16th ECNP Congress
September 20 - 24, 2003
Previewing Prague

The Scientific Programme Committee for the 16th ECNP Congress in Prague has put together what I believe to be a strong and well-balanced programme that covers scientific breakthroughs and key developments in the major fields of neuropsychopharmacology. We have continued our tradition of providing symposia on both basic and clinical sciences and mixing both in the Interface Track containing disease related symposia. In this way ECNP offers an integrated view on scientific advances; an approach that has become something of a trademark for the ECNP congresses.

Christr Köhler, chair Scientific Programme Committee

We will continue the Hot Topic session in preclinical neuropsychopharmacology (part of the Preclinical Track) and the Educational Track, both of which were highly appreciated events at the 2002 congress. The former is presented by young scientists and highlights the very latest scientific achievements - 'hot off the press' - from key scientific institutes across Europe. The Educational Track consists of top-quality teaching sessions covering such diverse topics as geneticos and proteomics in psychiatry, 'resistant depression', and 'how to write grant proposals', just to mention some.

There will be a total of 28 symposia covering the latest developments in a wide range of key areas of neuropsychopharmacology. Several symposia are devoted to advances in understanding disease pathology using genomics and imaging technologies. As always the programme is strong in topics related to new treatment paradigms in schizophrenia, depression and Alzheimer’s disease. In the area of the basic sciences I would like to recommend the sessions about cholinergic nicotinic a7 receptors and about metabolic glutamate receptors. They both deal with mechanisms that are important to future treatment options in psychiatric disease.

With a well-balanced programme of highly interesting topics and a list of outstanding speakers, I believe that the 2003 congress in Prague will be a memorable event.

Neuropsychopharmacology in the Czech Republic
Cyril Hirschl, local advice, 16th ECNP Congress

Neuropsychopharmacological research and treatment has a good tradition in the Czech Republic. In the ‘golden sixties’ a prominent research team - represented by Miroslav Prvit - developed new compounds like the famous dosulepin (Prothadian), oxyprothepin, isofloxythepin and many others. Some of them are still on the market; others have reappeared modified under a new flag, like zopicelin. There are many successful pharmacologists and psychiatrists in the country who have contributed to the research and scholarship in psychopharmacology. To mention some: Olga Benesova, the late Zdenek Votava, Miloslav Krusak, Miklos Vujtechovsky, Oldrich Vinar, Karel Nahumek, the late Eugen Vencovsky, Jaromir Svestka, Jan Libiger, and Petr Zvolsky.

The late Lubomir Hanzlicek founded the Psychiatric Research Institute in 1961 (now Prague Psychiatric Centre, www.pcp.lf3.cuni.cz). This is the maternal institute of many scientists who later became renowned abroad, such as Jan Volavka (USA, neurobiology of violence) and Paul Gmd (Canada, affective disorders, lithium). Prague also hosted the 7th CINP Congress in 1970. At the same time a solid neuroscience was developed by the Czech Academy of Sciences mainly and represented, among others, by Jan Bures who made significant achievements in the study of the memory.

This tradition continues in the work of Eva Skvova (glial cells), Josef Syka (neuropathology of acoustic pathway ways) and Richard Rokyta (3rd Medical Faculty of Charles University, research of pain). While the competitiveness of the research in neuroscience remained almost untouched by the restrictive communist regime (Fava et al. 1998), the productivity of psychopharmacological research and development declined in the eighties, mostly due to the lack of efficacy of the local industry in the environment of a centrally planned economy.

After the revolution
At present there are about 1,000 psychiatrists and residents in the country. The Czech Neuropsychopharmacological Society has about 700 members. Very active also are the Czech Neurochemical Society and the Society of Neuroscience, together comprising about 400 members. Approximately one-tenth of this professional community is actively involved in psychopharmacological research. After the revolution in 1989 the main sources of information became easily available, including Internet, major international journals and databases. Professionals freely travel all over the world and their participation in international meetings becomes slowly but steadily more active and competitive. Psychopharmacological topics are comminicated as well in the local journals Psychiatrie and Ceska a Slovenska Psychiatrie. In addition papers on neuropsychopharmacology have been published in English written Czech journals such as Physiological Research and Activitas Nervosa Superior (now under the title Homoecostasis).

Clinical trials are principally carried out at university departments (Prague, Brno, Hradec Kralove, Olomouc, Plzen) and mental hospitals. Four years ago the Centre of Neuropsychiatric Studies was established in Prague, focusing on the translation of basic neuroscience into clinical research. It includes neuromaging (PET, psychoneuroendocrinology, studies of the mode of action of psychotropic drugs (novel antipsychotics, serotoninergic and glutamatergic transmission etc.), and genetics (COMT polymorphism).

Major research problems here involve unsatisfactory access to international peer-reviewed journals, which can be partly explained by persisting insufficient (though improving) methodology in many cases as well as by scanty English language skills. The latter is being solved by increased international collaboration, fellowships abroad, and intensive training and education of new generations of researchers.

Barbara van Zwieten-Boot, regulator CPMP
The way registration is heading in Europe...

