



# Psychiatric Research Report



Robert Freedman

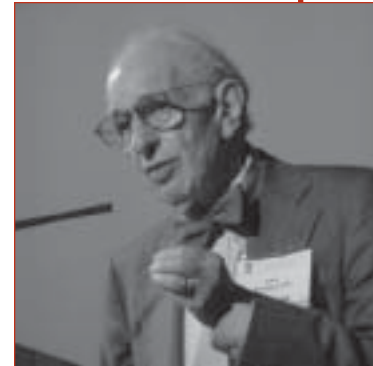
## NIMH Research Track ONLINE



Daniel R. Weinberger



Thomas R. Insel



Eric R. Kandel



Laura W. Roberts

Experience the Annual Meeting from your desk, at your own pace.



Michael J. Meaney



Bruce S. McEwen



Mayada Akil

### 2005 Annual Meeting Library Online



# Psychiatric Research Report

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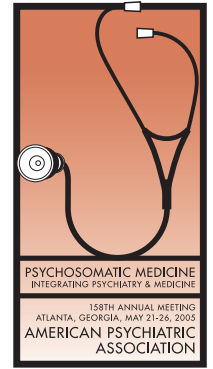
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## 2005 APA Annual Meeting Library Now OnLine



For the very first time, APA is offering online access to lectures and symposia presented at the 2005 APA Annual Meeting. Included are the outstanding formats presented as part of the special NIMH Research Track, cutting-edge basic, translational, and clinical research lectures as well as reviews of clinical studies that define the current evidence base for effective psychiatric practice. The 2005 APA Annual Meeting Online Library provides a state-of-the-art audio-visual program that offers a dynamic learning experience.

The APA Department of Education has created this new opportunity to learn and to earn CME credit anywhere, at home, at the office, on the road. If you missed this year's annual meeting, or if the jam-packed schedule left you unable to attend all of the presenta-

tions you wanted to experience, you now have the chance to catch up with (or to revisit) these events at your own pace. Important sessions by leaders in the field, plus some of the best and most highly rated Industry-Supported sessions are available to you online, on CD-ROM, or as a monograph. Available content is listed below, and can be accessed via a link on the APA home page, [www.psych.org](http://www.psych.org).

APA is accredited by the Accreditation Council for Continuing Education (ACCME) to provide Continuing Medical education

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### 2005 Annual Meeting Online Library: Available Content

Human Psychiatric Disorders: Genetic Models in Mice	Eric Kandel MD
Stress and the Mind-Body Connection: Lessons from Neuroendocrinology	Bruce S. McEwen PhD
The Conflicting Worldviews of Sigmund Freud and Oskar Pfister: Keys to Understanding Patients	Armand M Nicholi Jr MD
Eating Disorders in Middle and Late Life: Diagnosis and Treatment of Neglected Problems	Kathryn J Zerbe MD
Epigenetic Programming of Stress Responses Through Variations in Maternal Care	Michael Meaney PhD
From Genes to Therapeutics: New Approaches to Schizophrenia	Robert Freedman MD
Psychiatry in the Genomic Era	Thomas R Insel MD
Neurobiological Underpinnings of Psychotherapy	Gabbard, Beitman, Viamontes, Pally, Blinder, Mayberg
Clinical Effectiveness Trials in the Real World: Status and	Norquist, March, Rush, Sachs
Psychiatric Care of the Medically Ill	Levenson, Shapiro, Massie, Stewart, Robinson
Inspiring Ethics: Ethical Milestones and Preparation	Laura W Roberts MD
Neuropsychiatry and the Future of Psychiatry and Neurology	Stuart C Yudofsky MD
Evolution: the Missing Basic Science that Brings Psychiatry	Randolf Nesse MD
Sifting Through the Haystack Finding Genes for Complex Traits	Margaret Pericak-Vance PhD
Efficacy and Safety of SSRI Medications in Children and Adolescents	March, Vitello, Walkup, Laughren
Scientific report: Eating disorders Anorexia Psychopharmacology	Pamela Keel PhD Timothy Walsh MD
A Primer of Genetics for Psychiatry	Stephen Warren PhD
Consultation - Liaison Psychiatry Migraine Anxiety Modafinil Augmentation of SSRI	Catherine Mancini et al Andrew Roth et al Maurizio Fava et al
Neurobiology of Compulsive Reward Seeking	Schnur, Shurtleff, Koob, Roberts, Piazza, Volkow

(CME) for physicians. APA designates this educational activity for a maximum of 59.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that are actually spent in the activity.

### 2005 Annual Meeting Attendees

FREE access to the entire 2005 Annual Meeting Library is available to those who attended the Annual Meeting in Atlanta. To access the Library, link to the site through the APA home page, REGISTER, then enter your meeting badge number in the box provided. If you didn't receive an email containing that number, contact the APA at 703-907-8666 or email [kmagin@psych.org](mailto:kmagin@psych.org).

### APA Members

If you *did not* attend the 2005 Annual Meeting, and you are an APA member, please login to the Web site using your APA Members Corner username/password. The fee to access the Library for APA Members who did not attend the Annual meeting is \$65 for all content.

### Non-Members

If you *did not* attend the 2005 Annual Meeting and you are not an APA Member, you must REGISTER on the Web site as a new user. The fee for access to the Library content is \$125.

### Industry-Supported Symposia Online

Webcasts of Industry-Supported Symposia (ISS) are offered, free, through the Online Library Web site. CD-ROM versions of selected Symposia are also offered free of charge; quantities are limited.

### Neuroscience for the Psychiatrist: Part 1 and Part 2

A special two-part symposium, Neuroscience for the Psychiatrist, is Webcast through a link on the Online Library site. The two-part series was developed and organized by Mayada Akil, M.D., senior science advisor to the NIMH Director.

Part I contains presentations on: Imaging Genomics in Psychiatry; fMRI Basics and Beyond; Understanding Schizophrenia Using Functional Brain Imaging; and Linking Imaging and Treatment Mechanisms for Depression.

Part 2 presentations: Strategies for Investigating the Genetics of Psychiatric Disorders; Transcriptome Profiling of Brain Tissue, Implications for Schizophrenia Research; Gene Expression Abnormalities in Schizophrenia, What do They Mean?; From Phenotype to Genotype and Back, How To Put It All Together. ■

### FREE Webcasts Industry-Supported Symposia (ISS) Online

*Request a free CD-ROM of the ISS, where available.*

*\*Quantities are limited.*

Joining Night to Day: Insomnia and the Sleep / Wake Cycle	Webcast
Emerging Best Practices in Management of Behavioral Emergencies	Webcast
Insulin Resistance and Metabolic Syndrome in Neuropsychiatry	Webcast
Bipolar Disorder Management: A New Edition	Monograph
Beyond Neurochemistry: The Implications of Neurocircuitry for Understanding and Managing Psychiatric Disorders	Webcast & CD*
Dealing with Depression: The Added Burden for Medical Patients	Webcast & CD*
Challenges at the Interface of Psychiatry Medicine and Sleep Disorders	Monograph
Management of Disruptive Behavioral & Pervasive Developmental Disorders	Webcast & CD*
Relapse Prevention in Schizophrenia: Defining a Path from Pharmacological Intervention to Long-Term Recovery	Webcast & CD*

### Special Free Two-Part Symposium

Neuroscience for the Psychiatrist Part 1 and Part 2	Webcast
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2006  
**APA Annual Meeting**  
Toronto, Canada  
May 20 – 25, 2006

2006 Annual Meeting Advance Registration  
Online  
December 1, 2005 – April 21, 2006



# National Psychiatry Training Council

## Background and Update

### John F. Greden, M.D.

Chair, Department of Psychiatry  
University of Michigan Medical Center  
Co-chair, NPTC

More than a decade ago, a scattering of leaders in psychiatry became progressively more concerned about the declining numbers of psychiatrists pursuing clinical research careers. Many soon began to consider the problem as a developing crisis, and in 2001 the NIMH, the APA, and the AACDP joined forces with other key organizations to explore the scope of the problem and to initiate real-life responses. The activities resulting from that collaboration have culminated in a broad-based national approach to address questions that are truly fundamental to the future of psychiatry.

### A Substantial Challenge

Within a 21<sup>st</sup> century biomedical environment that emphasizes evidence-based medicine, comorbidity, complementary treatments, and the biological foundations of psychiatric disorders, what will psychiatrists need to know in order to translate scientific breakthroughs into safe treatment applications and to continue the stream of basic and behavioral science discoveries?

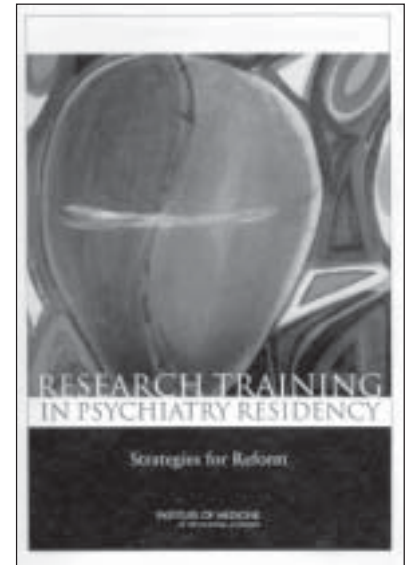
Furthermore, within a pervasive culture of clinical demands and declining funds, how can residency programs offer the range of training opportunities that enable research literacy as well as research careers?

