

President's Letter



William R. Lovallo, PhD

Greetings! As my Presidential year begins, I am gratified to be part of a vibrant and challenging organization such as APS. Nothing could bring that home to me more clearly than the outstanding Annual Meeting put on in the beautiful city of Budapest by **Tica Hall** and her very marvelous program committee. This was APS's second meeting in Europe, and Budapest could not have been a more interesting and enjoyable place to visit. My fondest memory is how charming and friendly the Hungarian people were. They went out of their way to make us all feel welcome and to help us enjoy our stay. I am enclosing a picture of my friend, **Rick Nelesen** from San Diego on a walking tour with our personal tour guide, Andrea, to give you an idea of what I mean. This is really the personal touch!



Of course, we have to remember that we had a meeting program to attend, and there were many highlights that stand out as I look back on the week we were there. Perhaps my most memorable moments were helping hand out the awards to our, mostly, younger members and trainees. APS provided 24

awards to Young Scholars for outstanding research by trainees who submitted abstracts to the program, several of which made it into the Citation Poster Session as well. We also gave out 30 Medical Trainee Travel Scholarships to students or postgraduate trainees interested in learning more about psychosomatic medicine, and 3 Travel Awards went to Young Neuroscientists in training and doing work with an impact on our understanding of psychosomatic relationships. In addition, the APS Minority Initiative Travel awards were given to seven highly deserving trainees with minority backgrounds. I can say that all of these recipients were gratified to be so honored. The willingness of APS to participate in these developmental programs is something we should all be proud of.

I took special notice of the recipients of the travel assistance awards for persons from developing countries. This year, I had the occasion to spend time with the joint recipients, **Vladimir and Olena Bogdanov** from Kiev, Ukraine. I can say these were a most deserving pair of hardworking young scientists with a tremendous interest in psychosomatic medicine. These two absolutely would not have been able to attend the meeting without the support of this award, sponsored by the Cousins Center for Psycho-neuroimmunology at the UCLA Neuro-psychiatric Institute. This brought home to me in a very personal way how privileged we are in the US and most of Europe, and how much an award like this can have a lasting impact on persons like the Bogdanovs. Thanks to **Michael Irwin**, head of the Cousins Center for backing this award. I plan to ask for support to expand this program now that I have seen the potential influence it has on people like the Bogdanovs.

The **Don Oken Fellowship** this year went to **Bill Breitbart, MD**, a prolific researcher and consultation-liaison psychiatrist who is president of the Academy of Psychosomatic

Medicine but had never attended an APS meeting. We were thrilled with his acceptance and the opportunity to build bridges between our organizations. Unfortunately, I missed his talk because I volunteered to chair a wonderful paper session that was held at the same time. I heard that after his talk, Bill was getting the rock star treatment from an adoring crowd of admirers, so I'm sure my absence went unnoticed!

Among the program highlights that impressed me the most was the plenary symposium on **New Frontiers in Psychosomatic Medicine: Affect Science, Brain Science and Genetics** presented by some of the most brilliant young researchers in the field of the emotions, including **Amahd Hariri, Christian Keyzers, and Kevin Ochsner**. We must thank my predecessor, **Richard Lane** for having the ability to spot talent. As long as we have persons like these advancing neuroscience in relation to psychosomatics, the field has a great future. As always, the early career award reminds us that there is enormous talent growing within our own ranks. **Roland von Känel** gave an outstanding presentation on the effects of stress on the prothrombotic state and mechanisms of coronary artery disease in his Herbert Weiner Early Career Award presentation.

As always, our featured invited speakers always give us a lot to think about. In this case, **Lennart Levi**, a legendary figure in our field and now a member of parliament in his native Sweden, talked to us about the importance of taking a positive and proactive approach to public health in his **Patricia Barchas Award** talk on the promotion of wellbeing. It is always interesting and challenging when we, who are often concerned with disease and its causes, are asked to think about how to advance positive states. Our other special awardees were **Patricia Ganz**, the winner

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March 2007 - March 2008

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From the Editor

Mary-Frances O'Connor, PhD

I am reading through the newsletter as I write this column, and I am struck by one word: *environment*. In reading Dr. Levi's article on the topic of his Barchas Award presentation, I am pleased that he has tackled not only the task of demonstrating the importance of the environment on mental and physical health, but also the task of relaying that information to the public health officials that can do something about it. In reading Dr. Hall's article regarding our wonderful meeting in Budapest, I am reminded of the large scale impact our geopolitical world has on us.

