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# ECNP MATTERS

*neuroscience applied*



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## ECNP President Guy Goodwin

With a packed array of events, initiatives and ever-evolving scientific endeavours, ECNP continually strives to provide a richer experience for its members. To that end, *ECNP Matters* spoke to ECNP President Guy Goodwin (University of Oxford, UK) to find out more about the present and future plans for the College.



### Can you give us an update on the new Executive Committee, its strengths and its vision for the next few years?

First, let me say how fortunate we are to have such outstanding individuals prepared to give their time to ECNP either on the Executive committee (EC) or the other committees. We have tried to develop particular capacity in areas where we see growth in the application of neuroscience to psychiatry and neurology. That means genetics, epigenetics, -omics and imaging as the critical translational platforms. Next we have tried to strike a balance between basic science and clinical science interests. Finally, we have a younger committee.

It is inevitable, in recruiting for

excellence, that the countries where members work are skewed towards those with the biggest academic sectors in neuroscience. I acknowledge that this can lead to anomalies, where major countries or regions are not currently represented on the EC. Thus we will try and remedy that apparent lack of representation through the Scientific programme Committee (SPC) and other committees of ECNP.

### From your perspective, what are the key plans or goals you would like to see realised during your presidential term?

I think the key shift is away from a simple emphasis on drug treatments ('neuropsychopharmacology') to a broader perspective on how neurosci-

ence can be applied for patient benefit. This will continue obviously to include drug treatments but also physical treatments (the various modalities for brain stimulation), diagnostics and perhaps more ambitiously, psychotherapy.

I very much hope we see a revolution in how psychological/behavioural treatments can be informed by neuroscience. The present tradition in psychotherapy, while it has embraced the precepts of evidence-based medicine, remains methodologically up a blind alley. To understand how psychotherapy works and how it can be refined to work better requires really well-designed comparisons between active and non-active interventions – the equivalent of placebo-controlled trials in psychopharmacology.

Together with this largely clinical concern, we have to embrace the new methodologies in neuroscience that may revolutionise our understanding of brain and brain disorders. Finally we have to attract the brightest and the best neuroscientists to get interested in our clinical challenges, because they are fascinating.



These goals are realisable through the quality of the annual congress, the renewal of our journal as ENP and the success of our training, educational and research network support.

### What innovations will the 2014 Congress have?

Some of the features to expect are:

- New scientific schedule with scientific programme starting on Saturday afternoon, making the congress one day shorter
- CDE grant and CDE registration fees; Non-MD fee
- New career development sessions
- Regulatory update session on Monday evening
- Rapid-fire poster sessions at the end of the poster sessions
- More than 900 posters this year at the congress with all eight topics daily at the poster area
- E-posters as extra viewing options on top of existing poster presentations
- Junior scientists' lounge

## 27<sup>TH</sup> ECNP CONGRESS, 18-21 OCTOBER 2014 BERLIN, GERMANY

NEW!

### SPECIAL RATES FOR NON-MD AND CDE

For this year's congress, ECNP has introduced a new, reduced registration rate specifically for those engaged in basic research: the Non-MD rate, for delegates who are not clinicians\*.

You can also benefit from a reduced registration fee if you are resident of a country with a developing economy (CDE).

#### REGISTRATION FEES

Registration categories		until 29 Sept. 2014	after 29 Sept. 2014
Member	Non-MD	€ 475	€ 610
	CDE	€ 375	€ 490
Non-Member	Non-MD	€ 735	€ 870
	CDE	€ 485	€ 600

Register: [www.ecnp-congress.eu/registration](http://www.ecnp-congress.eu/registration)

\* The Non-MD rate excludes those with medical training.



# The ECNP Congress: 18-21 October 2014, Berlin

**A**head of this year's ECNP Congress in Berlin, *ECNP Matters* spoke to Scientific Programme Committee Chair Wim van den Brink (Amsterdam Institute for Addiction Research, University of Amsterdam, the Netherlands) to gather his insights into a number of aspects and evolutions surrounding the annual congress.

## The ECNP Congress has become more and more multidisciplinary in recent years. What do you think have been the crucial elements in this change?

Indeed it has moved from mainly a congress on the latest development in neuropsychopharmacology to a congress covering a broad range of promising and proven effective interventions, including different neuro-modulation techniques such as transcranial magnetic stimulation (TMS), rfMRI-feedback and deep brain stimulation (DBS), innovative types of psychotherapy and combinations of psychotherapy and pharmacotherapy.

"People keep coming to the ECNP Congress first of all because of the high quality of the scientific programme, packed with frontline basic neuroscience, new clinical developments and state-of-the-art lectures and symposia."

Wim van den Brink

In addition, most of the symposia during the ECNP Congress have a translational aspect, often with presentations by basic neuroscientists and experimental psychologists, as well as clinicians.

## How is the programme reflecting the multidisciplinary nature this year (key topics, sessions etc)?

The best example of multidisciplinary during the Berlin congress is probably the keynote lecturer: Karl Deisseroth. He started his studies in biochemical sciences, then did his PhD in neurosciences and finished his formal education as a medical doctor and finally became an active psychiatrist. He is currently Professor of Bioengineering and of Psychiatry and Behavioural Sciences at Stanford University, USA.

His research includes the development of new chemical compounds to improve his work in optogenetics, the execution of behavioural experiments with mice and rats, and the development of new neuroimaging techniques. Another interesting example of this interdisciplinary development is Symposium 'S.06: The neurobiology of ADHD across the lifespan' (held on Sunday morning at the congress), with presentations on the genetics of ADHD, the effects of psychotropic

drugs in the ADHD brain, the translation of genetic findings into biological mechanisms using animal studies, and brain connectivity aspects in children and adults with ADHD. Another interesting example of multidisciplinary is a symposium on Type 2 diabetes and Alzheimer's (Sunday afternoon).

In addition to these multidisciplinary symposia, the ECNP Congress visitor can also enjoy basic neuroscience symposia on GABA-ergic networks, the role of Trace Amine-Associated Receptor 1 (TAAR1), and the role of inflammation and microglia in psychiatric disorders, whereas the clinician can be updated on the diagnosis and treatment of obsessive compulsive spectrum disorders, schizophrenia, major depression and the sexual side effects of psychotropic drugs.

## What new initiatives will be rolled out this year?

The main novel features this year are: one, the use of electronic posters and the introduction of rapid-fire posters sessions at lunch time, where the content of some of the best posters will be highlighted in five-minute oral presentations followed by one or two questions from the audience; and two, the introduction of career-development sessions during the early morning hours with topics especially relevant for junior scientists (how to prepare a poster, how to review a paper, how to prepare a presentation). Furthermore, we will continue to have six plenary lectures and lots of scientific cafés.

## The congress has much more focus for junior scientists now. What are the key ways you are supporting their development?

Young scientists and clinicians are the key target of ECNP, as exemplified by the existence of the annual Workshop of Junior Scientists in Nice (page 16) and the Schools of Neuropsychopharmacology (adult, child & adolescent, and old age; see page 12). The best work presented by junior scientists at the Workshop in Nice will also be presented in two special symposia during the Berlin Congress on Sunday morning and Sunday afternoon.

Junior scientists are of course also very welcome at the scientific cafés immediately after some of the late afternoon symposia, just before the start of the satellite symposia. As already mentioned, we will also start this year with career development sessions early in the morning with topics especially relevant for junior researchers. In addition, the ECNP will organise a special evening meeting with young scientists during the Science on the Rocks meeting (page 10) outside the congress venue. Finally, young scientists are invited to



Wim van den Brink

join senior people at the members' lounge.

## What do you think keeps bringing people back to the ECNP Congress?

People keep coming to the ECNP Congress first of all because of the high quality of the scientific programme, packed with frontline basic neuroscience, new clinical developments and state-of-the-art lectures and symposia. Moreover, our junior scientists have many privileges, including reduced fees, special activities and great opportunities to meet senior people during the scientific cafés and in the members' lounge. Senior participants already know the quality of the meeting, the quality of the venues and the interesting cities that are selected for the meeting. They also use the congress to update their contacts with their national and international colleagues and collaborators. ECNP is a great meeting place.

"Our junior scientists have many privileges, including reduced fees, special activities and great opportunities to meet senior people during the scientific cafés and in the members' lounge."

Wim van den Brink

# A dose of fundamental science

While psychiatry was the dominant speciality within ECNP in its early years, fundamental science has taken strong root in the modern College makeup, leading to a more multidisciplinary, collaborative and varied scientific underpinning for all activities.

This shift has of course mirrored the evolution of the field itself: "What is happening is that it is proving very difficult to discover novel pharmacological treatments to cure psychiatric disorders, so clearly what people start to realise is that we really need to start understanding the biological mechanisms underlying disease," Martien Kas (University Medical Center Utrecht, the Netherlands) told *ECNP Matters*.

"An important technological step that has been made is that large genetic studies are being performed, putting forward candidate genes for certain psychiatric disorders, which open up novel insights into potential neurobiological targets, and possible pharmacological pathways that now have to be functionally studied."

"These kinds of data give new directions to the field. They provide novel insights that allow you to study the neurobiology underlying these diseases, and to possibly develop aetiology-directed treatments. So I think that's an important shift."

Dr Kas continued, stressing that if one looks at the findings from genetic studies, a high level of clinical and aetiological heterogeneity exists in patient populations. As such, these findings have introduced a very different view on how to understand disorders, and perhaps how they should be treated.



Martien Kas

"If you take a look at schizophrenia, for example, now these very large studies are being done, and finally you can get some ideas about 'real hits,'" he said. "Functional convergence of these hits actually may give insight into common signalling pathways. They put forward new clues about disease aetiology that now require further investigations at the

fundamental science level. Eventually, these may give insights into treatment strategy development that could be dealing with disease aetiology rather than symptoms."

Looking to this year's ECNP Congress in Berlin, Dr Kas underlined the importance of a scientific environment that encourages translational neuroscience: "As a biologist, I'm performing fundamental neuroscience research myself, and ever since the 90s I have been talking to clinicians about disorders," he said.