**The IOM Report:** Late in 2001, the NIMH commissioned an Institute of Medicine Committee to wrestle with these issues and to conduct a comprehensive study of research training in psychiatry residency programs. The Committee's report, *Research Training in Psychiatry Residency: Strategies for Reform*, was issued in October 2003, and provides the field with a range of goals emphasizing changes that would improve flexibility in residency training. The following goals were considered vital:

- Prepare all residents for the lifelong practice of evidence-based medicine and research literacy;
- Provide residents, where feasible, with initial research experiences that may launch patient-oriented research careers; and
- Sustain research opportunities for trainees who demonstrate potential.

The IOM Committee recommended formation of a national coordinating body to develop proposals for implementing the changes in residency training recommended in the report. Early in 2004 NIMH Director Thomas R. Insel, M.D., moved to constitute the National Psychiatry Training Council (NPTC) with John Greden, M.D. and James Leckman, M.D., as co-chairs. Proposals and recommendations generated by the NPTC were reviewed on Novem-

ber 5, 2005, at a plenary meeting of the Council. A final report is in preparation and will be presented to the National Advisory Mental Health Council by Drs. Greden and Leckman in February 2006. Revisions based upon that presentation will be incorporated, and the report will be submitted for publication.



### Next Steps

Elaboration and implementation of the recommendations enumerated below will be the focus of future activities. The effort to date has succeeded in bringing issues related to research literacy, research training, and evidence-based practice into current discussions of residency training requirements. The basis for future initiatives has been established and the field has been mobilized; the long term success of future innovations, however, is dependent upon the active involvement of a broad spectrum of players spanning individuals, departments, organizations, and institutions. It will take *all* to keep the ball rolling and meet the challenge.

### Summary of the NPTC recommendations

#### Recommended changes in program requirements for residency training:

- Develop integrated training programs that allow (1) early exposure to clinical populations of special interest and (2) early exposure to the role of clinical research
- Encourage greater flexibility in the sequence of residency training such that subspecialty clinical training experiences may be initiated at any point during the psychiatry residency
- Integrate didactic coursework on research skills into the training experience
- Assure a working knowledge of evidence-based medicine and its application to the clinical practice of psychiatry
- Reduce the timed requirement for inpatient clinical experience thus granting greater flexibility to individual programs
- Incorporate greater flexibility into the outpatient clinical experience requirement

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**Recommended changes in program requirements for Child and Adolescent and other subspecialty training:**

- Remove the exclusion of PGY-1 level training in child and adolescent psychiatry
- Remove the prohibition against simultaneous training in subspecialty and general psychiatry
- Reduce the timed requirement for clinical experience with acutely and severely disturbed children or young adolescents

**Recommended strategies and activities to enhance mentorship within departments:**

- Designate specific “mentor” appointments within departments
- Link mentoring, explicitly, to all faculty recruitment efforts
- Establish and protect dedicated mentoring time
- Establish incentives, including financial incentives, promotions, awards, that encourage a departmental mentoring mentality
- Develop faculty performance standards that incorporate mentoring
- Build mentoring time into federally-funded research grants
- Assign mentors to all junior faculty and residents
- Develop a National Academy of Research Mentors within academic psychiatry

**Recommendations to enhance recruitment into psychiatric research:**

- Expose medical students to the science of the nervous system
- Develop teaching modules that emphasize research contributions to clinical practice and that present clinical issues requiring research
- Expose students in other medical disciplines to the importance of clinical brain research in understanding co-morbid disorders

**Recommendations to enhance retention of residents and junior faculty in research careers:**

- Increase outreach efforts
- Actively communicate the excitement of research contributions to students at all levels
- Incorporate routine exposure to neuroscience research and evidence-based practice into residency training
- Collaborate with other disciplines to develop a clinical neuroscience presence in training environments
- Openly address financial barriers and lifestyle choices in the context of research careers with residents and fellows
- Develop alternative academic paths for those interested in research careers
- Develop departmental strategies to facilitate the transition from research fellowship to assistant professor status
- Identify and develop innovative fast-track funding sources to support young investigators
- Build public-private funding partnerships to support early career researchers

**Recommendations to enhance research literacy in residency training:**

- Develop a multi-step “Literacy Curriculum” for residents
- Develop a multi-step “Literacy Curriculum” for faculty
- Develop a series of conferences for residency training directors to cover topics in evidence-based medicine; curriculum development; neuroscience; literature review, interpretation, and critical appraisal

**Recommendations for financial support of research training initiatives:**

- Develop initiatives that encompass all medical school departments for the benefit of research-poor as well as established research departments
- Initiate school-wide two-year *post-residency* fellowships to provide the mentoring and experience necessary to prepare a successful K Award application by the conclusion of the two-year fellowship term
- Fund these initiatives through university endowments, NIH training grants, as well as through foundation grants (RWJ and NARSAD)
- Make greater use of the NIH Loan Repayment Programs (<http://www.lrp.nih.gov/>), which provide a maximum of \$35,000/year for two years; targeted loan repayment programs are as follows: Clinical Research Loan Repayment Program; Clinical Research LRP for Individuals from Disadvantaged Backgrounds; Health Disparities Loan Repayment Program; Pediatric Research Loan Repayment Program
- Explore Medicare-match options at the local level
- Fund and place residents within non-psychiatry departments throughout the university, departments that carry out grant-funded research studies
- Major research departments develop and sponsor regional meetings, colloquia, and workshops that provide residents from less developed research departments with opportunities to meet faculty and learn of training opportunities at many different institutions: the *APA Colloquium for Early Career Investigators* that takes place each year at the APA Annual Meeting is an example of this mechanism, as is the *Career Development Institute* jointly sponsored each Spring by the University of Pittsburgh and Stanford University.
- Explore collaborations with underutilized sources of research training such as the Veterans Administration Mental Illness Research and Education Clinical Centers Program
- Pursue NIH funding through the SBIR grant program to develop Web-based learning programs designed to augment evidence-based training tools for *all* psychiatry residents

**Recommendations for monitoring the outcome of changes in residency training:**

- A Workforce Data Center and analysis capability at the APA is under development
- Workforce issues will be addressed through APA departments of research and education
- Workforce Center will utilize and coordinate existing data sources from APA, AMA, AAMC, and NIH ■

## From the APA Committee on Research Training



### *A Decade of Mentoring Pays Off*

Michele T. Pato, M.D.  
Immediate-Past Chair  
Committee on Research Training

The 2005 Colloquium for Junior Investigators in Atlanta marked the 10<sup>th</sup> anniversary of this research training event, held each year in conjunction with the APA Annual Meeting. The Colloquium is a one-day, all-day, mentoring workshop designed to give beginning investigators the opportunity to present their current research and to receive feedback from a small group of peers and mentors. Throughout the day's activities, participants interact with and learn from each other as well as from senior investigators, who also provide career counseling and tips on preparing grant applications.

The Colloquium is an initiative of the APA Corresponding Committee on Research Training and is administered by the able staff of the American Psychiatric Institute for Research and Education (APIRE).

#### Research Topics

Each year three research topics form the substantive structure of the Colloquium. Senior residents, fellows, or junior faculty with research interests in one of these three topics are nominated by faculty at their home institutions and selected for participation by members of the Research Training Committee. A limited number of medical students may also be selected. Participants receive a stipend of \$1,000 to defray the cost of attending the meeting.

Research topics selected by the Committee on Research Training for the 2005 Colloquium were:

- Genetics and Genomics
- Personality Traits and Disorders
- Psychiatric Disorders in the Medically Ill

#### The Format

Forty-five junior investigators, the mentees, are selected annually to fit neatly into nine small groupings: three groups, of five mentees each, within each subject area. Each group meets with two to three senior faculty members who serve as mentors. Within these intimate settings, each participant presents her/his research project and participates in a discussion of the work by peers and mentors. Feedback from the group is focused not only on the presenters' current projects but on each participant's potential career trajectory. These small groups meet in a long morning session, allowing three presentations in each group, and again in an afternoon session to hear from the remaining two presenters.

A lengthy luncheon break offers the simultaneous opportunity to learn about the work of *all* the participants by means of the poster presentations displayed throughout the lunch session.

#### Advanced Track

For the second year, in 2005 the Colloquium added a *fourth* group to each of the three topic areas. These Advanced Track groups are limited to three participants and two mentors in each group, thereby allowing more consultation time for each mentee. The nine Advanced Track mentees often include participants from prior years who have asked for an opportunity to return to the Colloquium for another "dose" of mentoring. Eligible candidates for this track are those who attended previously *or* have reached the next rung on the career ladder: for example, a trainee who has completed a research fellowship and is ready to apply for a K Award, or, a K awardee who is preparing a first RO1 application. The Colloquium's student participation has thus increased in the past two years from the traditional 45 participants to a total of 54 mentees.

**Note:** Names of the 54 participants of the 2005 Colloquium, their home institutions, and the titles of their research presentations can be found in **Table 1**; the names and institutions of faculty attending the 2005 Colloquium can be found in **Table 2**.

#### The Agenda

The Colloquium at the APA Annual Meeting in Atlanta was hosted by Charles B. Nemeroff, M.D., Ph.D., Chair of the Department of Psychiatry and Behavioral Science at Emory University Medical College. At the opening plenary session Dr. Nemeroff welcomed the group to Emory and introduced the traditional opening session speakers: John F. Greden, M.D., Chair of Psychiatry at University of Michigan Medical School, and representatives of the NIH institutes which, for the past five years, have collectively provided funding for the Colloquium through a competitive R13 Conference Grant.

