International Association of Child and Adolescent Psychiatry and Allied Professions

IACAPAP Bulletin

Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées

No. XV Fall 2004

www.iacapap.org

After the 16th International Congress Berlin, Germany - August 22-26, 2004

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Editors' Column

It is a great pleasure for us to write this editors' column to highlight our impressions of the 16th World Congress of IACAPAP held in Berlin, Germany and to look toward the future. One can conceptualize the recent history of IACAPAP as one of *continuity* during intense stresses worldwide as well as within IACAPAP. The recent history of IACAPAP is eloquently described in the Past President's Column written by Helmut Remschmidt, M.D., Ph.D. who has served for an extended term as President of IACAPAP. He led us admirably! He was able to ensure an important *continuity* for the activities of IACAPAP while it had been confronted with many troubling situations. During these years, many difficult decisions for IACAPAP had to be made. We laud Professor Remschmidt, who had the courage and strength to endure the stresses of Presidential leadership of IACAPAP during these difficult years of personal loss of IACAPAP leaders and international war and terrorism.

While there were significant problems, due to international dangers, in holding our planned IACAPAP sponsored meetings, one in Israel and the 15th World Congress in India, the meeting site in Berlin symbolizes a renewed hope for *peace*, achievement of *beneficent values*, and an open exchange of *professional collaboration*. We are pleased that Professor Remschmidt was our

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President's Message

It is a great honor to have been elected President of IACAPAP. The election was an emotional time for me as I remembered those who had been so important to me in becoming involved in IACAPAP and international child mental health activities. Were it not for Irving Philips and Donald Cohen, all the wonderful opportunities that have led to this time would not have been possible.

I pick up the responsibilities of leadership from Helmut Remschmidt. Helmut was and is an extraordinary leader who saw IACAPAP through difficult times to the spectacular success of the Berlin Congress. His dedication, perseverance, and clarity of thought permitted IACAPAP to endure and ultimately succeed during this period. On a personal note, Helmut and I have forged a wonderful partnership that made the work of the Bureau an exhilarating experience.

We must all now take up the challenges and opportunities presented by the overwhelmingly positive response to the Congress, the involvement of new member organizations and participants, and the initiation of activities that need to be sustained. The attendance at the Congress far exceeded any past IACAPAP congress . This speaks to the importance of IACAPAP as a convener of those interested in international child mental health, the value of the IACAPAP scientific program, and the importance of our

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field. The Donald J. Cohen Fellowship program stood out as a harbinger of what IACAPAP can do. This year the Cohen fellows were gathered with fellows from the Eastern Europe program of longstanding and the group of fellows formed from the Eastern Mediterranean Region. The program brought together young child psychiatrists and others with mentors in a sustained and productive fashion. Professor Remschmidt's efforts to obtain the needed financial resources and Andres Martin's oversight and planning along with Jim Leckman and Kari Schleimer (along with others too numerous to mention) truly brought this program to a new level that needs to be sustained. We were grateful to so many of the most distinguished child psychiatrists from academic research and clinical work who presented at the meeting. The attendance at sessions was remarkable, especially given the attractiveness of the diversions in Berlin.

We must now focus on the future. We look forward to the next Congress in Melbourne, Australia and can with confidence say that this too will be a truly valuable and unique congress. The plans are well underway under the leadership of Howard Cooper, Barry Nurcombe and their colleagues. In the interim, we must work together to bring added value to membership in IACAPAP. This will be a priority. There is a recognition that we can do more to enhance communication between national organizations belonging to IACAPAP, strengthen national organizations by linking them to resources that IACAPAP has access to, and by raising the visibility of child and adolescent mental health through enhanced work with the media, use of electronic communication, a broadening representativeness of the Bulletin and other activities that will be spelled out in the coming months. I look forward to active involvement with the Presidents and representatives of national organizations to strengthen our bonds and to embark on new or expanded collaborative activities. IACAPAP, as a non-governmental organization in official relationship with the World Health Organization, can be of substantial benefit to national organizations.

To have the work of IACAPAP become more efficient and inclusive, a new committee structure will be established. This structure will facilitate the business of IACAPAP, but perhaps more importantly, involve more individuals throughout the world in IACAPAP related activities. We want these activities to be as collaborative as possible and to be in support of the very viable regional organizations that are affiliated with IACAPAP in Asia, the Eastern Mediterranean region, South America, Europe and elsewhere. It is clear in terms of the response to the IACAPAP declarations by countries, individuals and international organizations, such as the World Health Organization, that IACAPAP has an important advocacy mission. The research and clinical training activities supported by IACAPAP, with many partners, will be strengthened and expanded over the coming years. There will be more information about these initiatives in this column and elsewhere in the coming months.

I look forward to working with all of you. I want there to be as much communication as possible and encourage you to contact me directly about issues of concern. It is easiest to reach me at Myron_Belfer@hms.harvard.edu. Importantly, I value the opportunity to work these next two years with the new Executive Committee (elsewhere in this Bulletin, you will find short biographies of these individuals) and the Bureau that includes Per-Anders Rydelius as Secretary-General, John Sikorski as Treasurer, Kari Schleimer as the Permanent Secretariat and Archivist, and Helmut Remschmidt as Past-President.

Best wishes.

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President at this historic IACAPAP meeting for the first time in Berlin. We wish to thank him for his outstanding efforts, his humanitarian philosophy, his diligence in extended work efforts, his scientific and leadership abilities, and his strong desire to help younger generations of colleagues in their professional development. We certainly look forward to his continued activities and collaboration with IACAPAP endeavors.

Our outstanding 16th World Congress was the culmination of efforts to bring representatives of many nations together to exchange ideas and plan for new ventures focused on improving the lives of children worldwide. The theme of this Congress, "Facilitating Pathways: Care, Treatment and Prevention in Child and Adolescent Mental Health", emphasized what we must continue to do to help children who grow up in varied socioeconomic and cultural conditions. During this Congress, we listened to many talks about the importance of educating health care professionals about childhood trauma, the ethics of clinical practice, the epidemiology of

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childhood psychiatric problems, new scientific techniques of diagnosing, treating, and preventing child psychopathology, and the importance of international interactions to disseminate these concepts to others. We look toward the planning of the 17th World Congress of IACAPAP in Melbourne, Australia from September 10 to 14, 2006. Howard Cooper, MD is chairperson of the local organizing committee. This Bulletin issue highlights some features of that meeting.

As the editors of the IACAPAP Bulletin for over ten years, we are proud that this Bulletin serves an important function of disseminating information to child and adolescent psychiatrists and allied professionals worldwide. Our Bulletin is published on the IACAPAP Website (www.iacapap.org) so that it is available to be read by a multitude of health care professionals, parents, national and state leaders, and others. We hope that our IACAPAP messages stimulate international enthusiasm to protect the lives of children, to foster conditions that offer children healthy and safe environments in which to grow, and to develop environments in which to teach children about peaceful means of solving problems and respect for cultural diversity.

We are also proud that the IACAPAP Bulletin has expanded its participant reporters. We now have two associate editors who will report on IACAPAP sponsored and related meetings. Additionally, we have regional reporters who will identify and report on issues specific to regions of the world. The names and locations of these reporters are included in an article in this Bulletin issue. We endeavor to expand this group of regional reporters so that we are able to highlight news from other regions worldwide. We invite others to submit articles that are relevant to IACAPAP activities and initiatives.

This Bulletin issue highlights many features of the 16th World Congress of IACAPAP held in Berlin, Germany August 22–26, 2004. Berlin is a vibrant, beautiful city with a distinct international atmosphere. The meeting reflected a sense of renewal for IACAPAP. There were many new initiatives that were conducted and planned at this meeting. Among them was the first International Donald Cohen Fellowship Program to sponsor the attendance and activities of junior child and adolescent psychiatrists. This Fellowship Program also sponsored some senior child psychiatrists, whose attendance at our Congress may have been limited had not the assistance of this Fellowship been available. Description of the program and remarks from participants are included in this Bulletin issue. We wish to acknowledge the foresight of Professor Helmut Remschmidt who stimulated the development of this Fellowship. Its name and activities honor and acknowledge the generative influences of Donald Cohen, M.D. who served as our IACAPAP President and who was instrumental in fostering the education and professional development of hundreds of child and adolescent psychiatrists and allied professionals throughout the world. We also thank James Leckman, M.D. and Andres Martin, M.D. who provided immediate leadership for developing and coordinating the activities of this fine unique program.

Additionally, IACAPAP organized the Eastern European Program to support the attendance of 20 child and adolescent psychiatrists and allied professionals from Eastern Europe to attend this Congress. We thank Kari Schleimer, M.D. for her coordination of this program. The participants in this program joined those of the Cohen Fellowship Program for discussions and professional activities at our Congress. A fine outcome to these two fellowship programs was the stimulation of collaborations among many of its participants to work together when they return to their respective countries. These two programs initiated *continuity* of efforts among the next generation of child and adolescent psychiatrists and allied professionals to benefit children internationally.