The first presidential column by Dr. Lovallo (welcome!) covers more aspects of the 2007 Annual Meeting, and comments on the wonderful setting that we were able to enjoy there. He also remarks on Drs. Olena and Vladimir Bogdanov, and I too enjoyed my time with them. They have done remarkable work in an environment denuded of many of the tools of science that most of us take for granted.

Dr. von Känel has studied the impact of a stressful environment on health all the way down to coagulation molecules! His research demonstrates rigorous scientific investigation which well deserves the Herbert Weiner Early Career Award. Finally, perhaps the clearest depiction of the role of environment is given by Dr. Gruman. Her column always provokes contemplation of the interaction between health and public policy and this edition is no different.

But there is another causal arrow in the environment and health equation. We are also in charge of impacting our environment, however limited that impact may be. This is why APS is so wonderful, because as a general principle our members agree to make our time together an interesting, fun, constructive, generous and welcoming one. This is the aspect which all students, from my first APS Annual Meeting to the one just past in Budapest, remark upon. They remind me that this APS environment is one in which they feel safe to grow their ideas about psychosomatic medicine and research. As a medical resident once put it to me, "It's like I finally found people who are speaking my language and I never knew that existed!" And so I am reminded of the enormous responsibility that APS has, to remain

true to our best qualities, our capability of making APS a great environment in which to work and grow.

Center for Scientific Review (CSR) for Behavioral and Social Sciences Open House

The Center for Scientific Review (CSR) for Behavioral and Social Sciences hosted an "Open House Meeting" on April 25, 2007 to gather input from behavioral and social scientists, and from representatives of behavioral professional societies, about issues of scientific review at the National Institutes of Health (NIH). Dr. Michael Irwin, M.D. represented the American Psychosomatic Society at the workshop. Drs. Raynard Kingston (Deputy Director, NIH) and Toni Scarpa (Director, CSR) provided an introduction to the meeting. Drs. Anita Miller Sostek (Director, Division of Clinical and Population-Based Studies) and Cheryl Kitt (Deputy Director, CSR) then provided brief presentations about the current organization of the behavioral and social sciences study sections, which were re-constituted nearly ten years ago following extensive input for the scientific community. The attendees were then charged with addressing two key discussion topics in smaller breakout groups that were defined by their respective research interest areas including: risk, intervention, and prevention at one of two levels (individual and community); health services and demography; basic behavioral science; and epidemiology and biostatistics. The two questions facing each of the breakout groups were: 1) Is the science of your discipline, in its present state, appropriately evaluated within the current study sections; and 2) What will be the most important questions and/or enabling technologies you see forthcoming within the science of your discipline in the next 10 years. The APS was represented at the basic behavioral science workgroup during each of the two working sessions. During the first session concerning whether the science of our discipline is being appropriately reviewed, the workgroup identified several key issues to guide CSR in its planning of scientific review, among which was the need to

Open House, continued on page 10

2007 Herbert Weiner Early Career Award

Roland von Känel, MD

I am truly honoured to receive the 2007 Herbert Weiner Early Career Award which has great emotional and scientific value for me. I offer thanks to all the fellow researchers, including many members of APS who gave me advice and ongoing support, foremost Joel Dimsdale. Joel gave me the unique opportunity to learn research in his lab at UCSD, where I began my research career as a naive post-doctoral fellow back in 1999. I also thank the national and international collaborators from various fields who contributed to my research and funding sources, including the Swiss National Science Foundation, the Swiss Federal Institute of Technology, and the National Institutes of Health. Last but not least, my thanks and gratitude go to my family for their continuous interest in my work and for sharing me at times with my data.

Before I moved to San Diego for two years, I completed my residency as a specialist for Internal Medicine in Switzerland, where I also worked for some years in Psychiatry to be trained as a psychotherapist. After my return to Switzerland from UCSD, I received the opportunity under Claus Buddeberg to establish a psychosomatic in-patient ward affiliated with the University Hospital in Zurich. Together with Joachim Fischer, I led the Behavioral Research Laboratory at the Institute of Behavioral Sciences at the Swiss Federal Institute of Technology in Zurich from 2001 to 2003. I am grateful to the former head of the Institute, Karl Frey, who intensively supported our psychobiological research and who sadly passed away in 2005. Since 2001, I have also worked in private practice, seeing patients with psychosomatic disorders such as chronic pain and fatigue, and on occasion as a consultant for psychosomatic clinics. In 2004, I was appointed head of the Division of Psychosomatic Medicine in the Department of General Internal Medicine at the University Hospital of Berne, Switzerland. The Division runs in- and out-patient services. Also in 2004, I was appointed senior lecturer for Somato-Psychosocial Medicine of the medical faculty of the University of Berne, presently charged with teaching biopsychosocial and psychosomatic medicine to medical students.