Dr. Greden advised all those present to "*think of research as a marathon, not as a 50-yard dash; be patient, therefore, and develop a career timetable.*" He reminded that "*there is no substitute for a good idea*" and cautioned against "*being seduced by the newest scientific fad.*" Greden encouraged participants "*not to be afraid of making mistakes, to invite the red ink, and to persist in writing and re-writing grant*

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submissions; RE-submissions are the best foundations for success in research. With regard to teachers and mentors: "Emulate, but do not imitate," he warned.

Speaking for the National Institute of Mental Health, Mark Chavez, Ph.D., and Regina James, M.D., summarized existing funding mechanisms and strategies; Suman King, Ph.D., of the National Institute on Drug Abuse encouraged grant applications that inform treatment; and National Institute on Alcohol Abuse and Alcoholism representative Ernestine Vanderveen, Ph.D., spoke to the assembled group about the critical need for research into relapse prevention. John Krystal, M.D., representing NARSAD, the National Alliance for Research on Schizophrenia and Depression, spoke about that organization's several grant opportunities and awards for early career investigators. Darrel A. Regier, M.D., M.P.H., described the efforts of the American Psychiatric Institute for Research and Education on behalf of increased training and funding for psychiatry residents interested in pursuing research careers.

### Renewal and Appraisal

In the course of the past year, application for renewed funding of the R13 Conference Grant that has supported the Colloquium for the past five years was submitted to the three sponsoring NIH institutes, NIMH, NIAAA, and NIDA. Part of the renewal application included data culled from a followup survey of former Colloquium participants – those attending from 1996 through 2004. Of the 377 participants who attended the Colloquium during this period, 82 percent responded to the survey questionnaires. As we celebrate the success of the renewal application and continued funding of the Research Colloquium for Junior Investigators, we can report that 94 percent of the 309 respondents maintain continued involvement in research activities. Well over half of these respondents spend more than half-time in research. Responses to

the several survey items indicate significant participant successes in obtaining grant funds, in number of publications, and in academic status.

While a one-day training Colloquium cannot claim responsibility for subsequent research involvement, publication record, and funding history, we do believe that this brief, intensive session for carefully-selected (and self-selected) participants does contribute substantially to a trainee's identity as an early career investigator as well as to the trainee's motivation to continue on a research path. Attendees reflected through a number of the questionnaire items that the small group sessions had served to clarify research concepts, introduce new methods later implemented in study designs, and to provide practical ideas based on the mentors' life experiences. It is perhaps this opportunity to interact with, and even maintain contact with, mentors outside of the trainee's home institution that best defines the Colloquium's unique character.

### Looking Ahead

The 2006 Research Colloquium for Junior Investigators will return to Toronto, Ontario, the location of our 3<sup>rd</sup> Colloquium in 1998. The three research topics selected by the Research Training Committee for this 11<sup>th</sup> year of the Colloquium are:

- **Efficacy and Effectiveness Research**
- **Comorbidity of Psychiatric Disorders**  
(with a special emphasis on substance abuse)
- **Neuroscience and Neuroimaging Across the Lifespan**

In 2006, as always, the Colloquium will be held on the Sunday that begins the APA Annual Meeting, May 21<sup>st</sup>. Members of the Research Training Committee look forward to launching the second decade of the APA Research Colloquium for Junior Investigators.

## "The Mentees"

### Genetics and Genomics

**Khrista Rea Anne Boylan, M.D., FRCPC,** McMaster University  
Differentiating ADHD symptoms in children with bipolar affective disorder

**Paul J. Carlson, M.D.,** National Institute of Mental Health  
An Investigation Examining the Evidence for Mitochondrial Dysfunction in the Pathophysiology and Treatment of Bipolar Disorder

**Michael T. Compton, M.D., M.P.H.,** Emory University  
School of Medicine  
Associations among Risk Indicators in Schizophrenia

**Stephanie Shirley Gee, M.D.,** Mayo Clinic  
Family study of chromosome 10q translocation and schizophrenia

**Mina Hah, M.D.,** Stanford University  
The Interaction of the Serotonin Transporter Gene, Impulsivity and Adverse Life Events with Suicidal Behavior in Familial Bipolar Disorder

**Ellen J. Hoffman, M.D.,** Mount Sinai School of Medicine  
The Effect of Ethanol on Expression of the Cell Adhesion Molecule L1 and Axon Outgrowth in Developing Rat Cortical Neurons

**Victor Karpyak, M.D., Ph.D.,** Mayo Clinic College of Medicine  
Polymorphic structure of the human MPDZ gene and severe alcohol withdrawal with seizures

**Charles U. Nnadi, M.D.,** Zucker Hillside Hospital  
Genetic Variation in the Neuroprotective Protein Bcl-2 and valproate response

**Sanjeev Pathak, M.D.,** University of Cincinnati  
College of Medicine  
The Role of Serotonin Transporter Polymorphism (5HTTLPR) in Fluoxetine Response in Pediatric Depression

**Konasale M. Prasad, M.D.,** Western Psychiatric Institute and Clinic  
Medial Temporal Lobe Structures and RGS4 polymorphisms in First-Episode Schizophrenia

**Katherine Grace Ruiz-Mellott, M.D.**, Cedars-Sinai Medical Center  
Serotonin Transporter Polymorphism and Citalopram Treatment of Alcohol Use Disorder with Major Depression: A Substudy of the Ethnic Variations in Antidepressant Response Rate Study

**Michael Alexander Slifer, M.D.**, Duke University Medical Center  
Association of Alzheimer's Disease risk and UBQLN1

**Steven Gregory Sugden, M.D.**, University of California, Davis  
Expression patterns of schizophrenia candidate genes within the hippocampus

**Tahir Tellioglu, M.D.**, Yale University Medical Center  
Nicotinic Acetylcholine Receptors (nAChR) in Tobacco Smokers with Schizophrenia

**Christopher A. Wall, M.D.**, Mayo Clinic College of Medicine  
Single Nucleotide Polymorphisms (SNP's) associated with Suicidal Behavior in Depressed Adolescents

**Daniel H. Wolf, M.D., Ph.D.**, Mc Lean Hospital  
Hippocampal Dysfunction as a Schizophrenia Endophenotype

**Alveth Joyce Young, M.D.**, Duke University Medical Center  
Social and Clinical Factors in Geriatric Depression: The Role of Race

**Richard J. Yun, M.D.**, Yale University  
Impairments in Prefrontal Circuitry Induced by a High-Load Working Memory Task: Relationship to Serotonin Transporter Genotype and Family History of Depression

### Psychiatric Disorders in the Medically III

**Robert M. Berman, M.D., Ph.D.**, New York State Psychiatric Institute  
Testing Neurocircuitry of Antidepressant Response using Focal Brain Stimulation

**Kristin Brousseau, D.O.**, University of Colorado Health Sciences Center  
HIV-Associated Cognitive Impairment: Current Practices and Future Directions

**Keming Gao, M.D., Ph.D.**, Case Western Reserve School of Medicine  
TSH Values of Dual and Non-dual Bipolar Rapid Cyclers with or without Lithium

**Raz Gross, M.D., M.P.H.**, Columbia University  
Traumatic Stress and Glycemic Control in Diabetes

**Kevin P. Hill, M.D.**, Brigham and Women's Hospital  
Brief Screening Instruments for Problem Drinking in the Outpatient Psychiatric Clinic

**Jennifer Hoblyn, M.D., MRCPsych., MPH**, Stanford University  
Cognition and Apolipoprotein e4 status in older euthymic adults with bipolar disorder

**Wei Jiang, M.D.**, Duke University Medical Center  
Long-term Prognosis of Patients with CHF Associated with Depression

**Ruth M. Kizza, MB, ChB, MMED**, Makerere University, Kampala, Uganda  
Psychiatric disorders among children admitted to Mulago Hospital: Prevalence, types of disorder and associated factors

**Maria Isabel Lapid, M.D.**, Mayo Clinic College of Medicine  
Decisional capacity to consent to ECT

**Brett Yuan-Hsiang Lu, M.D., Ph.D.**, University of New Mexico Health Sciences Center  
P50/M50 sensory gating as a neurophysiological correlate of prefrontal cognitive function and catechol O-methyltransferase polymorphism in schizophrenia

**Rajnish Mago, M.D.**, Thomas Jefferson University  
Effect of treatment with bupropion on depression, fatigue, and quality of life in women with major depressive disorder and breast cancer

**Etheldreda Nakimuli-Mpungu, MBChB**, Makerere University, Kampala, Uganda  
A Comparative study of the clinical features and immunological status of primary mania versus secondary mania of HIV/AIDS patients

**Nikhil D. Nihalani, M.D.**, University of Rochester Medical Center  
Prevalence of Diabetic Ketoacidosis in patients treated with Clozapine-A misdiagnosis?

