Preview on highlights in Amsterdam 2010

Michel Hamon, France
chair Scientific Programme Committee

This year, the 23rd ECNP Congress in Amsterdam promises to be Europe’s most important rendezvous for basic and clinical neuroscientists involved in translational research dedicated to brain-related diseases.

The Scientific Programme Committee has selected among the numerous proposals made through the ECNP website those with scientific excellence and hot topicality in order to set up a high-level, well-balanced scientific programme.

Twenty-eight symposia and six educational updates dedicated to various aspects of neuropsychopharmacology – from basic neuroscience to the most recent development in clinical research in affective, psychotic, anxiety, addiction and neurological disorders – will allow the world’s best experts to present and discuss their most recent data with thousands of delegates coming from the five continents.

Among topics of special interest that promise to be the centre of stimulating discussions:

• Early life gene-environment interactions as risk factors of psychopathologies
• Neurobiological mechanisms underlying endogenous circadian rhythm dysregulation, eating disorders and excessive weight gain
• Comorbidity of pain and neurovegetative dysregulations with psychiatric disorders
• The identification of novel molecular targets for innovative potential treatments of depression, psychoses, dementia, and alcohol and other drug addictions

Plenary lectures will be dedicated to especially important fields of translational (basic and clinical) research in neurosciences: epigenetic regulation of cognitive functions by Isabelle Mansuy, the dynamic hippocampal networks in behavioural controls by György Buzsáki, and the biomarkers in Alzheimer’s disease by the winner of 2010 ECNP Neuropsychopharmacology Award Kaj Blennow. I am especially pleased and grateful that all three plenary lecturers have committed themselves to participate at the Young Researchers’ Breakfast meetings. You can find further details on this new item on page 2.

I would also like to draw your attention to the brainstorming sessions, proposed by ECNP members as a forum to discuss issues that are of interest to congress participants. Finally, the poster sessions, at which more than 750 posters will be presented, will give you the opportunity to get early access to novel findings and discuss them face-to-face with their presenters.

In addition, 13 satellite symposia are being organised with educational financial support by the industry covering a variety of topics and indications in psychiatry.

I look forward to see you at the 23rd ECNP Congress!
NEW at the 23rd ECNP Congress

Members’ lounge
All ECNP members will have free use of the members’ lounge at the 23rd ECNP Congress. Besides a relaxing atmosphere, the members’ lounge will offer wireless internet, a computer with printer and refreshments.

The ECNP members that have registered for the congress will receive a special 'member' badge at the members' registration desk. Please note that to have access to the members' lounge you need to show this badge.

Young Researchers' Breakfasts
ECNP is continuously searching for ways to involve young scientists in ECNP activities on neuropsychopharmacology. This year it has been decided to organise Young Researchers' Breakfasts at the 23rd ECNP Congress. On three consecutive days, one of the plenary lecturers will be available for a meet-and-greet with a group of no more than 25 selected young researchers. In an open, friendly environment they will be encouraged to learn from these established senior scientists.

Young researchers registered for the congress will be invited to apply for attendance at one of the sessions. In addition, the 2010 ECNP Fellowship Award winners will be able to choose which of the three sessions they will attend.

Webcasts
Plans are being made to webcast the entire 23rd ECNP Congress.

In order to increase the accessibility to research featured at ECNP meetings, ECNP has begun an initiative to record and publish presentations from its congresses and other meetings. The programme was piloted last year with a selection of presentations from the 22nd ECNP Congress. This year two more meetings have been added: the 2010 ECNP Workshop of Neuropsychopharmacology for Young Scientists in Europe and the ECNP Stand-alone Meeting ‘Neuropsychopharmacology across Brain Diseases’.

ECNP Targeted Expert Meetings
27-28 August 2010, Amsterdam, The Netherlands

The ECNP Targeted Expert Meetings can be attended by invitation only. The provisional programme is available on the ECNP website www.ecnp.eu.

Main topics:
- Addiction: genetics and addiction in animals and humans
- Child and Adolescent Neuropsychopharmacology: ADHD molecular pathways, neuroimaging, and animal models
- Neurological Disorders: multiple sclerosis cognitive impairments, neuropsychiatric syndromes, and the structural and functional basis
- Psychotic Disorders and Antipsychotics: schizophrenia and the search for genes, cognitive impairments and early intervention

More environment-friendly initiatives
At the 23rd ECNP Congress, ECNP continues to contribute to the preservation of natural resources through its ‘green’ initiative:
- The congress bags are for the most part biodegradable
- Only congress-related printed material will be in the congress bag*
- Congress pens are biodegradable
- The notebooks are made of FSC certified paper
- Badge lanyards are biodegradable
- The CD-ROM cover is paper instead of plastic

If you have more ideas on how to help ECNP to keep up with the implementation of ‘green’ initiatives, please contact the ECNP Office at secretariat@ecnp.eu.

ECNP is very pleased that the congress venue, Amsterdam RAI Exhibition and Convention Centre, also takes a serious stand on the environment. Waste, water and energy-saving methods and an in-house waste programme are examples of its ‘green’ awareness. Further details can be found on the RAI website www.rai.nl.

* News on future ECNP activities will be made available at the ECNP stand and the ‘Future Events’ stand at the 23rd ECNP Congress, and on the ECNP website www.ecnp.eu.

24th ECNP Congress
3-7 September 2011, Paris, France

Further information about the 24th ECNP Congress, including the call for papers for poster presentation, will be available on the ECNP website from the end of August 2010 onward.
It was a long, cold winter all over Europe, but nothing could stop the progress of neuroscience and translational research in neuropsychopharmacology. Hence, over 120 scientists, including senior researchers as well as junior investigators, gathered in Nice to discuss their latest findings at the ECNP Workshop on Neuropsychopharmacology for Young Scientists in Europe.

The workshop has already a long-standing tradition of fostering education and scientific exchange among young research fellows and PhD students in a relaxed, albeit intensive, working atmosphere. This year, again, excellent posters and outstanding oral presentations on molecular, behavioural and clinical neuropsychopharmacology were delivered. The special topic this time was ‘Bipolar Disorders’ and it was nice to see so much progress in translational research in this field, from genetics to neuroimaging and clinical trials.