You have given me the opportunity to speak on my principle research topic, which is

whether and how acute and chronic psychosocial stress affect blood coagulation and fibrinolysis in ways which could elicit a prothrombotic state occurring before overt thrombosis. I must admit that hemostasis was not always my favourite topic when I had to learn by heart the various coagulation and fibrinolysis molecules back in medical school. Nevertheless, in 1992 I wrote my MD-thesis on the role of clotting factor XII in venous thromboembolic events at the Central Hematology Laboratory, University of Berne, Switzerland. Over the years, I had definitely changed my attitude towards the fascinating hemostatic system of interacting molecules eventually resulting in fibrin formation. Together with aggregated platelets, fibrin is the main component of a thrombus that can evolve in and clot a coronary artery after rupture of an atherosclerotic plaque thereby leading to acute myocardial infarction.

A prothrombotic state contributes to atherosclerosis progression over many decades as well as to acute coronary syndromes immediately after rupture of an atherosclerotic plaque. Together with my colleagues I have investigated the effects of acute mental stress on the coagulation system. We found that several minutes of a standardized lab stressor elicited a significant increase in several procoagulant factors. This effect is mediated by catecholamines which via stimulation of adrenergic receptors provoke release of preformed coagulation molecules from various storage sites into the circulation and activation of platelets. As stated by Walter Cannon in 1914, it is important to realize that thickening of the blood with acute sympathetic nervous system activation reflects pure physiology, is biologically reasonable, and does not usually harm a healthy organism. We therefore interpreted that our observation of a lack of adaptation in the magnitude of the procoagulant response to several stress repeats is equally physiologic. It would hardly make sense for an organism to have its procoagulant stress response adapt to fight or flight. The organism would only lose protection from blood loss on injury. In contrast, we found across different studies an exaggerated procoagulant stress response in subjects with atherosclerotic diseases, systemic hypertension, chronic caregiving stress, poor coping strategies with stress, anxiety, and hormone replacement therapy. It became apparent that under these and perhaps as yet unidentified circumstances the prothrombotic stress response could become harmful to the cardiovascular system in certain individuals and at certain times.

In 2001, we published in *Psychosomatic Medicine* a review article, which has been cited almost 100 times so far suggesting that interest in changes in the coagulation system in relation to psychosocial stress is substantial across different fields of medicine. In this review, we concluded that similar to observations with acute stress, chronic psychosocial stress also increases coagulation activity. Contrary to the effects of acute stress on hemostasis, chronic stress decreased fibrinolytic activity and thereby the potential of the organism to dissolve fibrin clots. In our own studies, we confirmed this notion investigating the hemostatic system in exhausted factory workers and elderly subjects who are caregivers of a spouse with Alzheimer's disease. A longitudinal study design allowed us to demonstrate that community-dwelling caregivers had a significantly greater impairment in their fibrinolytic capacity than non-caregiving controls over a five-year period. We further found that when the demented spouse had been placed or deceased, return to baseline activity of an activated coagulation system after transition in the caregiving situation took comparably longer than restoration of psychological well-being.

Lately, we have become interested in more mechanistic explanations of increased coagulation activity with chronic psychosocial stress investigating the relationship of stress-mediating axes and hemostatic factors. We found in healthy subjects and women with stable coronary artery disease that the prothrombotic state was associated with a decrease in vagal activity as measured by heart rate variability and with an upregulated hypothalamic pituitary axis as measured by increased levels of endogenous cortisol.

Our future studies will investigate the role of psychosocial factors in venous thromboembolic events and the influence of genetic polymorphisms as well as medications such as aspirin, beta blockers, and melatonin on the stress procoagulant response in placebo-controlled randomized double blind trials. We are also eagerly pursuing studies aimed at normalizing procoagulant activity by psychosocial interventions and confirming our hypothesis that an exaggerated procoagulant stress response predicts hard coronary endpoints particularly in biologically and psychologically vulnerable individuals.

Improving Health, Climate Similarly Daunting Chal- lenges

**Jessie Gruman, PhD, President
Center for the Advancement of Health**

Stormy weather temporarily disrupts our physical environment – and an insightful song of that title describes disruptions of our emotional environment. Global warming is a threat to the way we live. Which category does Hurricane Katrina fall into?

We're not that adept at distinguishing between weather, which is endlessly interesting and transient, and climate, where change is difficult to detect but can prove devastating over time. Any dinosaur can confirm that.

Those of us who think about health and medical issues face the same problem – distinguishing the interesting daily blips from changes that are simultaneously more subtle and significant.