"The first investment is speaking the same 'scientific language', and this has to do with aspects, such as the definition of a phenotype, or how to assess such a phenotype. These can be looked at from very different angles if you talk to a clinical researcher or maybe even a fundamental researcher."

"The ECNP Congress really is *the* place to be for integrated fundamental and clinical neuroscience. It has very nicely-integrated symposia, and for the past few years there are also six excellent plenary lectures that truly focus on the understanding and intervention of biological mechanisms underlying brain disorders. Fundamental scientists have a very important role in that aspect. The congress offers an opportunity to actively interact with clinical neuroscientists and psychiatrists, and to start to collaborate with them."

As a further draw for fundamental scientists, the ECNP Congress offers a non-MD rate – a reduced fee that helps scientists not from a medical background to be able to afford the annual congress. "It should lower the threshold for them to come," said Dr Kas in closing.

"The ECNP Congress really is the place to be for integrated fundamental and clinical neuroscience. It has very nicely-integrated symposia, and for the past few years there are also six excellent plenary lectures that truly focus on the understanding and intervention of biological mechanisms underlying brain disorders."

Martien Kas

# Closing the gap in translational neuroscience

Progress in the treatment of brain disorders relies on the continual exchange of information between the clinical and preclinical worlds, and Gitte Moos Knudsen (Copenhagen University Hospital, Denmark) has a foot in each as both a translational neurobiologist and clinical neurologist. In an interview with *ECNP Matters*, she spoke of some of the latest research areas that are graduating from lab to preclinical study, and described the sorts of initiatives that mutually benefit clinical and basic science.

Professor Knudsen has worked in research for almost

"There may be some preclinical scientists who know very little about what a clinician's daily work is about, and vice versa, so it is very important to close that cultural gap."

Gitte Moos Knudsen

her entire career, with her recent interest lying in the investigation of the neurobiology of neurotransmission in healthy individuals as well as patients using brain imaging modalities such as PET, SPECT and MRI.

"At the same time, I have been running a lab together with a colleague of mine where we have been doing preclinical work – that is, everything from cell cultures to in vitro assays and animal behavioural work," said Professor Knudsen. "So I have been working in this translation between the clinical and animal work. I think it is quite important to work in

both areas, because it gives you some insight into how the two areas can work in synergy."

One of the challenges in basic neuroscience is in developing tools with which to understand the mechanisms that underlie certain brain disorders. While animal models have served the pharmaceutical industry's drug development well in fields such as oncology, said Professor Knudsen, such modelling is more of a challenge in psychiatric disorders.

"You can imagine: you can try to make an animal model, but how do we really know what the animal feels and what

it sees and experiences?" she said. "Because of the complexity of the brain disorders, and because of our inability to make sure that the models we do have access to really are representative of the disease mechanisms that we see in humans, it is a very difficult thing to do."

There are, however, several areas where great leaps forward are being made, as Professor Knudsen explained: "For instance, in neurogenesis – Nicolas Singewald [Innsbruck, Austria] and others are particularly interested in how neurogenesis is going on. As opposed to what we used to



think, i.e. that brain cells cannot divide, we have known for quite some time now that this is something that really can go on. It occurs in particular brain areas, and in secluded brain areas, but it seems to be quite important in diseases such as depression and anxiety. There, you can actually do animal models and see how interventions affect neurogenesis.

“We have still the limitations with humans, in that there is really no good way to measure neurogenesis; we can measure the volume of certain brain structures and we can determine the characteristics of those brain structures, but we cannot say for sure whether neurogenesis – that is, the creation of new brain cells – has taken place. So we still need to find a good way, and it is probably going to be by some kind of imaging, whereby we can get closer to a way of assessing neurogenesis in the human brain and therefore getting closer to an understanding of what really happens when mood disorders are taking place.

“Most likely, it could also be that some of the disorders that we traditionally categorise as one disease, such as depression, may in fact be a number of different disorders. It may be that we just haven't got the tools right to make that classification and to select patients for different kinds of personalised treatments, which is what they deserve.”

In this vein, Professor Knudsen spoke of another line of research that has the potential to provide truly groundbreaking therapy. Stem cells, she explained, could be used to generate models of, say, schizophrenia, in order to build mimics of specific phenotypic characteristics of the disorder. Alternatively, she added, implantation of stem cells into selected sites in the brain will be attempted to alleviate several disabling brain disorders. While we seem a long way off from these wild frontiers, the use of stem cells as therapeutic agent has recently been approved for a clinical trial in multiple

sclerosis in the US.

Returning to basic mechanisms, Professor Knudsen touched upon the recent work of Per Svenningsson (Stockholm, Sweden), who will be presenting at the ECNP Congress this year on the topic of Trace Amine-Associated Receptor 1 (TAAR1). This work reflects an increasing understanding of the dynamic and complex interactions that occur in neurotransmission as a whole. “I think that we are always scraping the surface of what is really down there in terms of different neurotransmission pathways,” she said.

“Traditionally, we have talked a lot about the dopaminergic, serotonergic and glutamate systems, and to some extent some other systems, but I think now we are starting to get more information about other targets, targets that could potentially be interfering. Obviously, these neurotransmitter systems do not operate independently of each other. We know a lot of cases where the neurotransmitter systems influence each other in various ways and how some targets can even flock together and sit together on the membrane of a nerve cell.

“Now we are taking that a step further, looking at some systems such as the TAAR1 system, where there are novel targets that seem to affect several neurotransmitter systems. That is really exciting, because now we can start to think about the complexity of the neurotransmitter systems. Rather than just looking at them as single systems, we can try to link them together.”

Another element to this complexity is the effect that drugs may have on secondary messenger systems within the brain, an area of great interest to Professor Knudsen and one, she emphasised, that would not have been discovered without animal studies. While drugs enter the brain and either activate or block certain receptors, their effects can in fact be multitudinous, and learning about such effects, by imaging for example, could prove fruitful knowledge of

both drug action and the ways in which secondary messenger systems can go awry.

Effective research in brain disorders relies on the mutual respect and interest of the many disciplines involved in it. Maintaining the link between such basic science and the clinical practise that emerges from it is therefore crucial to the continuing development of treatment for brain disorders, as Professor Knudsen explained: “I think it is something that ECNP is extremely aware of. I know that many of the attendees at the conference may be clinical psychiatrists. A certain proportion of them are actually not very active in science themselves, but they come to learn.

“I think we at ECNP are deeply indebted to the preclinical scientists who are around, because they bring in a lot of important science to our meetings. Sometimes, it must be a bit of a challenge for basic neuroscientists to communicate their science at a conference where the majority of attendees are clinical psychiatrists and come with a somewhat different background.

“What ECNP is doing is very important, in organising schools for young scientists where they come and meet people who either work in

**“Translational neuroscientists work to find these new tools that can be used in humans; and to do that, you need to do some very basic work as well.”**

Gitte Moos Knudsen

translational neuroscience or even clinical neuroscience, to maintain the communication and mutual respect between the groups. There may be some preclinical scientists who know very little about what a clinician's daily work is about, and vice versa, so it is very important to close that cultural gap. ECNP also has a great role to play in having the plenary lectures as an opportunity for some of the most highly regarded preclinical scientists to explain their work.

“It may well be that some clinicians wonder how relevant the basic science is to their own daily work, but on the other hand many support that there is work that can't be done in humans. In this way, we can move on and eventually find tools that can be used in humans. Translational neuroscientists work to find these new tools that can be used in humans; and to do that, you need to do some very basic work as well.”



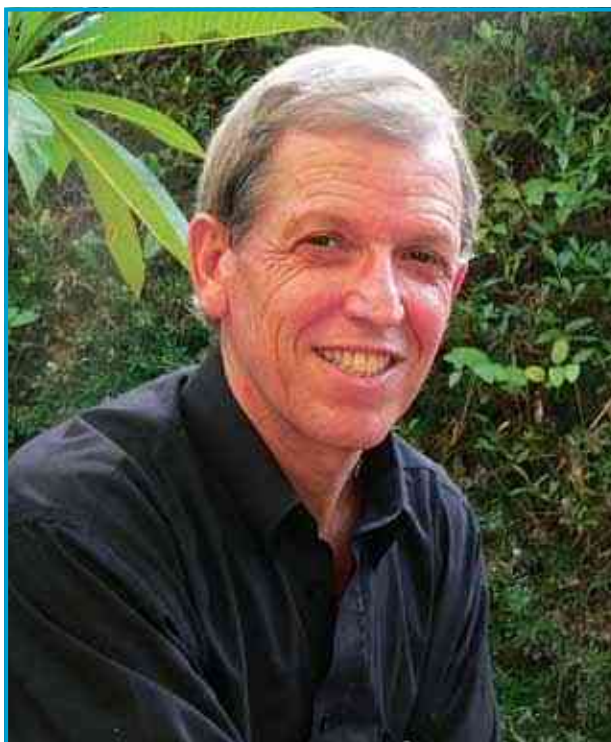
# Novel app eases the shift to new nomenclature

The prescription of psychotropic medication has seeped through the borders that original nomenclature has defined over the past 60 years, and the Nomenclature Project sets to infuse this outdated psychotropic classification system with a healthy dose of up-to-date neuroscientific knowledge. One might predict a tricky transition for clinicians in such a drastic overhaul, but a practical solution is emerging in the form of the nomenclature app, an intuitive means of identifying the best drug for a patient at the touch of a finger.

The app will reflect the new nomenclature's intention to supply current scientific knowledge on aspects of a drug and its mechanisms, providing the user with useful pharmacological information. While this will help

**"The possibility of using an app makes the new nomenclature something very practical, very friendly and easy to use."**

Joseph Zohar



Joseph Zohar

to achieve an informed choice of medication, the expectation is that, in reflecting the mode of action of the drug, the new nomenclature will also improve patient compliance.

An Alpha version of the app will be prepared for the ECNP Congress in Berlin this year. Speaking to *ECNP Matters*, Joseph Zohar, Past ECNP President and the Chair of the ECNP Taskforce on Nomenclature (Tel Aviv University, Israel) explained: "The idea with this app is that the individual can look at specific medication, not only according to the brand or generic name of the medication, but also according to the indication, the mecha-

nism, the pharmacological target etc.