Barbara van Zwieten-Boot started her career doing research in Leiden and Utrecht. She then moved to the pharmaceutical industry: "After some years I began to find it somewhat limited. So when, in 1985, the chance came by to broaden my horizon at the Dutch Medicines Evaluation Board (MBB) I decided to take it.” An international and EU perspective was added to this through involvement in the Committee for Proprietary Medicinal Products (CPMP), the European Agency for the Evaluation of Medicinal Products (EMEA) and the International Conference of Harmonisation (ICH). “At the moment I am one of the two Dutch regulators in the CPMP, the committee that evaluates human medicines in Europe.” In short, Barbara seemed the perfect person to interview on the developments in this area.

Kirsten Beth, editor ecnp matters

Barbara van Zwieten-Boot, regulator CPMP: The way registration is heading in Europe...
4th ECNP Workshop

David J. Nutt
chair Workshop Committee
chair Scientific Programme Committee

The 4th Workshop on Addiction was very well received. Many of the speakers found it extremely helpful to have the time and facility to debate at some depth about the key controversial issues in addiction. There was a good representation of young people although relatively fewer young scientists than we had hoped for. In total about 60 people turned up which is the same as last year. They came from all over the world, with a number of Americans and Eastern Europeans among them.

Perhaps the highlight of the meeting was the engaging discussion about the role of dopamine and addiction. Jan van Ree and Marc Laruelle considered the views that dopamine was not critical to the action of opiatas whereas it was central to the mode of action of stimulants respectively. This opened a lot of interesting debate; not only about the role of dopamine in reinforcement but also about how we might approach an understanding of this transmitter in other elements of addiction, such as in associative learning. The fact that a number of new dopaminergic agents have been tested in addiction suggests that there may well be therapeutic outcomes from this approach.

Although there was general consensus that the meeting was of very high standard containing excellent presentations and high-quality posters, the Workshop Committee has some concerns that we are not fully reaching the target audience of young researchers throughout Europe. Several ideas have been put forward as to how we might improve this next year and we will be reporting these in a future issue of the newsletter once the Workshop Committee and the Executive Committee of the ECNP have had a chance to think about the options.

What did you think of the 2003 ECNP Workshop?

Two years ago I started out as a psychiatrist at an outpatient psychiatric clinic in Ålesund, a small town in Norway. The patients who I work with suffer from addiction, the opportunity to attend the ECNP Workshop on this topic came just as I was looking around for more information about research into addiction.

Looking at the programme, it seems to me that most of the research in the field is done in the USA and the UK. The participation list showed me that there were about 100 participants from 21 countries.

In general I think the speakers were very capable. The contents and the presentations were clear. The chairs did a very good job as well. There was time to cut off a discussion because of lack of time. However I did notice that most of the questions were asked by other speakers.

As a clinician, I found the presentations about patients and patient treatment especially interesting, such as Wim van den Brink’s: Treatment options for heroin and cocaine addiction. I liked the introduction where he mentioned four phases in the development of an addiction. The systematisation of treatment goals was also useful for me.

Confirmation of the fact that treatment is difficult and complex, and has to be individualized is well known, also among ourselves, but it is satisfactory to hear this from a recognized expert.

The most important topic I would like to see covered in a future workshop in psychopharmacology is the effects and side effects of benzodiazepines. Many of our patients want benzodiazepines, because they suffer from anxiety, insomnia and/or pain. They want the same treatment as others, they say. But my colleagues have very different reactions to this! Confusing!

Wenche Sommerfelt
H ow is registration arranged in Europe?

“In Europe there are two ways pharmaceutical companies can go. One is to follow the central route provided by the European agency for the Evaluation of Medicinal Products (EMEA). When the request concerns human medicinal products (CPMP) will appoint two of its members from different countries as rapporteur and co-rapporteur. They take the files from different countries as rapporteur.

CPMP will appoint two of its members from different countries as rapporteur and co-rapporteur. They take the files from different countries as rapporteur CPMP will appoint two of its members from different countries as rapporteur and co-rapporteur. They take the files from different countries as rapporteur. When the company how long they take to respond. All in all it usually takes one year to reach a well-founded opinion that then has to be sent to the European Directorate-General to make the opinion binding. This procedure takes another three to four months. Companies start filing in only one European country; usually they already file their national medicines evaluation board. Once they are licensed for that product they can either drop out or take the matter to CPMP. In the latter situation the opinion will be binding for the whole of the EU. So if we end up with a negative advice it is also withdrawn from the countries where the product had already been licensed."

What is the difference between the registration of medicines in Europe and the registration of medicines in the US? "The Food and Drug Administration (FDA) – the US Department of Health and Human Sciences – and the European Union have a lot in common regarding products and thoughts about products. The difference lies more in the fact that, contrary to the States, Europe is not merely interested in whether a product works. We also want to know in the first place in which product in relation to the products already being used. In the United States, on the other hand, in most cases they do not think it is necessary to require those data before licensing. They are more interested in whether or not the drug has an effect at all. So they ask for short-term placebo controlled trials. If a study shows that the new drug is more effective than placebo it can usually be put on the mar- ket."