Disseminating new research findings is an important task at out IACAPAP Congresses. This year we had approximately 400 posters submitted in addition to the lectures, symposia, and workshops. A new feature of this Congress was a jury review of all posters and the awarding of commendations for the best three posters and honorary mention for three other posters. Savita Malhotra, M.D. and Cynthia R. Pfeffer, M.D. joined Ian Goodyer, M.D., who served as the poster jury chairperson, to review all posters and select the poster awardees. It was an exceptional experience and we were very pleased with the selections for the awards. The awardees represent junior and senior researchers from varied regions of the world. In this Bulletin issue, we highlight the selected posters and the process by which we judged all posters. We hope that this innovative endeavor can be repeated at future Congresses and that our efforts described in this Bulletin issue will aid researchers in planning their approaches of creating scientific research posters.

Continuity of programs and new initiatives of IACAPAP will be considered by a mix of continued and new members of the IACAPAP Executive Committee. The names of all officers of IACAPAP are included on the last page of this Bulletin issue. Our new President, Myron Belfer, M.D. highlights in the President's Message plans for the coming years' activities of IACAPAP. We wish him a very productive, enjoyable Presidential term and look forward to his leadership characterized by hope, enthusiasm, creativity, and a message of collegial collaboration. We also welcome the new members of the

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Executive Committee and other officers, who represent distinguished colleagues from distinct regions of the world. We expect these new officers and those who continue will create new visions for IACAPAP while maintaining a *continuity* of beneficence for children.

The challenges for IACAPAP are great. We returned to our countries from our Congress with vigor, enthusiasm, and hope that the conditions of children can be improved. In contrast, within a short time after our Congress, numerous regions of the world experienced new horrors of natural disasters and terrorism. We hope that as we look toward the future, IACAPAP will lead efforts to ensure the healthy development of children who will shape the world for future generations.

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Read the Donald J. Cohen Fellows' articles about the Berlin Congress on our website

www.iacapap.org

Past President's Message

1. Introduction

I was elected as a member of the Executive Committee at the IACAPAP congress in Melbourne, Australia, in 1978, and my time as past-president of IACAPAP will be finished again in Melbourne at our forthcoming congress in 2006.

It has been a great privilege for me to work for such a long time for IACAPAP and to support the mission of this international society. When I was elected president of IACAPAP at our congress in Stockholm in 1998, I knew that my term would be full of challenges. I enjoyed very much working closely with my predecessor, Donald Cohen, and other members of the IACAPAP bureau, Myron Belfer as treasurer and Ian Goodyer as secretary-general as well as with all the other members of the EC.

However, I did not expect that during my term so many problems and difficulties would emerge that required complicated considerations and delicate decisions.

2. Problems and difficulties

Our association had planned to organize a joint international meeting together with the World Association for Infant Mental Health (WAIMH) and the International Society for Adolescent Psychiatry (ISAP) in Jerusalem in 2000. We had great hopes for an excellent, multidisciplinary and international meeting at a historical moment in a historical place on the threshold for a new millennium. We had meetings in Jerusalem with Israeli and Palestinian task forces, and everything looked very promising, but in the end the congress could not take place as an IACAPAP event for political reasons.

I remember several telephone conferences between colleagues in Israel and the presidents of the three organizations. In spite of the fact that we had to cancel this meeting as a international meeting sponsored by our three organizations, the cooperation between these organizations was an experience of mutual understanding, sharing the responsibilities and finally making a hard and difficult decision. I will never forget, in spite of the disappointing end, the atmosphere of support and friendship under very difficult circumstances. Of course, I was very glad to hear that our Israeli colleagues were able to have a meeting on a smaller basis that was very successful.

Another very sad decision was to cancel the 15th IACAPAP World Congress that was planned for New Delhi in 2002. As you all know, this congress could not be held as planned under the aegis of IACAPAP due to external reasons. However, the congress took place as a regional meeting with international attendance under the leadership of Savita Malhotra in New Delhi, the congress theme "Brain, Culture and Development" was maintained and was also the title of a congress book which came out just in time for the meeting.

After the severe decision to cancel also the New Delhi meeting as an IACAPAP event, we tried very hard to have a world congress in Montreal, Canada, but also this plan could not be realized as intended. These were really sad experiences.

Further sad events were the loss of several prominent IACAPAP officers during my six years term as president:

Donald J. Cohen (1940–2001) succeeded Albert Solnit as director of the Yale Child Study Center from 1983 until his death on Oct 2, 2001.

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In 2000, he was appointed as Sterling Professor of Child Psychiatry, Pediatrics and Psychology which is a highly prestigious position and the greatest honour a professor can be awarded at Yale university. Donald Cohen was a remarkably creative clinician and researcher who integrated in a unique way basic research with clinical practice. His ultimate focus was on the betterment of children's lives through the psychotherapeutic process whatever that might prove to be. Trained in pediatrics, child psychiatry, philosophy and psychoanalysis, he was able to integrate very different clinical and theoretical concepts in the best interest of sick and troubled children and their families. He published numerous articles in scientific journals and books and was the author or editor of more than a dozen books that addressed important issues in child and adolescent mental health. He made unique contributions to understanding tic disorders, developmental psychopathology and autism. He was my predecessor as president of IACAPAP and a very close friend. Our association played a very important role in his thinking and in his activities. In his last letter (dated Aug 20, 2001) to the members of the IACAPAP Executive Committee, he stated: "IACAPAP has been a central part of my life for many years. From my very first meeting in Dakar, Senegal, I have felt that the chance to participate in IACAPAP has been one of the wonderful privileges of my career. To have had the chance to serve as president was a true, life-challenging privilege. The opportunity to be close to many of you, to be together for wonderful scientific, cultural and social events, to get to know your families and have you become friends of my family are true gifts."

Serge Lebovici (1915–2000) was professor of child and adolescent psychiatry at the university of Paris (Bobigny). He was the uncontested leader of child psychiatry in France, playing a vital role in the field of child development and research. His role was particularly outstanding in the field of psychopathology of the infant and early mother–child interactions. He was president of IACAPAP from 1966 to 1970 and was also an Honorary President of our association. During his career, he was president of many other associations, including the International Psychoanalytic Association. He contributed many articles and books to the child psychiatric literature and supported child psychiatrists and child psychiatric and psychoanalytic organizations in many countries of the world.

Albert Solnit (1919–2002) was Sterling Professor Emeritus and Senior Research Scientist at the Yale University Child Study Center He died on June 21, 2002, at the age of 82 years. Al Solnit was a world-renowned pioneer in child and adolescent psychiatry. He spent 54 years at Yale and served as director of the Child Study Center from 1966 to 1986. He served also as commissioner for the Connecticut State Department of Mental Health and Addiction Services from 1991 through 2000. One of the most distinguished scholars in his field, Albert Solnit is particularly known for his work and writing in the field of child development, psychoanalysis and mental health. He authored or edited more than 15 books and wrote more than 200 articles and book chapters. He is best known for his books on child custody and placement issues. Of the 20 editorial boards on which Al Solnit served, his most significant contribution was his 20 years as managing editor of "The Psychoanalytic Study of the Child," where his frequent collaborators were the late Anna Freud and the late Joseph Goldstein.

Prof. Luis Prego Silva (1917–2001) was the founder of child and adolescent psychiatry in South America. He served for eight years as vice-president of IACAPAP, and he was awarded the IACAPAP medal at our last regular congress 1998 in Stockholm, Sweden. Prego Silva completed his training in the United States with Leo Kanner during the fifties. After his return to Uruguay, he created child and adolescent psychiatry in his country and introduced the first post-graduate course at the medical school of Montevideo in 1973. He was a trained psychoanalyst and the founder of the Association for Child and Adolescent Psychiatry in Uruguay.

Richard Harrington was involved in IACAPAP activities insofar as he was in recent years one of the organizers of the European Research Seminars, a joint activity of the European Society for Child and Adolescent Psychiatry (ESCAP), IACAPAP and the Foundation Child, chaired by Prof. Caffo from Modena, Italy. Richard Harrington was a creative researcher and clinician and professor of child and adolescent psychiatry at the University of Manchester, UK. He was trained at the Institute of Psychiatry at Maudsley Hospital by Prof. Sir Michael Rutter. He was for two years senior lecturer in Birmingham before he was appointed as professor in Manchester and became the chairman of the British child psychiatry research society and secretary-general of the European Society for Child and Adolescent Psychiatry (ESCAP). In Manchester, he established one of the most active and productive child and adolescent psychiatry research groups worldwide. He was an inspirational leader and contributed immensely to the field of child and adolescent psychiatry. He served on several scientific committees and published 150 articles and three books. His scientific contribution was recognized

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by the American Academy of Child and Adolescent Psychiatry in 1998 when he was presented with the Nathan Cummings Foundation Award for the best original research in the field of depression in young people. He is survived by his wife and three children.