**Muhamad Aly Rifai, M.D.**, National Institute of Mental Health  
The utility of genomic markers in predicting interferon-associated neuropsychiatric adverse effects in patients with Hepatitis C

**Maria Adelaida Rueda-Lara, M.D.**, University of Medicine and Dentistry of New Jersey  
Depressive Symptoms in Individuals Receiving Hemodialysis: The Role of Depressive Symptoms on Functional Status and Adherence in End-Stage Renal Disease

**Isabel N. Schuermeyer, M.D.**, Cleveland Clinic Foundation  
Heart Rate Recovery and Depression

**Carlos Francisco Tirado, M.D.**, University of Pennsylvania  
Hepatitis C in treatment seeking alcoholics: a comparison of high-risk behaviors and biologic markers in cohorts with and without cocaine dependence

**Glen L. Xiong, M.D.**, Duke University Medical Center  
Selective serotonin reuptake inhibitor (SSRI) antidepressants and bleeding risk in patients undergoing coronary artery bypass surgery (CABG)

### Personality Traits and Disorders

**Mina K. Bak, M.D.**, University of California, Los Angeles  
Utilization of Experiences from Caregivers of Pediatric Transplant Patients to Develop a Web-Based Medical Resource

**Brady Geronimo Case, M.D.**, New York University School of Medicine  
Effect of Remission of Depression on Diagnosis of Personality Disorder

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**Hilary Smith Connery, M.D., Ph.D.,** McLean Hospital  
An Educational Manual for Community Clinicians Providing  
Substance Abuse Treatment to Patients with Co-occurring Borderline Personality Disorder

**Arman Danielyan, M.D.,** Cincinnati Children's Hospital  
Medical Center  
Course of Bipolar Disorder in very young (3-7 year old) children

**Rachel Elizabeth Dew, M.D.,** Wake Forest University  
Religion/Spirituality in Depressed Adolescents

**Harpreet Singh Duggal, M.D., DPM,** Western Psychiatric  
Institute and Clinic  
Impact of diagnosis of personality disorder on gray matter volumes in first-episode schizophrenia: a preliminary Voxel-Based Morphometric Analysis

**Alexander Hao Fan, M.D.,** University of California, Los Angeles  
The Effect of Mood States on Personality Traits in Bipolar Disorder

**Andrew James Gerber, M.D., M.Sc.,** Columbia University  
Developing a paradigm for studying social cognition in the fMRI scanning environment

**Martin Gignac, M.D., CM,** Universite de Montreal  
Validity of Adolescent Homicides Typology: A Prospective Study

**Melva Green, M.D.,** Johns Hopkins Medical Institutions  
Culturally Tailored Media Communication: A Tool for Addressing Mental Health Disparities in African American College Students

**Suma Jacob, M.D., Ph.D.,** University of Chicago  
Heart rate and variability in healthy African-American neonates: Associations with maternal depression and pre-postnatal experiences

**Gagan Joshi, M.D.,** Massachusetts General Hospital  
A Pilot Treatment Study of comorbid Obsessive Compulsive Disorder and Bipolar Disorder in Children and Adolescents

**Samet Kose, M.D.,** Medical University of South Carolina  
The Turkish version of the TCI: reliability, validity, and factorial structure

**Karsten D. Kueppenbender, M.D.,** McLean Hospital  
Bipolar disorder and borderline personality disorder: baseline and longitudinal relationship

**Marc Julian Miresco, M.D.,** McGill University  
The Maternal Adversity, Vulnerability and Neurodevelopment (MAVAN) Project – Personality Traits Study

**Juan Carlos Navarro Barrios, M.D.,** University Hospital  
San Cecilio, Granada, Spain  
Control of Impulsiveness with Topiramate

**Julie Beth Penzner,** The Zucker Hillside Hospital  
Character Traits and Prodromal Manic Symptoms in Youngsters with Early-Onset Bipolar Disorder

**Tara Michele Wright, M.D.,** Medical University  
of South Carolina  
Lifetime Attempts to Quit Drinking: Effects on an Inpatient Detoxification

## "The Mentors"

### Genetics and Genomics

**Michele Pato, M.D.,** VA Medical Center and Georgetown University

**Robert Cloninger, M.D.,** Washington University-St. Louis

**Pablo Gejman, M.D.,** Northwestern University

**James Kennedy, M.D.,** University of Toronto

**James McCracken, M.D.,** UCLA Neuropsychiatric Institute

**Carlos Pato, M.D.,** Georgetown University  
and VA Medical Center

**Uma Rao, M.D.,** UT Southwestern Medical Center at Dallas

**Alexander B. Niculescu III, M.D.,** Indiana University  
School of Medicine

**Joseph Cubells, M.D., Ph.D.,** Emory University  
School of Medicine

**Richard Balon, M.D.,** Wayne State University  
School of Medicine, Detroit, MI

**Steven Epstein, M.D.,** Georgetown University Medical Center

**Don Hilty, M.D.,** University of California, Davis

**Ira Katz, M.D., Ph.D.,** University of Pennsylvania

**Constantine Lyketsos, M.D.,** Johns Hopkins School of Medicine

**Dominique Musselman, M.D.,** Emory University  
School of Medicine

**Theresa Rummans, M.D.,** Mayo Clinic School of Medicine

**Margaret Stuber, M.D.,** UCLA/Neuropsychiatric Institute

**Charles Schulz, M.D.,** University of Minnesota  
School of Medicine

**Emil Coccaro, M.D.,** University of Chicago

**Tom McGlashan, M.D.,** Yale University School of Medicine

**Katharine Phillips, M.D.,** Brown University

**Adele Viguera, M.D.,** Massachusetts General Hospital

**Harold W. Koenigsberg, M.D.,** The Mount Sinai  
School of Medicine

**Drew Westen, Ph.D.,** Emory University

**Donald W. Black, M.D.,** University of Iowa VA Medical Center

### Statisticians:

**Cynthia Arfken, Ph.D.,** Wayne State University

**Donald Guthrie, Ph.D.,** UCLA

**Robert M. Hamer, Ph.D.,** University of North Carolina

**Kevin Delucchi, Ph.D.,** University of California, San Francisco

**Ayman Fanous, M.D.,** Virginia Commonwealth University,  
Washington VA Medical Center, & Georgetown University  
School of Medicine ■

# DSM-V Research Planning Process

## Background

Although the *DSM-V* revision process has not formally begun, a multiphase effort to provide an enriched research base in support of the next *DSM* formulation is well underway. The purpose of the effort, according to Darrel A. Regier, M.D., M.P.H., is to move away from a re-examination of existing diagnostic categories and move toward cross-cutting research strategies that look, for example, at the nature of psychosis in multiple disorders. “Whereas much prior nosologic research has concentrated on the reliability of diagnostic criteria, the next challenge will be to study the validity of disorders by linking them to pathophysiology.” Dr. Regier is Executive Director of the American Psychiatric Institute for Research and Education (APIRE), under whose auspices the research planning process is being undertaken.

## Phase I: *DSM-V* Research White Papers

The first phase of the *DSM-V* research planning process began late in 1999. In a partnership between APA and the NIMH, a series of “white papers” was commissioned with the intent of stimulating research and discussion throughout the field in preparation for the eventual revision. An important goal of the white papers was to incorporate state of the art concepts and technologies into the planning process. They were intended to trigger the paradigm shift described above by Dr. Regier – a shift away from a classification based on refining the current *DSM*-defined syndromes to one that moves the field toward underlying etiologies. The white papers, therefore, do not focus on specific diagnostic areas but rather on topics that reach across diagnostic boundaries. Six white papers were produced and were published by American Psychiatric Publishing Inc. in 2002 as a monograph entitled, *A Research Agenda for DSM-V*, (Kupfer, First, Regier, editors). The papers focus on: basic nomenclature; neuroscience; developmental science; personality disorders and relational disorders; mental disorders and disability; culture and psychiatric diagnosis. Three additional white papers have since been developed and are currently in press; these cover diagnostic issues related to gender, geriatric populations, infants and young children.

## Phase II: APA-NIH Conference Series

A series of twelve research planning conferences launched in 2004 under the collective rubric, “*The Future of Psychiatric Diagnosis: Refining the Research Agenda*,” was planned for Phase II. In contrast to the Phase I white papers, nine of the conferences focus on specific diagnostic topics, now framed in the context of the new forward-looking paradigm. A methods conference, a conference on public health issues, and a conference to look at the benefits of

adding a dimensional component to diagnoses round out the series. The conferences were designed to address an array of nosological topics deemed to be either particularly problematic in the current classification or most likely to benefit from new and emerging research capabilities. The schedule of conferences, the co-chairs and sites planned for each conference are presented in **Table 1**. Detailed information on the goals and organizational aspects of the conference series can be found in the Winter 2004 issue of the *Psychiatric Research Report (PRR)* available in the research section of the APA Web site, [www.psych.org](http://www.psych.org), and on the *DSM-V Prelude* Web page, [www.dsm5.org](http://www.dsm5.org).

Immediately following each conference, a summary of the papers presented during the conference is posted on the *DSM-V Prelude* site, and the summary is also featured in the *PRR*. Both formats are made possible through the efforts of Michael B. First, M.D., a consultant to APA on *DSM* activities and Director of the *DSM-V Prelude* Web site. To date, five conferences have been completed. Summaries of each can be found at [www.dsm5.org](http://www.dsm5.org).

As the papers are revised and transcripts of the group discussions are developed into manuscript form, the proceedings of each conference will appear in a parallel monograph series to be published by American Psychiatric Press Inc. The first monograph, *Dimensional Models of Personality Disorders*, is scheduled to be published in summer 2006.

On the adjacent page, we present Dr. First’s summary of the conference held in Washington, DC, in early summer 2005, the conference on *Stress and Fear Circuitry Disorders*. The Winter 2006 issue of this newsletter will feature the conference on *Diagnostic Issues in Dementia*, held in September 2005, in Geneva, Switzerland.

