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ISBD Meeting In Sydney - A Tremendous Success

The inaugural International Society for Bipolar Disorders Regional Group Conference was held at the Sydney Convention and Exhibition Centre from 5 - 7 February 2004. This highly significant event marked the first stand-alone ISBD meeting. The theme for this Pacific Rim Regional Group Conference was "Improving Patient Outcomes." This meeting may have catalysed a pattern for the ISBD, of having regional meetings in the interval years between the biennial International Conference on Bipolar Disorder held in Pittsburgh. The next regional meeting is planned for Edinburgh in 2006.

By all standards this was a highly successful meeting with almost 450 delegates from over 20

countries attending. It was the largest meeting on

Bipolar Disorder held in Australasia and perhaps the largest meeting on the topic held outside the US.

The meeting was well supported by industry with a number of the major companies involved. The informal feedback from delegates on the general organization of the meeting and the scientific



Professor Gordon Johnson.
Photo courtesy ICMS



Professor Michael Berk.
Photo courtesy ICMS

"The ISBD is the recognized forum for international collaboration resulting in education in all aspects of bipolar disorders"

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A Letter from the president.....

A Letter from the President

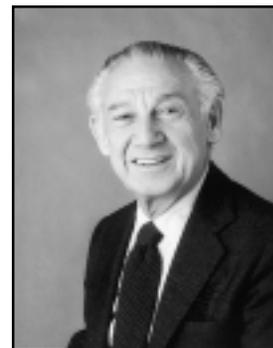
The use, efficacy and safety of the Selective Serotonin Reuptake Inhibitor (SSRI) class of antidepressants has become a major concern for all stakeholders in bipolar disorder treatment, especially with regard to the appropriate care of depression and manic depression in children and adolescents. The concern over antidepressants and suicide in this population has grown to involve the regulatory agencies in Britain and the US, pharmaceutical manufacturers, and partisans on all sides of the issue. In addition, the physicians that provide the care and advice to pediatric patients have been left without clear resolution on the topic during the months that have passed since the FDA required pharmaceutical manufacturers to apply warning labels about the risk of suicide associated with antidepressant use, leaving a lot of parents of bipolar and depressed children wary about the safety of drugs that many doctors had simply assumed to be safe. The potential fallout from these warning labels in the absence of well designed studies to ascertain efficacy for many of these drugs has been enormous, with the future of treatment for the millions of children currently taking these drugs hanging in the balance. As a follow up to the announcement regarding warning labels for Paxil (paroxetine) in the Fall 2003 issue of the *Global*, I would like to revisit this issue as new data has recently become available.

A very recent interim report on a National Institute of Mental Health (NIMH) funded study to address the issue has just been made available. This study, which involved 439 children between the ages of 12 and 17, concludes that the SSRI used in this study, Prozac (fluoxetine), is more effective than psychotherapy (ie. Cognitive Behavioral Therapy) in the treatment of depressed children. The study compared four groups: one group receiving the SSRI, one group receiving the SSRI plus psychotherapy, one group receiving psychotherapy alone, and one group receiving placebo. The results of this study showed the greatest efficacy, coupled with a reduced risk of suicide, for the group receiving an SSRI plus psychotherapy. It is noteworthy that there were no completed suicides in this trial, although the issue of suicidal behavior is still very much a concern. The official statement of the Society on this issue will be released shortly; until then, we sincerely hope that all will benefit from and find some degree of satisfaction in the information presented in this announcement.

My Best Regards,



Samuel Gershon, MD



Society Updates...

As always, many thanks to all who have contributed to this issue of the *ISBD Global*.