Now the winter is gone and we can hope to see the blossoming of plants along with the flourishing of research in neuropsychopharmacology, based on the outcome of our recent workshop. Despite our concerns on the empty pipelines of many pharmaceutical companies and the closure of drug discovery centres across Europe, the high-quality performance of our young scientists is cause for optimism about the long-term future.

We very much look forward to the forthcoming 2011 ECNP Workshop!

Input from participants

Nóra Domján, Hungary

P4.002 Mismatch negativity and executive functions in schizophrenia and bipolar disorder

Please tell us something about your background
I graduated as a psychologist four years ago and now I am a PhD student.

What has been the aim of your study and did you succeed or did you find something unexpected?
My main research field is the comparison of cognitive and electrophysiological measures of patients with schizophrenia and bipolar disorder. The poster I brought to Nice represented a part of my work regarding the rule-learning ability. In schizophrenia it is well proven that the mismatch negativity (MMN) event-related potential is impaired and the patients perform worse on the Wisconsin Card Sorting Test compared to healthy controls. In bipolar disorder these measures are less studied. There are few data about the connection between the two measures. My colleagues and I expected that the achievement on WCST and the amplitude and/or latency of the MMN evoked by duration and pitch deviant auditory stimuli will be correlated, because the former reflects the conscious level of rule-learning and the latter can be related to unattended rule-learning. We found that they are differently affected in the two different psychiatric disorders: WCST and MMN are both impaired but they are correlated only in the bipolar group. This result might indicate that the two patient groups are not connected. This contradicts the nowadays more and more widespread notion that they are part of one psychotic disorder spectrum.

What did you learn at the workshop?
The workshop has been very useful to me because I have learnt much about the biological and genetic basis and processes of the disorders I am studying. It was good to hear about the newest research results on this field and even better to see how many active and talented young researchers there are in Europe.

Did you make useful contacts?
I have met many very nice and smart people in Nice.

What is your overall impression?
This opportunity is great as here both young scientists and experienced researchers can meet and can get ideas on what and how to investigate.

Sabah Kelaï, France

P1.017 Netrin G1 polymorphisms in cocaine and alcohol codependence vulnerability: from mice to men

Please tell us something about your background
I am a scientist, and I have always worked in the field of...
The co-morbidity between depression and somatic disorders is a reason for concern. There has been a long discussion on whether depressive symptoms are a consequence of medical disease or whether they precede the medical diagnoses. The aim of my study was to analyse the prescription rate of drugs to subjects with adolescent depression followed over 15 years. We found that females with adolescent depression had a significantly higher rate of psychotropic and non-psychotropic prescription drugs as compared to the controls as well as to formerly depressed males. These males were under-receiving medicine and/or were under-diagnosed. The present study suggests that adolescent depression may increase the prevalence of infections, inflammations and autoimmune diseases in females later in life because they respond to similar stressful events differently from males. Hence the former depressed-men group in our study seems to have a different depression pattern, with no increased prescription of drugs 15 years later, compared to the formerly depressed-women group and the control group. The results indicate longstanding vulnerability in subjects with adolescent depression.

What has been the aim of your study and did you succeed or did you find something unexpected?

The aim of my study was to characterise new candidate genes involved in addiction in a mice model and to validate them in human patients. I have succeeded because I have characterised the netrin G1 (NTNG1) gene that is down-regulated in mice and I have demonstrated genetic vulnerability to alcohol and cocaine co-dependence in humans. This result is very interesting because it is the first one to suggest the role of NTNG1 in addiction. However, these results lead to new questions: is this human polymorphism associated to an alteration in NTNG1 expression? Is NTNG1 expression modified in brain of humans addicted to cocaine?

What did you learn at the workshop?

I have learned very interesting data on mechanisms of placebo, nocebo and placebo-related effects across disease and treatments. This lecture given by Fabrizio Benedetti was very convincing because it underlined the difficulties of working in psychiatric and mental areas.

Did you make useful contacts?

Yes, I met other young researchers working in the same field and who worked with post-mortem samples of alcoholic and even cocaine-addicted patients. This could be a great opportunity to confirm my data.

What is your overall impression?

Very, very, very positive. I will recommend this workshop to all my young colleagues, because it gives a real opportunity to exchange ideas with other young researchers. Moreover, unlike a classical congress, here we had time to see posters and to interact with other young researchers and sometimes it can be very interesting to meet a young researcher from a lab that we are interested in – a postdoc, for example – and not only the director of the lab.

Aivar Piären, Sweden

P.3.014 Long term follow up of adolescent depression: history of drug prescriptions

Please tell us something about your background

I am an MD, MPH, and I work as a child and adolescent psychiatrist, as well as doing part-time work on the guidelines for bipolar and psychoses in the Stockholm area. I am PhD student at Uppsala University, Sweden.

What has been the aim of your study and did you succeed or did you find something unexpected?

The co-morbidity between depression and somatic disorders is a reason for concern. There has been a long discussion on whether depressive symptoms are a consequence of medical disease or whether they precede the medical diagnoses. The aim of my study was to analyse the prescription rate of drugs to subjects with adolescent depression followed over 15 years. We found that females with adolescent depression had a significantly higher rate of psychotropic and non-psychotropic prescription drugs as compared to the controls as well as to formerly depressed males. These males were under-receiving medicine and/or were under-diagnosed. The present study suggests that adolescent depression may increase the prevalence of infections, inflammations and autoimmune diseases in females later in life because they respond to similar stressful events differently from males. Hence the former depressed-men group in our study seems to have a different depression pattern, with no increased prescription of drugs 15 years later, compared to the formerly depressed-women group and the control group. The results indicate longstanding vulnerability in subjects with adolescent depression.

What did you learn at the workshop?