IACAPAP will remember these colleagues and they will remain in our records and in our hearts.

3. Progressive developments and achievements

Fortunately, there was also some significant progress and advancement during my term as IACAPAP President which I will mention:

Formation of the Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions (EMACAPAP). This association was founded in 2000 in connection with a remarkable conference in Sharm-El-Sheikh, Egypt. Donald Cohen, who was the initiator of this event, was present as well as the president of the World Psychiatric Association (WPA), Prof. Ahmed Okasha, and this was the beginning of a close cooperation with this association.

Acknowledgement of IACAPAP as a non-governmental organization (NGO) by WHO. This was great progress for IACAPAP with the consequence being involvement in all mental health activities of WHO. Our organization is invited to every mental health meeting, and we are sending a member of the Executive Committee as a delegate whenever possible.

European and international research seminars. I started the European Research Seminars in 1998 in Heidelberg and the type and structure of these seminars have become a tradition continued in Camposampiero, Padua in Italy. The first Research Seminar in Heidelberg was supported by the Volkswagen Foundation, and the subsequent seminars by the Foundation Child chaired by Ernesto Caffo (current president of ESCAP and vice-president of IACAPAP). Earlier this year, we extended this type of seminar to an international level. In the beginning of March 2004, the first Sharm-El-Sheikh Seminar was held devoted to the topic "Depression and Related Disorders." We should extend this type of research seminar, lasting for a whole week, to other parts of the world.

WPA Global Presidential Program on Child and Adolescent Mental Health in connection with IACAPAP and WHO. This collaborative effort is unique and has provided many opportunities to support international child and adolescent mental health. Many major functions within this program are held by IACAPAP officers. I was pleased to be asked to be the scientific director and chair of the Task Force on Primary Prevention, our vice-president Sam Tyano leads the Task Force on Awareness, and Peter Jensen is head of the Task Force on Service Development and Management. IACAPAP's current president, Myron Belfer, and vice-president Barry Nurcombe are members of the Steering Committee. Other IACAPAP EC members are on the advisory committee. The results of the program will be presented at the 13th World Congress of Psychiatry, Sept. 10-15, 2005, in Cairo, Egypt.

IACAPAP website and homepage. For several years, IACAPAP has had a quite attractive website containing important information about IACAPAP linked with the homepages of several national societies and regional societies such as ESCAP. All important information can rapidly be spread through the internet and all EC members are asked to contribute to the website. All IACAPAP declarations are on this website as well as issues of our *Bulletin*. The webmaster has been Mr. Ulbrich from my department.

Permanent secretariat. At our EC meeting in New York in 2002, Kari Schleimer agreed to hold the permanent office of Secretariat of IACAPAP and also to be the archivist of our association. I am very grateful to her for her remarkable engagement and her continuous support.

Archives of IACAPAP at the Karolinska Institute in Stockholm. Per-Anders Rydelius, current secretary-general of IACAPAP, has kindly agreed to host the IACAPAP archives at his institute. It is a major achievement to have a place for our archives, and this will be very important for preserving the history of our association.

IACAPAP Bulletin. The editors of the *Bulletin*, Cynthia Pfeffer and Yosse Hattab, have done a great job improving this important newsletter. All issues can now be retrieved from the internet via the IACAPAP website. They produced a printed issue for the 16th IACAPAP World Congress in Berlin, and we agreed to have hard copies in connection with IACAPAP congresses. Between the congresses, the *Bulletin* will be published on the website. I am very grateful that Andres Martin and David Bendor will join the editorial board.

IACAPAP Declarations. During my term as president, IACAPAP brought forth six declarations:

1998: Declaration of Venice on "Autism and Pervasive Developmental Disorders"

2000: Declaration of Sharm-El-Sheikh on "Founding of the Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions (EMACAPAP)"

2000: Declaration of Modena on "Genetics of Autism"

2001: Declaration of Jerusalem on "Children's Rights"

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2003: Declaration of Rome on "Caring for Children Affected by Maltreatment, War, Terrorism, and Disaster," and

2004: Declaration of Berlin on "Assuring Mental Health for Children and Adolescents."

All declarations are available on the IACAPAP website.

New editors of the IACAPAP book series. After the resignation of Gerald Young and Pierre Ferrari as book series editors, we have appointed Martine Flament (University of Ottawa, Canada) and Elena Garralda (Imperial College, London, UK) as new editors of the IACAPAP book series. I am grateful to Gerald Young and Pierre Ferrari who have served for a long time as editors of the book series and have edited quite a number of books in English and French. I hope that the new editors will continue the successful tradition of the IACAPAP book series and will come up with new ideas.

4. 16th IACAPAP World Congress in Berlin, August 22–26, 2004.

The 16th IACAPAP World Congress was an extraordinary event. The total number of participants was 2767 (including all the exhibitors and the journalists). The number of registered congress participants was 2376, coming from 78 countries. As far as the different countries are concerned, 623 participants came from Germany, followed by participants from the UK (172), the United States (168), Norway (137), The Netherlands (132), Sweden (121). More than 100 came from Japan and Switzerland. The scientific program included eight main lectures, 15 state of the art lectures, 10 courses (attended by 355 participants), numerous workshops and 440 posters which could be displayed during the entire congress. This gave ample opportunities for discussion with the poster authors.

In order to give the program more structure, we decided to have five tracks linked to themes of special interest for participants and marked by different colours. The five tracks were: Attention deficit and hyperactivity disorder, pervasive developmental disorders, eating disorders and obesity, psychotic disorders, and therapy and intervention.

There were several highlights of the congress, appreciated by the participants:

Distinguished lectures: The *Gerald Caplan Lecture*, given by our Honorary President Colette Chiland, entitled "What about girls? Sex differences in psychopathology" found great interest and so did the main lecture of Leon Eisenberg on "The biological roots of mind and brain." The other main lectures were excellent and drew great attention. Helmut Remschmidt gave the *Donald Cohen Lecture* on "The place of development in child and adolescent psychiatry."

The Atlas Project: This project is a joint venture of WHO in cooperation with IACAPAP and other organizations. It is an initiative designed to document the resources available for child and adolescent mental health care within countries all over the world. Myron Belfer has coordinated this work and has contributed much to its success.

Fellowship programs: The *Donald Cohen Fellowship Program* was established in memory of Donald Cohen (1940-2001). It was created in order to support the participation of young child psychiatric researchers from all over the world to the Berlin congress. It was possible to invite 58 colleagues from more than 20 countries. Several colleagues (most of them members of the IACAPAP EC) served as tutors for the program under the leadership of Jim Leckman, Andres Martin, John Sikorski (all US) and Andreas Warnke (Germany). This program was sponsored by the German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, the Hertie Foundation, Lilly International and Lilly Germany, and the Foundation for Education and Support of Handicapped People in Germany. Finally, Dr. Jack Davis (USA), a long-time supporter of IACAPAP, was one of the sponsors. The *Eastern European Program* which was merged at the congress with the *Donald Cohen Program* had the same aim, but was restricted to colleagues from Eastern Europe. The program was supported by the German Research Foundation, and the Robert Bosch Foundation Germany. We were able to invite 20 colleagues from different countries in Eastern Europe. I am grateful to the colleagues who served as tutors for this program: Kari Schleimer (Sweden), Peter Riedesser, and Gerd Schulte-Körne (both Germany). Both programs were a great success.

Continuing Medical Education (CME) credits: The 16th IACAPAP World Congress was accredited by the European Accreditation Committee in Brussels (EACIC) as well as by the Federal Accreditation Council of the Medical Association in Germany, represented by the Berlin Medical Council (Ärztekammer Berlin). European physicians could be accorded six to 10 credits per day and a maximum of 44 credit points. Physicians from Germany could obtain 24 credit points for participation in the entire congress, the maximum credit points being 38 (if, in addition, two courses were attended). A large number of congress participants appreciated very much this possibility which was realized for the first time during a IACAPAP congress.

Congress monograph: A congress monograph was produced with the same title as the congress: *"Facilitating Pathways: Care, Treatment and Prevention in Child and Adolescent Mental Health."* This book was edited by Helmut

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Remschmidt, Myron Belfer and Ian Goodyer and provides international perspectives on services, interventions and preventive measures. The book was part of the congress documents provided to the registrants.