The ISBD is proud to devote this issue to coverage from the ISBD's first stand alone regional meeting in Sydney, Australia. Highlights from both the scientific and the social programs are covered in detail and are a testament to the quality of this meeting and the need for our Society to continue the important work we do to promote optimal outcomes for bipolar patients. The Australian Broadcasting Corporation's Radio National excerpt provides a nice complement to the meeting coverage and gives readers an opportunity to gain personal insight from one of the meeting's keynote lecturers on topics ranging from lithium's mechanism of action to the structures in the brain that neuroimaging has identified as foci for future research. This issue is rounded out with the final installment of Dr. Jane Mountain's recovery forum on the value of recovery groups.

As many of you know, the ISBD constantly strives to provide information that reflects a balanced and thorough assessment of the important issues in all aspects of bipolar disorder. The current projects of the Society support these efforts and we are actively working to put together a statement from the ISBD that will be addressed to primary care physicians, psychiatrists and parents of bipolar children and will present the debate over the use of antidepressants in children objectively. This statement will review data on safety and efficacy. We hope to issue this statement in early summer.

We are also looking to build consensus in the debate surrounding the issue of bipolar diagnosis and are in the process of assembling a committee of geographically diverse, internationally recognized experts in areas including bipolar nosology and classification systems to assist in reviewing the available diagnostic tools in order to define areas of agreement and disparity and to outline areas for further investigation based on these findings.

The ISBD Global would like to welcome two new members to our editorial board: Mr. John McManamy and Dr. Jane Mountain. Mr. McManamy and Dr. Mountain will both be valuable assets to the newsletter, as both are quite active in bipolar education. The valuable insight of these individuals into both the patient and research/clinical perspective will make the *Global* an effective tool for bridging the gaps between research, clinical practice and patients.

My best to each of you,



Donna J. Carothers
Executive Director



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ISBD Global Newsletter

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

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Dr. David Kupfer. Photo courtesy ICMS

program was uniformly favourable. The venue, which has a harbourside location, was excellent, placing the exhibition area adjacent to the meeting rooms and auditorium and providing a suitable informal setting for delegates, speakers and sponsors to mix and renew or build further contacts both nationally and internationally.

The chairman of the organising Committee was Professor Gordon Johnson of Sydney, assisted by Prof Michael Berk, Dr Russel D'Souza, Prof Peter Joyce, Prof Ken Kirkby, Dr Natalie Krapivensky, Dr Bill Lyndon, Prof Phillip Mitchell, Prof Isaac Schweitzer and Prof John Tiller. The organisers were most grateful for the assistance of the ISBD secretariat in Pittsburgh, and wish to thank Dr Samuel Gershon, the Chair of the ISBD, Vice President Dr Lakshmi Yatham, and

Founding President Dr David Kupfer, as well as Ms. Donna Carothers, ISBD Executive Director.

The program for the ISBD Regional Group Conference highlighted new developments in bipolar disorders, presented by a panel of internationally distinguished speakers. The scientific program, which was based around the theme of improving patient outcomes, also addressed areas of current interest in bipolar disorder with a particular

emphasis on aspects of clinical management, including both pharmacological and non-pharmacological treatments. The panel of plenary speakers presenting during the morning sessions on Friday and Saturday provided a critical analysis of the evidence base of treatment across the differing phases of the illness.



Professor Guy Goodwin.
Photo courtesy ICMS

The sessions held on day one of the conference began with Professor Guy Goodwin, University of Oxford, United Kingdom who delivered a keynote address highlighting the Neurobiology of Bipolar



Dr. Lakshmi Yatham.
Photo courtesy ICMS



Conference Center. Photo courtesy ICMS

Disorder. He focussed on key new findings in areas of genetics, neuropsychology, imaging and neuropharmacology. These findings were interfaced with clinical issues including the role of environmental factors and functional issues in recovery. Dr. Goodwin's session was followed by Dr Lakshmi Yatham of the University of British Columbia, Vancouver, Canada, who spoke on Monotherapy or Combination Therapy for Bipolar Disorder. Recent clinical trial data examining mania, maintenance and depression was presented, suggesting increased efficacy for all phases of the disorder with a number of combination strategies. The third session was led by Dr Terence Ketter from Stanford University School of Medicine who discussed new treatments for bipolar disorders and reviewed a number of the emerging therapies for the disorder and its comorbidities.