## Next Phase

Even before the conference series has run its course, the APA President will appoint a *DSM-V* Task Force charged with laying the groundwork for and overseeing the activities of the *DSM-V* Work Groups. These Work Groups form an organizational structure designed to assure maximum participation of experts representing a wide range of perspectives and experiences in each of the diagnostic and structural areas covered by the manual. They will continue the *DSM-V* process by examining the accumulated research evidence and making recommendations for criteria changes, additions, and deletions of disorders. ■

## Stress and Fear Circuitry Disorders

Prepared by Michael B. First, M.D.

The summary presented here encapsulates presentations delivered at the third conference in the series entitled *The Future of Psychiatric Diagnosis: Refining the Research Agenda*. The conference on Stress and Fear Circuitry Disorders, was held on June 23<sup>rd</sup> and 24<sup>th</sup> at APA Headquarters in Arlington, VA. Conference co-chairs were Dennis Charney, MD from Mount Sinai School of Medicine in New York City, and Gavin Andrews, MD from the University of New South Wales in Sydney, Australia; invited participants included 26 scientists from the United States and abroad.

The conference began with presentations designed to provide an overview of the four *DSM/ICD* disorders included under the rubric Stress and Fear Circuitry Disorders: Posttraumatic Stress Disorder, Panic Disorder, Social Phobia [Social Anxiety Disorder] and Specific Phobia. Each overview focused on specific diagnostic issues and controversies that have arisen since *DSM-IV* and *ICD-10* were published in the early 1990's.

Topics that cut across these disorders were the subject of presentations following the overviews.

### Posttraumatic Stress Disorder

Problems and shortcomings of the current diagnostic criteria for Posttraumatic Stress Disorder (PTSD) were elaborated in the overview presented by **Matthew Friedman, MD, PhD** (Hanover, NH), with **Elie Karam, MD** (Beirut, Lebanon) as discussant. The initial criterion, for example, describing exposure to the traumatic event, has been criticized as too restrictive and for omitting other symptoms occurring at the time of exposure. Should suffering with severe medical problems or psychosis qualify as a traumatic event? Should phenomena such as dissociation, disgust, or physiological reactions occurring at the time of exposure be considered as symptoms?

Parameters such as frequency of occurrence for the required PTSD symptoms have a large impact on reported rates of PTSD and need to be looked at in a variety of settings. Similarly, the presence of symptoms from three symptom clusters, as opposed to only two clusters, might not be essential to assess dysfunction (at least in some settings) or to predict comorbidity with other clinically significant mental disorders such as Major Depressive Disorder.

Other areas in need of research attention include subsyndromal PTSD (Is PTSD better characterized dimensionally?), complex PTSD (Is there a valid syndrome occurring in response to chronic stress such as childhood sexual abuse or torture of political detainees), and possible cross-cultural variability.

PTSD can also be characterized as a disorder of memory in which traumatic memories either become indelible or else cannot be retrieved. Although structural brain abnormalities (smaller hippocampal volume) are well documented, it remains unclear whether these findings are a risk factor for developing PTSD or occur as a result of the disorder, perhaps related to chronic disturbances in the hypothalamic/pituitary/adrenal [HPA] axis.

Finally, since only a minority of individuals exposed to severe trauma develop PTSD, research must focus on resilience as well as factors of risk and vulnerability.

### Panic Disorder

Several important issues regarding the relationships between panic attacks, panic disorder, and agoraphobia were addressed by **Carlo Faravelli, MD** (Florence, Italy) and **Toshi Furukawa, MD, PhD** (Nagoya, Japan), as discussant. Panic attacks, independent of full panic disorder, have been shown to be a marker for greater severity of disorders co-occurring with the panic attacks. This might suggest that panic attacks be given greater diagnostic status, perhaps as a subtype of other disorders, for example, specific phobia with panic attacks.

Although the definition of panic disorder requires that panic attacks come on "out of the blue," evidence suggests that for the majority of patients panic attacks are preceded by mild phobic or hypochondriacal symptoms. It may be, therefore, that panic attacks are better characterized as "unpredictable" rather than "unexpected." Furthermore, evidence that limited symptom attacks may be as disabling as full-blown panic attacks supports a panic spectrum concept in which panic symptoms are dimensional.

The relationship between panic attacks and agoraphobia also requires clarification offered by additional research. *DSM-IV* adopts the view that phobias occur as a consequence of panic attacks whereas the European view is that phobic cognition precedes panic attacks, which then exacerbates the phobic symptoms. Although agoraphobia without panic is rare in clinical samples, it is much more common in community surveys. This suggests that agoraphobia without panic may occur on a continuum that includes agoraphobia with panic disorder.



Another distinction is indicated by evidence of high comorbidity between panic and bipolar disorder. Two kinds of panic disorder are thus suggested: “neurotic panic,” occurring in association with anxiety and depressive disorders, and “bipolar panic.”

Dr. Furukawa stressed the importance of interoceptive hypersensitivity (fear of bodily sensations) and in-situation safety behaviors (subtle avoidances) in the assessment of panic symptomatology.

### Social Phobia

The complexity of issues encountered in studies of Social Phobia (Social Anxiety Disorder) were presented by **Susan Bogels, PhD** (Maastricht, The Netherlands) and **Murray Stein, MD** (La Jolla, CA). For example, evidence suggests moderate levels of heritability for Social Phobia; even higher levels of heritability, however, are reported for traits that predispose to Social Phobia, i.e., fear of negative evaluation and behavioral inhibition. Similarly, while it is known that rearing experiences influence the development of Social Phobia, the type of rearing that protects against social phobia in sensitive children remains unclear. The role that peer neglect appears to play in the development of Social Phobia for some individuals also requires clarification.

Dr. Bogels suggested research into possible new Social Phobia subtypes that differ based on origin and treatment response. Subtypes would be based on content of the feared rejection: fear of being negatively evaluated because of bodily symptoms (blushing, trembling, sweating), appearance (hair, body shape, clothes), performance (sport, music, speech), and negative feelings about self (being boring, weak, stupid). Dr. Stein noted that the current “generalized” subtype has greater reliability than social phobia itself and has prognostic as well as treatment utility.

Research is also needed to help determine the boundary between Social Phobia and normal shyness.

### Specific Phobia

**Hans-Ulrich Wittchen, PhD** (Dresden, Germany) and **Paul Emmelkamp, PhD** (Wassenaar, the Netherlands) presented an overview of issues concerning Specific Phobias. Although Specific Phobia subtypes have some clinical utility with respect to types of behavioral interventions, there is little evidence overall, from etiological and experimental research, of differences sufficient to support the subtle distinctions underlying the subtypes. However, the number of different specific phobias an individual exhibits, or the presence of panic attacks, may be markers of vulnerability.

Beyond diagnostically non-specific vulnerability-stress models, there is little research available about what causes specific phobias to develop. Since onset is frequently pre-pubertal, retrospective data regarding onset of the phobias are problematic. Suggested conditioning pathways (for example, the development of phobias secondary to exposure to traumatic event or secondary to learning by observation of others with phobias) seem not to be sufficient explanations. Family genetic and twin studies do suggest a modest genetic influence.

Specific phobias are the most common internalizing disorder in childhood and early adolescence. There is a considerable degree of continuity of this disorder into adulthood, although not necessarily as a phobia. Spontaneous remissions of specific phobias are rare; generally most cases will go on to have some type of anxiety disorder. Furthermore, research indicates that 50 percent of individuals with specific phobia in early adolescence will develop a depressive disorder later in life, suggesting that specific phobias are a significant risk factor for adult depression. As is the case with the other childhood internalizing disorders, very few individuals receive mental health treatment for their phobias, although Cognitive Behavior Therapy for Specific Phobia is one of the most effective treatments documented. Treatment typically occurs after the development of secondary complications, usually the onset of a depressive episode.

### Are Etiologies Stable Across the Lifespan?

Presentations by **Richie Poulton, PhD** (Dunedin, New Zealand) and **Danny Pine, MD** (Bethesda, MD), addressed the lifetime stability of anxiety disorders. Dr. Poulton presented longitudinal data from the Dunedin cohort, which was formed in the early 1970's and evaluated every few years from age three up to age 32. Data from the study indicate that 60 – 80 percent of those with a mental disorder at age 18 still had the disorder at age 26. With the regard to the stress-induced and fear circuitry disorders, the study indicated continuity of the behavior over time, suggesting that it makes sense to reframe most “adult” anxiety disorders as extensions of childhood anxiety disorders.

The Dunedin study also allowed for an examination of the risk factors for developing these disorders. Of note, the stress-induced and fear circuitry disorders have both shared and specific risk factors, and the specific disorders are distinguishable in terms of their early childhood risk antecedents. For example, the risk of developing PTSD is related to poor cognitive function and a “difficult” temperament in early childhood as well as having been exposed to physical abuse before age 11.

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Dr. Pine noted that most adult disorders start in childhood but that most childhood disorders, especially specific anxiety disorders, are transient. He suggested that research aimed at understanding brain function and the genetic underpinning of childhood anxiety disorders (including gene and environment interactions) requires brain mapping of the intermediate phenotypes (e.g., behavioral inhibition and threat bias) rather than of the anxiety disorders per se.

### **Do These Disorders Form a Cohesive Distinct Group,**

Do the stress induced and fear circuitry disorders form a distinct group separate from other groups of disorders? A review of the genetic and epidemiological data addressing the question of diagnostic groupings was presented by **Abby Fyer, MD** (New York, NY), with **Tim Brown, PhD** (Boston, MA) and **William Lawson, MD, PhD** (Washington, DC) as discussants.