Is this why Europe insists on long-term efficacy studies whereas the US does not? "Yes, this is an issue. Often neuropsychopharmacologists want to know whether a new drug is better than the current one. They ask for a comparison. As it is not possible to find out if long-term use of a certain CNS product leads to other side-effects it does at first. We also like to know before hand whether the effect will be main-tained over the years. If there will be any withdrawal symptoms after the medication is stopped, in Europe we also try to har-ness the patients’ experience. The idea is how research should be conducted something I also emphasise as chair of the Efficacy Working Party (EWP) which is part of CPMP. In this working party we discuss per therapeutic area or indication what we think are the methodological requirements. We usually start working on a certain topic because several similar questions have been reaching us. When we have developed concept guidelines we will put them on our website (www.emea.eu.int) and we send them for comments to the industry and to inter-ested parties like ECPN. After we have collected their remarks we discuss them in the EWP. The final guidelines will be adopted by CPMP."

You are also a member of the ECPN Consensus Meeting Committee. Does CPMP also copy guidelines or consensus papers following those meetings? “These meetings are specifically organ-ised by ECPN, the learned European soci-ety in the field of neuropsychopharma-cology. The consensus in the end is the consensus of the learned society. People from the authorities, for instance from CPMP or EMEF, are also invited so can give background information and take part in the discussion, but we have to be very careful that our in-put is not the input of the regulators. Regulators can certainly not be put in a position to underwrite consensus papers which can be shared by our col-lagues at home. Nevertheless, we are very appreciative of the ECPN Consensus Meeting. It is a platform for discussion. It will certainly be taken into account when EWP is drafting their guidelines. Moreover, taking the opportunity of hav-ing experts around, we link an expert/ CNS assessor’s meeting to the consensus meeting. These meetings will addresse issues specific to assessment in the CNS field, but also to a network of EU CNS assessors."

Are there specific problems concern-ing the registration of CNS products? "There is the already mentioned need for long-term studies. Things like rebound, withdrawal, abuse potential are problems specific for our field. One of the biggest problems with CNS products is that we have no objective end point. We only have scales which reflect the ideas psy-chiatrists have of what patients are telling us, which is quite subjective. But that is inherent to psychiatry. To more fully understand a change on a severity scale we have to express their unwillingness even if their vocal communication skills are not all that well-developed... Unless it concerns a product specifically aimed at children, registration is usually first filed for adults. When no serious side effects appear, companies can either start trials in children before or after licensing the product for adults. Starting a trial for children in the latter situation presents its own problems. Because now you have to consider both practitioners and parents of children. Children cer-tainly have the right to object to par-ticipate in the trial. After all children are able to express their unwillingness even if their vocal communication skills are not all that well-developed... Provided that good clinical practice rules are followed - meaning that informed consent is given - research in CNS-pro-ducts for children is ethically acceptable. For me it is far more unethical to treat children without any knowledge of what the drug is doing. I prefer to have clinical research in a controlled environment to find out whether there are any side effects in the long run or what the best dose is. But I can also imagine that it is difficult enough for parents to find out that their child has a disorder in the first place. That is very important for those that have a good communication between physician and parents as well as the child. Children cer-tainly have the right to object to par-ticipate in the trial. After all children are able to express their unwillingness even if their vocal communication skills are not all that well-developed..."

From information on the Internet I found out that registration agencies were finding it increasingly signifi-cant to be transparent. Could you explain how the European agency is achieving this? “We try to be transparent by putting infor-mation on our website. When a drug is approved, the product information and the European Assessment Report (EAR) is put on the website. Moreover, the product information has to be translated at least into the four official EU languages. Patients are getting more and more interested in their own health and they are better informed themselves. Mostly because of all the information that is out there on the Internet. So we find it neces-sary to give them access to information they can actually understand.”

Could you explain to me how things stand on the European level with the use of placebo in clinical trials for the field of neuropsychopharmacology? “Placebo is a difficult issue. Asking for placebo-controlled trials is expensive and difficult when there already are drugs on the market that could be used. On the other hand neuropsychopharmacol-ogy is a subjective rather than an objec-tive field of research and disorder symp-toms do tend to fluctuate over time. The results of the placebo also tend to vary. So all the EU ECPN will do is in front of a friendly leaflet. After each CPMP meeting a press release is put on the website for further information. Important safety information from post-marketing data will also be put there. All the work of the agencies is directed at the goal that peo-ple are able to get approved medicinal prod-ucts. Patients are getting more and more interested in their own health and they are better informed themselves. Mostly because of all the information that is out there on the Internet. So we find it neces-sary to give them access to information they can actually understand.”

From information on the Internet I found out that registration agencies were finding it increasingly signifi-cant to be transparent. Could you explain how the European agency is achieving this? “We try to be transparent by putting infor-mation on our website. When a drug is approved, the product information and the European Assessment Report (EAR) is put on the website. Moreover, the product information has to be translated at least into the four official EU languages. Patients are getting more and more interested in their own health and they are better informed themselves. Mostly because of all the information that is out there on the Internet. So we find it neces-sary to give them access to information they can actually understand.”

Could you explain to me how things stand on the European level with the use of placebo in clinical trials for the field of neuropsychopharmacology? “Placebo is a difficult issue. Asking for placebo-controlled trials is expensive and difficult when there already are drugs on the market that could be used. On the other hand neuropsychopharmacol-ogy is a subjective rather than an objec-tive field of research and disorder symp-toms do tend to fluctuate over time. The results of the placebo also tend to vary. So all the EU ECPN will do is in front of a friendly leaflet. After each CPMP meeting a press release is put on the website for further information. Important safety information from post-marketing data will also be put there. All the work of the agencies is directed at the goal that peo-ple are able to get approved medicinal prod-ucts. Patients are getting more and more interested in their own health and they are better informed themselves. Mostly because of all the information that is out there on the Internet. So we find it neces-sary to give them access to information they can actually understand.”