Honours: IACAPAP medals were given to outstanding personalities who have either served IACAPAP for a long time or who have great merit in the field of international child and adolescent mental health. The awardees were: Dr. Kari Schleimer (Permanent Secretary and Archivist of IACAPAP), Prof. Ahmed Okasha (President of the World Psychiatric Association), Prof. Giovanni Bollea (Italy), Dr. Winston Rickards (Australia) and Dr. Jack Davis ((USA). As Dr. Davis was not able to attend the Berlin meeting, the medal will be handed out to him on another occasion. Also Prof. Michael Hong (Korea) was honoured with a new award sponsored by the Korean Academy for Child and Adolescent Psychiatry and devoted to recognizing the outstanding contributions of Prof. Hong to the establishment of Child and Adolescent Psychiatry in Korea since 1979 and the founding and collaboration of the Asian Society of Child and Adolescent Psychiatry since 1996.

Poster Prizes: Due to an unrestricted grant from Janssen-Cilag, we were able to hand out three poster prizes for the best posters, selected by a jury of three members of the IACAPAP EC: Ian Goodyer (Cambridge, UK) – chair, Savita Malhotra (Chandigarh, India) and Cynthia Pfeffer (New York, USA) – members. All awards consisted of a certificate and a financial contribution of 1500 Euros for the first prize, 1000 Euros for the second, and 500 Euros for the third prize. The awardees were: Dr. Bung-Nyun Kim (Seoul, Korea) – first prize; Dr. Olayinka Omigbodun (Ibadan, Nigeria) – second prize; Dr. Stefan Gebhardt (Marburg, Germany) – third prize.

Disclosure of all speakers with regard to the existence of any significant financial interest or other affiliation with a funding organization or with a commercial supporter was noted in the program for the first time. This initiative should be continued in the future to avoid conflicts of interest.

Business meetings: Many societies, organizations and task forces used the Berlin congress for special business meetings. An important meeting for IACAPAP was a reception with dinner for the presidents of the national societies of child and adolescent psychiatry and allied professions who are members of IACAPAP. This meeting took place on Tuesday, August 24, and was very important for the discussion of common initiatives and future activities.

Social program: An absolute highlight was the *organ concert* in the Berlin cathedral (Berliner Dom) given by the famous organist Matthias Eisenberg. The *Congress Dinner* held in the historical Opera Palais gave ample opportunity for a relaxed get-together with interesting talks and classical music.

5. Some ideas for the future structure of IACAPAP.

The experiences during my six year term as president of IACAPAP have demonstrated very clearly that it is not possible to run an international organization in an honorary position without one or two full-time employees for the coordination of the work and also with several committees and task forces permanently contributing to the tasks and activities of our organization. Currently, the work of IACAPAP is too much centralized, most of the work being done by the president, respectively the bureau. This should be changed in the future. I am, of course, aware that such changes have to do with money (but this applies not to all improvements that could be undertaken in the near future). We have discussed these issues several times, lastly at the IACAPAP EC meetings in New York on June 16, 2002, and in Paris on Sept 28, 2003. It is always much the same thing: At the EC meetings, a lot of really good ideas are produced, and task forces are formed, but the problem is the realization. Therefore, it seems to be necessary that more strict regulations for a given task and the work of the respective task force have to be decided.

There are good examples such as WPA and the American Academy of Child and Adolescent Psychiatry who have successfully rearranged their structures. I am, of course, aware that they have much more money and that we are not comparable with them in that regard. But there are also changes possible that can be successful and are not so dependent upon money. It will be the task of the next president and the next Executive Committee to make decisions in that direction, and I will be happy to contribute if this is the wish of the EC.

6. Conclusions.

This is my final report after my presidency of IACAPAP and I feel I must thank all the members of the IACAPAP EC and all others who have contributed substantially to the progress and success of our organization.

My special thanks go to the IACAPAP bureau, to our secretary-general Ian Goodyer and to our treasurer Myron Belfer, for their excellent cooperation, support and friendship which was essential for me with regard to all activities and decisions. I also want to thank very much Kari Schleimer who has been holding the IACAPAP Permanent Secretariat since our decision in June 2002, and who has been of extraordinary help not only with regard to all membership issues, but also in connection with the congress

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Past President's Message

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planning activities and many other upcoming problems.

I am grateful to the Editors of the Bulletin (Cynthia Pfeffer and Yosse Hattab) who provided us during my term with several editions. I would like to thank them for their engaged work.

My sincere thanks go also to the Editors of the IACAPAP Book Series (Jerry Young and Pierre Ferrari) who have served in this function for a remarkable period of time.

Further, I would like to thank my co-worker Rainer Ulbrich who established the IACAPAP website and has served as webmaster for this site since then. This is a new initiative of IACAPAP that should be kept and extended in the future.

Finally, my special thanks go to my secretary Elisabeth Le Guillarme who shared the ups and downs of this IACAPAP presidency with me and without whom I would not have been able to successfully fulfill this task.

We are living in hard times and are not always able to achieve the goal in front of us. However, I feel that our work for children and adolescents with mental health problems and their families is worthwile and satisfying in spite of many obstacles we have to face.

It has been a real privilege for me to serve this organization for 26 years, and last, for six years as President.

From the very beginning, I was fascinated by the internationality and the transcultural scope of IACAPAP, but also by the personalities who invited me to join this organization. IACAPAP gave me the chance to become acquainted with many colleagues from countries all over the world and to be close to many of them. The experiences we shared together, the challenging problems we were able to solve, the numerous pleasant social events gave me a wonderful sense of coherence and were a welcome compensation for the burden and responsibility that was also associated with this office.

Nevertheless, I feel relieved after having handed over the office and the IACAPAP chain to my successor and friend, Myron L. Belfer whom I wish good luck, the right decisions, the necessary portion of good humour and optimism and courage for the challenges to come.

Prof. Helmut Remschmidt,
MD, PhD, FRCPsych
Past-President, IACAPAP

IACAPAP Poster Presentation Berlin – August 2004

Savita Malhotra, M.D., Ph.D.

Poster presentation is a well established format of scientific communication at conferences. There are several advantages of poster presentations over oral presentations for the presenter and the organizers. These advantages are:

The presenter gets a definite space and time allotted for presentation. This format ensures a longer time for presentation and prevents the risk of being compromised due to exceeding time limits by other presenters in the session.

The presenter has total control of the presentation and is not dependent upon the adequacy of audiovisual support provided by the organizers.

Poster presentation is likely to be seen by more participants than would have been possible when several parallel sessions for oral presentations occur.

Poster presentation decreases the likelihood that those with variable levels of proficiency in language are not able to understand the concepts presented.

Participants can carry the poster summary to read later on as it is often not possible to attend a large number of interesting presentations at big conferences.

For the organizers, poster presentations are a most convenient, time saving and cost effective format to arrange.

Poster presentations provide an excellent out-of-the-halls ambience at the conference venue.

Poster presentations are, therefore, becoming more and more attractive and popular. IACAPAP has set up an excellent tradition of awarding best posters at its congresses. It not only encourages the participants to prepare better posters but it also enhances the prestige of posters as a valuable method of scientific presentation.

I had the opportunity to be a member of the jury together with Ian Goodyer and Cynthia Pfeffer for the poster prizes at the 16th IACAPAP Congress at Berlin. The jury was assigned the task of framing guidelines for assessment of poster presentations. It was a great experience to review all 431 posters. As poster jurors, we realized that we may be able to offer advice to those who prepare scientific posters so that poster presentations are the best possible. Further, we believed that if Congress participants know the parameters of evaluation, they can improve the quality of poster presentations, its scientific contents, and relevance for future conferences.

Poster presentation format is as important as its scientific content. Poster presentation should be clear and readable from a distance of about three feet and visually attractive.

Rationale, aims and objectives, materials and methods, results, discussion, and implications for future research and clinical care should be clearly written with appropriate headings.

Results tables should be concise and not crowded with data. The research should have a sound scientific methodology, use standard, well accepted and appropriate sampling

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Poster Presentation

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procedures and assessment techniques. Overall, the poster presentation should be a valuable contribution that adds to existing knowledge and is relevant to the socio-cultural setting in which the work was conducted.

In summary, poster presentations represent the art and science of research presentation.

Poster Awards: IACAPAP Congress, Berlin August 2004

We wish to congratulate the awardees for their poster presentations. The IACAPAP poster numbers (see IACAPAP Congress abstracts book), titles of posters, investigators and their affiliations are listed below:

First Prize: Poster # P-008-131: Regional Cerebral Perfusion Abnormality in PDD: A SPECT Study Using Statistical Parametric Mapping Analysis. Principal Investigator: Bung-Nyum Kim from Seoul National University Hospital, Child and Adolescent Psychiatry, Seoul, Republic of Korea, kbn1@snu.ac.kr. Other investigators: Jeong In-Hyoung, Seong-Ill Jeon, song-Hyun Ahn, Boong-Nyun Kim, Yun-O Shin, Kang-E Hong.

