ISBD Global

The Official Newsletter of the International Society for Bipolar Disorders
Volume 8 , Issue 2, Spring 2007

Advancing the treatment of all aspects of bipolar disorders to improve outcomes and quality of life for those with bipolar disorder and their families.

In This Issue

"So, why don't you ask?" Another good reason to come to Pittsburgh

By: William Ashdown

Over the past few years, I have been privileged to have some of my thoughts published in the Global. In the course of these musings, I have talked about the ways that the physician-patient relationship is changing, and the impact that this will have on the practice of psychiatry and on the wellbeing of patients.

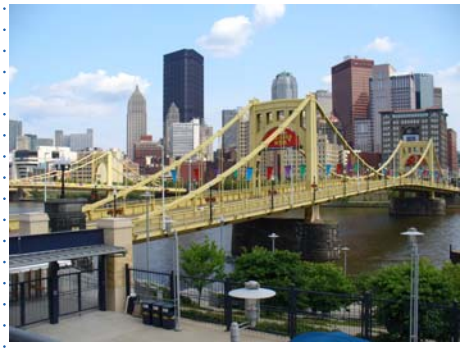
In terms of specifics, I have talked about changing times and paradigms, the emerging new relationship between patients and doctors, and the new attitudes. I have discussed the new expectations that have arisen, recovery versus merely being satisfied with remission, and about working with the growing patient and family community. I have talked about the value of support groups and the benefits of improved education and awareness.

Much of this has been done in an effort to have these concerns heard, and I have been fortunate in receiving some valuable responses. But I am still left wondering what the response is from the majority of the physician community.

I mentioned this to a colleague recently, and as usual, he suggested the obvious; 'So, why don't you ask?' So, here it is:

As a practicing psychiatrist, a researcher into psychiatric disorders, or a generalist interested in psychiatry: what are your concerns about the changing patient-physician relationship? What would improve your success in treating your patients?

In short, what do you need from those of us in the patient movement?



Knowing how difficult it is to find an opportunity to provide feedback, here are some suggestions. There are the usual ways: respond to the Editor of the newsletter, or e-mail me directly. But additionally, the upcoming 7th International Conference on Bipolar Disorders in Pittsburgh will feature a unique opportunity: three sessions, presented by several of the most prominent international leaders in the patient-family member community.

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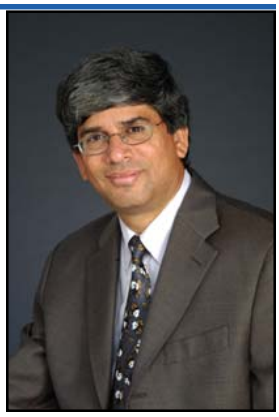
A letter from the president...



Over the course of the past year, the ISBD has seen great success, both in the accomplishments of our individual members and as a Society as a whole. As an international organization, we are extremely excited to announce the establishment of our newly developed/developing chapters in Brazil, Mexico, Korea and Norway. We would like to personally welcome our new members and thank those of you who have provided continued support to the ISBD. We are proud to have such globally diverse and esteemed members who actively contribute to our many successes, including those of this past year.

The Second Biennial Conference of the ISBD, and the first to take place in Europe, was held in Edinburgh, United Kingdom from 2-4 August 2006 and was enthusiastically embraced by over 600 delegates. The scientific programme offered an exciting combination of presentations on cutting edge research, focusing on highlighting progress and achievements "From Pathophysiology to Treatment in the 21st Century".

At the conference, the ISBD recognized the efforts of trainees and junior researchers with the first ever Samuel Gershon Junior Investigator Awards. These awards for original unpublished research manuscripts provide the opportunity for trainees and junior researchers to travel to our international meeting where they can not only attend symposia lead by internationally respected professionals, but also have the opportunity to give an oral presentation of their award-winning research.

In other award news, we would like to congratulate Dr. David Kemp, winner of the $20,000 ISBD Fellowship award. The purpose of this award is to provide one of our trainee members with an opportunity for training in research methodology that he/she may not have access to otherwise, allowing them to travel to another facility to receive training in a particular type of research methodology.

The past year has also seen a redraft of the ISBD constitution, as we refined our mission statement and objectives, made improvements in

nominations and election processes to ensure a global representation of our membership, and added a provision of an independent yearly review of the Society's books. New membership options for developing countries will also be offered in the upcoming year, which will be discussed in our ISBD membership meeting in Pittsburgh in June (see page 13 for details).

Significant changes have been made to improve the functionality of the ISBD website for our members, including the addition of a direct member login from the home page, enhanced access to our forums where research opportunities can be posted, as well as a page for our Regional Societies to post news and other updates. We are also pleased to offer online access to *Bipolar Disorders* to all members directly through the ISBD website.