Could you explain to me how things stand on the European level with the use of placebo in clinical trials for the field of neuropsychopharmacology? “Placebo is a difficult issue. Asking for placebo-controlled trials is expensive and difficult when there already are drugs on the market that could be used. On the other hand neuropsychopharmacol-ogy is a subjective rather than an objec-tive field of research and disorder symp-toms do tend to fluctuate over time. The results of the placebo also tend to vary. So all the EU ECPN will do is in front of a friendly leaflet. After each CPMP meeting a press release is put on the website for further information. Important safety information from post-marketing data will also be put there. All the work of the agencies is directed at the goal that peo-ple are able to get approved medicinal prod-ucts. Patients are getting more and more interested in their own health and they are better informed themselves. Mostly because of all the information that is out there on the Internet. So we find it neces-sary to give them access to information they can actually understand.”
Membership Committee
Hans-Jürgen Müller, chair
A. Carlo Altamura
Michel Bourin
Julien Mendlewicz
Alexandrin E. Sulcova
Joseph Zohar

Nominating Committee
Jan M. van Rees, chair
Thomas G.M. Hökfelt
Christer Köhler
Yves Lecrubier
Juan J. López-Ibor
Julien Mendlewicz
Robin M. Murray

Award Committee
Julien Mendlewicz, chair
Manfred Ackenheil
Franco M. Artigas
Sven O. Ögren
Hans-Ulrich Wittchen

Consensus Meeting Committee
Stuart A. Montgomery, chair
Yves Lecrubier
Jan M. van Rees
Barbara J. van Zwieten-Boot

Workshop Committee
David J. Nutt, chair
Franco M. Artigas
Bent S. Kahn
Christer Köhler
Yves Lecrubier
Julien Mendlewicz
Jan M. van Rees
Jean-Charles Schwartz

Educational Committee
Joseph Zohar, chair
A. Carlo Altamura
Michel Bourin
Cyril Hirsch
Siegfried Kasper
Yves Lecrubier
Daniel Sossey
Hans-Ulrich Wittchen

Editorial Committee
David J. Nutt, chair
Filippo Drago
Joseph Zohar

ECNP subcommittees

David J. Nutt
Manfred Ackenheil
Siegfried Kasper
A. Carlo Altamura
Barbara J. van Zwieten-Boot

Yves Lecrubier
Juan J. López-Ibor
Joseph Zohar

Filippo Drago
Thomas G.M. Hökfelt
Sven O. Ögren
Hans-Ulrich Wittchen

Jean-Charles Schwartz

Alexandrin E. Sulcova

Robin M. Murray

A. Carlo Altamura
ECNP has grown and increased its activities during the last years. As a scientific organisation ECNP should very carefully watch over the quality of its scientific activities. Therefore, the Executive Committee of ECNP has installed Scientific Advisory Panels with the task to assist in this matter. Eight panels, each with approximately five members, have been set up for the topics:

- affective disorders and antidepressants
- psychotic disorders and antipsychotics
- anxiety disorders and anxiolytics
- degenerative disorders
- neurological disorders
- addiction
- basic neuroscience
- child and adolescent psychiatry

The members of the panels will contribute to the scientific programme of the meetings and provide scientific advice. In this way, we expect that the core business of ECNP - exchange of scientific information - will benefit and that the quality of our activities will be increased.

But who are the people in the Scientific Advisory Panels and what are their ideas about neuropsychopharmacology? Which items do they find important, in what lies their specific interest? Is their anything they would like to see changed? In each issue ecnp matters will ask a member of a Panel to write a column. Anne Lingford-Hughes is the first to take the plunge.

**What matters to…**

**Anne Lingford-Hughes**

My area of research interest is the neurobiology of addiction in humans. I am currently senior lecturer in Biological Psychiatry and Addiction at the University of Bristol, UK and honorary consultant at the local Alcohol Service. In the clinical arena, where psychosocial treatment dominates, an understanding of what drug abuse is doing to the brain in man appears not to have been high on the agenda. Maybe I have a simplistic view, but understanding what substance abuse has done to the brain’s neurochemistry seems fundamental to improving treatment options and understanding the process of addiction in the clinical setting.

I became fascinated by neurotransmitter receptor during my last undergraduate year and completed a PhD and a postdoc in pharmacology. When I came back into research after my clinical training, it therefore seemed obvious to use the developing technology of nuclear medicine imaging to characterise receptors in man in vivo. The techniques of positron emission tomography (PET) and single photon emission tomography (SPECT) have contributed vastly to our understanding of addictive processes and their consequences in man. No other technique allows us to directly measure neuronal activity, receptor levels, neurotransmitter turnover or release and relate these to clinical, genetic or behavioural characteristics. In addition to measuring drug occupancy, the pharmacokinetics of a drug at a receptor and its pharmacodynamic effects gives us a wealth of information.

