Press Release IFMAD 2011

The 2011 IFMAD meeting maintained the established tradition of covering the most important topics in mood disorders with a wide variety of presentations from expert speakers and also drawing attention to issues of current concern.

One of the questions posed was: Why are there so few new psychotropics? Elias Eriksson from Sweden drew attention to the widespread and ongoing attacks on psychiatrists, to the many publications belittling the therapeutic effect of pharmacological treatments in psychiatry and overestimating the unwanted effects of psychotropics. He gave an insight into the errors of logic and method that have led self-styled experts to underestimate the value of current treatments. His views were supported and amplified by Stuart Montgomery from the UK who pointed to failings in the regulatory process and the attitudes of reimbursement agencies. He warned that the current emphasis on cheap solutions rather than good solutions threatened science and future progress. The perspective of pharmaceutical drug developers given by Anders Gersel Pedersen from Denmark warned that despite a huge unmet medical need in CNS disorders drug development in this area is predicted to decline. The pharmaceutical industry is discouraged by the lack of correlation between research cost input and the number of CNS drugs now being approved for marketing. He warned that without new models for the assessment of benefit to society of new drugs, shifting the emphasis from a cost model to an investment model drug development in Europe would shrink irretrievably. Cooperation and collaboration between regulatory authorities, the pharmaceutical industry and academia would lead to an enhanced understanding of disease pathology in CNS.

The hot topics session picked up related themes. Ruth Baruch from Canada covered the issue of whether branded and generic medications are interinterchangeable, a question of increasing importance in the current climate of cost cutting by health authorities. She presented the available data showing that the tests of bioequivalence currently in use did not guarantee clinical efficacy equivalence and that loss of efficacy on switching to a generic drug is not infrequently associated with loss of efficacy or appearance of different unwanted effects. Gary Sachs from the USA addressed the problem of failed clinical trials which hampers drug development and presented the data from the clinical trial methodology analysis undertaken by his group. The results suggest the importance of diagnosis but also demonstrate the influence of raters inflating baseline severity scores. The hot topics session also addressed new directions in insomnia therapeutics with Thomas Roth from the USA who examined the new theories of causation of sleep disturbance and the data indicating new interventions were possible. He showed that new formulations increasing the rapidity of action had enabled more individualised treatment.

The symposium on how to treat alcohol use disorders was timely in view of the increasing health problem of these disorders in many parts of the world. Henri-Jean Aubin from France clarified the complexity of alcohol use disorder and discussed the appropriate targets for treatment: abstinence which appears to be the most stable form of recovery or reduction in harmful behaviour (excessive drinking). Current research establishes the need to tailor the goals of treatment to the goals found acceptable by problem drinkers. Julia Sinclair from the UK reported on the high incidence of depression in alcohol use disorder and showed that antidepressants are effective in treating depression in patients with or without alcohol dependency although some, eg SSRIs appear to be

less effective. New data on a potential medication treatment for alcohol dependence was presented by Hannu Alho from Finland who pointed out that while current treatments help many alcoholics to reduce their drinking, 40-70% relapse within a year. Reduction in alcohol consumption on the other hand is a worthwhile and achievable goal using the new concept of a medication taken to reduce craving before the alcohol or craving situation arises. The targeted use of an opioid antagonist such as Nalmefene reduces alcohol intake and puts the individual in control of treatment.

Treating the difficult patient in depression and anxiety, a concept covering non response, non compliance, comorbid conditions, very severe illness, suicidality, aggressiveness, psychosocial problems, poor drug tolerance, drew a lively discussion. Daniel Meron from the UK outlined the societal burden of these patients who required very careful diagnosis and treatment selection because of frequent comorbidity. Hamish McAllister-Williams picked up the theme focusing on major depressive disorder and the poor responder and challenged the audience with keypad voting as to whether non response was due to the patient, inadequacy of medication, inadequacy of the doctor, all of these or none.

Istvan Bitter from Hungary reviewed the issue of depression in schizophrenia pointing out the high frequency of depressive symptoms in schizophrenia. Prior to the development of antipsychotic drugs depressive symptoms were considered part of the schizophrenic pathology. The depressive symptoms complicate the differential diagnosis and the need to eliminate internal medical or neurological conditions, drug induced dysphoria, extrapyramidal symptoms, negative symptoms etc. The atypical antipsychotics appear effective relative to typicals such as haloperidol and while there have been few studies of antidepressants (mostly TCAs) they may be helpful though not during the acute psychotic episode and care is needed with drug interactions. Borwin Bandelow from Germany reviewed the treatments in use for GAD and showed that the most used medication was still the benzodiazepines although their profile of efficacy/safety was less robust than for example the SSRIs or SNRIs. Efficacy is now shown for atypical antipsychotics in GAD both in augmentation for resistant GAD and in monotherapy. He presented the recent studies of of quetiapine as monotherapy in GAD in which efficacy has been well established. Hans-Jügen Müller from Germany picked up the theme of new indications for atypical antipsychotics and reviewed the pharmacological mechanisms relevant to their antidepressant effect including the interactions with the dopamine and serotonin, and in some cases the noradrenaline systems. His thorough presentation of the extensive data on quetiapine included the studies on its use as monotherapy in major depression which was particularly useful since this drug is not licensed in Europe for use in depression as monotherapy although it is elsewhere.