Objective
Pervasive Developmental Disorder is a well-known psychiatric disorder which has a neural base. To investigate the underlying neurofunctional abnormalities, we performed a voxel based imaging study of cerebral blood flow.

Methods
Thirty-one children with untreated pervasive developmental disorder were selected among the patients visiting a child and adolescent psychiatric clinic of Seoul National University Hospital. They were assessed with DSM-IV criteria of pervasive developmental disorder and psychometric tools. Moreover, only when two psychiatrists independently agreed to the assessment, they were included in the patient group. All patients were examined by using 99m TC-HMPAO Brain SPECT.

Results
The autistic group had a significant decrease of cerebral blood flow in both medial frontal lobe, both cingulate gyris, both cerebellum, both precuneus gyris. In addition, they had a significant hyperperfusion in both inferior occipital and parietal lobes, both precentral gyrus, both fusiform gyrus.

Conclusion
The results confirm the presence of functional defects in medial-frontal lobe, cingulated gyrus, cerebellum that have been already reported. So, they are compatible with earlier suggested disturbances in cerebro-cerebellar network.

Second Prize: Poster # P-016-256: Depression, Depressive and Suicidal Symptoms in Adolescents in Rural South Western Nigeria. Principal Investigator: Olayinka Omigbodun from University College Hospital, Department of Psychiatry, Ibadan, Nigeria, 4yinkas@skannet.com. Other investigators: O. Esan, K. Bakare, B.O. Yusuf, F. Nuhu, A. Adesokan.

Objective
To determine the prevalence of major depressive disorder and self reported depressive and suicidal symptoms in high school students in rural Southwest Nigeria.

Methods
This study consisted of 484 randomly selected adolescents from two rural school districts in Southwestern Nigeria. Instruments used are the global school health questionnaire (GSHQ) and Youth DISC Predictive Scale (DPS).

Results
There were 268 (55%) males and 212 (45%) females, with a mean age of 16.27 (SD: 2.33). 61 (12.6%) students met the criteria for major depressive disorder. All the individual depressive symptoms were significantly associated with 'physical attack' while 'going hungry' was associated with all symptoms except 'tried to kill self.' Sexual activity was associated with 'lack of interest,' 'low energy' and thoughts of suicide. Having divorced parents was associated with 'thoughts of killing self.'

Conclusion
This study reveals that depression, depressive symptoms and suicidal behaviour are prevalent among adolescents in rural Southwest Nigeria. Adolescents who have suffered physical violence, frequent hunger and who are sexually active need particular attention.

Third Prize: Poster # P-001-013: Clozapine-Induced Weight Gain: A Study in MZ Twins and Same-Sexed Sib Pairs. Principal Investigator: Stefan Gebhardt from Universitat Marburg, Klinik fur Psychiatrie, Marburg, Germany, Stefan.gebhardt@med.uni-marburg.de. Other investigators: Frank Theisen, Michael Haberhausen, Monika Heinzel-Gutenbrunner, Peter Wehmeier, Jurgen-Christian Krieg, Wolfgang Kuhnau, Jorg Schmidtke, Helmut Remschmidt, Hohannes Hebebrand.

Objective
To assess the relative contribution of genetic factors in antipsychotic-induced weight gain, we explored the similarity in BMI (kg/m2) change under clozapine of five monozygotic (MZ) twins in comparison with seven same-sexed sibs.

Methods
Twin and sib pairs were identified by a telephone screening of 786 practicing psychiatrists. Measured data on weight and other clinical variables were obtained cross-sectionally and retospectively from medical records. Clozapine ΔBMI (treatment period with clozapine) and total ΔBMI (pretreatment with other antipsychotics plus treatment with clozapine) were investigated.

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Poster Presentation

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Results

We found greater similarity in total ΔBMI in MZ twins (intrapair difference 2.78±3.41 kg/m2) than in same-sexed sibs (5.55±4.35 kg/m2), resulting in heritability estimates of h2=0.8 and A=0.45 (ACE twin model). However, intrapair differences in clozapine ΔBMI were similar between twins and sibs.

Conclusion

We hypothesize that the weight plateau achieved under clozapine is influenced by genetic factors. The weight gain achieved during pre-treatment with other antipsychotics seemingly limits clozapine-induced weight gain, thus presumably explaining why heritability is greater for total ΔBMI than for clozapine ΔBMI.

We hope that the acknowledgements in receiving these awards will stimulate research investigators in their research endeavors.

From the Permanent IACAPAP Archivist

History of IACAPAP

By: Kari Schleimer, MD, PhD

In 1935 a group of European well known child psychiatrists started to work for establishing and expanding contact between psychiatrists working in the field of child psychiatry. Then, in 1937, what we today call IACAPAP started as an International Committee of child psychiatrists. Georges Heuyer, head of the "Clinique annexe de neuropsychiatrie infantile" organized and chaired the first congress in Paris, 1937. Together with Heuyer, Moritz Tramer from Switzerland was engaged in the organization of this congress. The congress topics included conditioned reflexes involving pedagogics and juvenile criminality involving child psychiatry. The number of participants was 350 from 49 countries. Official languages were French, English and German. There were simultaneous translations!

Heuyer was named the first European Chair of child psychiatry 1940 in Paris. The world-wide very first chair of child psychiatry was held by Lanfranco Ciampi in Rosario, Argentina, in 1920!

The second Congress was planned to take place in Leipzig, Germany. However, WW II made it impossible to arrange any international meetings. In September 1945, the officers of the International Committee decided to hold the next congress in London, where it took place in 1948. On that occasion the International Committee was turned into The International Association for Child Psychiatry (IACP) with about 30 national societies as members. J.R. Rees was President, and also president of the International Conference on Medical Psychotherapy and the International Conference on Mental Health. All three meetings took place in London at the same time. The theme of this IACP Congress dealt with individual and social aspects influencing the development of personality. There was a special emphasis on aggression. These themes were recommended by an ad hoc committee which included, among others, John Bowlby, Anna Freud and D.W.Winnicott. All were well known authorities within child psychiatry. At the business meeting Hans Asperger represented Austria.

Membership of the Association was a much discussed topic and allied professions like clinical psychologists, child analysts, psychotherapists, psychiatric social workers and others who were engaged in the psychiatric treatment of children were invited to participate in the meetings of the Association. The interdiscipli-nary characteristics of the Association were stressed at that time. In 1948 the Association was renamed the "International Association for Child Psychiatry and Allied Professions" – IACPAP. It was not until the ninth Congress in 1978 in Melbourne, Australia, that the word "adolescents" was included in the official name, as it is today, "The International Association for Child and Adolescent Psychiatry and Allied Professions" – IACAPAP.

Since 1948, there have been six congresses in Europe, two in USA, one in Canada, Israel, Australia and Japan, respectively. The third Congress was planned for the USA in 1952 but was postponed until 1954 in Toronto. The 15th Congress, planned for India in 2002, had to be cancelled as an IACAPAP Congress because of upcoming external reasons. The 16th Congress was in Berlin, Germany, in August 2004. The next one will be in 2006 in Melbourne, Australia. This will enable IACAPAP to return to its schema of having Congresses every four years.

Since 1948, congress reports have been published. One of them "Prevention of Mental Disorders in Children," was edited by Gerald Caplan in 1961 and has been widely used as a textbook. IACAPAP has edited Yearbooks since 1970 that were given to participants at the congresses. These Yearbooks dealt with the theme of the current congress or appeared as post-congress books, taking up the theme of the latest congress. All together 14 volumes have been edited so far.

Between congresses, international study groups have been held, quite often in the country to host the next congress. These regional study groups stimulated research within our field, arranged meetings with local colleagues and other mental health officers, and prepared presentations for the next congress. The study groups have in later years been substituted by research seminars with the intention to stimulate younger colleagues to do research work. The leaders have been officers from the

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History of IACAPAP

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Executive Committee of IACAPAP and invited experts.

There is much more to say about the history of our Association. Names can be mentioned as well as themes of congresses to show the main fields of interest. A revised and up-dated history and full history of both will follow in due time.

References:

1. Newsletter of IACAPAP, Nr. 1, March 1994, 4-8.
2. Rolf Castell et al.: Geschichte der Kinder- und Jugendpsychiatrie in Deutschland in den Jahren 1937 bis 1961. Vandenhoech & Ruprecht, 2003.