It is particularly frustrating when we analyze the role played by the journalists who serve as intermediaries between the experts and the general public. Their focus on the interesting but personally irrelevant (separating Siamese twins) is a distraction. Their search for a daily miracle that will upset conventional wisdom threatens to sabotage public health campaigns that seek to make behavior consistent with basic, healthy principles.

The fact that their emphasis is a fairly accurate indicator of public priorities causes added pain. Journalists can't stop talking about the weather. There's an entire cable channel devoted to it. Climate, by contrast, doesn't have the pace they prefer.

If we dress in layers and always carry an umbrella, we can each cope personally with weather issues. Climate, by contrast, requires a community response.

Unfortunately, there's often no bright line that allows us to distinguish between the two. Aggregate a few years of bad weather and the topic slowly shifts to climate change.

So separating the important from the interesting in the worlds of health and medicine is a challenge on several levels.

Personally, it is an issue each of us faces as an individual. When should a new ache or pain be considered serious enough to require a professional assist? Most things that bother us cure themselves without outside intervention. But some will get worse in a way that penalizes us for our initial indifference.

Attempting to make such distinctions also raises a broader issue – what should the health and research priorities of American society be? Is offering new mothers an overnight hospital stay such an overriding priority that it deserves to be one of the few services that Federal law requires insurance to offer?

National health priorities have been distorted more than once by our human responses to stories that are quite sad, but ultimately insignificant when the underlying data is examined.

That's one explanation for our focus on medicine rather than health. We make big investments seeking cures for diseases, each of which is represented by a compelling poster child. But keeping people healthy is a lower priority.

Even a rich land like ours has limited resources. If things aren't clearly broken, we find it hard to justify spending money on them. That's why we allow our physical infrastructure – roads, sewers and power grids – to be stretched to the breaking point. When they finally – and inevitably – break, we start to think about fixing them.

From one perspective public health is like the power grid – humming along in the background and presumed to be functioning well until there's evidence to the contrary. But from another vantage point, there's a big difference. When the power grid fails, we rebuild it. But when the public health system deteriorates, we instead spend money to restore the victims of the failure.

It might be helpful to think as medicine as weather and health as climate? Gradual changes in society's health become manifest as pressures on our medical system.

As the waters rise and we take the threat of global warming with increasing seriousness, there may be a lesson to be learned about how to better deal with the nation's health.

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of the **Shapiro Award** who spoke on mind-body connections in the late effects of cancer treatment, and **Wayne Katon**, recipient of the **President's Award** who spoke on the clinical aspects of depression in the treatment of diabetes.

I should not forget to mention the very significant work described by **Maria Kopp** and **Michael Marmot** in their joint presentations in the plenary symposium devoted to the public health burden of work stress. In particular, the stress of life in the former Eastern Block countries since the Iron Curtain has come down has resulted in drastic reductions in life expectancy and related increases in cardiovascular diseases, with an especially large impact on men. The Bogdanovs let me know that similar effects were being seen in Ukraine, something I hadn't known before. These findings made my visit to Hungary all the more significant and very much justified our decision to meet there.

This reminds me of another highlight related to Eastern Europe. **Lawson Wulsin**, a member of the liaison committee stopped me just before the Council Dinner and gave me a copy of the first Psychosomatic Medicine textbook ever published in Romanian. Authored by member **Dan Dumitrascu** at the University of Medicine and Pharmacy, Cluj, Romania, this book was a direct outgrowth of Psychosomatic Medicine Interest Group support to the Cluj Medical School and through contacts with APS furthered by Lawson. This reminds me just how much APS is able to contribute and how many dedicated members we have who generously contribute their time and effort to make the Society grow and prosper.

I can't leave this piece on our meeting without thanking **Laura Degnon** and **Sarah Shiffert** for making the logistics for the meeting look completely effortless, as usual. Thanks also go to **Mike Antoni**, who always picks our dance band. This year he managed to find the hottest group west of the Carpathian Mountains! Thanks to all who contributed to this year's meeting. I look forward to my year as your President.

2007 Annual Scientific Conference



One of the best meetings I have ever attended. The schedule was well balanced to meet the needs of established researchers as well as newcomers.

*Andreas Cordes
University of Goettingen, Germany*

I liked the plenary sessions best. The speakers were well chosen for their ability to present a complex topic into simple and readily digestible packets. I liked that they did not compete with other sessions.

comment from the meeting evaluation



I had a great time at the APS meeting. The talks and poster sessions generally presented very impressive research. More importantly, however, were the interactions that I had with different attendees. The people I met were very approachable and eager to discuss their experiences as mind-body researchers. As a whole, my experience at the conference in Budapest solidified my interest in psychosomatic medicine.