In the afternoon, both Professor Philip Mitchell and

Dr David Kupfer addressed the issue of Bipolar Depression. Professor Mitchell focussed on the clinical characteristics of bipolar depression, and Dr Kupfer on data on the use of antidepressants in the disorder.

The social program that followed Friday's sessions included a champagne cruise across Sydney's famous harbour, providing the spectacle of a



Cruise across the harbor. Photo courtesy ICMS

stunning sunset behind the Harbour Bridge and the Opera House which I am sure will be a long lasting reminder for those who came to the meeting. The evening concluded with the conference dinner in the Taronga Park centre overlooking the

Harbour and the City and was very

much enjoyed by the delegates.

On day two, Dr Gary Sachs of Harvard Medical School spoke on using a collaborative care model and its role in

developing practical management strategies for bipolar disorder. This approach aimed at

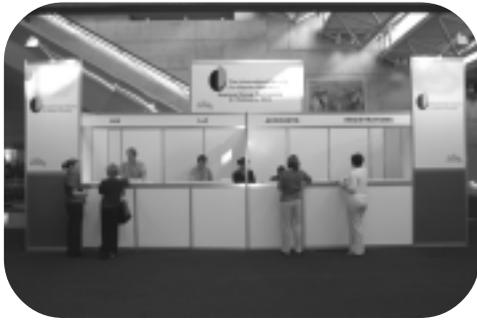
increasing



Dr. Eduard Vieta (left) and Dr. Russell D'Souza. Photo courtesy ICMS

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ISBD Registration Booth
Photo courtesy ICMS

concordance in clinical care, focusing on clinical skills, a specific model of interaction, the use of standardised practice procedures and the development of a written collaborative care plan. This was followed by Dr Ellen Frank of the University of Pittsburgh, who examined the active ingredients of adjunctive psychotherapies for bipolar disorder. Data on recent trials of psychotherapy were presented, and the common themes were identified. The last plenary speaker was Professor Eduard Vieta of the University of Barcelona, Spain, who spoke on the mechanism of action of psychoeducation in bipolar disorder. While psychoeducation clearly increased compliance, evidence was presented that it has efficacy over and above its effects on adherence. All plenary speakers stimulated wide spread interest with all topics generating questions and discussion that was limited by time constraints.



Sunset over the Sydney Harbor. Photo courtesy ICMS

The plenary symposia that followed covered a range of diverse topical and clinically relevant areas including neuroimaging, functional disability, first episode illness, consumers and carers, psychosocial interventions, ECT and TMS, advocacy, pediatric bipolarity and the role of the internet. In general, issues raised in the plenary sessions were revisited in the symposia and workshops and were addressed from the patient perspective in the consumer care workshop

mentioned above. Friday's symposium on Functionality created considerable interest, and a small but vigorous workshop held on Saturday addressed the issues surrounding advocacy and was led by Rodney Elgie from the Global Alliance for the Mentally Ill (GAMIAN). The strong advocacy movement in Australia was represented by Barbara Hocking from SANE and Ian Hickey from The Beyond Blue depression network. Interest in ECT and TMS and their role in Bipolar Disorder was high with standing room only throughout Saturday's symposia.

A meeting on bipolar disorder would not be complete without a mention of John Cade. Delegates had the

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The Lizard and the Salt Shaker: Understanding Lithium and the Role of Neuroimaging in Bipolar Disorder

The following discussion has been excerpted from an Australian Broadcasting Corporation's Radio National program entitled "All in the Mind" hosted by Natasha Mitchell. A full transcript of the program, which included insightful discussions with Neil Cole (author of the play *Dr. Cade*) and many of the presenters at the ISBD conference in Sydney, can be found on the ISBD website at www.isbd.org.