"The possibility of using an app makes the new nomenclature something very practical, very friendly and easy to use. You don't have to look at the index – you can just type in the name of the medication or the indication, and then everything will come up."

In order to remain useful, the app will be under a continual process of improvement. Professor Zohar continued: "We plan to have a booth at the Berlin meeting, which will

actually be part of the ECNP Plaza, in which people can play around with the app to get to know it better, to test it and to provide feedback that will help improve the app."

Accessible, understandable, and intuitive, the app plays a central role as a core asset to

**"We plan to have a booth at the Berlin meeting in which people can play around with the app to get to know it better, to test it and to provide feedback that will help improve the app."**

Joseph Zohar

the nomenclature project, which has completed its first phase. A review recently published in *European Neuropsychopharmacology*<sup>1</sup> outlines the structure and intention of the project so far. Since its preparation, however, the originally-proposed five axes of nomenclature have been reduced to four as follows: Axis 1, Class; Axis 2, Approved indications; Axis 3, Efficacy and major side effects; and Axis 4, Neurobiological description.

The nomenclature project is an ECNP project carried out in collaboration with the American College of Neuropsychopharmacology (ACNP), Collegium Internationale Neuro-Psychopharmacologicum (CINP) and The Asian College of Neuropsychopharmacology (AsCNP). The members of this taskforce are Joseph Zohar – Chair, Guy Goodwin and David Nutt (ECNP); David Kupfer, Pierre Blier (ACNP); Stephen Stahl, Hans-Jürgen Möller (CINP); Shigeto Yamawaki (AsCNP) and Michael Spedding (NC-IUPHAR).

#### Reference

1. Available at: <http://www.ecnp.eu/ecnp%20home/projects-initiatives/nomenclature.aspx>





# Provisional 27<sup>th</sup> ECNP Congress at a glance - Berlin 2014

TUESDAY 21 OCTOBER

MONDAY 20 OCTOBER

SUNDAY 19 OCTOBER

SATURDAY 18 OCTOBER

ROOM

TIME	ROOM	SATURDAY 18 OCTOBER	SUNDAY 19 OCTOBER	MONDAY 20 OCTOBER	TUESDAY 21 OCTOBER
07:45-08:45	Registration area	Registration (09:00-20:00)	Registration (07:30-18:00)	Registration (07:30-18:00)	Registration (07:30-18:00)
07:45-08:45	Room M2 Room M4 Room M6		Brainstorming sessions: BS.1 BS.2 BS.3	Brainstorming sessions: BS.4 BS.5 BS.6	Brainstorming sessions: BS.7 BS.8 BS.9
07:45-08:45	Hall A7 Hall A3		Career development sessions: CD.01 CD.02	Career development sessions: CD.03 CD.04	Career development sessions: CD.05 CD.06
08:00-17:00 08:00-10:40	Exhibition area		Exhibition Symposia: S.05 Schizophrenic disorder S.06 Neurobiology of ADHD S.07 t.b.u.** S.08 Cocaine and glutamate S.09 Psychotropics and sex	Exhibition Symposia: S.13 Treating major depression S.14 New European pharmacology S.15 GABA and mental disorders S.16 Brain anatomy and function S.17 Alcohol and suicide	Exhibition Symposia: S.21 Bipolar: prevention and treatment S.22 Future of neuroimaging S.23 Beckler: myth or reality S.24 Inflammation and microglia E.06 DDD: diagnosis and treatment
12:15-13:15 12:30-14:15 14:45-16:30 10:40-10:50 10:40-11:00	Hall B Poster/Exhibition area	Satellite symposia Satellite symposia			
11:00-11:45	Hall A4		Presentation travel awards Coffee break Plenary lecture: PL.01 New targets for the treatment of addiction	Presentation travel awards Coffee break Plenary lecture: PL.03 Harnessing hippocampal neuroplasticity to improve cognition and mood	Presentation travel awards Coffee break Plenary lecture: PL.05 Role of GABA receptors in schizophrenia
11:45-13:45 11:45-13:45 12:25-12:35 13:15-13:45 13:45-14:30	Poster/Exhibition area Poster area Hall B Hall B Hall A4		Lunch Poster sessions (incl. lunch) Presentation poster awards Rapid-fire poster sessions Plenary lecture: PL.02 ECNP Award Lecture t.b.u.	Lunch Poster sessions (incl. lunch) Presentation poster awards Rapid-fire poster sessions Plenary lecture: PL.04 Estrogens as a potential mechanism for intervention	Lunch Poster sessions (incl. lunch) Presentation poster awards Rapid-fire poster sessions Plenary lecture: PL.06 Early symptomatic syndromes within neurodevelopmental course examinations
14:45-16:25	Hall A4		Symposia: S.09 Comorbidity across disorders & scientific café S.10 Diabetes and Alzheimer's & scientific café S.11 Autism and schizophrenia & scientific café S.12 t.b.u.** S.13 Junior Scientists café E.03 Treatment of tic disorders & scientific café	Symposia: S.17 Pediatric psychopharmacology & scientific café S.18 Schizophrenia: new treatment & scientific café S.19 Biomarkers bipolar disorder & scientific café S.20 Neurogenesis and anxiety & scientific café E.05 Rethinking early drug trials & scientific café	Symposia: S.25 Predictors of psychotherapy & scientific café S.26 Cognition and Parkinson & scientific café S.27 Treatment of insomnia & scientific café S.28 Neuroprotection, reward, obesity & scientific café E.07 Medication classification & scientific café
16:30-18:30	Hall A1 Hall A3 Hall A7 Hall A3 Hall A8				
17:00-18:45 18:45-20:15	Hall A1 Hall A3 Hall A7 Room M2 Hall A8	Symposia: S.01 Medication and child psychiatry S.02 Schizophrenia: long-term outcome S.03 5-HT1A and depression S.04 TAAR1: cell to clinic E.01 Mental health in Europe	Satellite symposia	Satellite symposia	
20:00-21:30	Hall A4	Keynote session incl. Keynote lecture KL.01 Circuit dynamics of motivated behaviour			
20:15-21:45	Hall B	Welcome reception		Regulatory update session: RL.01 Developments in Alzheimer's disease	

# Neuroimaging, awards and personalised treatment: René Kahn speaks his mind

Since 1989, the ECNP Neuropsychopharmacology Award has recognised innovative and distinguished research in the field of neuropsychopharmacology and related disciplines.

This year, the revered accolade has been awarded to René S. Kahn (Head of the Division of Neuroscience at the University Medical Center, Utrecht, the Netherlands) for his lead role in several large European collaborative studies into the neuroimaging and treatment of schizophrenia.

ECNP Matters spoke to Professor Kahn to find out more about his work, his thoughts on where neuropsychopharmacology is heading, and how the ECNP is helping to drive the field forward in Europe.

“The focus on my own research has been, over the last decade, the brain changes that occur in schizophrenia and bipolar illness,” he said. “I’ve been looking at how these changes would lead to the illness itself and how they relate to the risk of developing the illness.”

The topic, and how it has developed over the past two decades, will form the basis of Professor Kahn’s plenary lecture at the ECNP Congress in Berlin later this year. For Professor Kahn, the area is poised to make a huge impact both in schizophrenia management and research.

“I think there are two aspects to neuroimaging,” he explained. “One is theoretical – you can use imaging to try to learn about the causes and the pathology of schizophrenia. What is going on in the brain, and when is it going on in the brain of schizophrenia patients? That’s understanding the nature of the brain changes in schizophrenia.”

As Professor Kahn noted, over the past 10 to 20 years, neuroimaging studies have pointed towards brain changes occurring very early on in the course of schizophrenia, if not prior to when the patient first presents. “But we also have learned that schizophrenia is in part of a developmental nature, that some of these changes are progressive and that these changes are mostly located in the frontal and temporal lobes,” he said.

He continued: “But as well as the theoretical, knowledge-gathering aspect, there is the practical use. Is it possible to use MRI or other brain imaging methods to help the clinician in either diagnosing the patient or in predicting prognosis? Here I think there are some rapid developments taking place. Machine learning and other techniques mean that we will – hopefully – be able to employ MRI in predicting treatment response and outcome and even in helping to refine the diagnosis.”

With his colleagues at the University



“ECNP is one of the most important, if not *the* most important, scientific organisations within Europe in the field of neuropsychopharmacology and psychiatry.”

René S. Kahn

Medical Center, Utrecht, Professor Kahn has helped to lead research focusing on several disease areas besides schizophrenia, including developmental disorders such as ADHD and autism, bipolar illness, and, in the neurological field, stroke, neuromuscular disease and epilepsy.

ECNP Matters took the chance to quiz him about some of the key sessions in the upcoming congress in Berlin this October. One of the core sessions this year focuses on the personalised treatment of major depression. Is personalised therapy the way that medicine is now heading?

“It’s certainly very topical to discuss this issue, because there is a trend of trying to individualise treatment in any disease,” said Professor Kahn. “Certainly in cancer, where it’s probably most advanced, but yes we are trying to find markers, whether they are based on genetics or they are based on epigenetics, or they are based on neuroimaging or other biological markers, to predict treatment response on an individual basis in patients.”

However, Professor Kahn also sounded

a note of caution: “I think we are at the very early stages of this whole process in psychiatry. We should be very careful that we don’t over promise, because we’re certainly not there yet. But, that said, this is probably the direction where the whole field of medicine is going.”

Another topic receiving attention at the upcoming congress is the so-called ‘trans-dimensional’ approach to understanding and treating syndromes. The approach is discussed with regards to enhancing understanding of autism spectrum disorders in the Monday session ‘New European pharma initiatives’.

For Professor Kahn, the topic is particularly intriguing: “The question is, are there boundaries between psychiatric illnesses as we now have defined them,” he said. “For instance between schizophrenia and bipolar illness, and bipolar and depression. Are they really as clear cut as we are teaching ... or are they much more fluid, and is there much more overlap?”

He went on: “Whether this trend is going to be productive – we’ll have to wait and see.”



Do we need to treat the illness – like bipolar illnesses which we treat with lithium – or is it that we need to treat symptoms such as psychosis and mood swings and anxiety? We don't know. That's the way the field is developing – we're trying to see whether we should treat patients on the basis of individual symptoms and not syndromes."