The ISBD established a number of work groups to move the bipolar field forward. The work of the Diagnostic Guidelines group is now complete and the manuscripts that have arisen as a result are currently being peer reviewed for publication in the *Bipolar Disorders* journal. The Safety & Monitoring group has a draft manuscript that outlines guidelines for monitoring treatment of bipolar patients and this manuscript is being finalized for submission and peer review. The Bipolar Course and Outcome Nomenclature group has been working actively to reach consensus on various terms and the Neurocognition committee will have its' first meeting at the ICBD to establish terms and objectives for this group.

It has been quite a successful year and again, we would like to thank all of our members for your generous support of the Society. We hope to see you all at our Third Biennial Conference in Delhi and Agra, India in January of 2008.

Our very best to each of you,

Lakshmi N. Yatham
President

Chad Daversa
Executive Director

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Authors: Please refer to the back cover for instructions on submitting material to the newsletter

A View from the Front Lines:

Misdiagnosis of bipolar depression and the use of antidepressants in bipolar patients

By Brian Quinn, LCSW, PhD

Many depressed patients with symptoms, course and family history markers of bipolar disorder whom I have referred to psychiatrists in my community are mistakenly given a diagnosis of unipolar depression. Clinical studies suggest that my experience is not unusual[1]. Patient surveys also indicate that individuals with bipolar disorder are often misdiagnosed. For instance, two thirds of bipolar patients responding to a survey conducted with members of what was formerly called the National Manic-Depressive Association said they were initially misdiagnosed as suffering from either unipolar depression or schizophrenia[2]. Misdiagnosis occurred in spite of having seen several physicians over the course of many years.

Misdiagnosis very often results in the prescription of antidepressant medication. The risk of switching depressed bipolar patients to hypomania with antidepressant treatment is, of course, a major concern. But a number of other serious problems can arise when antidepressants are given to bipolar patients. I have found that the induction of euphoric hypomania in bipolar spectrum patients is actually much less common than one of the following three outcomes:

1) An increase in episodes of anergic depression alternating with very brief periods of increased energy, motivation and productivity (increased cycling)

2) Development of marked irritability or explosive temper outbursts (induction of mixed states)

3) Development of intractable depression in spite of high doses of antidepressants, multiple antidepressants or antidepressant combinations.

These outcomes have been described in a number of clinical studies and cannot be dismissed as simply part of the natural history of bipolar illness[3]

I have seen these outcomes occur with bupropion as well as with various SSRIs. Although a switch to hypomania may be less common with bupropion, the risk of switch, or any of these other outcomes, is not insignificant with this drug (see, for example, Folgelson et al., 1992)[4].

Antidepressant-induced cycling and dysphoria sometimes emerge weeks, months or years after the initiation of these drugs and may not resolve unless they are discontinued. El-Mallakh and Karippot[5] described six depressed bipolar I patients who responded to initial antidepressant treatment, but whose depression returned over time. Depressive symptoms, they wrote, "would transiently improve with dose increase or change of agents. (p276)" After at least 3 years of antidepressant treatment, however, these patients developed "a triad of dysphoric mood, irritability, and middle insomnia . . . Ultimately, the dysphoria and associated symptoms became chronic and resulted in dysfunction. Concomitant mood stabilizer did not appear to alter this pattern. Discontinuation of antidepressants was associated with a slow and gradual improvement in these symptoms over the ensuing year (p. 267)."

Phelps[6] described a patient with dysthymia and recurrent depressions and "no recognizable features of mania or hypomania (p. 277)." She was apparently diagnosed as having a unipolar depression and put on an antidepressant. She remained euthymic for 7 years. She then lost response to the antidepressant and a short time later developed an agitated dysphoria on an increased dose. The antidepressant was discontinued and restarted one year later with a recurrence of the agitation. The patient was treated with an atypical antipsychotic and lithium, but did not get better until the antidepressant was discontinued.

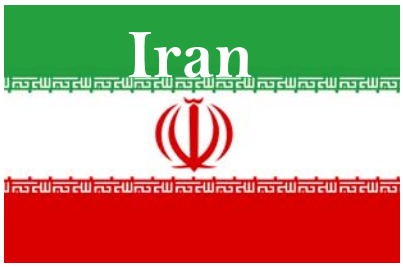
There are additional, potentially grave problems associated with the use of antidepressants in bipolar patients. We know that antidepressants are cycle-

Global Perspectives:

Research and Advocacy Around the World

As an international organization, we find it important to keep our members up-to-date on developing programs and research in the field of bipolar disorders around the world.
We hope you enjoy our new"Global Perspectives" feature.

This month's featured countries:



Keep us updated with news from your country by submitting a breif article for our next issue!