Natasha Mitchell: So are we any closer to knowing how the world's first mood stabilising drug works more than half a century after its discovery?

Terence Ketter is Chief of the Bipolar Disorders Clinic and Associate Professor of Psychiatry at Stanford University. He's leading the charge in the quest to understand what's happening in the brains of people with the illness. But he agrees that Lithium remains somewhat of a black box, despite recent progress.

Terence Ketter: Well it is. And things are starting to happen with understanding of Lithium mechanisms and in fact this was delayed maybe 15-20 years compared to other medicines. And what it looks like Lithium does is it helps information get inside cells. A lot of the other medicines work on what we call receptors on the cell surface, but even for those medicines what is important is what happens inside the cell next. And what Lithium really seems to influence are these mechanisms by which signals come from the outside of the cell and get translated to events inside the nerve cells. Although we may not have the details of exactly how this happens I think we're on a good trajectory to begin to understand how Lithium works.

Natasha Mitchell: Well the way of really understanding a medication or a psychotherapy's efficacy is to look at how the brain is structurally or functionally affected by that, and you have been involved really as a leader in the field of neuroimaging people with mood disorders. What are the centres of the brain that you've honed in on?

Terence Ketter: There have been enormous advances in the last 15-20 years and we work pretty good on 'where', not so good on 'what', OK.

But the anatomy, the way the wiring is, where the centres for emotion and mood exist, where the thinking centres are, how these link up - the studies that have come out in the last decade or so are very, very helpful.

And sort of in very broad terms one could say that the deep structures, deep down in the brain in the front part of the brain, in something called the Limbic system, maybe where emotion resides. The structures above those in the front part of the brain on the surface could be in fact where mood and thought processes reside. And it looks like that during depression there can be some imbalance between these older primitive emotion centres....

Natasha Mitchell: And they are centres like the Amygdala, involved in fear and emotional responses. Another centre called the Hippocampus is involved in the formation of new memories. And they sit in the deep, deep inside our brain.

Terence Ketter: Exactly. They are ancient structures if you like.

Natasha Mitchell: Lizards have them...

Terence Ketter: Lizards have them.

And the model that occurs in depression that at least some people subscribe to is that when a person is depressed these older centres are released or hyperactive and therefore sort of calling the shots. And the newer centres for say mood and for information processing are relatively depleted, and we get an imbalance between the old stuff, the old emotional stuff and our more modern structures for mood and for information processing.

Natasha Mitchell: Rational thought..

Terence Ketter: Yeah, and in depression the thoughts are driven by the negative emotions and the whole thing cycles on that sort of a basis. And so we're beginning to be able to make statements like that, looking at the biology and looking at the structures, which would have been pretty well inconceivable a generation ago.

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Recovery Forum

As you may remember from the Summer 2003 issue of the *Global*, we have reintroduced the recovery forum as a regular feature in the newsletter. In this issue we present the final installment in our four-part series on recovery groups authored by Jane Mountain, MD. Dr. Mountain is a speaker, trainer and the author of the book *Bipolar Disorder: Insights for Recovery*. She brings the perspectives of a family physician and of an individual who experiences bipolar disorder both personally and in her family. She is the founder of the Depression/Bipolar Recovery Group of Midtown Denver. Dr. Mountain's web site is located at www.beyondbipolar.com.

The Benefits of Healthy Recovery Groups

In this fourth and last article on recovery groups, we examine the benefits of healthy recovery groups. Recovery groups can have a major impact in helping a person live well with bipolar disorder. They provide opportunities for learning and for being part of a unique, supporting community. Recovery group members quickly learn that helping others reinforces one's own progress and empowers people to go forward in seeking wellness. For recovery group leaders, providing the structure for

members to help others is perhaps the greatest benefit of recovery groups.