For Professor Kahn, it remains to be seen if taking a trans-dimensional approach will be productive. "I think it's not clear whether this will be any more effective than how we're currently treating patients," he explained. "As long as we don't have the causes for the symptoms of syndromes I think we're still treating patients in a very pragmatic way. I think we need to find the causes of the illnesses or syndromes, or even symptoms, and then we should be able to treat them."

Another session, 'Neurobiology of ADHD across the lifespan', due to be held at the ECNP Congress in Berlin is also of interest to Professor Kahn, especially as it highlights the importance behind genetic research in neuropsychopharmacology.

"I'm not involved in studying the genetics of ADHD, but I've been involved in genetics of schizophrenia and bipolar illness. And certainly with schizophrenia, if the samples are big enough, there are lots of genes, both common and rare variants, that increase the risk for developing the illness," he explained.

"There are genes that, if you group them

together, are probably related to several pathways that will tell us something about the origins of the illness," Professor Kahn continued.

Elaborating on the importance that genetic studies can play in general, he added: "Ten years ago there was a lot of pessimism, with people thinking that we're not going to find the genetic causes. Now I think we've recently learnt, if the samples are big enough, you can find many genes that are involved in the risk for psychiatric illness.

And the same will be true for ADHD. Except that you need large samples – tens of thousands of subjects."

The approach emphasises the importance of sharing data in order to reach sufficient numbers for a viable genetic study, noted Professor Kahn. "It

has been very successful in schizophrenia, because people are willing to collaborate, and bring the samples together. I see the same in bipolar illness and autism, so these collaborative efforts across the world – so far mainly from Europe and the United States, but hopefully too from Asia as well – can be extremely fruitful. I think that that's a very promising development."

Eventually, a good genetic understanding of psychiatric illness will one day tie in to personalised treatment, he added.

Going on to reflect on his award and the role that the ECNP plays in neuropsychopharmacology, Professor Kahn commented: "I'm very grateful that I received this award; I'm very honoured by it. I think ECNP is one

of the most important, if not the most important, scientific organisations within Europe in the field of neuropsychopharmacology and psychiatry.

"The annual congress has been extremely successful. In general the audience is between six and seven thousand delegates, so I think it's been highly influential in organising this very large and fairly broad scientific conference."

He continued: "It allows scientists to share the latest scientific news. I think it's also been important through all the initiatives that the ECNP has developed; providing teaching programmes in various countries throughout Europe, as well as the ECNP Workshop in Nice every year for young researchers. It has a crucial role in stimulating research in junior psychiatrists and junior neuroscientists throughout Europe."

Professor Kahn will present his talk 'Structural brain changes in schizophrenia: what we have learned over the last 20 years' during the ECNP Neuropsychopharmacology Award session on Sunday 19 October 2014 at 13:45–14:30, Hall A4.

'Neurobiology of ADHD across the lifespan' will take place on Sunday 19 October, 9:00–10:40, Hall A1

'Personalised treatment of major depression' will take place on Monday 20 October, 9:00–10:40, Hall A4

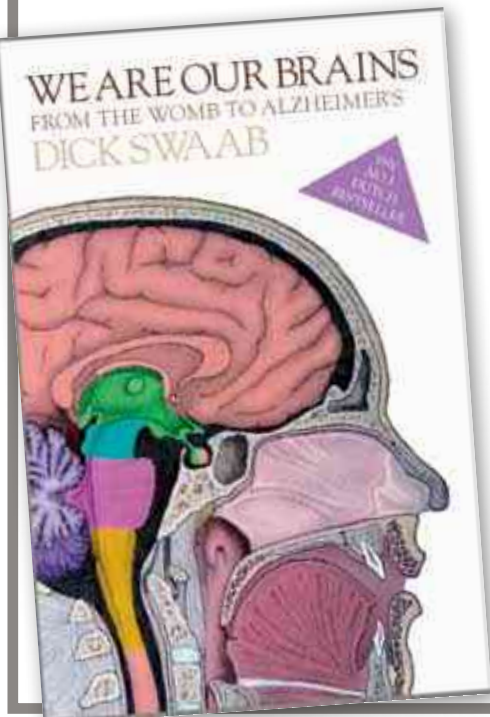
'EU-AIMS: A trans-dimensional approach for enhancing our understanding of autism spectrum disorders' will take place in the 'New European pharma research initiatives' session on Monday 20 October, 9:00–10:40, Hall A1.



"Machine learning and other techniques mean that we will – hopefully – be able to employ MRI in predicting treatment response and outcome and even in helping to refine the diagnosis."

René S. Kahn

## ECNP Media Award, 2014

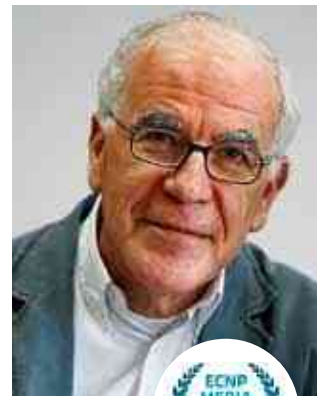


Congratulations to this year's ECNP Media Award recipient Dick Swaab (Netherlands Institute for Neuroscience, Amsterdam), who was selected for his book 'We Are Our brains'.

The ECNP Media Award celebrates the achievements of those who promote a better understanding of the complexity and impact of disorders of the brain, stimulate discussion, and challenge stereotypes and stigma in any medium, including journalism, literature, dance, film or theatre.

The awards may be given for a specific work, or body of work, published, broadcast or posted online within Europe, in any European language, and readily accessible to the general public. Preference is given to work that highlights the connection with scientific research and helps to make the science of disorders of the brain accessible to a wide audience.

Professor Swaab will be presented with the ECNP Media Award during the Keynote Session at this year's ECNP Congress in Berlin.



## The Junior Members Advisory Panel (J-MAP)

# J-MAP continues to guide junior members

This autumn will see J-MAP – ECNP’s Junior Member Advisory Panel – mark its first birthday following its debut at last year’s congress in Barcelona.

J-MAP was created to help psychiatrists early in their career to navigate the challenges of academic research and clinical practice, whilst offering an environment that encourages both networking with peers and learning from more experienced doctors.

Kfir Feffer (Shalvata Mental Health Center, Tel Aviv, Israel) was one of the founding members of the panel, and *ECNP Matters* caught up with him to hear what J-MAP has in store for junior attendees at this year’s congress in Berlin.

For Dr Feffer, J-MAP fulfils a valuable role for younger psychiatrists. “I was the representative of Israel in the EFPT – the European Federation for Psychiatry Trainees,” he said.

“[Science on the Rocks] offers a chance to ask questions that might not have a place in a bigger venue, when you sit with a larger audience, with very professional and experienced people.”

Kfir Feffer

“From there I understood the power and necessity of giving young psychiatrists special attention, and to create a programme which treat the needs of the young psychiatrist.

“Because when you first come to a congress [like ECNP], you can find that most of the people are more mature, and have much more experience in psychiatry. You are the ‘new kid on the block’. And being the ‘new kid on the block’ is not always an easy posi-



Kfir Feffer

tion, not from an academic perspective and not from a social perspective.”

After attending an ECNP School, Dr Feffer helped to build bridges between the ECNP and EFPT, leading to the formation of a six-strong panel tasked with planning a series of sessions and lectures tailored to junior psychiatrists and researchers attending the ECNP Congress.

David Nutt at last year’s ECNP Science on the Rocks event in Barcelona



“Being the ‘new kid on the block’ is not always an easy position, not from an academic perspective and not from a social perspective.”

Kfir Feffer

The J-MAP are currently in the process of planning the activities for this year’s congress in Berlin. One of the key initiatives is ‘Science on the Rocks’, an evening session held off-site in the city centre, to which all junior scientists are encouraged to attend. The first outing for Science on the Rocks took place in downtown Barcelona during the 2013 ECNP Congress, with David Nutt (Imperial College London, UK) regaling the audience with the experience, perspectives and challenges he has garnered from his extensive career.

This year’s Science on the Rocks speaker will be Michael Davidson, a professor of psychiatry at Tel Aviv University, Israel, who is also the Editor-in-Chief for *European Neuropsychopharmacology*. “He will be giving a behind-the-scenes talk about publishing and editing,” said Dr Feffer. “It’s informal, it’s fun and it’s a way to hear what things are really all about, without regards to the boundaries of titles, age and experience.”

He went on: “[Science on the Rocks] offers a chance to ask questions that might not have a place in a bigger venue, when you sit with a larger audience, with very professional and experienced people.”

Another activity that J-MAP are planning is called ‘Best Practice’. In this session, two young researchers are given an opportunity to share their research and processes with a junior audience. “They are more or less illustrating the path that they went through with their research and how they made connections, to give some inspiration to the audience,” explained Dr Feffer.

He continued: “We are also going to have a morning session dedicated to young researchers, relevant for those in their early academic career.” Finally, J-MAP will be giving young researchers the opportunity to gain valuable congress experience by actually chairing a session focusing on the work of young researchers.


Last year J-MAP got off to a strong start, gaining plenty of interest and a higher than expected turn out. But while the team are confident they will build on that, it’s not just about numbers, stressed Dr Feffer: “It’s getting together, getting to know each other. For every activity, it’s not just the topic and the lecture – we are together creating connections, creating the background for the next step for researchers together and for having friends in the next session.”



# JUNIOR SCIENTISTS AT THE ECNP CONGRESS


There are a number of activities at the congress especially designed for Junior Scientists:




 Junior Scientist symposia

 Junior Scientist Café

 Career development sessions for learning practical skills

 Breakfast meetings to share your thoughts with us

 An offsite evening for more informal interaction

Junior scientists can now pay radically lower registration fees – less than **half the normal rates**.  
\* If you know an ECNP member that has registered for the congress, you can go for € 100,-.



For further details please visit:  
[www.ecnp-congress.eu/highlights/juniorscientists](http://www.ecnp-congress.eu/highlights/juniorscientists)

# The ECNP Schools



The ECNP Schools were established to encourage excellence in clinical neuropsychopharmacology in junior practitioners and to contribute to the continuing improvement of the field's high standards of practice.