Traditional descriptive measures of validity (age at onset, gender distribution, course, treatment response, and comorbidity) suggest both overlap and distinctness, not only among the four anxiety disorders, but also between anxiety disorders and affective disorders.

Data on heritability follow a similar pattern. All anxiety disorders demonstrate moderate heritability, but twin and family studies provide evidence for both shared (that is, a common “proneness” to develop anxiety disorder that is inherited) as well as specific genetic and environmental contributions. These data are consistent with the hypothesis suggested by Steven E. Hyman, MD, in the monograph *A Research Agenda for DSM-V*. Hyman postulated that the different anxiety disorders will each represent clusters of illnesses, with overlapping or even distinct genetic and non-genetic risk factors, converging to produce patterns of pathogenesis, symptoms, and course that have a close family resemblance.

Dr. Lawson presented data on issues of race and ethnicity, noting differences in prevalence among certain anxiety disorders in certain minorities. For example, the National Community Survey-Replication (NCS-R) showed lower prevalence of the anxiety disorders among blacks. Lawson, however, raised questions about sampling issues that would affect the validity of the data; notably, the paucity of minorities represented in clinical trials or in biological studies.

### **Gene-Environment Interactions**

Animal data, reported by **Jack Gorman, MD** (New York, NY) and **Thalia Eley, PhD** (London, UK), as discussant, provide a number of examples in which environmental interventions have a profound impact on genetically-determined temperament to produce significant behavioral and neurobiological changes.

Consider two species of macaque monkey, pigtail and bonnet, with different behavioral characteristics, neurobiology, and rearing patterns. The pigtail species is characterized by hostile behavior, higher levels of corticotropin releasing factor (CRF), and mothers

who are very protective of their young, not allowing any interactions with peers. In contrast, bonnet monkeys are calm, have lower CRF levels, and are reared to encourage peer interaction. Yet, stressing the mothers of newborn bonnets (by exposing them to a variable foraging demand) results in the offspring acting like pigtail monkeys, thus demonstrating that exposure to a significant environmental stress can alter the natural course of a behavioral phenotype. It is important to note that in contrast to animals, where the negative effects of stress appear permanent, humans exhibit much more plasticity; parents, for example, can correct for the negative effects of stress.

Gene-environment interactions can be studied indirectly by using twin-adoption data and more directly using molecular genetics approaches. Of particular interest in humans is the serotonin transporter (SERT) gene. Having a version of the gene that carries two short alleles has been shown to link with alcohol preference, ACTH response to separation, and amygdala effects in response to scary pictures. Furthermore, when individuals with this double short allele are exposed to stressful life events, they are at increased risk for developing major depression, demonstrating how specific genes interact with environmental events to produce psychopathology.

### **Mechanisms of Fear and Anxiety**

**Rene Hen, PhD** (New York, NY) and **Steven Hyman, MD** (Cambridge, MA), discussed what is currently known about the neural mechanisms underlying fear and anxiety specifically addressing the complex relationship between genes and neural circuits. For example, mutations in the gene encoding the serotonin transporter, which is expressed in many brain circuits, will have consequences in multiple structures and therefore produce phenotypes that are very different from those produced by mutations in genes that are expressed in only one particular brain region, such as the amygdala or hippocampus.

In addition to the gene-circuit interactions, there are also development-gene-circuit interactions wherein genes are expressed in a particular developmental trajectory. For example, the consequences of a commonly studied mutation in the promoter of the serotonin transporter gene appear to result from abnormal expression of this protein during development rather than in adulthood. Another example from the preclinical literature concerns the 5-HT<sub>1A</sub> receptor, which when blocked during development results in increased anxiety in tests that are hippocampus dependent (contextual fear conditioning) but not in tests that are amygdala dependent (cued fear conditioning). It would be interesting to be able to apply such behavioral paradigms in human studies to assess whether specific anxiety disorders are similarly hippocampus or amygdala dependent.

There are several possible approaches to classifying anxiety disorders: by clinical similarities (symptoms, signs, and course, as in the

current *DSM/ICD*); by treatment response (treacherous, given non-specificity of treatment); by etiology (risk genes and gene-environment interaction); and by pathophysiology (neural, cognitive, and affective processes that give rise to symptoms and signs). Although the etiological and pathophysiological approaches have clear advantages over the current descriptive approach, it should be noted that multiple etiologies may produce similar pathophysiologies, which, in turn, are not perfectly coupled to symptoms, signs, and impairment.

Evidence suggests, furthermore, that *DSM/ICD* mood and anxiety disorders have overlapping pathophysiologies. The evidence includes: high rates of comorbidity between anxiety and mood disorders; a shared factor in factor analyses of symptom data sets; shared genetic risk factors in twin studies and in association studies; shared developmental antecedents (e.g., behavioral inhibition); and shared responses to antidepressants and benzodiazepines. All suggest that *DSM* is not correctly “carving nature at the joints” as originally hoped.

A better approach to classification might consider a functional view of the emotion-processing circuits, perhaps defining anxiety disorders in terms of deficits in the circuits that: appraise the survival relevance of stimuli in the environment; activate appropriate physiologic, cognitive, and behavioral responses; facilitate memory formation; or produce subjective feelings and conscious cognition.

### Role of Cognitions

**Edna Foa, PhD** (Philadelphia, PA) and **Richard McNally, PhD** (Cambridge, MA) Cognitive processes are mechanisms related to the detection, encoding, storage, retrieval, and utilization of information. Two kinds of cognitions are thought to play a causal role in the etiology and maintenance of anxiety disorders: *negative evaluations* (thoughts, appraisals, or beliefs) and *cognitive biases*. Negative evaluations are measured through self-reports while cognitive biases are measured primarily by behavior elicited through experimental paradigms.

Anxiety disordered individuals overestimate the probability and cost of negative outcomes in a way that is specific to their disorder: they negatively evaluate neutral stimuli or responses; focus on threat information; and remember more negative information. Studies using longitudinal observations of chronic PTSD patients demonstrated that negative post-trauma evaluations correlate with PTSD severity: cognitive predictors accounted for 75 percent of the variance in PTSD severity compared to 40 percent for other established variables. However, without studies that evaluate cognitions before a trauma occurs, it is not possible to know whether negative cognitions are a cause or consequence of chronic PTSD.

For panic disorder, high scores on the anxiety sensitivity index (fear of bodily sensations) predicted later panic attacks. Treatment studies examining differences between treated and untreated patients

show a reduction of negative evaluations and cognitive biases. These data speak more to mechanisms of maintenance rather than causality. Finally, experimental paradigms demonstrate that manipulating disorder-related cognitions can influence symptom severity. For example, perceived control during the induction of panic-related symptoms reduces panic attacks in panic disordered individuals. The data that most directly speak to the causal role of cognitions in anxiety come from experiments that induce attentional and interpretation biases and then measure reactions to stress. Individuals who were trained to have negative biases show heightened anxiety during stressful events in contrast to untrained individuals.

### Stress and Psychosocial Factors

The relationship of stress and psychosocial factors to the development of anxiety disorders was addressed by **Ron Rapee, PhD** (Sydney, Australia) and **Richard Bryant, PhD** (Sydney, Australia). A distinction was made between distal causes (in which there is a long temporal period between stressor and effect) and proximal causes (in which there is a short temporal relationship); a lot of psychosocial causes that are distal are better considered to be vulnerability factors.

Overall, the extent to which stress induces anxiety will depend on vulnerability factors (genetic, cognitive, etc). Prospective studies indicate the importance of vulnerability factors as influencing responses to stressors. Twin and family studies demonstrate that both shared factors (e.g., family factors in children) and unique environmental factors (e.g., exposure to trauma) are important; shared factors, however, are less important in adult anxiety disorders suggesting that different types of etiological factors may be involved at different developmental stages. Environment, furthermore, may be responsible for the specificity of anxiety disorders since genetic factors appear to be relatively non-specific.

Consistent gender differences have been seen in various countries for Generalized Anxiety Disorders but not Panic Disorder, suggesting that these differences are not likely to be the result of cultural effects. There are, however, cultural effects on frequency of diagnoses. Social phobia is diagnosed less in Taiwan and Korea than in the West, yet symptom levels of social anxiety appear to be higher in the East. This may reflect differences in perceptions, as social anxiety is seen in a positive light by parents in the East.

With regard to stressors, childhood sexual abuse has been linked with a wide range of disorders, including anxiety. Peer victimization may be more likely associated with social anxiety disorder. There is little indication that parent-child relationship factors are causal to any particular disorder; their effects are mostly non-specific.

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### Neural Circuits of Stress and Fear Circuitry Disorders

Human brain imaging will likely provide a critical translational bridge from animal research to clinical populations, reported **Scott Rauch, MD** (Boston, MA) and **Wayne C. Drevets, MD** (Bethesda, MD). Given the early stages of research in this area, however, it would be premature to revise the *DSM* classification of anxiety disorders on the basis of brain imaging studies alone.

In animals, classical fear conditioning involves habituation, conditioning, and extinction, with the amygdala playing a critical role in threat and fear response. In humans, initial brain imaging findings in anxiety disorders suggest group differences in amygdalo-cortical structure and function. Many of these findings, however, are not highly reliable or specific and further research is needed to disentangle neural substrates or risk.