*Esther Glick
University of Pittsburgh, Pittsburgh, PA*



It was diverse, with a lot of interesting new research and "state-of-the-art" information, there were interesting speakers and everybody was really well approachable. It was also nice that it was in Europe this time. Everything was really well organized in Budapest, the organization was really nice.

comment from the meeting evaluation



Program Committee Recap of 2007 Meeting in Budapest

Martica Hall, PhD

The life's work of Austro-Hungarian Hans Selye laid a strong foundation for and continues to inspire the field of psychosomatic medicine. It is fitting, then, that our 2007 annual meeting was held in Budapest, which this year celebrates the 100th anniversary of his birth. Although the program committee for the 2007 meeting did not overtly seek to pay homage to Dr. Selye, it seems fitting that the science presented at the meeting highlighted cutting-edge research at the level of the bench, on through to its influence on clinical care and the design and conduct of clinical trials, and beyond to the level of the community.

The work represented in the poster and paper sessions, symposia, roundtables and plenary sessions was inspiring. At the level of the bench, meeting attendees learned about how the activity of single neurons affect and are affected by behavior; how the immune system, too, affects behavior; and how genetic variations modulate, at the cellular level, the mechanisms on which so many of us focus our research. At the level of the bedside, we learned that clinical trials based on conceptual models driven by psychosomatic medicine research are generating significant effects on health and disease. Among the important messages conveyed by these presentations was that more trials of this kind are needed and that trials supported by strong conceptual models have powerful implications for both understanding and treating disease. Finally, at the level of the community, meeting attendees heard about some very creative studies and interventions being conducted within the workplace and other community settings. We also heard sobering news about the pervasive effects of discrimination and health disparities on health and wellbeing. The good news is that there is hope; whether at the level of mirror neurons that promote empathy, or at the level of community-based interventions that focus on justice in the workplace, or at the level of social policy. Here, we owe much to scientists-turned-policy makers, Sir Michael Marmot and Lennart Levi, who truly are "walking the talk," to borrow Dr. Levi's expression. One can only hope that

their pioneering work does not continue to invoke analogies to Cervantes' fictional knight, Don Quixote.

En route home from the meeting, as I reflected on what I'd learned in the scientific sessions and what I'd heard amidst the buzz of conversation during breaks, poster sessions and strolls about Budapest's beautiful Castle District, I was truly moved by the breadth of work presented and the meeting and its apparent effect on meeting attendees. In my view, this is the magic of our annual meeting.

I would like to take this opportunity to extend my deepest thanks to the members of the members of the 2007 program committee and our colleagues at Degnon Associates; this meeting would not have been possible without their vision and dedication. I would also like to extend a warm welcome to the new Chair of the program committee, Dr. Christoph Herrmann-Lingen, his Co-chair, Dr. Scott Matthews, and the new members of the program committee. Plans are already underway for an outstanding meeting in Baltimore next March. I look forward to seeing you there.

2007 Program Committee

Julienne Bower, Jos Brosschot, Lorenzo Cohen, Francis Creed, Jill Cyranowski, Joachim Fisher, Shin Fukudo, Bill Gerin, Pete Gianaros, Tica Hall, Christoph Herrmann-Lingen, Crystal Holly, Suzi Hong, Gail Ironson, Clemens Kirschbaum, Maria Kopp, Richard Lane, Tene Lewis, Bill Lovallo, Anna Marsland, Scott Matthews, Carlos Mendes de Leon, Kristina Orth-Gomer, Diedre Pereira, Thomas Ritz, Marzio Sabbioni, Neil Schneiderman, Suzanne Segerstrom, Peter Shapiro, Daichi Shimbo, Tim Smith, Bob Swenson, Julian Thayer, Viola Vaccarino, Redford Williams.

PMIG Update

Lawson Wulsin

On March 6, 2007, in Cluj, Romania, APS member Dan Dumitrascu, MD, hosted a conference titled "International Course on Psychosomatic Medicine." The course, which was sponsored in part by the APS, was jointly hosted by the University of Medicine and Pharmacy "Juliu Hatieganu," the Romanian Psychosomatic Society, and the Romanian Society of Neurogastroenterology. In addition to the Romanian APS members Dan Dumitrascu, MD, Daniel David, PhD, and Adriana Baban, PhD, featured among the 17 presentations to an audience of over 250 were six other APS members: Julia Chung, MD, Hans Christian Deter, MD, Shin Fukudo, MD, Mary Reed, MD, Ramiro Verissimo, MD, and Lawson Wulsin, MD.

Inaugural Summit

Inaugural Summit on Behavioral Telehealth: Technology for Behavior Change & Disease Management, May 31-June 1, 2007, The Conference Center at Harvard Medical, Boston, MA.