There are currently three ECNP Schools: The ECNP School of Neuropsychopharmacology, the ECNP School of Child and Adolescent Neuropsychopharmacology (both held annually), and the ECNP School of Old Age Neuropsychopharmacology (held every two years).



Celso Arango

"Each school always takes place in a university environment, either in Oxford, UK or Venice, Italy, and it is a really good experience for all junior practitioners that attend," explained Celso Arango (Hospital General Universitario Gregorio Marañón, Madrid, Spain), who has overseen many aspects of the schools for a number of years. "The schools are mainly aimed at clinicians; psychiatrists that prescribe drugs and whose interests lie in the field of neuropsychopharmacology.

"During a whole week, junior participants are able to interact with world experts in the field, and they spend their time listening to not only talks, but also what I believe is more interesting: discussing clinical cases. What is nice is that if you look from the perspective of the attendees – who total a maximum of 50 people from 30 or so countries – not all of them have the same medications available in their countries, so the same case may be treated by different approaches depending on what is available in that region.

"So at the school, people come up with different approaches and then of course they have a whole week to interact not only with the teachers but also colleagues that come from other countries."

During each school there is plenty of time for discussion, with question and answer sessions being a primary focus, thus allowing junior practitioners a unique chance for closer interface with senior, experienced members. "There everyone will have access to experts all morning or afternoon, so there is a lot of time for interaction," said Dr Arango.

Moving on to detail the selection process for each school, Dr Arango began by noting that in order to participate, junior European practitioners (within five years of having received their defining qualification) must be nominated by an ECNP Ambassador or a member of the ECNP Advisory Board of National Societies, who will assess their career potential. "A maximum of 50 spaces are allocated, so we can only accept one in two of the people that are referred from the national societies, and that's based mainly on their CV and the appropriateness of that person, if they were to attend the meeting," said Dr Arango.

"We want young clinicians that have finished their residency quite recently, as they can take an added value: there is more advantage to learn because they

have a lot of years in front of them."

In his final comments to *ECNP Matters*, Dr Arango outlined the importance of the schools within the overarching concept of the ECNP Certificate, an initiative started in 2013 which brings together all of the College's junior researcher programmes into a European-wide qualification backed by ECNP. At its core, the ECNP Certificate serves as recognition of the efforts and commitment of junior researchers in the field of applied and translational neuroscience. "You can get the Certificate if you do a research project and you are mentored by one of the ENCP mentors," said Dr Arango.

"One of the things that you can do to get the Certificate is to take advantage of the School. For example, if participants themselves organise a meeting like the ECNP School in their country, and they invite young clinicians from within, we consider that a project and they receive the Certificate.

"Essentially, we teach them, and then they are able pass this teaching on to people in their countries."

## Upcoming schools:



### ECNP School of Neuropsychopharmacology 5-10 July 2015, Oxford, UK

Participants at the ECNP School of Neuropsychopharmacology receive intensive training in all aspects of neuropsychopharmacology, from fundamental practices and the use of medications in individual indications, all the way to good clinical practice and optimal treatment and algorithms.



### ECNP School of Child and Adolescent Neuropsychopharmacology 1-6 March 2015, Venice, Italy

The ECNP School of Child and Adolescent Neuropsychopharmacology was established to encourage and disseminate excellence in clinical neuropsychopharmacology among child and adolescent psychiatrists.



### ECNP School of Old Age Neuropsychopharmacology 19-25 April 2015, Venice, Italy

2013 saw the first ECNP School of Old Age Neuropsychopharmacology (in Venice, Italy) open its doors to a new class of junior psychiatrists. This newly established ECNP School offers an interactive week of intensive training with an international faculty of experts in basic and clinical old age psychiatry, with special emphasis placed on neurobiology and neuropsychopharmacological management.



# Biomarkers for better therapy selection

**B**iomarker is the word on everybody's lips, and with good reason, offering great potential for clinicians to better select the therapies that are most likely to succeed for individual patients. Speaking to *ECNP Matters*, Shitij Kapur (Institute of Psychiatry, London, UK) spoke of the progress in the field, and of the upcoming Biomarkers Meeting in 2015 in Nice, France, which will bring together a growing front of small and medium businesses involved in biomarker discovery and development.

The strength of biomarkers, explained Professor Kapur, is first and foremost in the subtle differentiation of disorder subtypes that might help to decide therapy, not in coming up with a new system of overarching clinical diagnosis. "We can't all of a sudden come up with a totally new taxonomy that has all-new names that no one understands and that no one can define," he said. "This is because patients are being seen every day in the clinic and are being treated and helped. Therefore I don't think that, in clinical medicine, you look for revolutions. That would be a mistake. You look for how you can improve and evolve."

"What I would say, therefore, is that we know, e.g. how to diagnose this thing we currently call 'depression'; it makes sense to the doctor, it makes sense to the patient, and we have a number of treatments for it already. What we are not very good at is defining a priori what the best treatment is for a given patient. So therefore we land up using them in an empirical order, trying first this, then that, then that ... or in a trial and error fashion."

"My proposal is that, if we had biomarkers or any other kinds of predictors, the first thing that would happen is that it would not change your diagnosis. You would go to the doctor, they would ask pretty much the same questions that he or she asks you now. They would make the decision that you have depression, and send you for a test. When you



Shitij Kapur

"There are small- and medium-sized companies that are using new and innovative ways of developing biomarkers. For the 2015 meeting, we will be bringing together some of these companies that are at the cutting edge of these discoveries."

Shitij Kapur

come back, rather than trial and error or just empirically marching through the therapies, they would say, 'you are the kind of person in whom CBT works very well, so we should go there first.' Or conversely, 'you are the kind of person in whom CBT doesn't work, so you

need to start with a medication"

While one might be tempted to lament the progress of biomarker research in psychiatry, it is nevertheless important to acknowledge the barriers that have left it lagging behind other areas such as cancer or skin disease, which benefit from factors such as regional localisation and ease of biopsy. Psychiatry, explained Professor Kapur, is on the other hand generally an expression of a system-level brain network disorder.

And progress is being made, especially in areas such as brain imaging, genetics, and 'omic' fields. Yet even within psychiatry, the distribution of efforts is not necessarily equal, as Professor Kapur explained: "Different disorders are at different places. There is more effort and energy in schizophrenia and autism at the moment than perhaps there is in some other disorders, like depression and anxiety."

Studies in disciplines such as imaging and genetics have suffered in the past from a lack of power, from which it has been difficult to make definitive conclusions. While this is improving, are there any other issues that Professor Kapur sees as marring the advent of

biomarkers? "I think the tradition in psychiatry has been for a very long time that different labs have used their proprietary variants of a particular method, and published results on that. Then the next lab approximately replicates it but not precisely, and then the third and the fourth lab do that."

"So when you have done all of that, you can do a meta-analysis that confirms that there is something there, but does not give you a precise test that can be used in a standardised fashion across different settings. "To succeed in the future, we will need to standardise our tests across centres. We need to do larger multicentre studies, which will conversely mean (given that money is not infinite!) that we will do fewer studies – hopefully, they will be more focussed."

Returning to the topic of revolutions in psychiatry, Professor Kapur described his vision of biomarkers in the context of grand projects such as NIMH's RDoC (Research Domain Criteria). "I see that as, in the short term, complementary, and in the long term with a potential to be revolutionary. In the short term, I think that if one does investigations freed up from traditional diagnosis, one might be able to find in certain disorders a way of looking at the condition which may allow one to make those biomarkers."

"But RDoC, as it stands, cannot be a standalone system for diagnosing in psychiatry. So it has a long way to go before it replaces anything, but I can easily see that if there were any very startling findings in that way of looking at things, that they will then become the biomarkers of the traditional diagnosis."

The Nice 2015 Biomarkers meeting will bring together the world of academia and commerce for a mutually-beneficial exchange of knowledge. Speaking of the preparations, and what may be expected for those interested in attending, Professor Kapur said: "We remain very excited about the possibility, and we are already beginning to see the light at the end of this tunnel. There are small- and medium-sized companies that are using new and innovative ways of developing biomarkers. For the 2015 meeting, we will be bringing together some of these companies that are at the cutting edge of these discoveries."

"We will be particularly focusing on the challenges in developing these new technologies and how the academic and the public sector investigators (the clinical academics and scientists) can potentially interact with them. This is because, in some sense, we already know how to interact with big pharma. But this is a whole new game that is developing, and not all of it through big pharma. So the idea is really to showcase some of the late breaking technologies and to see the role that ECNP and its investigators might play in it."

"To succeed in the future, we will need to standardise our tests across centres."

Shitij Kapur

## ECNP Seminars

## Interactive training for leading scientists of the future

The ECNP Seminar strives to enhance the knowledge and skills of scientists who come from countries in which there are limited opportunities to attend international meetings.

Hosted in a different country every time, each Seminar – three per year, and from 2015, six per year – brings together up to 50 participants with a handful of leading experts who work with the attendees to help them develop a number of important key skills for a career in research. “The main aim of each Seminar is to provide an interactive training course for future leading scientists in neuropsychopharmacology,” Gil Zalsman (Tel Aviv University, Israel) told *ECNP Matters*.



The ECNP Seminar in Macedonia, held earlier in 2014



Gil Zalsman

“A scientists with 500 papers, and someone who has never even written a single page, can sit together in a very informal way and talk about science, which is wonderful.”

Gil Zalsman

“We don’t see it as a school where we simply teach people and they listen, rather we try to make a dialogue with what we call CDE countries – those with developing economies.”

On order to attend one of the Seminars, prospective participants are asked to prepare a short abstract

of around 100 words, related to a project they are involved in, or plan to start. “During the whole Seminar we work with these abstracts, trying to show people how they can improve them,” said Professor Zalsman.

“We also talk about how they can plan research, along with very basic things like how to ask a research question; how to plan a research project; collect money; write a grant; do basic statistics on biases, or sampling. We focus a little on how to publish, first of all in the setting of a meeting, i.e. how to give a scientific presentation, and we talk specifically about how to prepare slides, what is the right font to use, how much information you should put on every slide, and then we move on how to write a paper, and how to publish a paper. Everything is very interactive.”