### Neurochemistry and Neuroendocrinology

Currently, we do not have biomarkers for any of the anxiety disorders, reported **Rachel Yehuda, PhD** (New York, NY), although there is some evidence for alterations involved in stress when challenge strategies are used. There are a number of possible explanations for the lack of a clear neurochemical or neuroendocrine signal that will support the fear-stress diagnostic grouping. These include: 1) methodological artifacts (e.g., peripheral markers may not relate to brain processes; study design issues such as power considerations); 2) problems stemming from the current classification system (e.g., over-inclusive or imperfect diagnostic criteria); or 3) possible flaws in the conceptual foundation of the disorders.

As an example of flawed conceptualizations Dr. Yehuda cited work linking PTSD pathophysiology with a pre-trauma characteristic in glucocorticoid signaling. Thus rather than defining PTSD as an abnormal response to extreme stress, a biological alteration, the pre-existing hypersensitivity to glucocorticoids, may define a specific phenotype that results in the inability to recover from the effects of trauma.

### Anxiety and Substance Use

A special presentation by **Edward Nunes, MD** (New York, NY), outlined a relationship between anxiety and substance use/abuse. Evidence from both human and animal studies suggests the prospect of shared risk factors thus indicating, for example, that children with anxious and/or depressed symptoms may be at a higher risk for subsequent substance use.

Animal models of addiction have demonstrated that exposure to stress increases drug self-administration and prompts the reinstatement of previously extinguished drug-seeking behavior. Further, neuroimaging studies of cue-elicited drug craving suggest the activation of brain areas involved in fear responses, the anterior cingulate and the amygdala. In humans, the acute effects of many sub-

stances are known to be anxiolytic or anxiogenic, perhaps suggesting research paradigms to better understand the neural mechanisms of stress and anxiety.

### Participant Work Groups

Following these formal presentations, the participants formed two working groups, one for Panic Disorder and PTSD, the other for Social Anxiety and Specific Phobias. Each group was asked to: [a] identify strengths and weaknesses in current diagnostic criteria; [b] identify promising new hypotheses to make the criteria more valid; [c] devise a research agenda to accomplish these goals. Research agenda items emerging from these discussions will be included in the monograph based on this conference.

### The Next Conference

In February 2006, **Carol Tamminga, MD** (USA) and **James Van Os, MD** (Netherlands) will co-chair the fifth diagnosis-related conference in the series, *Deconstructing Psychosis*. Joining the U.S. participants will be presenters and discussants drawn from 13 countries (See Table 2).

*Deconstructing Psychosis* will once again address both diagnosis specific topics *and* cross-cutting topics. Papers in the following topic areas will constitute the formal presentations:

#### Diagnosis Specific Topics

Evidence for diagnostic validity of schizophrenia diagnosis and alternative approaches  
 Evidence for diagnostic validity of diagnosis of Bipolar Psychosis and alternative approaches  
 Evidence for diagnostic validity of diagnosis of Major Depression Psychosis and alternative approaches

#### Cross-Cutting Topics

Life Course Approach to psychosis, symptoms, outcome and cultural variations  
 Cognitive Psychology of Schizophrenia and Phenomenology  
 Human Brain Imaging  
 Postmortem Molecular Biology  
 Genetics  
 Neuropharmacology of Psychosis

Summary of the conference will be posted on the APA Prelude Web site ([dsm5.org](http://dsm5.org)) soon after the meeting concludes. Formal manuscripts, submitted after the conference, and official transcripts of the discussion sessions will be combined into a monograph as part of the research planning series to be published by American Psychiatric Press Inc. Updates on progress of all aspects of the conference series will be continually posted on the [dsm5.org](http://dsm5.org) Web site.

Table 1

## The Future of Psychiatric Diagnosis: Refining the Research Agenda

### Launch and Methods:

*Co-Chairs:* Helena Kraemer, Ph.D.; Patrick Shrout, Ph.D.  
*Location:* Bethesda, MD  
*Date:* February 18-20, 2004

### Personality Disorders:

*Co-Chairs:* Tom Widiger, Ph.D.; Eric Simonsen, M.D.  
*Location:* Washington D.C.  
*Date:* December 1-3, 2004

### Substance Abuse:

*Co-Chairs:* John Saunders M.D.; Mark Schuckit, M.D.  
*Location:* Bethesda, MD.  
*Date:* February 14-17, 2005

### Stress and Fear Circuitry Disorders:

*Co-Chairs:* Dennis Charney M.D.; Gavin Andrews, M.D.  
*Location:* Washington D.C.  
*Date:* June 22 - 24, 2005

### Diagnostic Issues in Dementia:

*Co-Chairs:* Trey Sunderland, M.D.; Dilip Jeste, M.D.;  
Olusegun Baiyewu, M.D.  
*Location:* Geneva, Switzerland  
*Date:* September 14-16, 2005

### Deconstructing Psychosis:

*Co-Chairs:* Carol Tamminga, M.D.; Jim Van Os, M.D., Ph.D.  
*Location:* Washington D.C.  
*Date:* February 15-17, 2006

### Obsessive Compulsive Behavior Spectrums:

*Co-Chairs:* Eric Hollander, M.D.; Joseph Zohar, M.D.  
*Location:* Washington D.C.  
*Date:* June, 20-22, 2006

### Dimensional Issues in Diagnosis:

*Chairs:* John Helzer, MD; Helena Kraemer, PhD; Robert  
Krueger, MD; Hans Ulrich Wittchen, MD  
*Location:* Bethesda, Maryland  
*Date:* July 26-28, 2006

### Somatic Presentations:

*Co-Chairs:* Arthur Kleinman, M.D.; Yu Xin, M.D.; Vikrum Patel,  
MD  
*Location:* Beijing, China  
*Date:* September 6-8, 2006

### Externalizing Disorders of Childhood:

*Co-Chairs:* Luis Augusto Rohde, M.D., D.Sc.; Judith Rapoport,  
M.D.; David Shaffer, M.D.  
*Location:* Mexico City  
*Date:* February 14-16, 2007

### Depression and Generalized Anxiety Disorders:

*Co-Chairs:* David Goldberg, Dm, FRCP; Kenneth Kendler, M.D.  
*Location:* London, England  
*Date:* June 20, 21, & 22, 2007

### Public Health:

*Co-Chairs:* Benedetto Saraceno, M.D.; Norman Sartorius, M.D.,  
Ph.D.  
*Location:* Geneva, Switzerland  
*Date:* September 26-28, 2007

Table 2

## Participants Deconstructing Psychosis

Jean Addington, Ph.D., Canada  
Francine M. Benes, M.D., Ph.D., USA  
Wayne Fenton, M.D., USA  
Wolfgang Gaebel, M.D., Germany  
Raquel E. Gur, M.D., Ph.D., USA  
Assen Jablensky, M.D., Australia  
Richard Keefe, Ph.D., USA  
Matcheri W. Keshavan, M.D., USA/India

Steven M. Lawrie, M.D., Scotland  
Jeffrey A. Lieberman, M.D., USA  
Mario Maj, M.D., Ph.D., Italy  
Kwame McKenzie, MRCPsych, Trinidad  
Robin Murray, M.D., UK  
Shin-Ichi Niwa, M.D., Japan  
Michael Owen, Ph.D., UK  
James van Os, M.D., Netherlands

Mary L. Phillips, M.D., UK  
Michael R. Phillips, M.D., China  
Bruce Rounsaville, M.D., USA  
Alan F. Schatzberg, M.D., USA  
Carol Tamminga, M.D., USA  
Edouardo Vieta, M.D., Ph.D., Spain



## **Faculty Position – Addiction Psychiatrist**

The University of Vermont (UVM) College of Medicine is seeking an Addiction Psychiatrist for a full-time faculty position. This position is being offered at the Assistant or Associate Professor level on a clinical non-tenure track. This psychiatrist will be responsible for substance abuse education for medical students, residents, and other clinical staff at our academic health center. He/she will also serve as the Medical Director of the clinical outpatient substance abuse programs in the Psychiatry Service. The Center for Substance Abuse Research and Treatment at UVM is nationally recognized for developing empirically-based substance abuse treatment programs, and the successful applicant will be encouraged to participate in ongoing NIH-funded research and scholarly activities within the Department of Psychiatry. Applicants must have a medical degree and be board certified or board eligible in Psychiatry. Applicants must have either completed or be enrolled in specialty training or have extensive experience in Addiction Psychiatry. The University of Vermont is located in a beautiful area, with recreational and cultural opportunities in the Lake Champlain region of Vermont and upstate New York, the Burlington metropolitan area and nearby Boston and Montreal. Interested applicants should send curriculum vitae and contact information for three references to:

Stacey C. Sigmon, Ph.D.  
Search Committee Chair  
UVM Department of Psychiatry  
1 South Prospect St.; Room 1415  
Burlington, VT 05401  
Email: [stacey.sigmon@uvm.edu](mailto:stacey.sigmon@uvm.edu)

Applications will be accepted until this position is filled but we strongly encourage submission of required materials as soon as possible.

The University of Vermont is an Equal Opportunity and Affirmative Action Employer. Applications from women and individuals from diverse racial, ethnic, and cultural backgrounds are encouraged.



## RESEARCH SCIENTIST

Located in the beautiful southwest, Arizona's new Institute for Mental Health Research (IMHR) is the only state-wide mental-health research organization in the country. IMHR is dedicated to developing interdisciplinary teams of scientists and clinicians to accelerate the advancement of mental health science and improve diagnosis and treatment of mental illness and other brain disorders.

