



Press conference at the occasion of the 21st ECNP Congress 2008

**Catalonia Palace of Congresses, Palau de Congressos de Catalunya
Barcelona, Spain**

1 September 2008, 16.15–16.45 hours

TITLE: The first autism disease genes

**SPEAKER: Professor Marion Leboyer, Psychiatry Genetic Team INSERM,
University of Paris; Fondation FondaMental, Paris, France**

The autistic disorder, a neurodevelopmental disease first described in 1943, represents a challenge for treatment and a puzzle for research. Alongside Asperger syndrome, a milder form of the disorder, autism is classified in the continuum of various Autism Spectrum Disorders (ASD), all of which are characterized by deficits in language, social interaction, and a strangely restricted and repetitive behaviour (stereotypy). Disease onset occurs during the first three years of life. The earlier the disorder is diagnosed, the sooner the child can be helped through treatment interventions, but unfortunately detection is often delayed. In a vast majority of cases, no disease causes can be identified. Recent advances in autism research have been fuelled by an increased interest in genetics, and the latest developments point to genetic factors playing a prominent role in the causes of ASD. Professor Marion Leboyer of the Psychiatry Genetic Team INSERM and director of the specialized French research foundation for psychiatric disorders, *Fondation FondaMental*, Paris, will present the compelling neurobiological story of discovering the first autism genes. Thereby she will highlight new findings on the role of gene mutations, their association with synapse abnormalities, and – surprisingly – a connection between circadian rhythms and autism risk. These insights will nurture applied projects on the development of new therapeutic strategies.

For further information please come to the press conference!

We hope that the 21st ECNP Congress will highlight the contribution of neuropsychopharmacology to medical practice and help all of us in raising the awareness for mental disorders both among physicians, researchers and the public.

Contact / Press Office ECNP 2008:

Sonja Mak
Update Europe GmbH.
Lazarettgasse 19/5,
A-1090 Vienna, Austria
Tel. +43/1/405 57 34-13
Fax +43/1/405 57 34-16
E-mail: s.mak@update.europe.at



Press conference at the occasion of the 21st ECNP Congress 2008

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Tuesday, 2 September 2008, 16.15–16.45 hours

TITLE: Antihypertensive treatment on cognitive functions in Alzheimer's disease

SPEAKER: Professor Ingmar Skoog, Neuropsychiatric Epidemiology Unit, Institute of Neuroscience and Physiology, Sahlgrenska Academy, Göteborg University, Sweden

Dementia is one of the major challenges of the 21st century due to the enormous burden these disorders impose on health care systems. Recently, common pathways of the two most frequent causes of dementia, Alzheimer's disease and vascular dementia have been suggested. Today there is tremendous interest in developing effective treatments that will interfere with some step in the disease cascade or even prevent the clinical onset of dementia. In the absence of effective therapies, it is essential that all potentially reversible causes of dementia be fully investigated. So far no effective prevention measures can be recommended. During the last decade evidence has accumulated that high blood pressure (hypertension) may be a risk factor for dementia, independent of the presence of cerebrovascular disease. Treatment of hypertension thus might be a key factor in the prevention of cognitive decline and dementia. Dr. Ingmar Skoog, a renowned Swedish researcher in neuroscience from Göteborg University, will evaluate the latest findings about the effect of antihypertensive treatment on cognitive function and dementia and highlight a controversially discussed topic with broad impact on public health in all European countries: Is there hope for the prevention of dementia?

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Press Conference at the occasion of the 21st ECNP Congress 2008

Catalonia Palace of Congresses, Palau de Congressos de Catalunya

Barcelona, Spain

29 August 2008, 12.00–13.00 hours

TITLE: Antidepressants in suicide prevention

**SPEAKER: Professor Erkki T. Isometsä, Institute of Clinical Medicine,
Department of Psychiatry, University of Helsinki, Finland**

Depression is the most important single factor predisposing to suicide, and more than half of all subjects completing suicide are known to have suffered from depression. Unfortunately, depression is still often untreated or undertreated, even after a suicide attempt. Antidepressive drugs represent the cornerstone of treatment of depressive patients. However, their role has become somewhat controversial over the last few years due to reports suggesting that antidepressants might, in a small subgroup of younger patients (recently estimated at 0.7% in clinical trials) actually worsen suicidal tendencies instead of alleviating them. As a consequence, regulatory authorities in many countries have reconsidered their cost-benefit ratio. On the other hand, in many western countries, increasing use of antidepressants on the national and regional level correlates, as expected with declining suicide mortality, and in no country has an increase in suicides due to antidepressants been reported. While there is no doubt that potential side effects of antidepressive medication concerning suicidal behaviour are a very serious issue, it is important to obtain a balanced view of all the clinical and epidemiological facts pertaining to the effect of antidepressive therapy in relation to suicidal behaviour. Professor Erkki Isometsä, a renowned expert in psychiatric suicide research, will present the state of evidence and critically comment on the current discussion concerning this topic with regard to the role of antidepressive treatment in real-life clinical practice.