The development of *Bipolar Disorders Research Group (BDRG)* in Iran

In July 2006, a group of researchers in Tehran, Iran who were interested in and had carried out research projects on psychiatric issues in the domain of bipolar disorders, decided to make a team aimed at organizing projects. Refraining from submitting unnecessary and repetitive works, this group is making the best of limited research budgets and using the combined abilities, knowledge, and creativity in order to do larger and more efficient projects and studies. These interested professionals formed what is now called the Bipolar Disorders Research Group (BDRG) in the Tehran Psychiatric Institute.

One of the primary reasons for forming the BDRG was the pressing need to educate bipolar patients and their families in the area of bipolar and related issues. Given that there was not any general announcement through the media for the general population, the high level of response from bipolar patients and their families was surprising.

During the last nine months, BDRG has recruited a few researches on bipolar disorders who reply to the questions of patients and their families through electronic communications. In the future, the Group hopes to prepare informative reading material for the general population. So far, initial planning has begun and some basic additions have been added to their website including a section addressing the most frequently asked questions that their researchers recieve.

From the beginning of development of BDRG, multiple studies have begun, including but not limited to "Longitudinal evaluation of course and outcome of bipolar-I-disorder in patients with first-episode of mania" (1), "Reliability and validity of the Persian version of the Mood Disorder Questionnaire", "Normalization of Persian version of the Bipolar Spectrum Diagnostic Scale", "Retrospective assessment of the course of bipolar disorders in children and adolescents", "The pattern of obsessive-compulsive symptoms in bipolar and unipolar patients", "The correlates of compliance in patients with bipolar-I-disorder", and "Normalization of the Farsi version of the Mood Disorders Insight Scale." One of the primary limitations in research on bipolar disorders in Iran is the lack of enough normalized instruments in Iranian culture. Therefore, one of BDRG's first research priorities is the translation and normalization of existent instruments, which is reflected in the titles of a few of the aforementioned projects.

Three years ago, an educational group for bipolar patients formed at Iran Hospital of Psychiatry, Tehran, Iran. This group consisted of a psychiatrist, psychologist, social worker and nurse. This educational group organizes numerous patient-family sessions with a focus on topics such as: familiarity with symptoms, etiology, course and treatment of mood disorder in simple language; knowledge about side effects of drugs; ways in which relationships can be strenghtened between a family and his/her bipolar relative; as well as general rehabilitation of the patients. During three years, this group has trained 140 bipolar patients and their families, most of which have expressed very high levels of satisfaction with the program.

The BDRG plans to become a strong source of research and collaboration between researchers across the country.

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Reference:

1. Shabani, A., Eftekhar, M., Daneshamouz, B., Ahmadkhaniha, H. R., Hakim Shoushtari, M., Ghalebandi, M., & Panaghi, L. (2006). Degree of recurrence of type I bipolar disorder: A 17-month follow-up of patients with first-episode mania. Advances in Cognitive Science, 8(3), 33-42.

The Future ofYoung Scientists in Germany

German society, by international standards, has done little to support young scientists with a focus on bipolar disorder in Germany to date. However, the "young scientific community" is comprised of a pool of promising talents with high potential, new ideas, and innovative approaches. These young scientists have the ability to make significant scientific progress in bipolar disorders and related fields.

In order to meet this need for support, the German Association on Bipolar Disorders (Deutsche Gesellschaft für Bipolare Störungen) was founded in 1999. Addressing not only professionals but also patients and their relatives, the Association attempts to pave the way for better public comprehension and improvement of therapeutic options and diagnostic features.

Furthermore, the Association provides support to its members by maintaining a new research work group, funded by the association and private foundations. Opportunities for networking, co-operations and exchange under the supervision of international established senior mentors allow young scientists to take new approaches, take part in joint projects, and work towards their goal of improving the quality of life of bipolar patients by providing them with a better knowledge of the underlying pathomechanisms.

Currently, the group contains over 20 members from 13 German centers. The quantity and quality of scientific success rise with each new talent.

For more information regarding The German Association on Bipolar Disorders, contact Dr. Sonja Gerber at sonja.gerber@uniklinik-freiburg.de or visit the Society at www.dgbs.de.

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Stepping out of the Loop -
Moving from Research to Recovery

Jane Mountain, MD, is the author of the books Bipolar Disorder: Insights for Recovery and Beyond Bipolar: 7 Steps to Wellness. Dr. Mountain is the author and publisher of BeyondBipolar e-Newsletter. She is the Founder and Director of the Depression-Bipolar Recovery Group of Midtown Denver and a member of the honorary board of the Mental Health Association of Colorado. She works as a speaker, author and consultant. Her website is www.BeyondBipolar.com.