## Snapshots from the

**27TH ECNP CONGRESS**  
18-21 OCTOBER 2014, BERLIN, GERMANY  
For the science and treatment of disorders of the brain  
WWW.ECNP-CONGRESS.EU





Participants are organised into groups of around 10 to 15 people, each group being joined by both an ECNP expert and a local expert, as appointed by that country's ECNP Ambassador. "Each participant will have a chance to present their abstract, to get feedback, and to improve it, and then to present in front of everybody," said Professor Zalsman.

He added: "We work in a friendly, engaging, informal way, with an emphasis on a mutual experience. We have name tags with no academic titles ... we are all the same: just a name and a country. A scientist with 500 papers, and someone who has never even written a single page, can sit together in a very informal way and talk about science, which is wonderful."

Crucially, the Seminar structure is not set in stone, thus depending on the needs of the participants, some aspects will draw more focus than others. "In some cases we will talk about only a few steps, but in other cases we will go all the way until how to publish," said Professor Zalsman.

As well as garnering important skills to aid less-experienced scientists in their work, each Seminar offers awards for up to five outstanding



participants, giving them free registration for the subsequent ECNP Congress, and €1000 towards expenses.<sup>1</sup> "Some people, not all of them, will really change during the Seminar," said Professor Zalsman. "You can start with a group that has very basic knowl-

"You can start with a group that has very basic knowledge, and within 48 hours you sit in front of a group of scientists."

Gil Zalsman

edge, and within 48 hours you sit in front of a group of scientists. They understand science, and we want to grant them for their potential. Even if they are not quite there yet, if you see great promise you want to support it."

He continued: "Without this grant many will never be able to attend the ECNP meeting. Sometimes it is the only scientific congress they have ever attended outside their own country. I think it is a marvelous thing that ECNP is doing for those people. One of them could be the next Nobel prize winner, you can never tell!"

Four ECNP Seminars are due to be held in the Autumn of 2014: Armenia, Turkey, Serbia and Georgia. For details on how to apply, head to [www.ecnp.eu](http://www.ecnp.eu).

**Note**

1. To be eligible for the award, candidates must have their abstract accepted for poster presentation at the ECNP Congress.



# ECNP Congress





## ECNP Workshop

## ECNP Workshop: Building foundations for tomorrow

For over a decade, the ECNP Workshop, held once a year in Nice, France, has given young scientists a platform to present and discuss their findings with distinguished researchers. About 100 junior researchers and clinicians attend each year.

The format of the Workshop – in which senior scientists address a specific topic, followed by a series of short related presentations from junior

researchers and then a general discussion – is designed to foster a dialogue between junior scientists and more established members of the wider translational neuroscience community. This interplay is also emphasised via poster presentations by each junior researcher, of which the 16 best are selected by a review

“Our mission, and that of the ECNP in general, is to help young people set up their own research programmes and to do clinical research in countries where this is not yet traditional.”

Mark J. Millan

panel and invited to the ECNP Congress in October to give a short talk. In addition, 12 runners-up are offered Travel Awards to attend the congress.

An essential goal of the ECNP Workshops is to stimulate high quality experimental and

clinical research in neuropsychopharmacology. Mark J. Millan (Centre de Recherches de Croissy, Institut de Recherches Servier, Paris, France) has chaired the Workshop Committee for three years, during which time the ECNP Congress has further evolved to best meet the

needs of the junior scientists and to further enhance its scientific credentials. Together with the 12-strong Workshop Committee, he has proposed a number of new ideas.

“One initiative which we introduced was optional sessions on the Saturday afternoon,



Workshop





in which we provide, for example, information on European funding available to junior scientists and clinicians within Europe," he said. These sessions offer other practical advice as well, he explained, such as explanation of the differences between jobs in academia and those in industry.

For 2015, another initiative is being trialled in the form of a high-profile guest who will speak during a special session. "This year, we've invited Thomas Insel, who is

the head of the National Institute of Mental Health (NIMH) in the United States, to give a keynote lecture on the Saturday afternoon – which is a pretty exciting for them I think – and for us as well!" he said. "We may continue this in the future."

Another new aspect of the meeting is to focus the final session on a variable "hot" or special topic, like epigenetics. In 2015, the theme will be 'Sleep circadian rhythms and timing of neurobiological processes'.

"I think they always find it very motivating, very stimulating. As far as we're aware it's unique. None of the other equivalent societies do this."

Mark J. Millan

An important revision more recently has been the change in the selection criteria for junior researchers, with a primary aim to remove any bias in this process, as Dr Millan explained: "We eliminated so-called top institutes with automatic access – everything is done more democratically now," he said. "Everyone submits an abstract which is evaluated by a referee panel. The best-scored ones are accepted, so it's a level playing field for everyone throughout Europe now."

"Nonetheless, we take special care to nurture junior researchers in countries which are still economically developing, and where there has been no historical tradition of neuroscience, such as some Eastern European states. For them, we book at least 10 places to make sure that they are represented. Happily, in 2014, we didn't need these reserved places as 14 papers were selected on quality, which is encouraging."

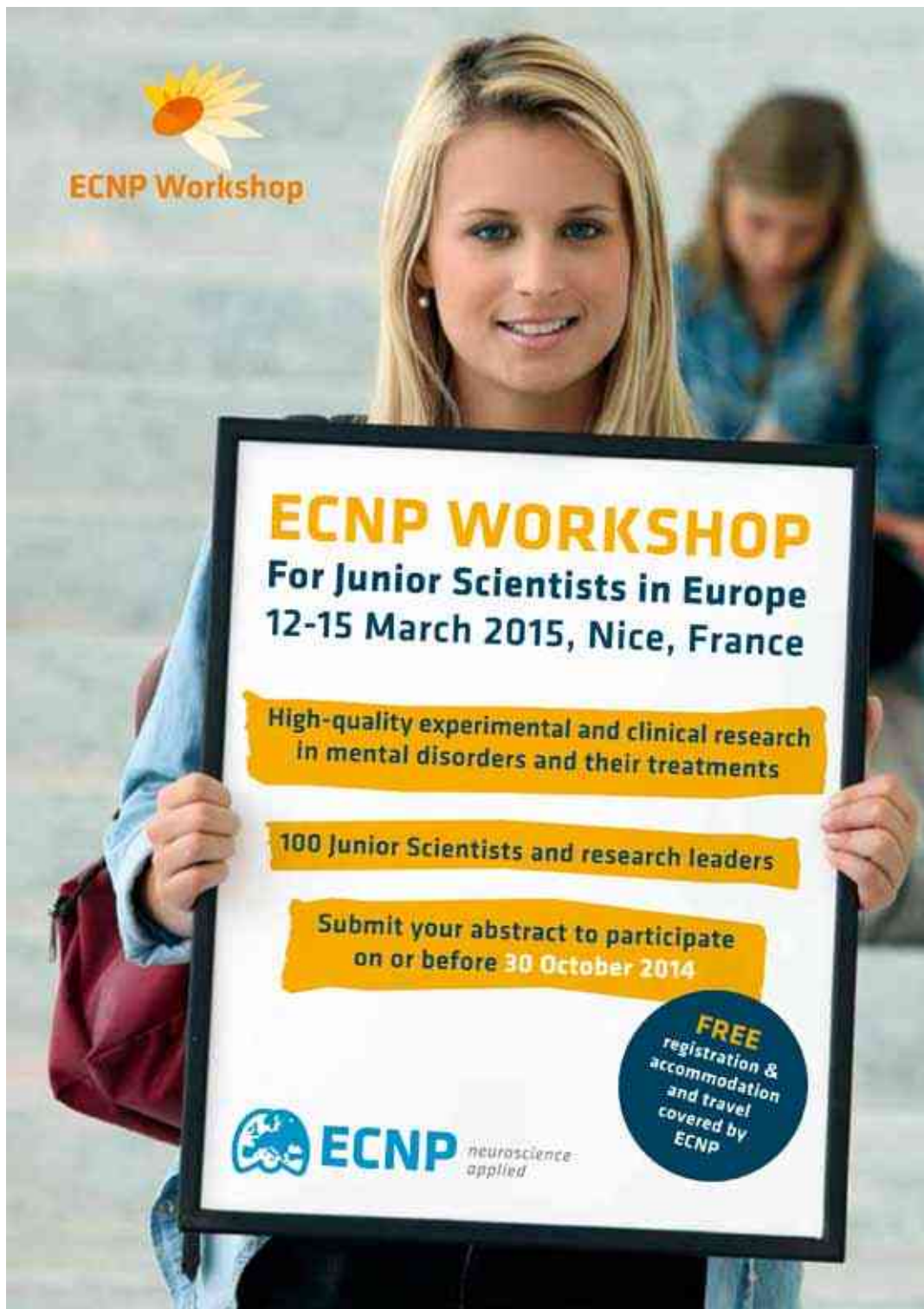
Dr Millan continued: "Our mission, and that of the ECNP in general, is to help junior people set up their own research programmes and to do clinical research in countries where this is not yet traditional – we try to do as much as possible to integrate them and help them."

Touching on the quality of the submissions, Dr Millan said: "The standard of the speakers was almost scary this year. They were very strong. Everything is improving in quality and rigour and organisation."

For Dr Millan, the ECNP Workshop stands alone in offering young scientists a chance to showcase their research and discuss it with senior members. "I think they always find it very motivating, very stimulating. As far as we're aware it's unique. None of the other equivalent societies do this," he said.

He added: "In educational terms, it's not standard lecturing ... because they all participate and get involved ... they are actually lecturing and presenting as well."

"They are the future of the ECNP, and they are the future of medicine, research and neuroscience – in Europe and worldwide. It's a major part of our programme to invest in and help youth and help them in what is a very, very difficult time for them in terms of getting jobs."



The next ECNP Workshop will be held on 12–15 March 2015, in Nice, France. Check the ECNP website at [www.ecnp.eu](http://www.ecnp.eu) for details on how to apply.