Using Educational Opportunities

Learning occurs on many levels. It can be fast or slow, painful or fun. Learning by leaps and bounds involves exposure to basic knowledge about bipolar disorder. A group experience allows you to access the knowledge base of guest speakers and of everyone in the group.

Becoming an expert in living with bipolar disorder helps you succeed. Such expertise helps you utilize the benefits of treatment and community resources. With it, you can become a creative user of tools that will help you address challenges of living with bipolar disorder. A practical knowledge base about bipolar disorder helps you enhance your ability to identify and strengthen your unique qualities.

In the first article of this series three essential values of recovery were introduced. Now is a good time to review them.

1. Recovery is possible
2. Recovery skills can be learned
3. Often recovery skills are best taught by those who have integrated them into daily life

In seeking mental wellness, we do not always follow the same path, but seeing the road map of other's experience can help us choose our route and make sure we are headed in the right direction.

Being Part of a Community

Every community has distinguishing characteristics. For recovery groups the unique message is that we are not alone in experiencing the challenges of bipolar disorder. Healthy groups empower individuals to tackle challenges that accompany bipolar disorder by teaching recovery skills. They invite members to join with others who have entered the process of recovery. Do you remember the definition of recovery from the first article in this series? "Recovery is the process of actively seeking mental wellness in the context of experiencing bipolar disorder" (Mountain, 2003).

Strong and rapid growth in any process requires feedback from others. In a safe environment, provided by a recovery group, feedback from others can help you to see yourself more objectively. Having this view can readily reinforce your strengths even when you are frustrated and discouraged. It can also help you develop a realistic picture of who you really are when you are riding the waves of mania.

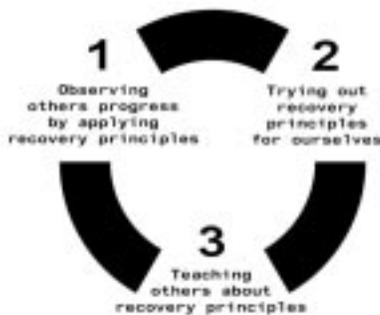
The message of group members who see strengths and progress toward recovery provides an alternative to the message of depression that screams lies about inadequacy. Seeing your progress through the eyes of others who have walked in your shoes is an antidote to the message you may be hearing from society that emphasizes an illness you experience rather than recognizing your unique gifts and personality.

In a recovery group setting, the

success of other members nurtures hope. Watching others hit a low or a peak and then come back to stability gives perspective about our own walk with bipolar disorder. This give-and-take brings a better understanding about what living with bipolar disorder is all about.

Helping Others

Finding opportunities to help others may well be the most important benefit of being part of a recovery group. Helping others reinforces our own strengths and our progress toward wellness, and teaching others what we have learned causes us to reflect on our own progress. The steps shown in the diagram below illustrates how the dynamic of applying recovery principles brings the recovery process full circle.



This dynamic process can be fostered in any recovery group. It begins by establishing a safe place where all are asked, “What are you doing to take care of yourself?” This is followed by giving encouragement and by active problem solving.

Part of this process is insuring leaders are receiving as much support as others in the group. If you are a group leader, there may be times when you feel as though you are only giving support without receiving it. You can address this at the appropriate time during each meeting by stating that it is your turn to share and get support and letting others know in your conversations that you value their support. Failing to teach this principle leads to leadership burnout. More importantly, it bypasses a means to allow all members of the group to become active in helping others.

When leaders are not supported, it reinforces the perception that recovery is an ideal that a few leaders have reached rather than a process that is obtainable by all. Group members are helped when they learn they have a valuable contribution to make— even to identified leaders of the group.