From research to recovery, there are a number of "loops," or groups of individuals with similar resourcses, goals and needs, that exist. Major loops include research, systems of care, clinical settings, community, and finally the end users—individuals and families dealing with diagnoses of bipolar disorders. Each loop is driven by its unique culture and specific goals. Overriding goals in each loop, however, must benefit end users—those with bipolar disorders. End users need access to each loop in order to contribute to and benefit from the group's goals. Essentially, they are using the resources of other loops and are taking research to recovery.

For constituents of any loop, there is a need to step outside their particular loop to facilitate growth of all others. An example of this can be found in next month's article which will present the work of a group of people who stepped out of their individual loops to create a program that went from research to recovery, bringing cutting edge research to the end users of treatment.

The Loop of Research:

Stepping outside the loop of research challenges researchers to have conversations with those in other loops. Simple steps may be to collaborate with those in the systems of care loop in efforts to communicate advances to clinicians. Researchers can step outside their loop by considering the impact on patients and family members when findings are released in journals and to the media. Talking points can consider not only the science, but how the individual with bipolar disorder may react in hearing study results through the mass media. For instance, a message that encourages adherence to treatment may be appropriate for patients while those in the clinical loop are recruited into the continuing debate of opposing views.

The Loop of Systems of Care:

Systems of care often become so focused on delivery and financial concerns that they neglect to step outside their loop to consciously bring cutting edge research into their circle. Doing so can save money and present quality services to the driver of the system—the patient. A system responsible for health care delivery is in a unique position to get outside its loop and facilitate collaborative relationships that can inform other loops. In my next article, I will bring an example of an insurance company that did just this by forming a group to study research and bring its results to clinicians in an accessible form while involving the input of clinicians, community, and patients to develop a program that spanned each loop from Research to Recovery. The project not only paid big dividends for the insurance com-

pany, it also served the end user well, and allowed the patient to become a major driver of the system.

The Loop of the Clinical Provider:

Often the clinical provider is crushed between the demands of the system of care and needs of the patient driver of all the loops. The need for continuing education is ever present. That education must bring research into the practical realm of daily life for patients. One of the most successful ways to step out of the provider loop is for clinicians to realize that learning the art of medicine demands interaction with the patient, the driver of all loops. It is only in relationship with the patient that the clinician learns to bring together the science of medicine with the art of medicine. Clinicians also need input of those who step outside the clinical provider loop to bring practical knowledge from other loops. The ability to assimilate knowledge from all loops is necessary for success in bridging the gap between Research and Recovery.

The Loop of the Community:

Community is an essential part of achieving mental wellness for those with any psychiatric diagnosis. Communities at every level contribute to or detract from recovery. The resilience of communities toward mental health determines such things as the adequate funding of treatment, access to appropriate care, and the acceptance of individuals with psychiatric diagnoses.

Communities can step outside their loops by learning from other loops. They need to develop a minimal understanding of research so they no longer act according to myths that stigmatize. They must be aware of the need for systems of care within the community for those with psychiatric disorders and that care needs to be funded at an equal level with medical disorders. They need to value the work of clinicians in order to support patients in seeking treatment and appropriate care. Finally, they need to become communities in which those with psychiatric diagnoses can work, play, socialize and live. Communities step outside their loops by acknowledging that the mental health of a community and its members is as important as physical health.

The Loop of End Users—Patients and Families:

The end users are the drivers of the success of all other loops. For the other loops to succeed, end users must venture out of their loop of the illness experience to learn from and inform every other loop. They can step outside their own loop by gaining knowledge at each level so they can apply their insights broadly. Those who are patients and family members can help clarify for others those goals that lead to higher quality of life in addition to better clinical management of illness. They can reinforce that higher quality of life is the ultimate goal and it does not arise solely from appropriate clinical management of bipolar disorders. By sharing their illness experiences, they can bring greater insight into their actual needs versus perceived needs. They can help focus the vision of those in other loops, for it is in patients' daily lives where healing takes place.

*****

Mixed:The Ups and Downs

By: Dr. Melissa Robinson

Every little noise, every little touch made me want to scream-- yell-- pull the skin off of my body. I clearly remember standing in my bedroom hearing my neighbors upstairs-- tears running down my face-- yelling for it to stop-- the utter agony of being trapped in a human body where every bit of stimulation overwhelmed me completely.

My first brush with the mixed episode of my bipolar illness left an indelible impression upon me. In fact, much of my acceptance of medication therapy stems from this episode. I never wish to feel that way again. If taking a daily dose of a mood stabilizer can prevent that from happening again then I am more than willing to take it faithfully. Mixed episodes are the most distressing of the episodes present in the bipolar illness that I have experienced. Thus, I write this article to help and find common ground with those who have experienced similar mood states and to hopefully reach others who are perplexed by what is happening within their own lives.

