the presentations was high, generally presenting state of the art science, and that the participants were genuinely interested in discussing the results. Since it is necessary to be an ACNP member to participate in the ACNP meeting, I should mention some of the messages that I wished he would be two panel sessions. The first one was From NMDA to D1 dysfunction and back. Herz, to pursue mono-nucleotides non-monoaminergic and combined strategies in the search for novel anti-depressant approaches.

4

2003 ECN-ACNP Exchange Award

Winner Monica M. Marcus reports...

“As one of the winners of the 2003 ECN-ACNP Exchange Award I was invited to participate in the ACNP Congress in Puerto Rico, USA, December 2003. I was also invited to send in my abstract that was presented and awarded at the 2003 ECNP Congress in Croissy-sur-Seine, Paris, France. In this capacity, he is confronted on a daily basis with the challenge of discovering improved drugs for the treatment of depression and other CNS disorders, a lengthy and complex undertaking.
The history of HCNP: Exchanging information and catalysing progress

Csaba M. Banki, president HCNP

The Mediterranean coastline of Andalusia, southern Spain, is among the driest, sunniest regions in Europe. One of the rare exceptions was in October 1992. During the 5th ECNP Congress held in Marbella, the sky was continually covered with dark clouds and heavy rains showered intermittently throughout the whole week. It was during those dour days that five Hungarian psychiatrists, while unwillingly staying indoors in the late afternoons, decided to establish a new national organisation for the promotion of psychopharmacology and psychology research, and information exchange in Hungary: the Hungarian College of Neuro-Psychopharmacology (HCNP).

Those ‘founding fathers’ were Mihaly Arato, Istvan Bitter, Zoltan Rihmer and Zoltan Janka. At that time Hungary was simmering with new endeavours, ambitious enterprises, reforming and reorganising practically everything – and all this in an atmosphere of constant flux, savouring the long-awaited return of western-style social freedom. By forming the HCNP we did not seek to create just another formal association with membership lists, stamps, secretaries and busy accountants – though we did create a simple letterhead and a logo emphasizing our commitment to HCNP – but rather a small group of opinion leaders. Our modest objective was to bring the experts together and let them regularly exchange experience as well as harmonious views about clinical psychopharmacology and psychopharmacology research.

Little competition

HCNP was formally inaugurated in May 1993. Although the College has always enjoyed full and unreserved professional support from several parties, it has remained an independent College with no direct financial ties. This proud independence has, of course, had the obvious downside that the organisation on its own could only afford pure intellectual activity, exactly what we intended. Being a loosely formalised group, HCNP members have had little competition for board positions in the past decade. The true originator of the College, Mihaly Arato (who unexpectedly died on July 27 2003 at the age of 55), chose to serve first as general secretary, later this duty was taken over by Zoltan Rihmer, a prolific author of clinical psychopharmacology papers and a renowned clinician and teacher at the National Institute of Psychiatry and Neurology in Budapest. Zoltan Janka, professor and chair at the Stent-Gyongy University Medical School in Szeged, and Istvan Bitter, now professor of psychiatry at the Semmelweis University Medical School in Budapest, keep holding the positions of vice-presidents. Having faithfully served almost thirty years (which at times feels like 300) at the Regional Psychiatric Hospital in Nagykálló (the second largest specialist institution close to the eastern border), currently as scientific director I was unanimously elected HCNP President in 1993. I consider this a genuinely privileged appointment that has remained (to my surprise) in effect until now.