Even if the molecular and behavioural neuropsychopharmacology was a little bit difficult, I still found some lectures very interesting and useful in my research and even clinical work. I enjoyed very much the clinical neuropsychopharmacology sessions. My main interest was in the bipolar disorders topic where both speakers, Allan Young and Eduard Vieta, met my expectations. It is a pity that Huseini K. Manji could not come. All main speakers were brilliant and matched well to the ECNP Workshop programme.

Did you make useful contacts?

It was possible to meet young scientists from all over Europe and I had the possibility to establish new contacts. No less important was the chance to communicate and socialise with different senior specialists of ECNP.

What is your overall impression?

I enjoyed very much the place, time and atmosphere of the ECNP Workshop in Nice. I found this event quite useful and can warmly recommend it to my colleagues. I am looking forward to the possibility to take part in other activities organised by ECNP.

Abbie Pringle, United Kingdom

P.3.017 Acute low dose trophane depletion in volunteers at high risk for eating disorders

Please tell us something about your background

My first degree was in psychology. Since then I have completed a Masters in neuroscience and have just gained a PhD in psychology.

What has been the aim of your study and did you succeed or did you find something unexpected?

The aim of our study was to integrate psychological and biological approaches into our understanding of the maintenance of and vulnerability to eating disorders such as anorexia and bulimia nervosa. In particular, we wanted to consider whether serotonergic dysfunction could underlie some of the changes in emotional processing which appear
to be associated with the disorders. In the study, we were able to demonstrate that manipulating serotonin in volunteers who were at risk of developing an eating disorder by virtue of their dieting, results in changes in an attentional bias to negative stimuli including those related to eating, weight and shape. We believe that this study has been successful in providing some preliminary evidence that serotonergic dysfunction could underlie some of the changes in emotional processing seen in eating disorders.

What did you learn at the workshop?
I learnt was how to get involved and communicate with peers and more senior scientists.

Did you make useful contacts?
I met a number of other young scientists working in similar areas and enjoyed exchanging ideas with them.

What is your overall impression?
The Workshop is a great opportunity for young scientists to experience the wide range of neuropsychopharmacology currently being undertaken in Europe. It’s also a fantastic chance to increase your poster presentation skills in a friendly environment, and to interact with other scientists in perhaps a more open and informal atmosphere than a more conventional conference.

Thanks for the opportunity to write this!
In August David Nutt will step down as President of ECNP. He takes this opportunity to look back upon his time in the presidency, and to consider where the future might be heading both for neuropsychopharmacology and ECNP. In this he occupies an especially interesting vantage point, as his career has brought him not only academic distinction but has also involved him in significant political controversy. The head of the Neuropsychopharmacology Unit at Imperial College London since 2009, David has also served on the UK’s Committee on Safety of Medicines and (as chairman) on the Advisory Council on the Misuse of Drugs. Since his removal from the latter post in a very public confrontation with the British government in October 2009, he has become one of the most high-profile scientists in Britain and its leading spokesman for drug reform and scientific independence.

Interview President of ECNP: David Nutt, United Kingdom

As you look back on your three years as president, what achievements or initiatives are you especially proud of?

Two things I would point to that we achieved that I believe will be very important for the organisation. One is the appointment of a new executive director – indeed, the creation of that whole role. This is a big step in the ongoing process of professionalising ECNP and giving it a firm foundation for the future, especially as its ‘elder statesmen’ are now one by one starting to retire. The other is the appointment of a new editor of ECNP’s journal European Neuropsychopharmacology. This is another role critical to the organisation’s long-term future and goals, and finding the right person for this also took a lot of discussion and work, but I’m very happy with the result. Both organisationally and scientifically we’re now in pretty good shape.

We have also added to our range of activities in ways I am very proud of. The School of Neuropsychopharmacology for young psychiatrists has entered its second year, and is an excellent initiative. And this year we held our first stand-alone meeting to bring together basic neuroscientists, neurologists and psychiatrists – another extremely stimulating and productive venture that I hope will be repeated. It is one more example of the ways in which ECNP is acting to bridge neuroscience disciplines and provide a Europe-wide platform for discussion and exchange.

We have also introduced the Research Grant for Young Scientists, which gives three grants a year to European post-docs of up to EUR 50,000 each. This addresses another key priority of the organisation: to stimulate research and career development in young investigators, and to link research between countries, since the grants are specifically for cross-border projects. Already since the award’s launch in 2008, we are seeing a cadre of high-performers emerge – researchers who have won the Fellowship Award, say, and now move on to the Research Grant. It’s very gratifying.

Where to from here for ECNP?

ECNP is ideally and perhaps uniquely placed to meet a number of crucial needs. One is providing a European platform for brain science, a way to facilitate and stimulate exchange across Europe’s all too fragmented research community. We are also in a uniquely strong position to encourage common standards of clinical and scientific practice. These two roles – facilitating exchange and pushing for consistent quality – are the fundamental reasons for ECNP’s existence, and there’s always more work to be done. We also need to continue to encourage young scientists, since career structures are getting more complicated and barriers to entry higher. We have done a lot to help young researchers to internationalise their networks and professionalise their work, and I hope we continue to do so. Another key area in which ECNP’s role is critical is translation – in both directions. This is where the ECNP Congresses, Workshops and Targeted Expert Meetings help. Again, it is something ECNP is especially well placed to promote.

What has made all of these meetings and initiatives possible, of course, is ECNP’s underlying financial strength. We have been very fortunate over the years to have very astute leadership. But the environment is changing all the time, and our revenue model may at some point have to change with it. Retaining our financial reserves against a possible ‘rainy day’ is, in my view, a basic and necessary precaution.
Your much-publicised head-to-head with the UK government over the relative harms of different intoxicants highlights a significant gap between public perceptions and the scientific consensus. How have these two managed to drift so far apart, and what can be done about it? Are there lessons for Europe more broadly in the UK experience?