First, we must address the very definition of the mixed episode. To put it simply, a mixed episode is defined as a period of time when one meets the criteria for both mania and depression concurrently. Needless to say, it is a confusing and complex state for both persons in the midst of the mood and those providers treating it. The complexity of the mixed episode lies in the very fact that both depressive symptoms and manic symptoms are present at the same time within the individual. This results in the most uncomfortable state of irritability and distress. This mood state is often viewed by others as being a state of anger and agitation of magnanimous proportions. In fact, the mixed episode is a veritable state of utter confusion. At one moment it is sadness and tears, in another moment anger and agitation. At other moments, the range of emotions encompasses both grandiosity and hopelessness.

So how can one manage this most distressing of episodes in the bipolar illness? Herein lies my acceptance of medication therapy----the mixed episode brings to the forefront the importance of the mood stabilizer in the treatment of bipolar illness. It also brings into light the need for a good therapeutic relationship between the individual with the illness and their treating practitioner. Communication of the internal turmoil present in this mood state is of paramount importance. Mixed episodes, you see, are not simply anxiety or agitation alone. They are a whole spectrum of disabling symptoms that virtually take over one's life and destroy one's normal functioning.

Since experiencing the mixed side of my bipolar illness, I find that I am much less likely to take the prescribing of an anti-depressant lightly and without caution. I am much more attuned to the underlying possibility that another mood disorder is lying beneath the depression that I see in my office. Always watchful of the emergence of a bipolar illness, I also find myself more carefully screening every patient for an underlying cyclical mood disorder no matter their presentation. In contrast, I find that I am less likely to assign to an individual a personality disorder classification. I have come to find that many of those "personality disorders" that I assigned in my residency years were simply residual underlying mixed episodes that when consistently and aggressively treated with mood stabilizers suddenly were not so disordered after all.

My personal brush with the mixed episode vastly changed my view of psychiatry as an art and a science. Treating the mixed episode can be frustrating, but it is one of the most rewarding experiences in which I engage in my practice of psychiatry. The direct and assertive treatment of the mixed episode is an art not unlike that of the surgeon. Delicate is the balance that must be found in the individual with a

Continued on Page 11

Continued from Page 10

mixed episode. When that balance is discovered, how precious it is to both the practitioner and the individual with the illness.

My own psychiatrist and I found that delicate balance about five years ago. For that I am thankful. I am grateful for the experiences that I have endured because of their influence on who I am now. I, however, would not want to endure the distress of a mixed episode again. Every night before I retire to my bedroom, I walk to the medicine cabinet and with a grateful heart and mind I swallow that which made me whole. Mood stabilizers make it possible to me to be the person that I am today. It may be controversial to some, but I can say with conviction that I have been there and I have been here. I would rather be here. Here, I am trying to touch lives just as I have been touched. Mood stabilzers helped me greatly. I hope to never return to that mental place I knew all too well when I was without them. *****

Advocacy Resources Around the World...

ABRATA -- The Brazilian Association of Families, Friends, and Sufferers from Affective Disorders. Our mission is to educate patients, families, professionals and society as a whole to be able to deal with the nature and treatments of affective disorders. Also, to promote support for patients and families, to eliminate stigma and discrimination and to advocate for better public mental health care. **www.abrata.com.br**

Child & Adolescent Bipolar Foundation (CABF) -- Educates families, professionals, and the public about early-onset bipolar disorders; supports families to maximize the well-being of the child while minimizing the adverse impact of bipolar disorders on the family; and advocates for increased services to families and research on the nature, causes and treatment of bipolar disorders in the young. **www.bpkids.org**

Depression Alliance -- UK charity offering help to people with depression, run by sufferers themselves. Their web site contains information about the symptoms of depression, treatments for depression, as well as Depression Alliance campaigns and local groups. **www.depressionalliance.org**

Depression and Bipolar Support Alliance (DBSA) -- Our mission is to educate patients, families, professionals, and the public concerning the nature of depressive and manic-depressive illness as treatable medical diseases; to foster self-help for patients and families; to eliminate discrimination and stigma; to improve access to care and to advocate for research toward the elimination of these illnesses. **www.dbsalliance.org**

Dutch Association for Manic Depressives -- In the Netherlands, sponsors psycho-educational courses to provide information and teach coping skills to bipolar patients, their families and friends. **www.nsmd.nl**

Fubipa -- In Argentina, is a grass roots organization working with 15 groups in the country since 1989. We offer self-help groups, workshops run by psychiatrists, and lectures. Our goals are: support, education and advocacy. We also have a publication called "The Seesaw". **www.fubipa.org.ar**

GAMIAN Europe -- Global Alliance of Mental Illness Advocacy Networks is a non-political, non-sectarian organization dedicated to publishing and promoting information and awareness concerning the incidence and available treatment of mental illness. And is interested in enhancing the recognition and availability of treatment for mood and anxiety disorders. **www.gamian-europe.org**