A platform

Membership is free to anyone with an academic degree, demonstrating significant activity in neuropsychopharmacology and with original research papers published in international journals. Despite the fact that the initial board meetings repeatedly rejected the idea of a membership fee, HCNP has never had more than fifty members. Hungary is a small country with less than eight hundred psychiatrists and only a few dozen dedicated neuropsychopharmacologists. The prime aim of HCNP has been to serve as a platform for information exchange and consensus seeking in clinical practice and research. It has always been active in promoting and shaping a psychiatric residency training programme. In cooperation with the Hungarian Psychiatric Association and all its allied organisations, this university-based postgraduate educational network has been gradually developed countrywide (with regional centres). HCNP has contributed to the psychopharmacology part of the curriculum. This training system in psychiatry was duly adopted in 1998. HCNP continues to provide educational workshops and local or regional thematic courses for the residents. Continuous Medical Education (CME) was another important issue that had to wait decades until becoming reality. It also started as a voluntary movement, slowly progressing toward a nationwide structure. HCNP was among the proponents of adopting a uniform continuing medical education scheme in Hungary, which came to formal existence in 1995. The first official CME training courses in biological psychiatry and psychopharmacology took place at the Semmelweis University Medical School in Budapest each year between 1995 and 1999, co-organised by HCNP and the Hungarian Psychopharmacological Society.

The very best

Clinical therapeutic guidelines in psychiatry were absent in Hungary before 1990. HCNP therefore considered it first priority to organise a series of national consensus conferences with the objective of formulating and publishing guidelines; we have since then continued these efforts, in Hungary.

HCNP consensus conferences were held in 1996, and the resulting material was reproduced in the pharmacotherapy section of the general therapeutic proposals in psychiatry, issued by the Hungarian College of Psychiatrists. HCNP assumed responsibility for maintaining and regularly updating these guidelines; we have since then convened national consensus conferences at least once every three years. It is a small country’s advantage that almost all the potential participants in a field already know each other and that they are able and willing to personally attend these meetings (or at least forward their comments). This makes HCNP documents true ‘consensus papers’.

Though originally we did not have it in mind, HCNP could not long resist the temptation to introduce its own scientific meetings, customarily held in Nagykálló in late November every other year. These thematic conferences have always attracted the very best presentations and about three hundred participants. The last conference took place in November 2003, with a somewhat provocative title ‘Do Recent Results in Neuroscience Affect Psychiatric Diagnosis and Treatment?’. Dedicated cooperation

HCNP is an advocate of international cooperation as well. We started out with the immediate intellectual support of ECNP and after only two years, we became a Correspondent Organisation of CINP, a mark of respect we consider most encouraging. The somewhat less formal but no less dedicated cooperation with ACNP is another source ofelan. The board members of HCNP are among the most productive and most cited authors in their field. They publish in international journals or in any of the existing Hungarian ones. Moreover we have an HCNP newsletter that contains all the consensus conference papers, the guidelines, the conference abstracts, and any relevant news.

We look to the future with somewhat mixed feelings. Ten years ago neuro-psychopharmacology research and practice in Hungary was on the rise. Diagnosis and pharmacotherapy improved spectacularly and the apparently unshakably high suicide rate decreased by more than 30% within less than 15 years. The scientific output in Hungary was remarkable both in quantity and in quality. More recently this progress slowed down significantly. Neuro-psychopharmacological research now seems to be less attractive to the younger generation (with due respect for the few exceptions) and the modernisation of pharmacotherapy has been severely hampered by government interventions and their firm unwillingness to even negotiate with professional organisations. We definitely hope that this is just a transient period and still look forward to a renewed scientific interest and research activity in years to come.
ecnp matters

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Calendar of ECNP Events

ECNP Congresses:
October 9 - 13, 2004
October 22 - 26, 2005
September 15 - 20, 2006
October 13 - 17, 2007
September 20 - 24, 2008

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ECNP Workshop on Neuropsychopharmacology for young scientists in Europe:
March 4 - 6, 2005
Nice - France
• Molecular Neuropsychopharmacology
• Clinical neuropsychopharmacology: Focus on Depression
• Depression: Towards New Drug Targets

ECNP Consensus Meeting:
March 6 - 9, 2005
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8th ECNP Regional Meeting, Moscow - Russia
April 14 - 16, 2005
• Depression
• Anxiety
• Aging
• Alcohol, Drugs and Tobacco Addiction

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• April 14 - 16, 2005: 8th ECNP Regional Meeting, Moscow

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Swiss Society of Biological Psychiatry

For more information: www.sshp.ch/dreilaender