Whilst PET and SPECT can provide a large amount of information (and ‘pretty pictures’) they are not widely available and technically challenging, often relying on a sizeable team of specialists. In the UK for instance, there is currently only one centre where PET neuroimaging with ligands is done routinely: the MRC CSC Cyclotron Centre in London. Its location adds a further challenge for us in Bristol since using this facility means a 240-mile round trip - not a small task with a newly abstinent alcohol or opiate dependent patient! Development of suitable tracers to image receptors takes many years and we eagerly await suitable probes for some neurotransmitter systems. Increased availability of PET and SPECT and the expertise required to analyse resulting images is badly needed. I see such techniques as fundamental in characterising not only how drugs of abuse have affected the brain, but also begin to tease out vulnerability factors. This will provide a basis to study the effects of treatment(s) on the brain to optimise their effects and to develop novel therapies.

Lastly and importantly, I believe that the neuropsychobiology of addiction needs to become a core part of training for people working in the addiction field. As more and varied pharmacotherapies become available, I believe that this is an increasing and urgent need. Also, at least in the UK, addiction and scientific meetings tend to cater for biologists, pharmacologists or policy/epidemiology/treatment with often little mixing. Organisations such as the ECNP do much to promote the neurobiology of addiction, yet it would be great to see a wider spectrum of addiction workers attending such meetings.
INSPIRING, INTENSIVE AND GOOD DISCUSSIONS. THESE ARE JUST SOME OF THE TERMS BOTH PARTICIPANTS AND THE EXPERTS IN THE EDUCATIONAL TEAM TURKEY USED TO DESCRIBE THE LATEST ECNP TRAINING COURSE HELD IN TURKEY FROM APRIL 26 TO 27. MICHEL BOURIN, CYRIL HÖSCHL AND JOSEPH ZOHAR TRAVELLED TO ANKARA AS ECNP EXPERTS. THE COURSE WAS ATTENDED BY 43 PARTICIPANTS WHO WERE EAGER TO LEARN MORE ABOUT THE LATEST RESEARCH RESULTS IN NEUROPSYCHOPHARMACOLOGY.

SATURDAY APRIL 26 WAS PROGRAMMED WITH PRESENTATIONS FOLLOWED BY DISCUSSIONS. MICHEL BOURIN GAVE HIS VIEW ON THE GOOD CLINICAL PRACTICE IN PSYCHIATRY. CYRIL HÖSCHL HIGHLIGHTED ANTIPSYCHOTIC TREATMENT MODALITIES IN LIGHT OF RECENT RESEARCH APPROACHES AND JOSEPH ZOHAR DISCUSSED ANXIETY DISORDERS WITH SPECIAL EMPHASIS ON OCD AND PTSD AS WELL AS INFORMING THE PARTICIPANTS ABOUT THE BEST WAY TO PRESENT SCIENTIFIC MATERIAL. ON SUNDAY APRIL 27 PARTICIPANTS DID ACTUALLY PRESENT THEIR OWN WORK – DISCUSSING DIFFERENT ITEMS IN PARALLEL SESSIONS MENTIONED BY THE ECNP EXPERTS. LOCAL COORDINATOR WAS AHMET GÖGiS FROM HACETTEPE UNIVERSITY IN ANKARA, ALSO THE VENUE OF THIS INTENSIVE TRAINING COURSE. THE TOPICS HAD BEEN CHOSEN PREVIOUSLY AND ALSO THE PARTICIPANTS HAD BEEN SELECTED IN TURKEY ITSELF. THE TARGET GROUP IS A SELECT GROUP OF PEOPLE WITH SPECIFIC INTEREST IN THIS FIELD OF NEUROPSYCHOPHARMACOLOGY. THEY ATTEND AN INTERACTIVE TRAINING COURSE WELL-PREPARED AND CAN BE ADDRESSED ACCORDINGLY. LUCHEZAR HRANOV FROM BULGARIA PARTICIPATED IN THIS EVENT AS WELL AS HE WILL BE COORDINATOR FOR THE ECNP EDUCATIONAL TEAM 2004 WHICH WILL BE HELD FOR BULGARIA.

On Sunday the whole group of participants was divided into three. The groups had been requested earlier to prepare questions for discussion regarding research topics of their area of interest or bring in a difficult case which they wanted to discuss with an expert. Three groups spent an hour and fifteen minutes with each of the three experts discussing their topics. According to the topic chosen by the group one participant from each group undertook the preparation of a presentation. This meant that in the afternoon presentations from all three groups were held. Each group had approximately twenty minutes to present the summary of the morning discussion and presentation style. Each presentation was followed by a question and answer session.

The workshop ended in the afternoon, with Joseph Zohar’s concluding remarks. The participants left the meeting satisfied; and the workshop was exceptional and quite helpful regarding future plans of research in the field of psychopharmacology.

“Exceptional and quite helpful experience”

ECNP EDUCATIONAL TEAM TURKEY
Kirsten Bet
editor ecpn matters

The annual meeting of the ACNP took place at Puerto Rico in early December last year. The ECNP topic was 5HT in Psychiatry. The topic was obviously one of considerable interest since at times there was standing room only in the hall.