The UK situation is probably more extreme than in most other European countries. The impending election and the need for politicians to appear ‘strong’ has also not helped the quality of the debate on drugs, and the level of understanding of science in general in the UK parliament, it has to be said, is quite low. But even though the UK, like other countries, is constrained by international treaties that regulate drugs policies, other countries manage to be more flexible. The Dutch approach, for example, is more proportionate and reasonable, and I especially like the coffee shop system and the availability of medicinal cannabis, something we have not had in the UK for nearly 40 years. The danger is when policy becomes infected by ideology. In the UK, partially because of the aggressive and politicised press culture, disseminating objective information is quite difficult, and politicians often form their views of what the public wants through the same very highly coloured press filter. Other European countries tend to be more sensible in this regard, but some of the same trends are also evident. If there is a lesson from the UK, it is that the scientific community has to work to actively inform and engage the public. Many scientists will see this as a distraction, but the alternative is to risk the debate being hijacked by those with special interests.

What is your take on the long-term future of neuropsychopharmacology as a discipline? Where do the biggest threats and challenges lie?

Neuropsychopharmacology is still to my mind the most exciting discipline for reasons of scale, challenge and variety. It will continue to grow as techniques develop and the full power of genetic and imaging approaches is continually brought to bear. And it will remain the hub discipline. It is where advances in basic neuroscience connect with clinical outputs and are made into workable treatments. This is what continues to make the field so exciting. But it is also, as it happens, where its biggest hurdles for the future lie. As neuroscience keeps expanding at an ever increasing rate, the challenge will be with translational medicine. Unless we make significant changes, clinical science will lag farther and farther behind. Part of the problem here is structural. Translation requires heavy investment, and that has been historically paid for by the pharmaceutical industry. But as the process gets more expensive and more complicated in terms of regulation, private companies are giving up trying. We are seeing this already with the withdrawal of two major drug companies from in-house research into treatments for psychiatric disorders. If this represents a trend, we could see serious long-term damage being done to Europe’s neuroscientific research infrastructure. This is a real threat.

What can be done about this? Are there other models for drug discovery that do not rely on private initiative and investment?

We recently wrote to European commissioners John Dalli [Health and Consumer Policy] and Máire Geoghegan-Quinn [Research, Innovation and Science] about this, expressing our concern at the implications of this withdrawal by two big pharmaceutical companies from psychiatric drug discovery. In the letter we called for a ‘new dynamic’ between researchers, drug developers, clinicians and regulators in research into brain disorders, to ensure we are not dependent on industry alone for the necessary investment. Something like this has to happen – the development of a more flexible constellation of players, including not only big pharmaceuticals but also smaller pharmaceutical companies, biotechnology companies, start-ups and university drug discovery units – ideally coordinated in some way by the EU or member-state governments. Partnerships between government companies and research funders may be a critical way forward, as they have been in the past for orphan drugs and rare diseases. I am pleased to say we have had very supportive responses from both commissioners and have been invited to meet with them to discuss ways to work towards this goal.

But to make this work, some other critical problems also have to be tackled. The criteria for proof of clinical efficacy and safety set by the regulatory authorities for psychiatric drugs are unusually demanding, and satisfactory reimbursements are often very difficult to obtain. This really has to be addressed or we risk making drug development for brain disorders simply untenable.

Then there is the larger perception issue. If a major pharmaceutical company had pulled out of basic research into cancer or heart disease, there would have been public outrage. But the stigma that continues to be attached to mental illness makes it difficult to stimulate public and media support for medicine in this area. And because this perception also reigns in board rooms and financial institutions, it acts to inhibit investment. The problem is systemic. It is a daunting challenge.

ECNP Neuropsychopharmacology Award 2011 in Basic Science Research

Call for nominations

The deadline for the submission of nominations is 15 January 2011.

For further information: www.ecnp.eu
ECNP Award winners 2010

ECNP is proud to announce the winners of the two most prestigious ECNP Awards:

ECNP Neuropsychopharmacology Award in Clinical Research

Kaj Blennow, Sweden
Professor in Clinical Neurochemistry, University of Gothenburg, and Senior Consultant (överläkare), Neurochemical Laboratory, Sahlgren's Hospital, Gothenburg, Sweden.

ECNP Lifetime Achievement Award

Moussa Youdim, Israel
Finkelstein Professor of Life Sciences and Professor of Pharmacology, director of the Eve Topf and US National Parkinson Foundation at the Centers of Excellence for Neurodegenerative Diseases Research and Teaching and the Technion-Rappaport Family Faculty of Medicine and Rappaport Institute in Haifa, Israel.

Winners of the ECNP Research Grant for Young Scientists 2010

Thanks to the support of you, members of ECNP, the ECNP Award Committee received 19 eligible applications for the 2010 ECNP Research Grant. In the third year of its existence even four young scientists were granted with the award:

Livia Carvalho from King's College London, United Kingdom, who will visit the Department of Immunology, Erasmus Medical Center, Rotterdam, The Netherlands

Celia Morgan from University College London, United Kingdom, who will visit the Centre of Excellence for Research on Psychiatry and Psychotherapy at the Central Institute of Mental Health, Mannheim, Germany

Vincenzo Micale from the University of Catania, Italy, who will visit the Laboratory of Neuronal Plasticity at the Max Planck Institute for Psychiatry, Munich, Germany

Laura Musazzi from the University of Milano, Italy, who will visit the Centre for Psychiatric Research at the Arhus University Hospital, Risskov, Denmark

Applications can be submitted from 15 June 2010 to 15 January 2011.

For further information please visit the ECNP website www.ecnp.eu.
ECNP Network Initiative (ENI)

One of the missions of ECNP is to foster research on neuropsychopharmacology in Europe, and one of the best strategies to do that is to support the creation of European networks of centres of interdisciplinary expertise within a given area of neuropsychopharmacology. To this end, ECNP created the ECNP Network Initiative (ENI) in 2007 to spearhead the collection of standardised clinical, psychological, biological and therapeutic data across Europe for analysis in clinical studies and pharmacological trials. Through ENI, ECNP is funding requests from associated networks for a maximum of two years for meetings that cannot be funded by national organisations or the European Union. The intention of the meetings should be to elaborate common methodological approaches and/or to gather jointly relevant data. ENI now covers six networks: Schizophrenia, Anxiety, Brain Imaging, Bipolar, Child and Adolescent Neuropsychopharmacology, and Suicide, and more than 50 European research centres, and has collected data from over 10,000 patients.