Healthy Recovery Groups Offer Benefits

Three essential benefits of a healthy recovery group are

1. The facilitation of education about bipolar disorder with the goal that group members become experts about bipolar disorder.
2. The creation of a safe community in which members are not alone in meeting the challenge to live well with bipolar disorder.
3. The presentation of opportunities for members to help others in order to reinforce the recovery process and to see recovery as an obtainable goal

Website Resources

American Psychiatric Association
American Psychological Association
Child and Adolescent Bipolar Foundation
International Society for Bipolar Disorders
National Alliance for the Mentally Ill
Depression and Bipolar Support Alliance
Stanley Medical Research Institute

www.psych.org
www.apa.org
www.cabf.org
www.isbd.org
www.nami.org
www.dbsalliance.org
www.stanleyresearch.org

Advocacy Resources Around the World...

ABRATA -- Brazil. The Brazilian Association of Families, Friends and Sufferers from Affective Disorders. ABRATA's 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.

<http://www.abrata.com.br>

Child & Adolescent Bipolar Foundation (CABF) -- The Child and Adolescent Bipolar Foundation 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. <http://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. <http://www.depressionalliance.org>

Depression and Bipolar Support Alliance (DBSA) -- The mission of the DBSA 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. <http://www.dbsalliance.org>

Dutch Association for Manic Depressives -- The Netherlands. Sponsors psycho-educational courses to provide information and teach coping skills to bipolar patients, their families and friends. <http://www.nsm.nl>

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. GAMIAN is particularly interested in enhancing the recognition and availability of treatment for mood and anxiety disorders.

<http://www.gamian-europe.com>

IDEA -- 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 <http://www.tin.it/idea>

The Mood Disorder Association of Canada -- Winnipeg. Founded in 1983 as a self-help organization to provide support, information and education to those affected by mood disorders. Fosters public awareness of the social, biochemical and psychological factors in mania and depression through education in the media. Assists those with mania and depression to obtain professional help.

<http://www.depression.mb.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 in Russian and English.

<http://www.pubinitpsy.da.ru>

Visit the ISBD Website at
www.isbd.org
for

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- ◆ Archives of the *ISBD Global*
- ◆ Resource Links
- ◆ Ask the Experts
- ◆ Members Only Section

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◆ A subscription to *Bipolar Disorders-An International Journal of Psychiatry and Neurosciences* -- 6 issues per year!

◆ A subscription to the *ISBD Global*, the Society Newsletter, published quarterly.

◆ Participation in ISBD committee work and initiatives.

◆ A discount on ISBD affiliated conference registrations.

Please see page 14 for your membership application, or apply online at <http://www.isbd.org>.

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Natasha Mitchell: What about manic depression though, Bipolar disorder, what's the interplay there because you're oscillating between two extremes?

Terence Ketter: Well yeah, one of the problems is that most of the data that we have from brain imaging and Bipolar disorder is done during the depressive phase because you can imagine the challenges of imaging a mania. But people are beginning to do it now and so we're just beginning to get some idea of what's going on in the manic phase and this is very important because that is distinctive to Bipolar disorders.

A fellow called Kato in Japan who looked at Lithium levels in the brain, they can actually measure brain Lithium with something called Magnetic Resonance Spectroscopy and he found a correlation between degree of response and the concentration of Lithium in the brain. More provocative than that is some work that came out of Wayne State University in which they looked at individuals before and after treatment with Lithium for three months and they found increases in a chemical called N-Acetyl-Aspartate which is thought to be a marker of how many neurons there are, or how healthy the neurons are. And they even found an increase in grey matter which is pretty remarkable. And it was a 3% increase but if this really is true and it needs replication. One of the things that it looks like that Lithium does inside the cells is to stimulate factors that start nerve growth. If this is true it's a major, major advance in our understanding of how Lithium works.

Natasha Mitchell: And I guess people listening to this might all go out and attempt to try and search for supplements in Lithium if it's promoting nerve growth!

Terence Ketter: Well, so called neurotrophics or smart drugs, there's been interest in that for years now. You have to remember that Lithium is a medicine that is tricky. The same year that Cade came out with his landmark discovery here in Australia.

Natasha Mitchell: And that was in 1949 - way back when - but it didn't get to the market until 1970.