Election of a New Executive Committee at the General Assembly in Berlin August 25, 2004

By: Kari Schleimer, MD, PhD

The Constitution of IACAPAP says that officers do not represent their country or member organization but serve as individuals. They must be either members of member organizations or affiliate organizations, or associate members. With the exception of the treasurer, there shall be no more than two officers from the same country, and as far as possible, the officers shall be drawn from the principal cultural regions of the world. At least two officers shall be drawn from child psychiatrists and at least two from allied professions. Besides this, the Nominating Committee found it necessary also to look on the gender issue.

The General Assembly voted unanimously for the officers presented on a slate 48 hours prior to the meeting and these were the *officers elected*:

President
Myron L. Belfer, MD, USA

Secretary-General
Per-Anders Rydelius, MD, Sweden

Treasurer
John B. Sikorski, MD, USA

Immediate Past-President
Helmut Remschmidt, MD, Germany

Vice-Presidents
Ernesto Caffo, MD, Italy
Phyllis Cohen, EdD, USA
Michael Hong, MD, Korea
Barry Nurcome, MD, Australia
Amira Seif El Din, MD, Egypt
Samuel Tyano, MD, Israel

Assistant Secretary-General
Marie Rose Moro, MD, France
Luis Rohde, MD, Brazil
Nese Erol, PhD, Turkey

The new President announced a number of *appointed officers* to support the Executive Committee in different tasks and broaden the contact with child mental health throughout the world:

Adjunct Secretaries
Howard Cooper, MD, Australia
John Fayyad, MD, Lebanon
Saadaki Shirataki, MD, Japan
Robert Vermeiren, MD, Belgium
Andreas Warnke, MD, Germany
Yi Zheng, MD, China
Brian Robertson, MD, South Africa
Salvador Celia, MD, Brazil

Counsellors
Peter Jensen, MD, USA
Kari Schleimer, MD, Sweden
Martin Schmidt, MD, Germany
Kosuke Yamazaki, MD, Japan

Editors of the Monograph Series
Martine Flament, MD, Canada
Elena Garralda, MD, UK

Editors of the Bulletin
Cynthia Pfeffer, MD, USA
Jocelyn Hattab, MD, Israel

Permanent Secretariat, Archivist
Kari Schleimer, MD, Sweden

Reflections on the 16th IACAPAP World Congress in Berlin with Implications for Japanese Child and Adolesent Psychiatry

By: Sadaaki Shirataki,M.D. (Japan)

Those who attended from Japan very much enjoyed the 16th IACAPAP Congress in Berlin in August 2004. I was very impressed by the extensive focus on Attention Deficit Hyperactivity Disorder (ADHD). Because Japanese child and adolescent psychiatry has come to recognize this disorder among children and adolescents in Japan, the significant focus on ADHD at the IACAPAP Congress was welcomed by the Japanese participants. In fact, this Congress was among the most stimulating and meaningful Congresses that I have attended.

There were approximately 60 to 70 participants from Japan. We were very amazed that the organization of the Congress was so smooth and effective even though there was a shorter time to prepare for this Congress. The venue of the Congress at the International Congress Center of Berlin was so comfortable and convenient. We would like to express our special thanks for the great success of the Congress to the Prof. Dr. Helmut Remschmidt and the members of the Berlin Congress Organization.

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Reflections. . .

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I am filled with regret whenever I see how child and adolescent psychiatry is organized in some of the other countries. The reason for this regret is that, though it may appear unbelievable, we have no independent department of child and adolescent psychiatry in a medical school in Japan. In other words, child and adolescent psychiatry has not yet acquired a "citizenship" in the medical field, even though we are in great need of psychiatric services for children and adolescents.

This lack of organized Japanese Child and Adolescent Psychiatry is caused by the paucity of professionals who are concerned about child and adolescent psychiatry. The Japanese Society for Child and Adolescent Psychiatry holds some 2400 members, among whom 800 members are child and adolescent psychiatrists. But, only 110 child and adolescent psychiatrists are certified and very active among the 800 child and adolescent psychiatrists.

Of course, this situation has a strong effect on new psychiatrists in medical schools. Only a very limited number of professors whose specialty is child and adolescent psychiatry exist in departments of psychiatry in the medical schools. As a result, we have only a few candidates yearly to become future child and adolescent psychiatrists.

I strongly hope that the ideas that were generated for me by the IACAPAP Congress can be shared by young child and adolescent psychiatrists in Japan. The participants from Japan look toward other interactions with IACAPAP and its member countries.

Children All Over the World

By: Marie Rose Moro[1] and Felicia Heidenreich[2]

The 16th IACAPAP World Congress was impressive in its variety of topics and approaches. Among the various presentations in morning and keynote lectures, different symposia and posters quite a number dealt with issues concerning some of the most vulnerable populations of children and adolescents: refugee children, immigrant children, street children and children in war-torn countries. Most of these children and youth have experienced situations of war trauma, everyday structural violence, bereavement, family break-up, resettlement, separation, etc.

Effects of trauma and migration on child development and family structures are well known by those who are working daily with this particular population. Several studies show high levels of psychopathology in these children who are often underdiagnosed and insufficiently treated. Some researchers stress their capacity for resiliency. Most presenters agree that more work in research and therapy is necessary in order to correctly assess and treat these children and help their families.

Most diagnostic criteria and research tools have yet to be validated cross-culturally. When mental health professionals and children or families are not of the same cultural background, reflections on our therapeutic practice and new theoretical approaches become important to provide the best care possible.

In certain situations, such as work with street children, refugee camps, post-war countries etc., programs need to be designed to fit circumstances and demands while reacting in a culturally appropriate manner. Thus, they call for best practice evaluations and research even in emergency situations.

One symposium was centered on issues of child and adolescent psychiatry training world-wide and stressed the importance and difficulties in implementing and maintaining teaching programs and supervision. Several countries world-wide have yet to create psychiatric services for children and adolescents and need respectful help from other countries in training and implementing service systems. Partnerships between universities and persons, enthusiastic personal involvement as well as financial help seem to be central in this kind of cooperation.

In the department of child and adolescent psychiatry at the Avicenne teaching hospital in Bobigny, a Paris suburb, we see an important percentage of children of immigrant families from all over the world. In order to come up to the special needs in diagnostics, comprehension and therapy of this population, we have developed a therapeutic approach including the use of the patient's native language and cultural representations of illness based on a psychodynamic understanding of mental illness.

We work as consultants with institutions and other mental health care facilities proposing solutions in complicated "transcultural" situations. The department hosts several research projects which are centered around immigrant populations: representations of illness and healing in bone marrow transplantation in drepanocytosis, asylum seeking families and their children, cultural representations of drug addiction, bilingualism and language development, resilience in immigrant school children etc. Therapy and research are based on ethnopsychoanalysis, a theoretical approach developed by Georges Devereux in research and adapted for therapy later.

In general child and adolescent psychiatry, research and practice are equally concerned with pathology and prevention. Especially in our newly opened adolescent psychiatry outpatient unit, we have functioning networks with schools and social services in order to orient youth to

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Children. . .

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therapeutic care and to provide rapid interventions in situations of crises. Moreover, several psychiatrists and psychologists of the department are consultants for MSF (Doctors without borders[3]) and intervene in the supervision of practice and research in humanitarian projects.

It is a pleasure to share our ideas with IACAPAP and we hope that fruitful collaborations can be established with other child and adolescent psychiatrists in other countries.

1 Marie Rose Moro, professor of child and adolescent psychiatry, University Paris 13, Head of the Department of Child and Adolescent Psychiatry, Avicenne Hospital, Editor-in-Chief of the journal L'autre. www.clinique-transculturelle.org

2 Felicia Heidenreich, M.D. Coordinator of consultations in transcultural psychiatry at the department of Child and Adolescent Psychiatry, lecturer at the University Paris 13, consultant for MSF.

3 http://www.msf.fr/santementale

In Memory of Mrs. Indira Gupta

By: Cynthia R. Pfeffer, MD

While most of us have not met Mrs. Indira Gupta of India, we know her wonderful daughter, Savita Malhotra, M.D., Ph.D, who just completed her term as an IACAPAP Assistant Secretary-General.

It is fitting that we recognize the personal contribution that Dr. Malhotra made to IACAPAP, especially for her outstanding activities at our Congress in Berlin. Unbeknownst to most of us, Dr. Malhotra's mother passed away on August 22, 2004, the first day of our Berlin World Congress.

Dr. Malhotra's professional dedication is unique, special, and beyond sufficient commendation. During her beginning period of bereavement, she remained with us and participated in the meeting venue.

How could this special dedication have occurred? To answer this important question, we must consider some of Mrs. Gupta's characteristics. Dr. Malhotra indicated that she had last seen her mother on August 14, 2004. He mother suffered from a longstanding condition diagnosed as Sensory Motor Neuropathy manifested as peripheral muscle weakness and muscle loss. There were no other illnesses present.