Below two of the networks report on their activities and in particular on their success at winning an EU grant under the 7th European Union Framework Programme (KP7).

Optimisation of treatment and management of schizophrenia in Europe: a large health project sponsored by KP7 European Commission

René S. Kahn, The Netherlands
vice-president ECNP Executive Committee
Shitij Kapur, United Kingdom
member ECNP Scientific Advisory Panel

The European network for schizophrenia received a grant of a little over EUR 11,000,000 under KP7.
René Kahn and Shitij Kapur are ECNP representatives on the Schizophrenia ENI.

Schizophrenia is a severe psychiatric disorder that affects approximately 1% of the population worldwide. This large-scale European study aims to improve current treatment of schizophrenia by finding treatment guidelines for drug therapy of first episode psychosis.

350 patients diagnosed with schizophrenia or schizophreniform disorder will be included in 18 European countries. All patients will start a four-week treatment with amisulpride. After four weeks on amisulpride, those patients who have not obtained remission criteria will be randomised over two treatment conditions: continuation on amisulpride or switching to olanzapine. A small part of the initial 350 patients, approximately 25-30%, will still have many psychotic symptoms even after this blind treatment phase. These patients will be treated with clozapine in an open-label fashion. Clozapine is the most effective anti-psychotic agent, but has similar side effects as olanzapine: weight gain and drowsiness.

Most patients will obtain remission of psychosis with a first, second, or third anti-psychotic agent. In the Optimise trial, psycho-social interventions such as family psycho-education, motivational interviewing and text-message reminders for drug intake will be used in an attempt to increase treatment adherence. If treatment adherence could indeed be increased, this would reduce the number of relapses and improve the long-term outcome for patients with schizophrenia.

Another important goal for new drug therapy is to improve negative symptoms. One candidate that may have anti-psychotic potentials and could also ameliorate negative symptoms is cannabidiol. This substance is derived from the cannabis plant, but has no psycho-active properties. Cannabidiol does not block the dopamine D2 receptor, but rather affects the internal cannabinoid system. The first studies in schizophrenia with this new compound are promising, but they need to be replicated in a large group. As part of the Optimise trial, 150 patients with a first psychosis will be treated with either olanzapine, cannabidiol or placebo.

Apart from cannabidiol, other strategies for new drug therapy will be studied. This will be done by means of blood analysis. All 350 patients that participate in the medication trial will be asked to provide a small quantity of blood at several stages of the treatment. The expression of several compounds, such as proteins, fatty acids and inflammation parameters, will be measured in the blood that could provide new directions for treatment. In addition, a special type of MRI scan will be performed in a subgroup of patients. This MRI scan is called Magnetic Resonance Spectroscopy (MRS) and is sensitive to a specific chemical compound in the brain. In the Optimise trial we will apply MRS to investigate glutamate in the brain of patients with psychosis.

The Optimise trial will last six years. At the end of this study, we will be able to provide treatment guidelines for drug therapy of patients with a first episode psychosis. We will be able to recommend if MRI screening for neurological abnormalities is necessary. We will know the efficacy of psycho-social interventions to improve drug adherence. And finally we hope to have new treatment strategies for those patients who respond poorly to current anti-psychotic treatment.

ECNP Child and Adolescent Neuropsychopharmacology Network

Celso Arango, Spain
member Executive Committee
chair ECNP Educational Committee
Jan Buitelaar, The Netherlands
member ECNP Scientific Advisory Panel
member Scientific Programme Committee 24th ECNP Congress

The absence of suitable authorised medicinal products to treat conditions in children and adolescents with mental...
disorders has been a cause of concern for some time. There was a real need to have an independent group of European child- and adolescent-psychiatry experts in the field that could collaborate with each other and other professional groups. Task forces with experts on different issues could have an important and influential presence in different settings on the planning and implementation of clinical research with a focus on treatment efficacy and effectiveness and the science of service delivery.

With the primary objective of enhancing the field of child and adolescent neuropsychopharmacology in Europe and promoting collaboration in research among different groups, the ECNP Child and Adolescent Neuropsychopharmacology Network was established seven years ago. During this time the Network has developed and facilitated EU paediatric psychopharmacological clinical trials and developed the field of child and adolescent neuropsychopharmacology through courses, workshops and symposia and other educational activities under the umbrella of ECNP.

The ECNP Child and Adolescent Neuropsychopharmacology Network convened at the 21st ECNP Congress in Barcelona in 2008, and prepared an EU FP7 grant. This grant was further finalised in autumn 2009, and submitted at the beginning of December 2009 under the name of PERS – Pediatric European Risperidone Studies (coordinator Jan Buitelaar, The Netherlands). The evaluations were very positive, and negotiations opened about the final budget and contract with the EU. This took much longer than expected, but the contract was finalised on 1 May 2010. Meanwhile, members of the ECNP Child and Adolescent Neuropsychopharmacology Network were also successful in submitting two other EU FP7 grants: the ADDUCE grant on the long-term safety of stimulant medications (coordinator Ian Wong, United Kingdom), and the STOP grant on medication-associated suicidality, and its biological, genetic and psychological underpinnings (coordinator Paramala Santosh, United Kingdom). The latter two grants are in the negotiation phase.

Report from the ECNP supported educational symposium at the Spanish National Congress of Psychiatry*

**Ana González-Pinto, Spain**

Eduard Vieta was the chairman in the ECNP supported symposium on 23 October 2009 called ‘New targets in mood and anxiety disorders’. He presented all speakers and also gave information about ECNP, and encouraged young Spanish psychiatrists to participate in the ECNP School of Neuropsychopharmacology organised in Oxford. Guy Goodwin spoke about research done in subjects with liability of mood. These patients presented some cognitive differences when compared with stable patients. Ana González-Pinto spoke about epigenesis, neurotrophic factors and cognition in first bipolar patients. In this research, associations between BDNF and learning ability, and also with functional outcome, were found. Finally, Jose Manuel Menchón presented the use of deep brain stimulation in obsessive compulsive disorder (OCD) patients. At the end of the presentation there was an interesting discussion with several interventions by the audience.