ECNP gave four presentations. Catina Sandforf (Sweden) talked about the theory behind targeting preovulatory 5HT, 1A and 1B receptors for potential new antidepressant agents. In particular she emphasised her new data that a selective 5HT1B antagonist was able to significantly increase synaptic levels of 5HT in the same tissue as producing behavioural changes, predictive of antidepressant and anxiolytic actions in animal models. This approach offers an alternative to the standard SRI treatment of these disorders because of the effect of the drug to increase 5HT release is almost immediate, since it does not depend on desensitisation of auto receptors, which is the case for the SSRIs.

Klaus Peter Lesch (Germany) discussed his elegant data on the idea that 5HT might have a broader role than depression or anxiety. He showed his very elegant data on the developmental effects of serotonin, which have been obtained using mice from Hacettepe University in Ankara, also the venue of this intensive training course. The topics had been chosen previously and also the participants had been selected in Turkey itself. The target group is a select group of people with specific interest in this field of neuropsychopharmacology. They attend an interactive training course well-prepared and can be addressed accordingly. Luchezar Hranov from Bulgaria participated in this event as well as he will be coordinator for the ECNP Educational Team 2004 which will be held for Bulgaria.

David Nutt
chair ECNP symposium

The reason for thinking the 5HT1A receptor that mediates this effect is not only intellectually fascinating in terms of developmental neurobiology but also gives us new insights into how we can explore serotonin uptake blockers and antagonists, and possibly agonists, in other animal models. That have abnormal expression (knockouts or partial knockout) of the 5HT transporter. Animals that have lost the transporter completely deleted do grow but show significant abnormalities in the development of cortical areas. This is easily studied using the mouse barre cortex, which has been pronounced and predictable topographic organisation around the whisker inputs. Of interest were Lesch’s data showing that a selective knockout of 5HT1B receptor prevents a negative effect of the 5HT transporter knockouts. Similarly it also prevents the disruptive effect of MAOA knockouts on brain development. This directly proves that 5HT overstimulation is the cause of the developmental abnormalities. This approach is not only intellectually fascinating in terms of developmental neurobiology but also gives us new insights into how we can explore serotonergic uptake blockers and antagonists, and possibly agonists, in other animal models.

The final presentation was given by David Nutt (UK) who talked about two approaches his group has used to explain the role of 5HT in human anxiety. The first approach is to use the technique of tryptophan depletion, which has previously been shown to cause depressive relapses in patients successfully remitted on SSRIs and other serotoninergic agents. His group has shown that both patients with panic disorder and those with social anxiety disorder show partial or full relapse when put through the tryptophan depletion regime. In this way, these anxiety disorders somewhat contrast with the situation in obsessive-compulsive disorder where earlier work from the Yale group showed no relapse. The implication of these findings is that the SSRIs (which were the drugs the UK patients were taking) suppressed anxiety through an action to increase serotonin in the synapse. The postsynaptic receptor that mediates this effect is not yet clear but one possibility is the 5HT1A receptor.

Panic disorder

The reason for thinking the 5HT1A receptor might be involved in the action

ECNP at ACNP at ACNP at ECNP at ACNP

The nine presentations were:

Group 1:

• Is MAAD (mixed anxiety depressive disorder) a true disorder?
• Schizotypal features, neurocognitive and electrophysiological abnormali-
• Is nicotinic receptor stimulation effective in delirium state?

Group 2:

• Treatment of obsessive compulsive disorder with atypical antipsychotics.
• Management of clozapine induced obsessive compulsive symptoms with mirtoperone.

Group 3:

• How could we detect state markers of schizophrenia?
• Case presentation of a 9 year old patient with bipolar disorder, initially misdiagnosed as ADHD.
• Cerebral lateralisation in schizo-

The workshop ended in the afternoon, with Joseph Zohar’s concluding remarks. The participants left the meeting satisfied; and the workshop was exceptional and quite helpful regarding future plans of research in the field of psychopharmacology.

The final presentation was given by David Nutt (UK) who talked about two approaches his group has used to explain the role of 5HT in human anxiety. The first approach is to use the technique of tryptophan depletion, which has previously been shown to cause depressive relapses in patients successfully remitted on SSRIs and other serotoninergic agents. His group has shown that both patients with panic disorder and those with social anxiety disorder show partial or full relapse when put through the tryptophan depletion regime. In this way, these anxiety disorders somewhat contrast with the situation in obsessive-compulsive disorder where earlier work from the Yale group showed no relapse. The implication of these findings is that the SSRIs (which were the drugs the UK patients were taking) suppressed anxiety through an action to increase serotonin in the synapse. The postsynaptic receptor that mediates this effect is not yet clear but one possibility is the 5HT1A receptor.

Panic disorder

The reason for thinking the 5HT1A receptor might be involved in the action

continued on next page

ECNP at ACNP at ACNP at ECNP at ACNP

David Nutt
chair ECNP symposium

The nine presentations were:

Group 1:

• Is MAAD (mixed anxiety depressive disorder) a true disorder?
• Schizotypal features, neurocognitive and electrophysiological abnormali-
• Is nicotinic receptor stimulation effective in delirium state?

Group 2:

• Treatment of obsessive compulsive disorder with atypical antipsychotics.
• Management of clozapine induced obsessive compulsive symptoms with mirtoperone.