The management of treatment resistant patients continues to be a fruitful focus of research activity. Abntonio Drago on behalf of Alessandro Serretti from Italy outlined the challenges for genetic research in finding a way to tailor treatment for treatment resistant depression. He reviewed the extensive list of genes and polymorphisms under investigation in relation to different treatments and the associations of some and lack of association of others with response. A neural network model is proposed in order to accommodate the influence of life events, temperament, hormones, epigenetic factors etc but it is still clearly too early to see the point where treatment will be tailored by genetics. Daniel Souery from Belgium reviewed the treatment strategies in treatment resistant depression and presented the results of the European Resistant Depression Group which demonstrate that switching to an antidepressant of a different pharmacological class had no

advantage, and probably leads to a poorer outcome, over continuing with same class. This finding has contributed to a change in the European regulatory guidelines to reflect that a change of class is not required to define treatment resistance. David Baldwin from the UK showed the results from a survey of clinical practice which showed that 80% of GAD patients received benzodiazepines before referral and that treatment duration with a first line treatment was less than 6 weeks in most cases. He underlined the need for more studies in the management of GAD patients who do not respond to treatment.

Zoltan Rihmer from Hungary presented the findings showing the important role unrecognized bipolar disorder may play in antidepressant resistant depression and the poor response of bipolar depression to antidepressants. The link between possible bipolar disorder and suicide is of particular concern in younger patients. Naomi Fineberg explained that obsessive compulsive disorder is a chronic disorder and 40% of patients have a poor response to treatment. There appears to be a developing role for second generation antipsychotics and there are now some data that augmentation with a second generation antipsychotic is effective. Joseph Zohar from Israel challenged common practice of using debriefing, benzodiazepines etc which recent data show may have a negative effect in the management of post traumatic stress disorder, described as the disorder where the past is always present. The results of recent research show there is a short period soon after trauma, the "golden hour", where intervention may be helpful, possibly with a dose of intravenous cortisol.

In recent meetings delegates have enjoyed a debate between two experts. The subjects discussed are of serious concern but the discussion always provides lively entertainment. This year the topic was The monoamine hypothesis is a dead end for drug development. Timothy Dinan from Ireland graphically declared the hypothesis to be a dead duck that suffered from restricted vision ignoring the many potential areas for exploration for new drug development. Mike Briley from France refuted the arguments declaring that the basic hypothesis was sound and that allowing ourselves to focus also on identifying downstream events with proven (ie monoamine related) antidepressants would be th most fruitful avenue for drug development. The delegates contributed extensively to what was a very stimulating discussion and a draw was declared.

Dilemmas in Bipolar Disorder were discussed in a symposium led by Allan Young from the UK , Jules Angst from Switzerland and Giulio Perugi from Italy. Allan Young showed how the recent data from the BRIDGE epidemiology study supported the view that bipolarity is often misdiagnosed as major depressive disorder and that estimates of incidence of bipolarity vary with the diagnostic system used. There is scant evidence supporting the efficacy of antidepressants for bipolar patients but current data provide robust evidence of the efficacy of some of the new atypical antipsychotics in the treatment of depressive episodes in bipolar II disorder. New results from the Zurich study presented by Jules Angst showed there is a high incidence of brief hypomania which is currently considered subsyndromal and not taken into account. Using the broader criteria of hypomania which he recommended, 40% of MDD subjects meet criteria for bipolarity. There is converging evidence supporting the validity of a broader definition of bipolarity.

The potential of different herbal remedies was discussed. Siegfried Kasper presented the latest data on the efficacy of lavandula oil (Silexan) for the treatment of subsyndromal anxiety. He also presented comparator data showing similar efficacy to lorazepam in GAD. Markus Gastpar reviewed

the data on the efficacy of treatment with St John's Wort and claimed that the studies supported efficacy on the typical core depressive symptoms in mild to moderate depression and in those who were sensitive to the side effects of, for example, SSRIs or SNRIs. Ralph Ihl presented the findings from a recent study on Ginkgo biloba extract in dementia which supported earlier findings of the potential of Ginkgo biloba.

An interesting symposium included a discussion by DrissMoussaoui from Morocco on the challenges for recognition of disorders and for treatment posed by cultural diversity. Sheldon Preskorn from the USA reminded delegates of the problems of drug/drug interactions and their potential risks. Pierre Blier provided a compelling argument of the benefit of noradrenaline plus serotonin reuptake inhibition in the same molecule. Where there is an equal balance of noradrenaline and seroton reuptake inhibition, as for example with milnacipran, efficacy appears to be enhanced and unwanted effects reduced. The weakness of SSRIs in treating loss of energy, anhedonia and possibly other symptoms may be countered by the efficacy of noradrenaline reuptake inhibition on these symptoms.

Comments received from delegates after the meeting included:

Reasons for attending IFMAD meetings:

- Wide variety of presentations and speakers
- Complete coverage of the most important topics in mood disorders
- Sharing experience with experts and other colleagues
- Opportunity to discuss the difficult issues of the moment
- "Best meeting this year"