**New targets in mood and anxiety disorders**

Chair: Eduard Vieta, Spain

Cognition and mood disorders
Guy Goodwin, United Kingdom

BDNF and neuronal plasticity in the aetiology and treatment of mood disorders
Ana González-Pinto, Spain

Deep brain stimulation in obsessive compulsive disorder
Jose Manuel Menchón, Spain

For further information:

www.psiquiatria.com/noticias/ansiedad/44825/

www.psiquiatria.com/noticias/psiq_general_y_otros_areas/neuroimagen/44916/

* Organised by the Spanish member of the ECNP Board of National Societies, Sociedad Española de Psiquiatría Biológica, together with the Sociedad Española de Psiquiatría, and the Fundación Española de Psiquiatría y Salud Mental.

Report from the ECNP supported educational symposium at the 26th Meeting of the German Association of Neuropsychopharmacology and Pharmacopsychiatry (AGNP)

**Axel Steiger, Germany**

secretary of AGNP

A special highlight of the 26th Meeting of the AGNP was the ECNP supported educational symposium on 9 October 2010 entitled ‘Sleep, depression and antidepressants’.

Ulrich Hemmeter reported on ‘The pathophysiology of sleep-EEG changes in depression’. Sleep EEG shows characteristic changes in depression: disinhibited REM sleep, reduced non-REM sleep and impaired sleep continuity. The cholinergic-aminergic interaction model and the extended two-process-model both help to understand the pathophysiology of these changes. The balance between the neuropeptide GHRH promoting non-REM sleep and CRH promoting REM sleep and impairing non-REM sleep is thought to be changed in favour of CRH in depression. Martin Hatzinger spoke on ‘Sleep EEG as a predictor of therapy response and illness course’. Abnormal sleep-EEG variables are closely related with HPA system dysfunction. A positive correlation exists between cortisol and the number of episodes during the long-term course. Unfavourable sleep patterns are associated with unfavourable long-term outcome. In kindergarten children, cortisol is elevated in bad sleepers. REM density, a measure of rapid eye movements during REM sleep, is elevated in unaffected probands with a high risk for depression.

‘Sleep deprivation (SD) as a research tool for antidepressant treatment’ was addressed by Edith Holsboer-Trachsl.
SD leads to a rapid antidepressive effect in 60% of depressed patients. Frequently a relapse occurs during the recovery night. Microsleep, i.e. short/ultra-short sleep episodes not recognised by the patients nor by their environment, was detected by continuous sleep-EEG recording during SD. Mood was better in patients with low rather than with high amounts of microsleep. Two studies showed that the acute mood response during SD is not associated with the suppression of sleep pressure by the GABA-A-benzodiazepine receptor antagonist flumazenil or by the psychostimulant modafinil. Different circuits appear to regulate mood and sleep-wake-behaviour during depression.

David Nutt, president of ECNP, spoke on ‘Treatment of insomnia related depression’. Insomnia is a common symptom of depression that contributes to suffering, increases suicide risk and retards outcome. It is a significant risk factor for the development of depression. Antidepressants generally improve insomnia in depression over the course of treatment – an effect that seems more related to the therapeutic outcome rather than a direct effect on sleep per se. However some antidepressants especially antagonists at histamine h1, 5HT2, ACh muscarinic and noradrenaline a1 receptors are sedating and sleep promoting from early in treatment which can be of benefit, although unwanted adverse effects from these receptor interactions need to be guarded against. Agomelatine, which has melatonin agonist and 5HT2C antagonist actions, appears to promote sleep also. Sedating atypical antipsychotics, e.g. quetiapine and olanzapine, are often used off-license to improve sleep in depression but this must be done for as short a time as possible due to their metabolic effects.

Luc Staner reported on ‘Pharmacological management of insomnia related to depression’. Insomnia, rather than a symptom of depression, could be a medical condition in its own right. Both conditions are highly comorbid. Comorbid depression and insomnia could have a different clinical course than the index diseases requiring specific treatment. A common mechanism (i.e. hyperarousal) appears to underlie sleep continuity disturbances in insomnia and depression. In susceptible individuals, a prolonged hyperarousal state leads to an amimergic/cholinergic imbalance and to REM disinheritment. Empirical evidence suggests that different treatments (sedative antidepressants alone, co-prescription of two antidepressants, combination of an antidepressant with a hypnotic drug or with behavioural management of sleep) are effective in the treatment of insomnia comorbid with depression but further studies are needed to standardise the treatment.

Sleep, depression and antidepressants
Chairs: David Nutt, United Kingdom
Axel Steiger, Germany
Pathophysiology of sleep-EEG changes in depression
Ulrich Hemmeter, Switzerland
Switzerland Sleep EEG as predictor of therapy response and illness course
Martin Hatzinger, Switzerland
Sleep deprivation (SD) as a research tool for antidepressant treatment
Edith Holsboer-Trachsler, Switzerland
Treatment of insomnia related depression
David Nutt, United Kingdom
Pharmacological management of insomnia related to depression
Luc Staner, France

ECNP Symposium at the 18th European Congress of Psychiatry, 27 February - 2 March 2010, Munich, Germany

Michel Hamon, France
chair of the ECNP Symposium

Ninety minutes were allotted in the afternoon of 1 March for the ECNP Symposium held during the 18th Congress of the European Psychiatric Association (EPA).

The selected topic, Pain and psychoaffective disorders, was developed by four speakers in front of about 80 attendees, including active participants who contributed to interesting discussions.

Claudia Sommer first recalled the high prevalence of chronic pain and depression comorbidity, and presented data strongly supporting the implication of cytokines (TNFalpha, IL4 and IL10) in fibromyalgia, a chronic pain state with comorbid depressive symptoms. Nice neuroimaging data were then shown by Luis Garcia-Larrea in support of his description of specific versus non-specific brain networks involved in pain signalling, with a particular focus on the posterior insular cortex. Jean-Jacques Benoliel subsequently reported interesting data showing how social-defeat stress not only causes depression-like behaviour but also hyper-responsiveness to noxious stimuli in rats. And, finally, Juan-Antonio Micó judiciously assessed the therapeutic interest of antidepressants for the treatment of chronic pain, notably in patients with comorbid depression.