IDEA -- In Italy, Fondazione IDEA works to overcome the stigma and prejudice surrounding depression and bipolar disorders. The website is in Italian only, and can be found at **www.tin.virgilio.it**

LEAD (Leading Education and Awareness for Depression) Pittsburgh -- A community advocacy nonprofit that addresses the issues surrounding depression care in an innovative manner. LEAD's goal is to raise awareness and promote acceptance of depression as an exceedingly common medical condition that can, and in the best interest of the community, must be treated. LEAD's ultimate aim is to promote collaboration throughout the community to address the standard of depression care as a common concern. **www.leadpittsburgh.org**

The Mood Disorders Society of Canada --The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, volunteer- driven organization that is committed to improving quality of life for people affected by depression, bipolar disorder and other related disorders. **www.mooddisorderscanada.ca**

Public Initiative in Psychiatry -- Russia. Founded in 1996 by the doctors and nurses of the Mental Health Research Center of the Russian Academy of Medical Sciences. Member of GAMIAN Europe. Website is also in English. **www.pubinitpsy.da.ru**

The Stanley Foundation-- A nonprofit organization dedicated to eliminating barriers to the timely and effective treatment of severe mental illnesses and supports the development of innovative treatments for and research into the causes of severe and persistent psychiatric illnesses, such as schizophrenia and bipolar disorder.. **www.stanleyresearch.org**

2007

May
5/17/07-5/19/07
Society of Biological Psychiatry (SOBP) 62nd Annual Convetion & Scientific Program, Westin Horton Plaza, San Diego, CA. Contact Maggie Peterson, Executive Director, SOBP at peterson.maggie@mayo.edu. or www.sobp.org

June
6/7/07 - 6/9/07
7th International Conference on Bipolar Disorder, David Lawrence Convention Center, Pittsburgh, PA. Information at www.7thbipolar.org
(See page 13 for details)

6/11/07 - 6/14/07
47th Annual NCDEU Meeting sponsored by NIMH & the American Society of Clinical Psychopharmacologoy. Boca Raton, FL. For more info, see www.nimh.nih.gov/ncdeu/index.cfm or email icg@infinityconferences.com.

06/19/07-06/22/07
Royal College of Psychiatrists Annual Meeting. Edinburgh International Conference Centre, Edinburgh, United Kingdom. For details, visit www.rcpsych.ac.uk/events/2007.aspx

August
08/26/07-08/20/07
10th International Conference on Philosophy, Psychiatry, and Psychology. "Hypotheses, Neuroscience & Real Persons" Sun City, South Africa. See www.ppp2007.co.za/

September
9/20/07-9/22/07
Australasian Society for Bipolar Disorders (ASBD) Conference, Sydney Convention Center, Sydney, Australia. Information at www.asbd2007.com
(See page 13 for details)

November
11/28/07-12/2/07
World Psychiatric Association (WPA) International Congress 2007: *Working Together For Mental Health: Partnership for Policy and Practice*, Melbourne, Australia. Information at www.wpa2007melbourne.com

December
12/9/07-12/13/07
American College of Neuropsychopharmacology (ANCP) Annual Meeting, Hollywood, FL. Information at www.acnp.org

2008

January
1/27/08 - 1/30/08
International Society for Bipolar Disorders 3rd Biennial Conference, Delhi & Agra, India. Information at www.kenes.com/isbd
(See page 13 for details)

March
3/14/08 - 3/17/08
International Society for Affective Disorders (ISAD) 4th Biennial Conference, Cape Town, South Africa. For more details see www.isad.org.uk

3/16/08 - 3/20/08
International Association for Women's Mental Health (IAWMH) 3rd World Congress on Women's Mental Health, Melbourne, Australia. Info at www.iawmhcongress2008.com.au

July
7/13/08-7/17/08
Collegium Internationale Neuro-Psychopharmacologicum (CINP) International Congress, Munich, Germany More information at www.cinp2008.com

September
9/20/08-9/25/08
XIV World Psychiatric Congress of Psychiatry. Prague Congress Centre, Prague, Czech Republic. For more info see www.wpa-prague2008.cz or email wpa@guarant.cz

Attention Members

If you have an event that you would like listed in our newsletter, please email the ISBD office at laurac@isbd.org

Save The Date

3rd Biennial Meeting of the ISBD

The next ISBD Meeting will be held from **27-28 January 2008 in Delhi, India on 30 January in nearby Agra,** home of the Taj Mahal. As two modern cities with rich cultures and histories, we believe Delhi and Agra will be excellent locations for our next meeting.