Mrs. Gupta passed away suddenly and unexpectedly but in a peaceful manner. Dr. Malhotra indicated that her mother was a highly disciplined, dutiful, confident and religious person who believed in high moral values. According to Dr. Malhotra, her mother's life has been "a source of strength and inspiration for us."

Her contribution to humanity is evident in how she has shaped her daughter's development. We agree with Dr. Malhotra's sentiment that "We pray for her peace in her new abode in heaven." She will be remembered also for her significant generativity.

Presidential Address: VII Biennial Conference of the Indian Association of Child and Adolescent Mental Health (IACAM) in Delhi, November 20-22, 2003

Child Mental Health: Not Just for Children

By: Savita Malhotra, M.D., Ph.D., Dept. of Psychiatry, PGIMER, Chandigarh, India

Childhood is the period of life in which there is rapid growth and development in physical, psychological and social domains that begins at birth and is attained in adulthood. From a state of total dependency to a fully developed independent adulthood, the child goes through several stages, which the child masters successively.

In fact, human life starts with conception much before the birth. It is in this period that there is gradual unfolding of the genetic endowment that the child is born with under the influence of environmental factors through a two way reciprocal interactive process leading to the ultimate 'adult' with its own unique personality, cognitive schema and mental attributes. Thus, childhood constitutes the most significant formative period in human life.

Awareness of the mental health needs of children in India has been slowly developing. Research in child and adolescent mental health worldwide has contributed to understanding the neurobiology of emotions, social cognition and perception, social relationships, and social genetics. Studies on long term course and outcome of psychiatric disorders of childhood have provided important information about risk for mental disorders in childhood and adulthood. There are continuities between child and adult psychiatric disorders.

Additionally, some adult onset psychiatric disorders are caused by problems during childhood.

Knowledge about such risk can stimulate application of preventive interventions. Thus, attention to child mental health is not just for children.

Childhood includes various phases such as fetal (-9 months), neonatal (0-1 month), infancy (1 month – 2 yrs), preschool (2-5 yrs), school age (5-10 yrs), preadolescence and adolescence (10-19 yrs). Child mental health includes this entire period of life and it is described as fetal psychiatry, infant psychiatry, child psychia-

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Not Just for Children. . .

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try and adolescent psychiatry. In this lecture, the word child includes all of these developmental stages.

In recent years, there is an increased amount of knowledge in the field of developmental neurobiology, which is that area of neuroscience that focuses on the study and understanding of development of neurons, neuronal circuitry, complex neuronal organization systems and the overall functioning of brain.

Advances in molecular genetics have helped us to know the genetic basis of certain neurological diseases. The central nervous system provides the substrate of personality, cognition, emotions, social and other human qualities. Birth is only an arbitrary starting point for discussing development as we know that prenatal and postnatal influences can have important effects on brain structure and functions. We know that autism, dyslexia and schizophrenia are disorders of neurodevelopment.

Research points out that the study of symptoms does not provide the key to finding the cause or developmental pathways of psychopathology. It has been increasingly recognized that there is a complex interplay between genetic and environmental risk factors for various illnesses and the normal developmental changes in the brain. Risk factors, some which are specific for distinct mental illnesses, alter the normal development of the corticolimbic system early in life which in turn leads to manifestation of mental illnesses postnatally.

It has been shown that intelligence has a heritability estimate of about 0.50, and personality factors, particularly extroversion and neuroticism, have a heritability estimate of 0.50. This shows that non-genetic factors (i.e., environments) contribute at least 50% toward behavioral variability. Environment includes factors such as nutrition, viruses and psychosocial factors. In addition, genetic factors influence environment and vice versa.

Children and adolescents in India constitute over 50% of India's total population. There are several constitutional provisions that guarantee protection and welfare and education of children. India is a principal supporter of the United Nations convention on the Rights of the Child. India has a National Policy for Children and a National Policy for Education. Recently, a National Trust for persons with autism, cerebral palsy and mental retardation was developed in India.

These policies indicate India's strong commitment to the welfare of children. Furthermore, there is a Juvenile Justice Act for the care of neglected and delinquent juveniles. Most recently the Ministry of HRD has announced the establishment of a National Commission for Children with statutory powers. All this is very heartening and promising.

In contrast to the benevolent policies toward children in India, the actual conditions of children in India are not as heartening or promising. It is ironic that the National Human Development Report of the Planning Commission of the Government of India, 2003 mentions children's well-being only in the context of child labor and education. However, the entire document utilizes children's photographs throughout the report. It is important to recognize that in India children are used to illustrate a point but most authorities do not look after -children's interests effectively. Pictures of children capture our attention and evoke strong emotions of happiness and hope, responsibility and commitment to society, but the realities of children in India are different than depicted in photos.

In national planning, political leaders and other professionals find it difficult to invest a part of their present to the future of society. However, at an individual level, parents administer to the needs of their children as best as is possible.

It can be questioned whether children can survive in a society which does not give sufficient recognition to the special needs of children. In a democratic situation, where everyone is clamoring for allocation of resources, it is important that a significant voice be heared about promoting children's mental health.

At present, mental health is addressed in a patchy and piecemeal manner in our national policies and programs. We have a child health policy but it does not talk about mental health. It only addresses issues of child survival through control of infections and care of such issues as nutrition. We have a new education policy for children but it does not take account of the individual needs and capabilities of children, such as those who cannot cope with stress or those who are developmentally slow in one or many areas of academic skills. It also does not describe education, cultural values, life skills, and family life. These gaps in education are currently being recognized and addressed by developing new methods of education.

There is a new Persons with Disability (equal opportunities) Act which includes mental disability and is seen as a significant, progressive approach. However, it focuses on the special needs of certification and disability benefits for families with children with mental retardation. It does not address the total treatment and service needs of this group of children, who constitute about 3% of the general population in India. This prevalence of mental retardation is related to the socioeconomic indices in India.

The National Trust Act for persons with autism and related developmental disabilities and cerebral palsy addresses specific problems. The prevalence of autism in the

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general population in India is estimated to be 0.01% to 0.04% depending upon the definition used. Considering the severity of the disorder and the nature and intensity of the suffering that children undergo, promulgation of the National Trust Act is a heartening and constructive level of progress. However, this act leaves out another 12-15% of children who suffer from various emotional and behavioral disorders. These include conditions such as depression, anxiety, school phobias, psychosomatic disorders, ADHD, conduct disorders (violence, aggression, disobedience, antisocial behavior), suicide, drug addiction, alcohol and tobacco use, delinquency and crime, and scholastic backwardness. This is the domain of child mental health.

Recently, a report was developed by the Working Group on Adolescents, which was constituted by the Planning Commission for the government of India for the tenth Five Year Plan. Adolescents, who are 10–19 years old, constitute 22.8% of India's population. This report addresses issues of education, health and nutrition, life skills, counseling, and development. Importantly, there is no mention of mental health. Counseling needs have been recognized but the issues for which counseling is necessary are not addressed. Surprisingly, no psychiatrist or mental health professional was involved in the preparation of this report.

There is also a Ministry of Youth Affairs and Sports that is responsible for youth awareness and youth leadership activities. These are very loosely formatted and implemented programs. Their objectives overlap with some of the mental health issues, albeit indirectly.

The Ministry of HRD announced the establishment of a National Trust for Children which indicates the commitment of the government of India to ensure the rights of children and their welfare. It is clear that several ministries or departments of the government of India, that is, the Ministry of Health and Family Welfare, Education, HRD, Social Justice and Empowerment and Planning Commission are involved in different policies and programs. However, there is no coordination between any of these. Mental health encompasses all these issues and needs to be addressed in a holistic and coordinated manner.

Mental health is not mentioned in any of the policies or programs. This is because mental health of children is a new concept in India and is yet to find recognition at the governmental level. Ironically, even a National Mental Health Program that was prepared by psychiatrists in the early nineteen eighties does not address the mental health needs of children.

The main reason for these lapses is the lack of knowledge and awareness about the new developments in child psychiatry research and the important findings related to adult mental disorders. There is little awareness of the role of psychological developmental difficulties in childhood for adult personality and mental health and the scope of preventive interventions in childhood for primary prevention of adult psychiatric disorders.

Several trends are amply documented. For example, schizophrenia has neurodevelopmental causation during intra-uterine life and early infancy. Affective disorder is related to parental loss in childhood. Antisocial personality and alcoholism are outcomes of attention deficit hyperactivity disorder in childhood. Personality disorders (borderline, schizoid, anxious, passive – dependent types) are extensions or culmination of several difficulties of psychobiological development during childhood. Children who are school dropouts, educationally retarded, intellectually subnormal develop psychiatric disorders in adulthood. Children who suffer from loss and trauma develop mental health problems and disorders in adulthood.