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Tuesday, 2 September 2008, 16.15–16.45 hours

**TITLE: Alcoholism-associated molecular adaptations in brain
neurocognitive circuits**

**SPEAKER: Professor Georgy Bakalkin, Division of Biological Research on Drug
Dependence, Department of Pharmaceutical Biosciences, Uppsala University,
Sweden**

After many years of heavy drinking, alcohol produces pathological alterations in the brain. In many alcoholics these changes culminate in massive social deterioration and disorders of memory and learning. Severe cognitive impairments occur in approximately 10% of heavy drinkers. Alcoholic dementia is the second leading cause of adult dementia in the Western countries, accounting for 10% of the cases, and still represents an unresolved problem. So far no effective pharmacotherapy for memory problems in alcoholics is available. Nowadays this problem can be approached by innovative research using molecular and epigenetic analyses, which yield new insight into brain pathophysiology. Molecular dysregulations in endogenous opioids – a neurotransmitter system in the brain that is central to reward function and pain control – are supposed to play a critical role in the development of alcoholism and associated cognitive impairment. Professor Georgy Bakalkin, involved in a research team focusing on biochemical mechanisms underlying neuropsychiatric disorders, will highlight the latest findings on this clinical challenge and presents a novel mechanism and understanding of cognitive deficit in human alcoholics. Thereby an emerging concept that proposes a new target for pharmacotherapy will be discussed, which might lead to innovative therapeutic interventions to improve or prevent alcohol-induced cognitive impairment in patients with alcohol dependence, and may be generalized to other learning and memory disorders.

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Sunday, 31 August 2008, 16.15–16.45 hours

TITLE: Neurogenesis in the adult brain: the association with stress and depression

SPEAKER: Professor Eberhard Fuchs, Clinical Neurobiology Laboratory, German Primate Center, Goettingen, and Department of Neurology, University Medical Center, Georg-August-University Goettingen, Germany

The brain is the key organ in the response to stress. Brain reactions determine what in the world is threatening and might be stressful for us, and regulate the stress responses that can be either adaptive or maladaptive. Chronic stress can affect the brain and lead into depression: Environmental stressors related to job or family situation are important triggers of depressive episodes and major life events such as trauma or abuse amongst the most potent factors inducing depression. The World Health Organization (WHO) predicts that major depression will soon be the world's greatest public health burden. Thus optimising antidepressive therapy with regard to delayed or insufficient treatment response and unwanted side effects is urgent. Since the development of novel antidepressants is based upon an improved neurobiological understanding of this condition, new information about the cellular changes that take place in the brain is required. Professor Fuchs from the Clinical Neurobiology Laboratory, German Primate Center in Goettingen, will present the latest findings on how brain cells can be adversely affected by stress and depression. He will explain how the adult brain is generating new cells and which impact these findings will have on the development of novel antidepressant drugs.

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31 August 2008, 16.15–16.45 hours

TITLE: The ECNP consensus statement on bipolar depression

SPEAKER: Professor Guy M. Goodwin, University Department of Psychiatry, Warneford Hospital, Oxford, UK

Bipolar disorder is one of the most complex and challenging mental disorder in the spectrum. Bipolar disorder is typically associated with considerable acute and longterm treatment needs and may be associated in the course of illness with times of tremendous social burden for both the individual and family. It is typically referred to as an episodic, yet lifelong and clinically severe mood disorder. The disorder is called bipolar, because depressive and manic mood episodes alternate in the course of illness. Because the manic part may be sometimes less impairing and disabling, clinicians differentiate the less severe expression with euphoria and/or extreme irritability – called hypomania – as Bipolar II as opposed to the more dramatic and severe mania (called Bipolar I disorder).

The long-term course of bipolar disorder is usually dominated by depressive rather than (hypo)manic symptoms, and disease onset tends to be earlier than in patients showing only major depression. A major challenge in the treatment of patients with mood disorders is the distinction between bipolar and unipolar depression from early on, since these conditions may require different types of treatment. Unfortunately, all too often patients with bipolar depression remain untreated or improperly treated. Over the last 10–15 years, there has been an increasing awareness and knowledge about bipolar disorder reflecting the explosion on all fronts in the biomedical literature. Everybody struggles to keep up to. To take account of the accumulating evidence and experience, the European College of Neuropsychopharmacology (ECNP) recently published a consensus statement that provides an expert summary of state-of-the-art knowledge concerning all aspects of bipolar depression, and broader issues of bipolarity. The highlights of this statement will be presented by the renowned British researcher Guy M. Goodwin from the University Department of Psychiatry, Warneford Hospital, Oxford. The apparent differences between unipolar and bipolar depression arise in diagnosis and epidemiology, bipolar depression in children as well as adults, the use of rating scales, and finally treatment studies to optimize pharmacotherapy and clinical outcome.

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