The Summit will offer detailed and practical instruction on using emerging information technologies and telemedicine to support the integration of behavioral health into primary care and chronic disease management. The program will explore how e-empowered health consumers can truly become partners in their own self-management. This timely event brings together leaders in behavioral health, psychosomatic medicine, disease management and telemedicine to celebrate the successes, tackle the challenges and advance the goal of integration.

Program Chair: Steven Locke, MD, Research Psychiatrist, Beth Israel Deaconess Medical Center and the Center for Medical Simulation at Harvard, Associate Professor of Psychiatry, Harvard Medical School & Associate Professor of Health Sciences and Technology, MIT (Past President, American Psychosomatic Society).

Keynote Speakers Include: Robert M. Kolodner, MD, National Coordinator, Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

For additional information, please visit: <http://www.tcbi.org/bc2007/index.html>
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Barchas Award Lecture 2007

Lennart Levi, MD, PhD

Living and working conditions are powerful determinants of health, physical, mental and social well-being, and of productivity. Could and should they be targeted in programs of disease prevention and health promotion, at all levels (Cooper and Levi, 2006)?

Although health professionals are usually inclined to answer in the affirmative, many political and business decision makers have demonstrated little interest in such issues.

Is there a problem?

Before issuing any “call for action” as to what to promote, and how, they wish to consider whether there is, indeed, a problem – whether stress and depression related problems are widespread, have serious consequences, are becoming more prevalent and severe – and are accessible to interventions. Available evidence indicates that the answer to all these questions is affirmative. According to the World Health Organization (2001a), “mental health problems and stress-related disorders are *the biggest overall cause* of early death in Europe”.

But they are not only a matter of premature mortality. According to the same report, mental ill health and related disorders are among the major health concerns in Europe today. In particular, depression, suicide and other stress-related conditions together with destructive life-styles and psychosomatic diseases, cause immense suffering to people and their families, as well as placing “a great economic cost on society” (WHO 2001a).

The root causes

But do we know the *root causes* of such outcomes, and, if so, are they amenable to change? According to WHO (2001a), mental health problems can be caused by a combination of circumstances: biological, social and psychological factors, and stressful events. They are usually associated with difficulties either in our personal lives or due to the wider environment in which we live. In its analysis of such circumstances, the British Government (1998) drew attention to five different types of determinants, and

highlighted each of them. The “*fixed*” factors (e.g., genes, sex, ageing) are difficult to adjust, whereas successful interventions are feasible against those listed under the other four headings: *social and economic* (e.g., employment, poverty, social exclusion); *environmental* (e.g., air and water quality, housing, social environment); *lifestyle* (e.g., diet, physical activity, tobacco, alcohol, drugs); and access to and quality of *services* (e.g., education, NHS, social services). The causal significance of the latter four types of factors has been analysed by Wilkinson and Marmot (1998). The authors conclude that the “solid facts” are:

- Social and economic circumstances affect people’s health strongly throughout life.
- Work-related stress increases the risk of disease as do unemployment and job insecurity.
- Social exclusion creates health risks, while social support promotes health and well-being.
- Individuals may turn to alcohol, drugs and tobacco and suffer as a result of their use, but this process is also influenced by the wider social setting, which is often beyond individual control.

Sustained work-related stress is an important determinant of *depressive disorders*. Such disorders are the fourth leading cause of the global disease burden. They are expected to rank second by 2020, behind ischaemic heart disease, but ahead of all other diseases (World Health Organization 2001b).

It is further likely that sustained work-related stress is an important determinant of the *metabolic syndrome* (Björntorp 2001; Folkow 2001, 2004; Theorell et al 2006). This syndrome comprises a combination of: abdominal accumulation of adipose tissue; a decrease in cellular sensitivity to insulin; dyslipidemia (increase in LDL cholesterol and triglycerides, and decrease in HDL cholesterol); and hypertension, probably contributing to *ischaemic heart disease* and *Diabetes Type 2* morbidity.

The European commission’s Guidance on work related stress

This Guidance (European Commission 2000) emphasizes that, according to the EU Framework Directive, employers have a “duty to ensure the safety and health of workers in every aspect related to the work”. The Directive’s principles of prevention in-

clude “avoiding risks”, “combating the risks at source”, and “adapting the work to the individual”. In addition, the Directive indicates the employers’ duty to develop “a coherent overall prevention policy”. The Commission’s Guidance provides a solid basis for such endeavours.