This symposium was also the opportunity to present the various actions of ECNP to promote neuropsychopharmacology and biological psychiatry in Europe. Most attendees expressed a marked interest in these activities, which they were actually hearing about for the very first time. This shows that EPA-ECNP exchanges through hosted sessions are especially useful and must be continued.

Pain and psychoaffective disorders: convergence versus specificity
Chair: Michel Hamon, France

Comorbidity of pain and psychoaffective diseases – an update
Claudia Sommer, Germany

Shared versus specific brain circuits involved in physical/psychoaffective pain
Luis Garcia-Larrea, France

Are there animal models of comorbid pain and depression?
Jean-Jacques Benoliel, France

Psychotropic drugs and chronic pain
Juan-Antonio Micó, Spain
NEW: ECNP e-news

In March 2010 ECNP introduced the monthly e-news messages as a new and effective way to keep in touch with the ECNP community. E-news reports the latest news on ECNP's upcoming meetings, activities, new initiatives and developments as well as highlights from other organisations.

If you have comments or suggestions, please send your feedback to the ECNP Office at secretariat@ecnp.eu.

Interview with the new Executive Director of ECNP: Alex Schubert, The Netherlands

Maria Vrijmoed-de Vries, The Netherlands editor

Last year ECNP created a new position: Executive Director, to provide a new level of strategic coordination in its activities. The Executive Director will not only manage the ECNP Office, but will advise the Executive Committee on future strategy and direction, and prepare the organisation for the next 23 years of its existence. The new appointee is Alexander Schubert, who, after finishing his PhD in history at Cornell University in the United States, worked for a large accounting and consulting firm in New York, London and Paris before moving to the Netherlands and joining ECNP in 2009. Alex is married and has two children.

Tell us something about your background. How did you arrive at ECNP?

I have a bit of an unusual background, having started off in New Zealand, then moving to the United States for graduate school, and then moving from history (Roman history, no less) to business. I enjoyed the business world enormously, and took a lot from it. But I was looking to move into a more academic environment, since research and scholarship – why, that is, rather than a career – still interest me very much, and I happened to note ECNP. It’s turned out to be a surprisingly good fit, at least for me.

How do you think your background helps in the role of Executive Director of ECNP?

Academia is a strange world: idealistic, but also in many ways very harsh. It is hard to think of another career quite like it. Understanding this, my wife is an academic, I think helps enormously. Being able to bring a business perspective is also helpful. Business tends to be very pragmatic and results driven; it can be a useful mindset and the content is directly applicable. My previous jobs all involved marketing and strategy, the subject matter has changed at ECNP, of course, but the principles remain extremely relevant. Also, as a final thought, I have now lived in six countries, though the first, admittedly, I was too young to remember. ECNP is an international organisation, appreciating some of the cultural implications of that is, I think, definitely an advantage.

What are your priorities for the organisation?

The first priority is to preserve and strengthen what we have. This means advancing as creatively and energetically as we can ECNP’s core business: the fostering of productive interdisciplinarity that is ECNP’s central strength, will be another key goal. At the very least, I would like every practicing neurologist in Europe to know who we are. Another group we have not really touched, of course, is the general public. There is a limit obviously to the impact we can expect to have here, and how we wish to address the public, with what issues and to what end, are complex questions. But we can do something to ensure quality information is at least available in the public domain. And we can in certain carefully chosen areas have an impact, if not necessarily on the public as a whole then on policy makers, especially at the European level.

How do you see ECNP’s future?

There’s no reason why the future should not be very positive. But the future is naturally not pre-ordained. The environment in which we operate changes all the time. How will new disciplines and technologies transform the field? How will the regulatory environment evolve? The pharmaceutical industry is transforming before our eyes. What’s the future of large congresses? How will this affect us? It is an interesting time also because of the choices open to us. ECNP now has considerable presence and momentum. But its full potential arguably has not even been realised yet. I would like to see ECNP become the forum in Europe for the science of the brain and brain disorders. It is within our reach.

But to have an impact, and be maximally relevant, we also have to work on extending that community. In the cross-over between pharmacology and psychiatry we are obviously very well known and very highly regarded. This is the group most of our congress attendees come from. Here the goal is to retain our pre-eminence and continue to build our presence and influence in the European psychiatric community, which is, needless to say, an extremely big community. There are areas though where we are less well known the basic and clinical neuroscience and neurology community, and this is something that clearly has to be addressed. So continuing to build connections between neurology and neuropsychopharmacology, and maximising the interdisciplinarity that is ECNP’s central strength, will be another key goal. At the very least, for example, I would like to see ECNP start discussions on future strategy and direction, and prepare the organisation for the next 23 years of its existence. The new appointee is Alexander Schubert, who, after finishing his PhD in history at Cornell University in the United States, worked for a large accounting and consulting firm in New York, London and Paris before moving to the Netherlands and joining ECNP in 2009. Alex is married and has two children.

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Message from the European Brain Council: Revision and update of two of its most important studies

Julien Mendlewicz, Belgium
president European Brain Council

The study on the Cost of Brain Disorders in Europe, published by the European Brain Council in 2005 (see www.europenbraincouncil.org/publications) and the special issue of the ECNP journal European Neuropsychopharmacology on the Size and Burden of Mental Disorders in Europe, has been critically important to the success of the EBC’s campaigns. This was a landmark study which resulted in the publication of over 40 papers on European, national and disease-specific data and has been widely used and cited. Most importantly, it was instrumental in having brain research specifically highlighted in 7th Framework Programme (FP7), contributing to the huge increase in brain research funding in FP7 compared with previous programmes.