Terence Ketter: Yes. Part of the reason is that Lithium was being used as a salt substitute in the United States and freely available for people so that they would not get high blood pressure and when it was just used indiscriminately like that it was quite dangerous.

Natasha Mitchell: It's highly toxic in overdose.

Terence Ketter: Exactly, you can imagine having a salt shaker full of this stuff and just putting it on your food. So in the United States this was particularly unfortunate not only for the individuals who ended up having toxicity from it, but it basically delayed the approval of Lithium in the United States till 1970, and the Americans were much more often making diagnoses of schizophrenia because...

Natasha Mitchell: That's what they could treat.

Terence Ketter: That's what they could treat, exactly.

Natasha Mitchell: Terence Ketter I thank you very much for joining me today.

Terence Ketter: It was a genuine pleasure thank you.

Reprinted with Permission, ABC Radio National May 2004

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opportunity to attend a powerfully and poignantly presented play on John Cade and the story of Lithium. This was a new drama entitled "Dr Cade" by Neil Cole was supported by Beyond Blue, the national depression initiative mentioned earlier, as well as Ramsay Healthcare and the Black Dog Institute. The play dramatised but remained faithful to the historic events in Cade's life, including his experience as a prisoner of war in Changi, and detailed key aspects of the clinical and research work of the man who first discovered the therapeutic effects of lithium in manic-depressive illness over 50 years ago in Melbourne. This was extremely well received by the audience, and closed the circle both on the programme and its historical context.

Save the Dates.....

2004

June

6/20/04-6/24/04

24th Congress of the Collegium Internationale Neuropsychopharmacologicum The Palais des Congres de Paris. Paris, France. For further information, please visit the CINP website at <http://cinp2004.com/snd/index.shtml>.

August

8/22/04-8/26/04

International Association of Child and Adolescent Psychiatry and Allied Professions' 16th International Congress - Facilitating Pathways "Care, Treatment and Prevention in Child and Adolescent Mental Health." Berlin, Germany. For further information, please visit the meeting website at <http://www.iacapap-berlin.de/>.

8/25/04-8/28/04

10th European Symposium on Suicide and Suicide Behavior: Research, Prevention, Treatment and Hope. Copenhagen, Denmark. For further information, please visit the meeting website at <http://www.suicideprevention.dk/>.

September

9/1/04-9/3/04

2nd Latin American Congress of Neuropsychiatry sponsored by the International Neuropsychiatric Association. Buenos Aires, Argentinian. For further information, please visit the INA website at <http://www.inaweb.org/index.asp>

9/23/04-9/25/04

Stanley Medical Research Institute's 4th European Conference on Bipolar Disorder. Radisson SAS Scandinavia Hotel. Aarhus, Denmark. For further information, email the conference secretariat at bipolar2004@ics.dk or visit the meetings website at <http://www.bipolar2004.ics.dk/>

October

10/9/04-10/13/04

European College of Neuropsychopharmacology (ECNP) 17th Congress. Stockholm, Sweden. For further information, contact the conference secretariat at secretariat@ecnp.nl or visit the ECNP website at www.ecnp.nl

10/9/04-10/13/04

XIIth World Congress on Psychiatric Genetics 2004. Dublin, Ireland. For more information, please visit the conference website at www.wcp2004.ie.

10/19/04-10/24/04

51st Annual Meeting of the American Academy of Child and Adolescent Psychiatry. Washington, DC. For further information, please visit the AACAP website at www.aacap.org.

November

11/10/04-11/13/04

World Psychiatric Association: Treatments in Psychiatry "An Update." Florence, Italy. For further information, please visit the WPA's website at <http://www.wpa2004florence.org>

2005

June

6/16/05-6/18/05

6th International Conference on Bipolar Disorder. The David L. Lawrence Convention Center. Pittsburgh, PA. For further information, please contact Justin Brunner at brunnerje4@upmc.edu or visit the conference website at <http://www.6thbipolar.org>.