Based on surveillance at individual workplaces and monitoring at national and regional levels, work-related stress should be prevented or counteracted by *job redesign* (e.g. by empowering the employees, and avoiding both over- and underload), by improving *social support* and by providing reasonable *reward* for the effort invested by workers, as integral parts of the overall management system, also for small and medium sized enterprises. And, of course, by adjusting occupational physical settings to the workers’ abilities, needs and reasonable expectations. Supporting actions should include not only research but also adjustments of curricula in business schools, in schools of technology, medicine and behavioural and social sciences, and in the training and re-training of labour inspectors, occupational health officers, managers and supervisors, in line with such goals.

In the occupational health field, the European Framework Directive, the EU Guidance on work-related stress, a series of activities related to the concept “Corporate Social Responsibility (CSR)” and the European Framework agreement on work-related stress, covering several hundred million employees in 27 European Union member states, jointly provide a solid basis for integrated health promotion and disease prevention. The great challenge now is three-fold: (1) to implement available evidence, (2) to evaluate the implementation and (3) to serve as a model in this field for other continents, to consider, adjust, and assimilate. Given the triple global burden of high morbidity, low productivity, and wide-spread poverty, there is now an urgent need for such promotive and preventive actions across societal sectors and levels for beneficial outcomes for all concerned – workers, management, and society.

For more information, please see www.lennartlevi.se



APS 66th Annual Scientific Meeting

*A Focus on Liaison in Psychosomatic Medicine:
Fostering Interdisciplinary Research and Integrative Patient Care*

March 12 - 15, 2008

Baltimore Marriott Waterfront
Baltimore, MD

*The Call for Abstracts will be
available summer 2007 with a
due date of early October 2007.*



*photo courtesy of the Baltimore Area
Convention and Visitors Association*

The American Psychosomatic Society is Soliciting Nominations for Two Senior Distinguished Scientist Awards

The **Patricia R. Barchas Award** honors a researcher whose significant work has helped to expand our knowledge of the interface of the social and physiological worlds.

The **Alvin P. Shapiro Award** honors a physician, preferably an internist or internal medicine subspecialist, who has made major scholarly contributions to our understanding of psychosocial factors in the clinical care of patients in a primary care setting.

The deadline for nominations is **June 30, 2007**.

Patricia R. Barchas Award in Sociophysiology

The Patricia R. Barchas Award in Sociophysiology, established in 1999, is to memorialize Patricia Barchas by furthering the field of sociophysiology, the study of the reciprocal relationships that could lead to long-term change both in social behavior and in physiology. The only requirement is that the recipient has done interesting and exciting work that helps to expand our knowledge of the interface of the social and physiological worlds. Nominations should include a 500-1000 word justification for the nomination and an updated curriculum vitae. The award consists of a plaque and \$1,500, which is presented at the Annual Meeting.

Alvin P. Shapiro Award

The Alvin P. Shapiro Award Lecture, established in the fall of 2001 through the generosity of his family, is presented each year during the Annual Meeting. The late Dr. Shapiro was an internist and clinical pharmacologist who conducted innumerable studies on behavioral and psychosocial influences on hypertension and cardiovascu-

lar health. He was a continuously active member of APS for four decades and served as the Society's president in 1974-1975. Each year, the award will go to a physician, preferably an internist or internal medicine subspecialist, who has made major scholarly contributions to our understanding of psychosocial factors in the clinical care of patients in a primary care setting. Typically, the awardee will not be a member of the Society and will attend the entire meeting. These features are intended to provide the Society with outside input, while also maximizing opportunity for formal and informal dialogue between the awardee and Society members. The award consists of a \$1,000 honorarium and itemized travel expenses, which is presented at the Annual Meeting. Nominations should include a 500-1000 word justification for the nomination and an updated curriculum vitae.

Please send your nominations to the **APS Awards Committee**, 6728 Old McLean Village Drive, McLean, VA 22101; Fax: 703-556-8729. The deadline for nominations is **June 30, 2007**.

Clinical Pearl: Got Adherence?

Peter Shapiro, PhD

Are you a health or clinical psychologist, psychiatrist, physician, nurse, or other professional who is concerned with the problem of non-adherence to treatment resulting in poor medical outcome for patients with chronic medical conditions? Do you attempt to intervene to improve adherence?

If so, you may be interested, not to say disturbed, by the findings of a recent systematic review of interventions to improve adherence. (1) Kripalani and colleagues identified 37 studies (from a literature search strategy yielding 13,061 citations!) of randomized clinical trials of adherence interventions for patients with chronic medical illness. They divided the interventions into four categories: primarily cognitive-informational, primarily behavioral, primarily family or social support, and combinations of the above; for each type of intervention they assessed intervention effect sizes for measures of adherence (e.g, pill counts) and for relevant clinical outcomes (e.g., HgbA1c, systolic and diastolic blood pressure).