# Targeted Network Meetings



Andreas Meyer-Lindenberg

The ECNP Networks initiative is chaired by Celso Arango, Spain. The Scientific Coordinator is Nic van der Wee, the Netherlands.

**T**he objective of ECNP's Targeted Network Meetings (TNMs) – held immediately following the ECNP Congress each year – is to help to develop ideas on a core topic as a group, with the best supporting scientific advice. TNMs could cover, for instance, a discussion of results already obtained by an ECNP Network, plans and strategies for future projects, potential translational developments or a critical assessment of gaps and unmet needs in a specific area.

Each TNM is coordinated by a member of one of the nine current ECNP Networks: “ECNP Networks have been in existence for a number of years, and they foster multicentre collaboration with an aim to be successful in gaining European funding, bringing investigators together,” commented Andreas Meyer-Lindenberg (Central Institute of Mental Health, Mannheim, Germany). This year's three TNMs will stem from the Anxiety Disorders Network (ADRN), European Network for Schizophrenia (EGRIS) and Suicide Network.

Every TNM is limited to 30 participants in total, with a maximum of 11 places being reserved for invited speakers and chairs. The remaining places are then available for open registration to participants.

In terms of the outcome from each TNM, it is expected that a number of deliverables are realised, including a short report of the meeting for publication on the ECNP website and/or other communication material, suggestions for future discussion topics or

research strategies, and finally, a proposal for a TNM symposium at the following ECNP Congress.

The TNM symposia are designed to bring the topics and concepts from each Network to a wider audience at the ECNP Congress, opening up more interaction and debate. As such, each symposium must merit inclusion based on the strict selection criteria of the Scientific Programme Committee (SPC), as is the case for all other proposed sessions.

Following from the 2013 proposals, four TNM symposia will be held at this year's ECNP Congress in Berlin: ‘Compulsivity – transdiagnostic perspective: new models, disorders and treatments’; ‘Unmet needs in paediatric psychopharmacology’; ‘Beyond blue: new opportunities for European networks in bipolar disorder’; and ‘Large-scale European neuroimaging networks: progress and challenges’, in which Professor Meyer-Lindenberg will be presenting.

“I'll be talking about IMAGEMEND, which I coordinate: one of three projects in psychiatry that were funded in a recent call of the Seventh Framework Programme for Research (FP7) in Europe,” said Professor Meyer-Lindenberg. “What IMAGEMEND is doing is to try to understand, or try to create, markers that would be predictive of whether someone who is at high risk will actually develop a mental illness such as schizophrenia or bipolar disorder, whether someone with an illness such as that will respond to treatment, and what the course will be.

“That has been a very thorny problem. People have been trying to investigate it from various angles, for example using neuroimaging, various clinical markers or genetic markers. But while they have had some success, it hasn't led to a breakthrough where you

“ECNP Networks have been in existence for a number of years, and they foster multicentre collaboration with an aim to be successful in gaining European funding, bringing investigators together.”

Andreas Meyer-Lindenberg

would be at the stage to use these methods in a clinic. It is probably that our current way of thinking about psychiatric disorders as categories is too far-removed from the underlying processes.”

Professor Meyer-Lindenberg went on to note that while the current ICD and DSM systems in Europe and the US are venerable, they are based on clinical observational categories, and although optimised and reliable enough to work well as reimbursement systems, both ICD and DSM do no

map the underlying biology or processes. “It is a bit like having diagnostic categories such as blindness, fever or high blood pressure,” he said. “They are very reliable to measure, but there are lots of things that could cause them. If you are trying to create a therapeutic strategy based on only that, you just don't have enough information.”

In an attempt to address this paucity of information, IMAGEMEND has built a large data set of over 13,000 patients and controls from eight European (and other associated worldwide) partners. By focusing on neuroimaging, clinical and genetic data, a database can be constructed to hopefully better understand illness. “So what the partners in the consortium bring to the table is that they already have relatively large groups of people that they have investigated with imaging, genetics or clinical methods, and we use the FP7 money to connect the dots,” said Professor Meyer-Lindenberg.

“For example, for someone who is a clinical investigator and has done an MRI scan, and has some DNA and clinical follow-up, we would use that money to genotype the DNA and measure the genetic variants. Or, for someone who has a got a large sample but doesn't have the clinical follow-up, we would finance them for the clinical follow-up. For someone who just has genetic and clinical data, we would enable them to acquire imaging data.”

The IMAGEMEND project is now at the stage where the tools have been organised, and a framework created to bring them together, thus the next steps are to develop and refine the methods being used to obtain the enormous data set and extract the signal required. “The signal is very complex, because there are a couple of million variants to the human genome that are of interest to us, and there are many millions of data points that neuroimaging scans entail, and clinical information from hundreds of patients to integrate in there,” said Professor Meyer-Lindenberg. “We need a lot of computing firepower, and we also need new algorithms or methods to find that signal.

“And then what is really very important in this enterprise is that once we have this signal, we need to validate it. We need to make sure we have really found something that is clinically useful in the data, and we do that by having partners across the world, in which we can test our biomarkers for clinical utility. After all, if you focus on clinical studies from a certain country, how do you know they will be useful for another country?”

In a way, the project offers the potential for future personalised medicine on a global scale, but of course there is a lot of work ahead. “It is a big undertaking, but we hope it is going to be worth it. It is certainly one of the largest experiments of its kind in psychiatry,” Professor Meyer-Lindenberg concluded.

“What IMAGEMEND is doing is to try and understand, or try to create, markers that would be predictive of whether someone who is at high risk will actually develop a mental illness such as schizophrenia or bipolar disorder, whether someone with an illness such as that will respond to treatment, and what the course will be.”

Andreas Meyer-Lindenberg



# EMA to host open dialogue on AD guidance

The European Medicines Agency (EMA) will be holding a dedicated open discussion of the latest regulatory developments in Alzheimer's disease (AD) at this year's ECNP Congress in Berlin. Jointly organised with ECNP, this session is a first for the annual congress, yet it is set to be a key point of engagement between EMA and stakeholders in the field.

Speaking to *ECNP Matters*, Manuel Haas (Head of Central Nervous System and Ophthalmology, Scientific and Regulatory Management Department, EMA, London, UK) began by emphasising the importance of such dialogue: "EMA values very much the contribution of our stakeholders to our work. But it is clear that we can do more to involve them in our activities, so we are making a lot of effort at this time to be even more open and communicative."

The session arises amid a recent bout of clinical trial failures of drugs targeting the amyloid cascade, despite continuing progress in the understanding of AD and its pathophysiology. Mr Haas said: "We only have symptomatic treatment with limited clinical

efficacy for the treatment of mild, moderate and severe dementia. But there is growing evidence that there are some biological changes which start years before we see the first symptoms of AD. So now, the research targets patients at a much earlier stage of the disease, even sometimes in presymptomatic patients.

"This makes our guidance on the development of medicines for the treatment of AD outdated, because it does not address development in patients who are not demented yet. So we are updating it to include guidance on patient selection, choice of outcome measures to be used in the different stages of disease, duration of trials, and so on.

"We got many comments from a public consultation on the Concept Paper announcing this revision earlier this year, and we are now drafting the updated guideline. As an integral part of this process, we want to exchange with the

field to enrich this work." The session in Berlin will provide an excellent opportunity to organise such dialogue, which will then be continued in the EMA workshop taking place at the end of November this year.

In addition to the guidance development, the meeting will focus on the diagnostic criteria in AD, the EMA scientific advice and qualification procedures, and some discussions of

"Now, the research targets patients at a much earlier stage of the disease, even sometimes in presymptomatic patients. This makes our guidance on the development of medicines for the treatment of AD outdated."

Manuel Haas

lessons learned from the recent failed AD trials.

Regulators like the EMA are best known as gate keepers, ensuring that only safe and efficacious medicines reach the market, but their work also extends back along the path, ensuring drugs are being

developed in the best possible way: "We are also facilitators of drug development, and these two roles complement each other," said Mr Haas. "We have a battery of tools, including provision of scientific advice on drug development plans, or the qualification of novel methodologies, which led to several biomarkers being qualified for the enrichment of study populations in pre-dementia clinical trials."

The EMA is also developing adaptive licensing, a novel approach to the authorisation of medicine, as part of efforts to improve timely patient access to new medicines. Access to medicine is another area where the EMA is very active, said Mr Haas, adding: "It is also about interacting with regulatory partners around the world, and with Health Technology Assessment Bodies, to facilitate global development, licensing and reimbursement decisions."

More information on the EMA's work can be found at: <http://www.ema.europa.eu>, including information regarding the EMA-organised workshop on the clinical investigation of medicines for the treatment of Alzheimer's disease.



EUROPEAN MEDICINES AGENCY  
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Manuel Haas

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# Taking it to the public



Andreas Heinz

The ECNP Brain Day in Berlin follows a tradition of public engagement in mental health in general in the German capital. This particular event will focus on the spectrum of research and treatment, bringing audiences up to speed on the latest techniques and findings. In an interview with *ECNP Matters*, Andreas Heinz (Charité – Universitätsmedizin Berlin, Germany) explained the need to bring patients in contact with the basic science from which cutting edge treatments emerge.

## What is the significance of holding the Brain Day in Berlin, and who is it aimed at?

There are two parts to this. The core part is that ECNP is doing this because of its commitment to inform the public about research, so it coincides with the conference in Berlin. On the other hand, there is of course a very

strong neuroscience and psychiatry research environment in Berlin, so we hope that the public is interested and open to this kind of information and update.

We will go to all of the self-help and relatives groups; there are huge groups of patients with bipolar disorder, and there is a very strong patient organisation that works in addictive disorders. There are some usually somewhat smaller groups with patients with psychosis. All of these patient groups will be involved, as well as the very strong organisation of patients' relatives in Berlin. We will mainly try to promote the event along these lines, but also through the general public. But I think the main effect may be through the organisations of patients and relatives.

## What will the programme look like?

The main idea is to have a few of the most prominent German researchers from all of the different disorders – so from bipolar to schizophrenia. But also, we have worked with ECNP to have a line that originates in basic research, and emphasises the translation into clinical disorders, like new findings in genetics and new findings in basic neuronal network research, which are translated into schizophrenia, addiction and affective disorders. So this will be about six speakers. Then, I will finish with an overview of the research and treatment landscape in the area (so this is where you have the local connection, because the other speakers, like Peter Falkai or Andreas Meyer-Lindenberg, are from different cities in Germany).