PRELIMINARY PROGRAM

The Scientific Committee has chosen to focus on a number of topics including:

* Pharmacological Treatments
* Psychological Treatments
* Genetics and Neurobiology
* Cognitive Function in Bipolar Disorder
* Medical and Psychiatric Comorbidity
* Bipolar Disorder in Children and Adolescents
* Treatment Differences in Developed and Developing Countries
* Bipolar Disorder in Women and the Elderly

Outstanding speakers will be invited to address these topics. Furthermore, we will offer time for discussion of these and other topics in detail in smaller parallel sessions. The conference sessions will include plenary lectures, rapid communication sessions, posters, workshops and advocacy forum.

Please visit **www.kenes.com/isbd** for registration and further details.

Australasian Society for Bipolar Disorders Conference 2007

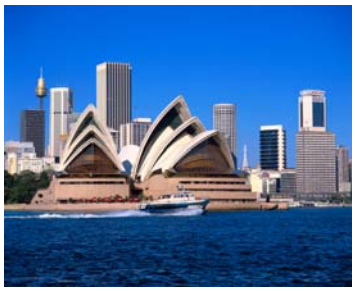
Sydney Convention & Exhibition Centre --- Sydney, Australia

Thursday, 20 September - Saturday, 22 September 2007

The purpose of the Society is to become the Australasian fourm, and an internationally recognized forum, to foster ongoing collaboration, education, research, and advances in the treatment of all aspects of Bipolar Disorders.

Call for Abstracts:

The Scientific Committee of the Australasian Society for Bipolar Disorders 2007 Conference invites the submission of abstracts for oral or poster presentations. The focus of the conference will be on new research and recent developments encompassing all of the following:



+ Bipolar Depression / Mania
+ Early Onset & Recognition of BD
+ Neuroimaging / Neurobiology
+ Psychotherapy
+ Phenomenology
+ Treatment of BD / Neuroprotection
+ Consumer and Carer Issues

For more information or to submit your abstract online, visit **www.asbd2007.com**

Seventh International Conference on Bipolar Disorder (ICBD)

Presented by:

University of Pittsburgh Medical Center

7-9 June 2007

David L. Lawrence Convention Center

Pittsburgh, Pennsylvania, USA

www.7thbipolar.org

Selected topics:

+ Bipolar Disorder and Addiction
+ Medical Risk Prevention and Intervention
+ Psychoeducation and Psychotherapy
+ Advances in the Neurobiology & Genetics
+ Classifying Bipolar Disorders
+ Treatment of Bipolar Depression

Course directors:

Ellen Frank, PhD

Samuel Gershon, MD

David J. Kupfer, MD

Michael E. Thase, MD

ATTENTION ISBD MEMBERS!

There will be an ISBD General Membership meeting during the 7th International Conference on Bipolar Disorders on:

Thursday 7 June 2007
12:00pm to 1:00pm
Allegheny Ballroom II,
Westin Hotel

To register for the ICBD, visit **www.7thbipolar.org**

Discounted registration rates are given to current ISBD members.

ISBD MEMBERSHIP APPLICATION AND RENEWAL FORM

FAX BACK TO : 412-802-6941 or complete this form online at www.isbd.org

Please see breakdown of dues by country on the following page to determine your dues rate

NAME: _____

Phone: _____ **Fax:** _____ **E-mail**: _____

Mailing address: _____

_____

_____

Country: _____ **( ) New Member** **( ) Renewing Member**

Professional information: ( ) MD ( ) PhD ( ) Master's level ( ) Bachelor's level ( ) Trainee ( )Consumer level
Area of Specialty: _____ (psychiatry, psychology, etc.)

Would you be interested in writing an article for ISBD Global, the Society Newsletter? ( ) Yes ( ) No
If so, how may we best contact you? ( ) Office phone ( ) Home phone ( ) E-mail ( ) Fax
Would you be interested in serving on a committee? ( ) Yes ( ) No
If so, what committee would you be interested in?

( ) Education Committee
( ) Physician-Consumer Outreach
( ) Membership Committee
( ) Resident/Trainees Committee
( ) Other (I will help where needed)
( ) PR/Communications Committee
( ) Development Committee
( ) Newsletter Editorial Advisory Committee
( ) Governance Committee

Type of membership requested:

( ) lifetime member $1500.00
( ) professional member $150.00/yr (see page 15 for International rates)
( ) professional member $285.00/2 yrs (see page 15 for International rates)
( ) trainee $95.00/yr
( ) patient/family member $35.00/yr (does not include journal)

I do not wish to join at this time, but I would like to donate to the ISBD
( ) Platinum: $5000 ( ) Gold: $1000 ( ) Silver: $500 ( ) Bronze: $300 ( ) Other amount: $ _____

Credit Card Information: ( ) American Express ( ) Mastercard ( ) Visa ( ) Discover

Credit Card Number: _____ Expiration Date: _____
Credit Card Security Code: _____

Signature: _____
Billing Address: _____
Or
You may send a check in US DOLLARS only to:
International Society for Bipolar Disorders
P.O. Box 7168
Pittsburgh, PA 15213-0168

THANK YOU FOR YOUR SUPPORT!