Only 16 of the 37 studies found that interventions achieved consistent improvement across measures of adherence, while four others found improvements in some subgroups or on some measures. Of these 20 studies, only 9 showed improvement in clinical outcomes. In the remaining 17 studies only two showed improvement in clinical outcomes. The most effective strategies were dose simplification and combined interventions that included multiple elements over time.

To me, this study points to a need for more in-depth and individualized assessment of non-adherent patients, with an attempt to “diagnose” the underlying problem, and to intervene accordingly. For the impoverished patient who cannot afford medicine, the substance-abusing patient, the ill-informed patient, and the depressed patient, one can imagine that different kinds of interventions might be most important. But we have yet to see much evidence that interventions tailored to such putative mediators of non-adherence will result in better patient outcomes.

(1)Kripalani S, Yao X, Hanyes RB. Interventions to Enhance Adherence in Chronic Medical Conditions. A Systematic Review. Arch Intern Med 2007;167:540-550

Welcome New Members!

Vance Albaugh, BS
Hershey, PA

David Atkinson, BS
Pittsburgh, PA

Avni Atul-Shah, BS
Washington, DC

Paul Ballas, DO
Philadelphia, PA

Stefan Begre
Berne, Switzerland

Georgi Bergitha
Dresden, Germany

Robert Bolash, BS
Miami Beach, FL

Anne Bouchard, MSc
Montreal, PQ Canada

Claudia Byrne, PhD
Austin, TX

Marianne Chai, MD
Miami Beach, FL

Spencer Dorn, MD
Chapel Hill, NC

Helene BaccaLaureat Favreau, MSc
St-Hilaire, PQ Canada

Esther Glick, BA
Pittsburgh, PA

Ronald Glick, MD
Pittsburgh, PA

Hong Jin Jeon, MD
Seoul, South Korea

Duck-Hee Kang, PhD
Birmingham, AL

Nathan Kolla, MD
Toronto, ON Canada

Suman Lam, BA
Irvine, CA

Camilla Licht, MSc
Amsterdam, The Netherlands

Linda Marc, ScD
Hollis, NY

Thomas Meyer, PhD, MD
Marburg, Germany

Rona Moss-Morris, MHSc
Southampton, UK

Tania Murynka, MD
Calgary, AB Canada

Michael Noll-Hussong, MD
Muenchen, Germany

Mimi Raka-Bhattacharyya, MRCP
London, United Kingdom

Misty Richards, BS
Albany, NY

Kristen Shirey, MD
Durham, NC

Danielle Verbeek, MD
Groningen, The Netherlands

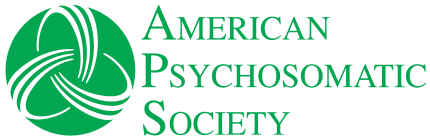
Sophie Vreeburg, MD
Amsterdam, The Netherlands

Michelle Wang, MD
New York, NY

Megan Wynne, MD
Long Beach, NY

In Memoriam

Gerhard Dotevall, MD
William I. Grossman, MD



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provide interdisciplinary research review. The workgroup, in general, felt that the current review structure yields informed review at the individual discipline level, but efforts are less robust to provide an integrated perspective that takes into account the cross-disciplinary nature of many current and new directions of research. Other discussion points focused on the need to maintain the foundations of behavioral neuroscience review, and the identification of under-represented new directions of research. During the second session concerning what important new questions will face our discipline in the next 10 years, the workgroup generated an abundance of ideas that were then distilled into a few main points. Leading that list was the importance of moving laboratory technologies into the field to understand real-time, naturalistic dynamics of behavioral and social processes on biological and health domains. Further workgroup discussion focused on consideration of overall cost effectiveness

of behavioral interventions, especially with their implementation across the diverse demography that now comprises the United States. Additional emphasis was placed on methods including bioinformatic approaches that would facilitate sharing and dissemination of information, with the ethical implications of these activities. The meeting concluded with a report-out discussion, in which Dr. Kitt briefly heard from each of the five workgroup chairs regarding the breadth of discussion which had taken place and the main points from the individual workgroups.

***International Congress of
Behavioral Medicine***

The International Society of Behavioral Medicine will host the 10th International Congress of Behavioral Medicine, "Drawing from traditional sources and basic research to improve health of individuals, communities and populations" from August 27 to 30, 2008 in Tokyo, Japan. Please visit www.icbm2008.jp for details.

The APS Newsletter is published 3 times a year by the American Psychosomatic Society with the cooperation of Degnon Associates.

Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is August 13.

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