We have done these kinds of public days for a long time. But this one is specific to the needs of ECNP. In the past we have had collaborations with, for example, the school board, to educate teachers – this was more specific, but very inefficient; it took about two years to get all of the necessary allowances to educate teachers for one day!

So we have a long track record in trying to do these kinds of things, but usually they are more targeted at specific audiences, not the general audience, which is ECNP's duty as it holds a general conference. The flip-side of this is that it is broad – it does not just apply to, say, the bipolar patient.

## What kind of public outreach has the greatest positive effect?

I think public outreach always helps, but it does not always necessarily have the effect that you want. Some of the anti-stigma campaigns, such as the schizophrenia anti-stigma campaign, work best by the patients themselves going into classrooms, and not so well by just handing out information. This is why we want to get the patient organisa-

## Brain Day Friday 17 October, Berlin

Brain Day will make the case for science in psychiatry, make the translation from science into treatment visible, and address 'hot topics' in Germany, such as mental health in the workplace, burnout, etc., within the larger neuroscience context.

It is aimed at patients, relatives and friends of patients, interested public and policymakers.

tions involved, so that they can comment and speak about things, and so that it is not just abstract teaching. It is their presence that I think will help.

We have previously done big campaigns to reduce suicide in young women, particularly those with migratory backgrounds and conflicts about how they live here. So we work in different fields. This time, with the Brain Day, it is broader and more science-based.

Of course, the hope is that you get some information to the people who care, and also

**"It should definitely be an up-to-date, easy to understand, clear view of what research has to offer for the public, as well as, of course, for the patients."**

Andreas Heinz

that you have some effect on the media. But you know how it is with the media: if it is spectacular, they come along. If somebody escapes from a ward and gets stuck in a chimney (as happened two years ago) then you have articles in all the media; sometimes, you get very unrefined stories about it. But if it is more specific and more down-to-earth, then often you can be happy if they write a short note somewhere about it!

So I am not sure how much we will be able to influence mass-media. But for the people who come, it should definitely be an up-to-date, easy to understand, clear view of what research has to offer for the public, as well as, of course, for the patients.



# Dealing with depression

from patient to policy & public engagement



The ECNP European 'Expert Platform on Mental Health – Focus on Depression', together with its Media Award, serves to raise awareness, promote information and advocacy within the field of mental health. Joseph Zohar (Tel Aviv University, Israel), who leads the Expert Platform Focus on Depression, spoke to *ECNP Matters* about the new depression app, initiatives in suicide prevention policy across Europe, and the Media Award nominations, explaining how these activities are working towards some of the key goals of ECNP's mission.

## A new app

The depression app, Actograph-Dep, is a novel and exciting technology that serves to monitor activity through an individual's smartphone in order to prevent bouts of depression. Explaining how the app achieves this, Professor Zohar said: "Nowadays, with mobile phones there is a possibility to track the numbers of calls, the time of the day when one is placing the call, the circle of individuals to

whom one is placing the calls, and the length of time spent on a call. Other information like physical distances and the time of day when the activity is taken place are also automatically registered on 'the back' of the smartphone. Proper algorithms can identify if there are significant deviations from the normal behaviour."

Hence, Actograph-Dep could detect early changes in behaviour to be recognised and then send (via text message) an alert, both to the patient and by a 'trust buddy' – a family member or close friend. Identifying and acting on these behavioural changes sooner rather than later can make all the difference in the course of an individual's wellbeing.

Explaining the tell-tale signs of depression, Professor Zohar continued: "We do know that, in individuals that develop depression, in the beginning of the day it is very difficult for them to get started. They are much less active, talk less, and so on. Of course, if you are depressed, the circle of friends with whom you are talking is different. So the idea

is that once the system identifies significant deviation from the normal behaviour, the system sends a text message to the patient and to a trust body. Then, they discuss what is going on."

While it might be, in some instances, that a behavioural change turns out to be irrelevant (i.e. a false positive), the Actograph-Dep is a learning app that improves over time by incorporating feedback from the user. "It learns what a false alarm is and what a real alarm is," said Professor Zohar. "Then it can modify and fine-tune the system, so that in the future we catch less of the non-significant changes and more of the significant changes."

"The idea is the early detection of signs of depression, which help us to treat early. If we treat early, the episode is shorter; the course is not so severe, and the chance for full remission is higher. What is also unique about the system is that it is language-free. There is no culture dependence either, since each patient serves as his or her own control."

The Actograph-Dep app has been in development for

**Participants of the first European Unified Suicide Prevention Platform (EUSPP) meeting, Brussels, 19 June**

about half a year, and is set to launch on Depression Day, 1 October 2014.

## European Unified Suicide Prevention Platform

The Expert Platform, led by Professor Zohar, has also initiated the European Unified Suicide Prevention Platform (EUSPP), with an inaugural meeting on 19 June. Its aim, explained Professor Zohar, is to create a proposal for a unified suicide prevention policy plan for all European countries.

"There are some national bodies in Europe on suicide prevention, but it is not all over Europe, and everybody is developing his own system. In the UK, they found out that when they recommended to decrease the number of paracetamol pills in a package from 20 to 10, the number of suicides and liver transplants dropped significantly. The UK is the only country in Europe that did this very simple act and the outcome is outstanding. So the idea is, why not adapt this kind of

*Continued on page 22*

"Nowadays, with mobile phones there is a possibility to track the numbers of calls, the time of the day when one is placing the call, the circle of individuals to whom one is placing the calls... [using] proper algorithms [we] can identify if there are significant deviations from the normal behaviour."

Joseph Zohar

## ECNP Initiatives

## Dealing with depression – from patient to policy &amp; public engagement

Continued from page 21

suggestion and others alike across Europe, and have a unified policy of suicide prevention across Europe?”

The meeting on 19 June was attended by representatives of more than 12 EU countries, each presenting the situation in their country, together with a summary of the preventative measures already in place. The EUSPP initiative works to formally unify the valuable knowledge that individual countries have accumulated on suicide prevention, which as yet has not been shared.

“The idea is the early detection of signs of depression, which help us to treat early. If we treat early, the episode is shorter; the course is not so severe, and the chance for full remission is higher.”

Joseph Zohar

### Expert Platform National Media Award – Focus on Depression

Celebrating works that address the stereotypes and stigmas of depression, the Expert Platform National Media Award – Focus on Depression is an award for specific European works (or bodies of work) that contribute a better understanding of depression and stimulate its discussion. The award, which carries a prize of €1,000, is currently welcoming nominations.

The premise for nomination is broad, spanning the disciplines of journalism, literature, dance, film, theatre,

and beyond, and may be in any European language, as long as it is readily accessible to the general public. “The idea is to try to identify individuals in the society, that are helping to destigmatise depression,” explained Professor Zohar.

It is a national rather than a European award, and for the first year a target of three to five awards is proposed. After

its first year, five a year will be handed out.

While the ideal candidate is from Europe, nominations are also open to any work that is informative, positive, and that has contributed to decreasing stigma within Europe, said Professor Zohar. “If somebody is contributing to destigmatise depression in Europe, then we will consider it.”

### NOMINATIONS ARE NOW OPEN!

Please send nominations for the **Expert Platform Media Award – Focus on Depression** to Annemieke Heuvink at: [expert-platform@ecnp.eu](mailto:expert-platform@ecnp.eu).

Nominations will be accepted up to 13 July.

## ECNP Expert Talks



Claudia Sommer giving her ECNP Expert Talk

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# ECNP MATTERS



## ECNP CALENDAR OF EVENTS

### 2014

<b>29 June - 4 July</b>	ECNP School of Neuropsychopharmacology, Oxford, United Kingdom
<b>10-12 October</b>	ECNP Seminar, Armenia
<b>17 October</b>	ECNP Brain Day, Berlin, Germany
<b>18-21 October</b>	27 <sup>th</sup> ECNP Congress, Berlin, Germany
<b>31 Oct-2 Nov</b>	ECNP Seminar, Turkey
<b>14-16 November</b>	ECNP Seminar, Serbia
<b>28-30 November</b>	ECNP Seminar, Georgia

### 2015

<b>1-6 March</b>	ECNP School of Child and Adolescent Neuropsychopharmacology, Venice
<b>12-15 March</b>	ECNP Workshop for Junior Scientists in Europe, Nice, France
<b>15-16 March</b>	ECNP Biomarkers Meeting, Nice, France
<b>19-25 April</b>	ECNP School of Old Age Neuropsychopharmacology, Venice, Italy
<b>5-10 July</b>	ECNP School of Neuropsychopharmacology, Oxford, United Kingdom
<b>29 Aug-1 Sept</b>	28 <sup>th</sup> ECNP Congress, Amsterdam, The Netherlands

### 2016

<b>17-20 March</b>	ECNP Workshop for Junior Scientists in Europe, Nice, France
<b>17-20 September</b>	29 <sup>th</sup> ECNP Congress, Vienna, Austria

### 2017

<b>2-5 September</b>	30 <sup>th</sup> ECNP Congress, Paris, France
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### 2018

<b>6-9 October</b>	31 <sup>st</sup> ECNP Congress, Barcelona, Spain
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### 2019

<b>7-10 September</b>	32 <sup>nd</sup> ECNP Congress, Copenhagen, Denmark
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For regular updates on ECNP initiatives please visit:  
www.ecnp.eu and www.ecnp-congress.eu



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In addition to this newsletter, ECNP offers a variety of other news and media channels designed to keep you at the forefront of our latest activities, initiatives and developments:

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The ECNP websites provide a myriad of information on matters related to our organisation. Follow links to sign up for e-bulletins and news updates.

### Message from the President

A monthly personal e-message from the President.

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Monthly overview of latest news within ECNP.

### Talk of the Month

Short video talks by distinguished scientists, aimed at making ECNP science more accessible to the general public.



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Early symptomatic syndromes eliciting neurodevelopmental clinical examinations (ESSENCE)

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