The 2005 study focused on 12 major diseases, whose annual cost to the European economy (EUR 386 billion per annum) was estimated to be equal to that of cardiovascular disease and cancer together. However, we know that this is an underestimate for several reasons. First, several cost parameters were missing because of a lack of data. Second, many diseases were missing (e.g. neuromuscular disorders, sleep disorders, developmental disorders including autism spectrum disorder, mental retardation, eating disorders and personality disorders). Third, data on the previous 12 diseases need updating. A conservative estimate is that these factors would add EUR 200 billion per annum to the previous estimate.

The EBC has therefore undertaken to revise and expand the cost study which is now underway thanks to generous financial support from ECNP and H. Lundbeck A/S. This major undertaking will take until the end of 2011 to be completed.

The Consensus Document for Brain Research in Europe has also been one of the most influential of the EBC’s projects. Published in 2006 and also available on the EBC website, the paper contained 45 research themes in seven chapters covering the agreed views of authors across Europe on the priorities for brain research. The document has been used extensively by the European Commission to select topics for funding in the FP7 and has also been influential at the member-state level in setting national priorities.

Research moves on, and a revision of the document was urgently needed in order to help the Commission in the later years of FP7 and also in FP8. The revision started in late 2009 and is now well underway. This revised document will be a major achievement for the EBC in 2010 and is scheduled to be launched at the FENS Forum in Amsterdam in the first week of July.

Meetings national societies

Bulgarian Psychiatric Association
Annual Conference
5-7 November 2010, Plovdiv, Bulgaria
Information: lhranov@mail.orbitel.bg

German Association of Neuropsychopharmacology and Pharmacopsychiatry (AGNP)
7th Regional Meeting
1-2 October 2010, Leipzig, Germany
Information: www.psychiatrie.uniklinikum-leipzig.de
www.agnp.de; sindy.pampel@medizin.uni-leipzig.de

IX International Meeting of the Therapeutic Drug Monitoring Task Force of AGNP
Pharmacovigilance and Therapeutic Drug Monitoring – Quo Vadis?
2-4 September 2010, Bolzano, Italy
Information: www.therapeutic-drug-monitoring.org
vanda.toso@asbz.it; giancarlo.giupponi@asbz.it

Israel Society for Neuroscience
19th Annual Meeting
12-15 December 2010, Eilat, Israel
Information: www.isfn.org.il (available from September 2010)

Italian Society of Neuropsychopharmacology
XVII National Congress: From Epigenetic to Experimental and Clinical Neurobiology
22-25 September 2010, Cagliari, Italy
Information: www.sinpf.it

Meetings related organisations

16th World Congress on Basic and Clinical Pharmacology
17-23 July 2010, Copenhagen, Denmark
Information: www.worldpharma2010.org

7th World Congress on Stress
25-27 August 2010, Leiden, The Netherlands
Information: www.stress2010.com

15th World Congress of Psychiatry
18-22 September 2011, Buenos Aires, Argentina

American Psychiatric Association’s Research Colloquium for Junior Investigators
15 May 2011, Honolulu, Hawaii, USA
Request for Nominations
Stipend: a $1,000 stipend will be provided to partially defray travel expenses
Deadline: Applications must be postmarked by 15 November 2010
Information: http://www.psych.org/MainMenu/Research/FellowshipOpportunities.aspx
In memoriam

Ester Fride

Learning about the passing away of Ester was like a hammer stroke on the head. Our thoughts are with her family. This is a terrible, unbelievable, loss for us all. Myself, I met Ester for the first time at our first Scientific Programme Committee meeting. She has been quite active, with very positive views and actions. It has been a nice experience to have had the good fortune to interact with her in this context. I am deeply sad but my unalterable memory of Ester is that of an expert scientist and a kind and warmly humane person.

On behalf of the European College of Neuropsychopharmacology
Michel Hamon
chair Scientific Programme Committee

ECNP Congresses

<table>
<thead>
<tr>
<th>Congress</th>
<th>Dates</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>23rd ECNP Congress</td>
<td>28 August-1 September 2010</td>
<td>Amsterdam, The Netherlands</td>
</tr>
<tr>
<td>24th ECNP Congress</td>
<td>3-7 September 2011</td>
<td>Paris, France</td>
</tr>
<tr>
<td>25th ECNP Congress</td>
<td>13-17 October 2012</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>26th ECNP Congress</td>
<td>5-9 October 2013</td>
<td>Barcelona, Spain</td>
</tr>
<tr>
<td>27th ECNP Congress</td>
<td>30 August-3 September 2014</td>
<td>Helsinki, Finland</td>
</tr>
<tr>
<td>28th ECNP Congress</td>
<td>29 August-2 September 2015</td>
<td>Amsterdam, The Netherlands</td>
</tr>
<tr>
<td>29th ECNP Congress</td>
<td>17-21 September 2016</td>
<td>Vienna, Austria</td>
</tr>
<tr>
<td>30th ECNP Congress</td>
<td>2-6 September 2017</td>
<td>Paris, France</td>
</tr>
<tr>
<td>31st ECNP Congress</td>
<td>6-10 October 2018</td>
<td>Barcelona, Spain</td>
</tr>
<tr>
<td>32nd ECNP Congress</td>
<td>7-11 September 2019</td>
<td>Copenhagen, Denmark</td>
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ECNP School of Neuropsychopharmacology
11-16 July 2010, Oxford, United Kingdom
For further information: ecnpschool@ecnp.eu

ECNP Workshop on Neuropsychopharmacology for Young Scientists in Europe

Recurrent topics:
• Molecular neuropsychopharmacology
• Behavioural pharmacology
• Clinical neuropsychopharmacology

3-6 March 2011, Nice, France
Variable topic — Schizophrenia: towards new drug targets

15-18 March 2012, Nice, France
Variable topic — Depression: towards new drug targets

ECNP Consultation Meeting
6-8 March 2011, Nice, France
18-20 March 2012, Nice, France
For further information: nice2011@ecnp.eu

11th ECNP Regional Meeting
14-16 April 2011, St. Petersburg, Russia
For further information: stpetersburg2011@ecnp.eu

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Call for copy
Deadline next issue: 12 October 2010
Copy (500 words maximum) can be sent to:
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Amsterdam
28 August - 1 September 2010

23rd ECNP Congress

www.ecnp.eu