Group 3:

• How could we detect state markers of schizophrenia?
• Case presentation of a 9 year old patient with bipolar disorder, initially misdiagnosed as ADHD.
• Cerebral lateralisation in schizo-

The workshop ended in the afternoon, with Joseph Zohar’s concluding remarks. The participants left the meeting satisfied; and the workshop was exceptional and quite helpful regarding future plans of research in the field of psychopharmacology.

The final presentation was given by David Nutt (UK) who talked about two approaches his group has used to explain the role of 5HT in human anxiety. The first approach is to use the technique of tryptophan depletion, which has previously been shown to cause depressive relapses in patients successfully remitted on SSRIs and other serotoninergic agents. His group has shown that both patients with panic disorder and those with social anxiety disorder show partial or full relapse when put through the tryptophan depletion regime. In this way, these anxiety disorders somewhat contrast with the situation in obsessive-compulsive disorder where earlier work from the Yale group showed no relapse. The implication of these findings is that the SSRIs (which were the drugs the UK patients were taking) suppressed anxiety through an action to increase serotonin in the synapse. The postsynaptic receptor that mediates this effect is not yet clear but one possibility is the 5HT1A receptor.

Panic disorder

The reason for thinking the 5HT1A receptor might be involved in the action

continued on next page
Brain experts push for more research in Europe

Elaine Snell
science writer EBC

“The excellence and scale of Europe’s science base, including long-term research, are critical for the dynamics of the knowledge-based economy”, states the report More Research for Europe published by the Commission of the European Communities (EC) published in September 2002. The Commission acknowledges that there is an alarming gap in investment in research and development between the European Union and the USA.

Jes Olesen, president of the European Brain Council, shares the EC’s concerns. The European Brain Council (EBC), founded in March 2002 in Brussels, brings together 35 organisations from Europe with a specific interest in the brain. Around one in three Europeans is afflicted by brain disorders (set to rise with ageing populations) costing the European Union an estimated 25% of its health budgets. The study of the brain in health and disease is, therefore, one of the most critical areas of research today.

Uniquely EBC membership includes pan-European bodies representing neuropsychologists and psychiatrists, patient organisations, neuromarkers, basic neuroscientists, with further representation from the pharmaceutical industry and insurance. EBC aims to promote brain research, the treatment and care of Europeans suffering from brain disorders, and to improve the life of those living with the consequences of a brain disorder. As such, it presents a united force to the European Commission. “We have already fostered a fruitful collaboration with the EC with the goal of implementing a separate programme on ‘brain research’ within the forthcoming Framework Programme,” says Olesen. More Research for Europe calls for research in general and consequently to a huge improvement in European health. Olesen welcomes this. “This will no doubt lead to a separate programme on ‘brain research’ within the forthcoming Framework Programme,” says Olesen. More Research for Europe calls for research in general and consequently to a huge improvement in European health. Olesen welcomes this. “This will no doubt lead to a huge improvement in European health. Olesen welcomes this. “This will no doubt lead to a huge improvement in European health. Olesen welcomes this. “This will no doubt lead to a huge improvement in European health. Olesen welcomes this. “This will no doubt lead to a huge improvement in European health. Olesen welcomes this.

5-HTT, SERT

continued from page 6

of SSRI’s in anxiety comes from the other study that Nutt reported which was a PET study using the tracer WAY 100635. This group studied patients with panic disorder both untreated and following successful treatment with paroxetine. There was a significant reduction in both ratioph and post synaptic (cortical) receptor number in the untreated panic disorder patients. This pattern is similar to that seen previously in depression by the groups at the Hammersmith Hospital and Pittsburgh. However, in the panic disorder patients the major brain area showing a postsynaptic decrease were orbitofrontal cortex, amygdala, and both temporal cortices. These regions are areas that previous neuroimaging research has suggested to be involved in anxiety. This group has subsequently studied patients in remission on paroxetine and found that although the postsynaptic receptor number did not change, there was a normalisation of postsynaptic receptor numbers with almost complete rectification of the deficit found in the untreated patients, especially orbitofrontal cortex. The discussion focussed on why a drug that increases serotonin in the synapse might lead to an up regulation of 5HT1A receptors. It was suggested that this might not be a marker of the state of the anxiety disorder; alternatively it could reflect an increase in den- dritic growth secondary to the increased levels of serotonin, which would give a greater neuronal surface area for 5HT1A receptors. Obviously such hypotheses do need to be evaluated in other ways.

Metaanalysis, 3 studies hyperflex-rich

within clusters by descending magnitude

Kasper & Danell, 2002

Events National Societies

British Association for Psychopharmacology

July 20, 2003
BAP Preclinical Certificate Meeting: Neural Imaging, in association with the Summer Meeting in Cambridge

July 20-23, 2003
*BAP Summer Meeting, Cambridge (9 invited Symposia, oral, posters, satellite symposia)

September 5, 2003
BAP Psychopharmacology Course for Psychiatrists in Training, London

October 3-4 2003
BAP Preclinical Certificate Meeting: Affective Disorders, Newcastle (Core Module) FULL

September 25, 2003
BAP Preclinical Certificate Meeting: Statistics and Experimental Design (2), Sussex (Core Module)

November 14, 2003
BAP Consensus Meeting: Addiction (closed meeting)

