

Among the features that make IFMAD meetings so highly valued are the level of interest, audience engagement and lively debate surrounding all the sessions. This year's meeting reached a high point with the discussions spilling over into the coffee breaks, lunches and dinners. The willingness of speakers to focus on difficult topics such as the stigma of psychiatric illness and regulatory resistance in relation to new treatments contributed much to the dynamic discussion.

In a debate on the restrictions placed on antidepressants due to the risk of suicide clear evidence that suicide is reduced by antidepressants, especially in the long term, was shown by Zoltan Rihmer. On the other hand the difficulties of regulators faced with pressure from the media were described by Karl Broich. One symposium covered issues of psychiatric illness in the presence of physical illness and in this session graphic evidence was presented by Christer Allgulander that AIDS is finally being recognised and even treated in South Africa. A careful dissection was given by Elias Ericsson of the overwhelming evidence of efficacy of treatments for Premenstrual dysphoric disorders and the stubborn barriers of stigma from anti-psychiatrists and reluctance of regulators which condemn many sufferers to neglect.

The discussion was particularly lively in the session on identifying and prioritising superior treatments led by Andrea Cipriani and Corrado Barbui and given definition by Hans Jürgen Möller. The changes in the definition and treatment of treatment resistant depression were reviewed by Stuart Montgomery in a session that included a presentation by Daniel Souery of the unpublished results of the European TRD group. The results of this research contradict the habit of prescribing by class of antidepressants rather than on the basis of the data. In view of the increasing data, presented by Alessandro Serretti, showing that TRD has a strong genetic component there are grounds for recognising and treating TRD early and aggressively. The new licence for using add-on quetiapine in MDD reviewed by Michael Bauer seems to suggest a change in the European approach to treating resistant depression and, according to Edward Vieta, treatment resistant bipolar disorder.

Christina Sampaio highlighted the great difficulties clinicians face in treating under-investigated conditions such as Parkinson's depression and a similar problem with treatment resistant OCD was addressed by Stephan Pallanti. The concept of the noradrenaline deficient symptom cluster was given a new twist by Pierre Blier who showed that SSRIs not only failed to treat but probably worsened the symptom of loss of energy.

The unflagging attendance and consistent discussion throughout what was a very busy programme taking place from Wednesday to Friday November 17-19 is a fine endorsement of the high standard and appreciation of the meeting.