These trends indicate that there is greater continuity between childhood and adult disorders than is currently recognized. It is clear that childhood is the most significant period of human life when the life script for the entire life span gets written. This fact is very well acknowledged and accepted in our ancient Indian writings.

The first 25 years of life are designated as 'Brahmacharya' which is supposed to be a period of learning under highly disciplined, regulated, austere life. It includes a comprehensive and complete education in philosophy, religion, responsibility, and occupation. Do we pay due attention to this in the contemporary system?

Of course not. The result is quite evident. There are increasing problems among children including violence, aggression, suicide, drug addiction, crime, depression, personality problems, and stresses.

Among adults, the increasing rates of stress, anxiety, depression, and consequently higher rates of alcohol and drug abuse, psychosomatic disorders coronary heart disease, cancer, HIV indicates failing social health and mental health of the society.

We cannot achieve positive mental health unless we target our efforts in the right direction, at the right place and at the right time. Let us not be content with slogans alone such as Health for All by 2000. The need of the hour is to have a National Policy on Child Mental Health which should be holistic, cohesive and intersectoral in frame work. Child mental health professionals need to put in a concerted effort. Needless to say, our concern for child mental health is not just for children. Let us learn to see tomorrow and try our best to steer it today into the right direction.

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New Editors for IACAPAP Book Series

By: Martine Flament
Elena Garralda

At the last IACAPAP Congress in Berlin, August September 2004, the IACAPAP Board elected two new Editors for their book series: Professors Martine Flament and Elena Garralda.

From its inception, the IACAPAP took on the task of disseminating across the world knowledge and good practice on child and adolescent mental health problems, not only through the organization of international meetings and Congresses, but also by editing books on areas of worldwide interest in child and adolescent psychiatry. These books have traditionally been made available to Congress participants and have reflected the main topics inspiring academic programs.

There is a tradition of dual language publishing in English and French. The last series editors were Professors J Gerald Young and Pierre Ferrari, and the last book edited by the IACAPAP was: *Facilitating Pathways – Care, treatment and prevention in child and adolescent mental health* (2004), edited by Helmut Remschmidt, Myron Belfer and Ian Goodyer and published by Springer.

Professors Colette Chiland, James Anthony, and Cyrille Koupernick have been prominent earlier editors.

Who are the new Editors?
Martine Flament is professor in the department of psychiatry and the school of psychology at the University of Ottawa, and research director for the youth unit at the University of Ottawa Institute of Mental Health Research**.** She trained in medicine and child and adolescent psychiatry at the University Pierre and Marie Curie in Paris, and trained in research by working four years with Dr Judy Rapoport in the child psychiatry branch at the National Institute of Mental Health Research in Maryland, USA.

Martine worked in Paris as a child and adolescent psychiatrist in the department of Professor Jeammet and, as a senior researcher for 12 years at the French Institute of Health and Medical Research. She joined the University of Ottawa and its Institute of Mental Health Research in 2002. Her main research areas have been obsessive compulsive disorder and other anxiety disorders, mood disorders and eating disorders, with interest in the etiological factors, as well as the evidenced-based psychological and pharmacological treatments for these disorders in youth.

Elena Garralda is professor of child and adolescent psychiatry at Imperial College London, UK, and is based at the College's St Mary's campus in Paddington. She trained in medicine at the Universidad de Navarra in Pamplona, Spain. Her psychiatric and child and adolescent psychiatric training took place at the Maudsley Hospital in London, where she was introduced to academic psychiatry and carried out her doctorate research into psychotic symptoms in children.

Elena joined the newly created Academic Department of Child and Adolescent Psychiatry at the University of Manchester, led by Professor David Taylor, prior to returning to London and her current post. Her main current research and clinical interests are in the interface between physical and mental health problems and medical help seeking in children and adolescents, and in documenting outcomes of use of child and adolescent mental health services.

What are the tasks for the new Editors?
The immediate task is to secure a publisher for French translations of the IACAPAP book series and the second is the pressing task of preparing the book for the next IACAPAP Congress to be held in Melbourne, Australia in 2006. There is relatively little time, and the Editors will need to be specially attuned to finding authors able to write authoritatively and efficiently.

What are the Editors' goals for the IACAPAP book series?
Both editors have a commitment to the dissemination of evidence-based knowledge and practice for child and adolescent mental health problems, and the IACAPAP book series is an ideal vehicle for this. They have had the experience of living in different countries and practising with children and families from a variety of cultures.

They are intrigued by what is common to child and adolescent psychiatric disorders across different cultures and what is more culture specific.This might include issues factors ranging from biological and psychosocial risks, to the organisation of mental health services and therapeutic interventions. Particular challenges for mental health services using an evidence-based approach are the development of good training tools to help translate new knowledge into relevant clinical approaches, and ensuring that new or insufficiently established initiatives are audited. It is our hope and our goal that an international book series will complement other activities by IACAPAP.

To make books globally relevant, the Editors are considering a format whereby chapters by experts in any particular area are followed by comments from authors working in countries with a different health service organisation, whilst generally ensuring that clinical relevance is always highlighted.

Are the Editors interested in suggestions for books?
The Editors would certainly welcome suggestions from members about topics and authors who may be able to contribute to the goals of the book series. The editors may be contacted at:

e.garralda@imperial.ac.uk
mflament@rohcg.on.ca

Announcement

Eloisa deLorenzo Prize is Awarded to Miguel Cherro-Aguerre, M.D.

Dr. Miguel Cherro-Aguerre of Montevideo, Uruguay was awarded the important Eloisa deLorenzo Prize.

He was selected by the Inter-American Children's Institute in Montevideo, Uruguay and the Beach Center on Disability of the University of Kansas in the United States to receive this prize for his outstanding research, training, and clinical services to individuals with disabilities and their families.

This prize pays tribute to Eloisa deLorenzo, a native of Montevideo, who valued the contributions that science can make to public policy and to Mrs. Marianna Kistler Beach, who served three consecutive terms as the President of the Directing Council of the American Children's Institute.

The prize was presented to Dr. Cherro-Aguerre at the American Children's Institute meeting in Mexico City on October 26, 2004. The Prize consists of $2,500 U.S. and a plaque.

Dr. Cherro-Aguerre presented a paper about his contributions to individuals with disabilities and to public policy affecting them.

We are pleased to extend congratulations to Dr. Cherro-Aguerre who served as Vice-President of IACAPAP.

Second International Congress on Child and Adolescent Psychiatry February 14-17, 2005 Teheran, Iran

This congress, sponsored by the Iranian Academy of Child and Adolescent Psychiatry (IACAP), will focus on the psychiatric consequences of stressful events and disasters. Contributions will be made from other organizations including the American Academy of Child and Adolescent Psychiatry. For further information go to the Congress website at www.iacap.info. We welcome other participants.

Psycopharmacology and Cognitive Behavior Therapy for Children and Adolescents Jerusalem, Israel January 31–February 1, 2005

Experts in Pediatric Psychopharmacology and Cognitive Behavior Therapy will present updated and evidence-based treatments for children and adolescents with psychiatric conditions.

For further information on this Conference, please go to the following website:

www.isas.co.if/
psychopharmacology2005

The 17th World Congress of IACAPAP Melbourne, Australia September 10-14, 2006

The Congress program will develop the scientific excellence and breadth of recent IACAPAP meetings, under the theme of "Child and Adolescent Mental Health: Nurturing Diversity."

Outstanding Keynote and State-of-the-Art addresses have been planned as well as master classes on specific therapies, symposia and special interest groups, and interactive poster sessions. The program will feature presentations from a broad range of disciplines including pediatrics, educational professionals as well as consumer and advocacy groups. There will also be visits to Melbourne's mental health and academic centers.

The meeting will be hosted by the Royal Australian and New Zealand College of Psychiatrists and the Australian Child, Adolescent and Family Mental Health Association.

Melbourne is an attractive, multicultural city of over 3 million people. Families from around the world have made it the artistic, fashion and sporting capital of Australia. The choice of cuisines is extraordinary and prices are affordable.

In and around Melbourne there is a wide variety of attractions, many of them featuring Australia's unique landscape and wildlife. Many of Australia's stunning features are at their best in September. When planning a holiday, you should also consider Sydney, the Great Barrier Reef in Northern Australia, Uluru and the outback in Central Australia and Kakadu in Northern Australia.

Australia is a relaxed and friendly country. You can be sure to hear a friendly 'G'day' shortly after arriving. The Organizing Committee hopes you will leave Australia wanting to return soon to this land downunder.

Howard Cooper, Chair Conference Organizing Committee.
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IACAPAP Bulletin Supplement

Read the Donald J. Cohen Fellows' articles about the Berlin Congress on our website

www.iacapap.org

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We acknowledge with gratitude the sponsors of our Congress held in Berlin, Germany in August 22-26, 2004.

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