December 5-6, 2003
BAP Clinical Certificate Meeting: Old Age Psychiatry, Manchester (Optional Module)

January 23-24, 2004
BAP Clinical Certificate Meeting: Anxiety Disorders, Bristol (Core Module)

March 2004
BAP Psychopharmacology Course for Psychiatrists in Training London

March 2004
BAP Preclinical Certificate Meeting: Child and Adolescent Psychopharmacology, Nottingham (Optional Module)

April 2004
BAP Preclinical Certificate Meeting: Drug Development in Psychopharmacology

April/May 2004
BAP Clinical Certificate Meeting: Schizophrenia, Manchester (Core Module)

July 25-28, 2004
BAP Summer Meeting, Harrogate International Centre (Invited Symposia, oral, posters, satellite symposia)

* - on-line registration facilities at http://www.bap.org.uk

For information on BAP activities, please contact:
BAP Office, 36 Cambridge Place, Hills Road, Cambridge CB2 1NS
Tel: +44 (0) 1223 358 395, Fax: +44 (0) 1223 321 268
Administrator - Susan Chandler (Email: susan@bap.org.uk)
Assistant Administrator - Lynne van Vliet (Email: lynne@bap.org.uk)

A joint meeting of AFBP (French Society of Biological Psychiatry), BCNBP (Belgian College of Neuropsychopharmacology and Biological Psychiatry) and DGBP (German Society of Biological Psychiatry)

December 11-13, 2003
Regional Symposium WFSBP: Joining Forces for Future Challenges in Biological Psychiatry

Bruges, Belgium

www.becnbp.org/symposiums
ecnp matters is a publication of the European College of Neuropsychopharmacology (ECNP).

Edited by
Kirsten Bett, editor
Jocelyn K. Koole-Krusemeijer, adviser
Jan M. van Ree, adviser

Editorial Committee
David J. Nutt (chair)
Filippo Dima
Joseph Zohar

Executive Committee ECNP
Eve Lecrubier (France), president
Christa Köhler (Sweden), vice-president
Julien Mendlewicz (Belgium), president-elect
Jan N. van Ree (the Netherlands), past president
Joseph Zohar (Israel), secretary
René S. Kahn (the Netherlands), treasurer

Contributors
Kirsten Bett
Filippo Dima
Cyril Höschl
Liedewij J. Jepsen
Christer Köhler
Anne Lingford-Hughes
Julien Mendlewicz
David J. Nutt
Wenche Sommerfelt

Calendar of ECNP Events

ECNP Congresses:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 20-24, 2003</td>
<td>16th ECNP Congress</td>
<td>Prague - Czech Republic</td>
</tr>
<tr>
<td>October 9-13, 2004</td>
<td>17th ECNP Congress</td>
<td>Stockholm - Sweden</td>
</tr>
<tr>
<td>October 22-26, 2005</td>
<td>18th ECNP Congress</td>
<td>Amsterdam - the Netherlands</td>
</tr>
<tr>
<td>September 16-20, 2006</td>
<td>19th ECNP Congress</td>
<td>Paris - France</td>
</tr>
<tr>
<td>October 13-17, 2007</td>
<td>20th ECNP Congress</td>
<td>Vienna - Austria</td>
</tr>
</tbody>
</table>

For further information:
Organizing secretariat:
ECNP-Office
PO Box 85410
3508 AK Utrecht
The Netherlands
phone: +31 20 50 40 200
fax: +31 20 50 40 225
email: secretariat@ecnp.nl
website: www.ecnp.nl

Scientific secretariat:
PO Box 302
1000 AH Amsterdam
The Netherlands
phone: +31 30 253 8567
fax: +31 30 253 8568
e-mail: secretariat@ecnp.nl
website: www.ecnp.nl

Congress party

Date: Tuesday September 23, 2003
Time: 19.30 - 23.00 hours
Location: Prague Castle
Price: EURO 50.-

Your participation in the 16th ECNP congress will not be complete without attending the congress party. This year the congress party will be held in the staterooms of the Prague Castle. Although, as one of the most famous tourist attractions in the city, ‘the Castle’ is visited by thousands each year, the congress party will be held in a part usually not open to the public. On the basis of archaeological research and the oldest written sources it is thought that Prince Bořivoj of the house of Premyslides founded Prague Castle around the year 880. Prague Castle (Pražsky Hrad) could well be the largest ancient castle in the world. – 570 metres by 128 meters. At night it is spectacularly lit up in light.

Your participation in the 16th ECNP congress will not be complete without attending the congress party. This year the congress party will be held in the staterooms of the Prague Castle. Although, as one of the most famous tourist attractions in the city, ‘the Castle’ is visited by thousands each year, the congress party will be held in a part usually not open to the public. On the basis of archaeological research and the oldest written sources it is thought that Prince Bořivoj of the house of Premyslides founded Prague Castle around the year 880. Prague Castle (Pražsky Hrad) could well be the largest ancient castle in the world. – 570 metres by 128 meters. At night it is spectacularly lit up in light.

The Castle or Hrad, as the Czechs simply name it, has witnessed major historical changes in ruling: the golden age of Charles IV and Rüdolf II and the dark ages of the later Habenburgs and interwar democracy. A truly impressive building to mark the historic 16th ECNP Congress Party.