2006

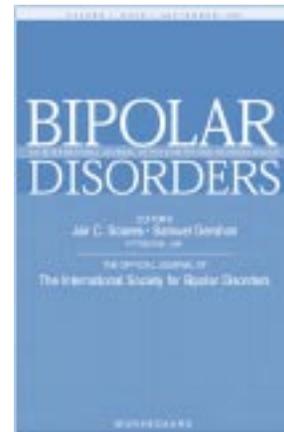
August

8/3/06-8/5/06

2nd Biennial Meeting of the International Society for Bipolar Disorders' Regional Group Conference - From Pathophysiology to Treatment in the 21st Century. Edinburgh International Conference Centre. Edinburgh, Scotland. For further information, contact the organizing committee chairman at Anne.Maule@ncl.ac.uk. Additional information will be posted on the ISBD website as it becomes available at <http://www.isbd.org>.

Bipolar Disorders - An International Journal of Psychiatry and Neurosciences

...the official journal of the International Society for Bipolar Disorders



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Thank You to All ISBD Members

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Jean-Michel Aubry, MD

Gianni Faedda, MD

John Tiller, MD

Shang-Ying Tsai, MD

Voting Members: 222

Associate Members: 13

Trainee: 483

Many other members and supporters

Geographic Distribution

With a membership representing 35 countries and an international board representing 11 countries, the ISBD reflects the democratic spirit of an international organization.

Thank you for your membership in the Society. We couldn't do it without you.

The ISBD welcomes your tax-deductible donation to the Society to support our ongoing educational initiatives. To donate, please include your check or credit card payment on the membership application on the following page.

THE INTERNATIONAL SOCIETY FOR BIPOLAR DISORDERS
MEMBERSHIP APPLICATION AND RENEWAL FORM
FAX BACK TO : 412-605-1415 or complete this form online at www.isbd.org
(MEMBERSHIP IS BASED ON THE CALENDAR YEAR – JANUARY 1 THRU DECEMBER 31)
Please see breakdown of dues by country on the following page to determine your dues rate

NAME: _____ **New Member** ____ **Renewing Member** ____
(please print legibly or type) *(please check one)*

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_____ **FAX:** _____

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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?

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Journal Editorial Advisory Committee ____ Other (I will help where needed) ____

Professional information: ____ MD ____ PhD ____ Master's level ____ Bachelor's level
____ Trainee ____ Consumer level

Area of Specialty: _____ (psychiatry, psychology, pharmacology, etc.)

Type of membership requested: ____ life member \$1500
____ full (voting) member \$150.00/yr ____ \$285.00/2 yrs
____ trainee \$95.00/yr
____ associate member \$50/yr (does not include journal)
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____ online member \$25/yr (does not include journal)
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____ nonprofit member (please contact the ISBD for details)

I do not wish to join at this time, but I would like to donate to the ISBD ____

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C/o Donna Carothers, Executive Director
P.O. Box 7168
Pittsburgh, PA 15213-0168

**THANK YOU FOR YOUR
CONTINUED SUPPORT!**

INTERNATIONAL SOCIETY FOR BIPOLAR DISORDERS

2004 FULL MEMBERSHIP DUES BY COUNTRY

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Colombia	Kazakhstan	Senegal
Croatia	Kyrgyz Republic	South Africa
Cuba	Latvia	Syria
Dominican Republic	Lebanon	Thailand
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Finland	Luxembourg	United States
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Germany	New Zealand	
Greece	Norway	
Hong Kong-China	Portugal	

E-mail, write, call or FAX:

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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 2004 are as follows: January 31, April 30, July 31, and October 31.

Instructions to Authors

Submissions should be typewritten, double-spaced and may be submitted via e-mail in a format compatible with Microsoft Word to Chad Daversa at chadd@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.

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