INTERNATIONAL SOCIETY FOR BIPOLAR DISORDERS

2007 Full Membership Dues by Country

Based on 2006 World Bank Classifications

Area 1 - $90/year (40% discount) or $171/2 years

Afghanistan
Algeria
Armenia
Azerbaijan
Belarus
Bolivia
Bosnia-Herzegovina
Bulgaria
Brazil
China
Colombia
Cuba
Dominican Republic
Ecuador
Egypt
El Salvador
Georgia
Guatemala
Haiti
Honduras
India
Indonesia
Iran
Iraq
Jordan
Kazakhstan
Macedonia
Morocco
Nicaragua
Nigeria
Pakistan
Papua-New Guinea
Paraguay
Peru
Philippines
Romania
Senegal
Syria
Tajikistan
Thailand
Tunisia
Ukraine
Uzbekistan
Vietnam
West Bank/Gaza
Yemen

Area 2 - $120/year (20% discount) or $228/2 years

Albania
Argentina
Barbados
Belize
Chile
Costa Rica
Croatia
Czech Republic
Estonia
Hungary
Latvia
Lebanon
Libya
Lithuania
Malaysia
Mauritius
Mexico
Poland
Panama
Russian Federation
Slovak Republic
South Africa
Taiwan
Turkey
Uruguay
Venezuela

Area 3 - $150/year or $285/2 years

Australia
Austria
Bahrain
Begium
Canada
Cyprus
Denmark
Finland
France
Germany
Greece
Greenland
Hong Kong - China
Iceland
Ireland
Israel
Italy
Japan
Korea
Kuwait
Luxembourg
Netherlands
New Zeland
Norway
Portugal
Puerto Rico
Qatar
Singapore
Slovenia
Saudi Arabia
Spain
Sweden
Switzerland
United Arab Emirates
United Kingdom
United States

If you have any questions, please contact the ISBD at 412-802-6940 or laurac@isbd.org

Thank You to all ISBD Members

Membership Composition

Lifetime Members:

Jaime Aguilar-Gasca, MD
Jean-Michel Aubry, MD
Serge Beaulieu, MD, Ph.D
Britta Berhnard, PsyD
Andree Daigneault, MD.
Russell D'Souza, MD
Gianni Faedda, MD
Erkki Isometsa, MD, PhD
Renu Kotwal, MD
Roumen Milev, MD, PhD
Waltraud Pretcher
Linda Rhodes, MD
Kevin Rowe
John Tiller, MD
Shang-Ying Tsai, MD
Dubuis Vesselin, MD
Lakshmi N. Yatham, MD

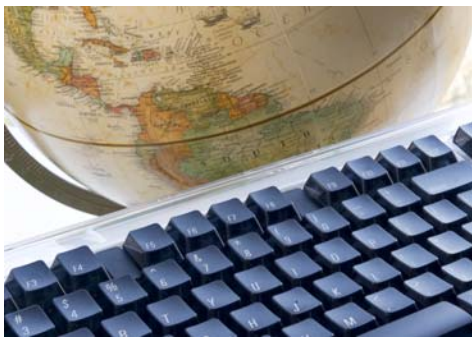
Geographic Distribution

With a membership representing 50 countries and a scientific board representing 10 countries, the ISBD reflects the democratic spirit of an international organization.

Thank you for your membership in the Society.

Current Membership: 695

The ISBD welcomes your tax-deductible donation to the Society to support our ongoing educational initiatives. To donate, please select a level you are comfortable with when completing the membership application page.



Contribute to the ISBD Global Newsletter

The newsletter of the *International Society for Bipolar Disorders* is a member service. As such, it prints information about the operation and activities of the organization, member news, feature articles, advocacy issues, letters to the editor, notices of events of interest to the membership, advertisements and other information relevant to both professionals and lay members interested in all aspects of bipolar disorders.

We encourage you to send any materials that support and reinforce this function. The Newsletter will be published quarterly. Deadlines for submission of materials for 2007 are as follows: January 31, April 30, July 31, and October 31.

E-mail, write, call or FAX:

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Instructions to Authors

Submissions should be typewritten, double-spaced and may be submitted via e-mail in a format compatible with Microsoft Word to Laura Cek at laurac@isbd.org. Please follow APA style for any in-text citations and style questions and arrange the list of references in the order of their occurrence in the text. Please send any photo image files in a high resolution tiff, photoshop, or comparable format. The ISBD Global reserves the right to edit a manuscript to its style and space requirements and to clarify its presentation.