IMHR has opportunities for mental-health research physician-scientists with demonstrated ability to work independently in basic or clinical research, leverage collegial opportunities in Arizona, and secure NIH or comparable funding.

The Institute works through collaborations with institutions having significant strength in biomedical and applied clinical research. These include Arizona's leading research and clinical facilities:

University of Arizona  
Barrow Neurological Institute  
Sun Health Research Institute  
Arizona State University  
Banner Health System  
Translational Genomics Research Institute

These positions may be eligible for faculty appointment with the University of Arizona, Department of Psychiatry – tenure track. Competitive salary and benefits package.

Please respond by mail or e-mail to Alan J. Gelenberg, M.D., Professor and Head, Department of Psychiatry, University of Arizona, 1501 N. Campbell Avenue, P.O. Box 245002, Tucson, Arizona, 85724-5002; [alang@email.arizona.edu](mailto:alang@email.arizona.edu);

## *Opportunities for Funding, Training, Awards, Positions*

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■ **SPONSOR:** National Institutes of Health

■ **2006 NIH Pioneer Award**

**DESCRIPTION:** The 2006 NIH Director's Pioneer Award was announced on November 28. The Pioneer Award Program is part of the NIH Roadmap for Medical Research, an effort to promote interdisciplinary approaches to scientific challenges. The first awards were made in 2004 to nine scientists; thirteen scientists received the award in September 2005; between five and ten awards will be made in 2006. Awardees represent diverse disciplines and are at various stages of their careers; each receives \$500,000 per year for five years.

The electronic application process includes a three- to five-page essay, a biographical sketch, a description of a significant publication or achievement, and three letters of reference. The program is open to scientists at all career levels and in all fields who are interested in exploring topics relevant to biomedical research.

**DEADLINE:** Applications may be submitted between January 15 and February 27, 2006

**CONTACT:** See online submission form at <http://nihroadmap.nih.gov/pioneer>

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■ **SPONSOR:** NARSAD

■ **Independent Investigator Award**

**DESCRIPTION:** The National Alliance for Research on Schizophrenia and Depression, a private, not-for-profit organization that raises and distributes funds for scientific research into the causes, cures, treatments, and prevention of severe psychiatric brain disorders, announces award opportunities up to \$50,000/yr for two years open to scientists at associate professor level with national competitive support as principal investigators. Basic and/or clinical investigators are supported, but research must be relevant to schizophrenia, major affective disorders or other serious mental illnesses.

**DEADLINE:** Applications are due March 6, 2006. Application materials available as of January 1, 2006, at [www.narsad.org](http://www.narsad.org). Earliest award start date is September 15, 2006.

**CONTACT:** Research Grants Program, [grants@narsad.org](mailto:grants@narsad.org), or (516) 829-5576

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■ **SPONSOR:** Federation of American Societies for Experimental Biology (FASEB)

■ **Minority Access to Research Careers (MARC)**

**DESCRIPTION:** Multiple opportunities are offered under FASEB's 23-year old MARC program. The program has recently been re-funded by NIH (National Institute of General Medical Sciences), expanding opportunities open to underrepresented students in the biomedical and behavioral sciences. The program is designed to provide minority institutions, faculty, postdocs, and predoctoral students with resources, programs, and opportunities to gain access to and participate in cutting-edge research.

Interactive online applications are available for MARC programs that include: summer research opportunities; visiting scientists for minority institutions; travel awards for scientific meetings and conferences; grantsmanship training seminars and workshops; career development seminars.

**DEADLINES:** See application instructions for each of the program opportunities.

**CONTACT:** See Web page for individual program instructions: <https://ns2.faseb.org/marc/index.html>

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■ **SPONSOR:** Columbia University

■ **Research Fellowships in Geriatric Psychiatry**

**DESCRIPTION:** The Department of Psychiatry, Columbia University, College of Physicians and Surgeons-New York State Psychiatric Institute offers a two to three year training program to prepare promising M.D.s and Ph.D.s for careers as independent clinical investigators. Training includes work with a mentor as well as courses in statistics, research design, translational research, ethics and grant writing. Positions are available for July 1, 2006. Applicants should send a resume and/or request an application/brochure from the director of the fellowship program, contact information below.

Columbia University is an AA/EEO employer especially interested in recruiting minorities and women.

**DEADLINE:** Applications will be accepted until the positions are filled.

**CONTACT:** Steven P. Roose, M.D., NYS Psychiatric Institute, 1051 Riverside Drive, Unit 98, NY, NY 10032; (212) 543-5749, Fax (212) 543-6606; [spr2@columbia.edu](mailto:spr2@columbia.edu)

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■ **SPONSOR: Harvard Medical School**

■ **Postdoctoral Fellowships**

**DESCRIPTION:** The Department of Psychiatry, Harvard Medical School, is offering NIMH-supported Postdoctoral Fellowships involving independent research in clinical research sites within many components of Harvard University. The Fellows are under the supervision of experienced clinical researchers in biological and social/developmental fields. Positions include participation in integrative seminars and related courses. Diverse opportunities at over 45 research sites include: brain imaging, psychophysiology, psychopharmacology, genetics, neurochemistry, and longitudinal developmental studies.

Open to psychiatrists and other physicians, and to doctorates in the biological and psychological sciences. *US Citizenship or Permanent Resident status required.* Minority and MD applicants encouraged. Appointments are for one year, renewable to two years. NIMH-determined pay scale.

**DEADLINES:** Rolling admissions; application review begins January 2, 2006. Applications will be accepted until all fellowships have been awarded.

**CONTACT:** Program Coordinator, Clinical Research Training Program, Judge Baker Children's Center, 53 Parker Hill Ave., Boston, MA 02120-3225, (617) 232-8390, x4293; [crtp@jbcc.harvard.edu](mailto:crtp@jbcc.harvard.edu).

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■ **SPONSOR: Office of Research Integrity (ORI)**

■ **Conference, Workshop, Meeting Proposals**

**DESCRIPTION:** ORI is seeking proposals from institutions, scientific societies, and professional associations that wish to collaborate in developing conferences, workshops, symposia, colloquiums, seminars, and annual meeting sessions that address the responsible conduct of research, research integrity, or research misconduct. ORI will provide up to \$20,000, depending on the event proposed. Proposal instructions and an application form are available on the ORI Web site: [http://ori.dhhs.gov/conferences/conf\\_cosponsor\\_instruc.shtml](http://ori.dhhs.gov/conferences/conf_cosponsor_instruc.shtml)  
For an overview of ORI-supported conferences, see <http://ori.dhhs.gov/conferences/index.shtml>.

**DEADLINE:** April 1, 2006; electronic proposals only

**CONTACT:** Dr. Sandra Titus; 240-453-8437; [stitus@osophs.dhhs.gov](mailto:stitus@osophs.dhhs.gov)

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■ **SPONSOR: NIAAA, NIH**

■ **Travel Award for Psychiatry Residents**

**DESCRIPTION:** The National Institute on Alcohol Abuse and Alcoholism announces a competition for up to 3 travel awards for psychiatry residents interested in alcohol-related research. Travel and 3 days expenses to attend the 2006 American Psychiatric Association Annual Meeting in Toronto will be provided to winners in a national competition. The competition will be based on papers submitted to NIAAA that either 1) report original research or 2) consist of a critical review and suggestions for future research. Members of minority groups and women are especially encouraged to submit.

Winners will present their papers to a group of senior alcohol investigators at an open session at the Annual Meeting. Each presenter will have 15 minutes for presentation with 5 minutes for discussion, followed by an opportunity to meet with the investigator panel and NIAAA officials regarding research training opportunities and specific research questions.

**DEADLINE:** February 1, 2006

**CONTACT:** Gretchen Daehling at [daehlingg@mail.nih.gov](mailto:daehlingg@mail.nih.gov). For additional submission requirements see the link on the APA Web page.

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■ **SPONSOR: Society of Biological Psychiatry**

■ **Eli Lilly Travel Fellowship Award**

**DESCRIPTION:** Recognizing the importance of academic exchange, the Society of Biological Psychiatry, through an educational grant from Eli Lilly and company, supports up to fifteen annual Travel Fellowships to the Society's Annual Meeting. Each Fellowship will provide \$1,500 to help defray the cost of attending the meeting. In 2006 the Annual Meeting will be held at the Westin Harbour Castle, in Toronto, Canada, May 18 – 20. The theme of the Meeting will be "Vulnerability and Resilience: Implications for Psychiatric Disorders." Guidelines and application instructions available at [www.sobp.org](http://www.sobp.org)

**DEADLINE:** January 13, 2006; Awardees will be notified by February 6.

**CONTACT:** Maggie Peterson, Society of Biological Psychiatry, c/o Mayo Clinic Jacksonville; (904) 953-2842; [Maggie@mayo.edu](mailto:Maggie@mayo.edu)

## News and Notes

### APA 2006 Annual Meeting

The 2006 APA Annual Meeting will be held in Toronto, Canada, May 20 – 25. Online registration for APA members opened on December 1; non-member online registration begins January 9; Advance Registration deadline is April 21, 2006. Hotel reservations for both members and non-members can also be made online, visit the APA Web site and follow the 2006 Annual Meeting links to Hotel Reservations ([www.psych.org](http://www.psych.org)). Although passports and visas are *not* required for entry to Canada, a photo ID that establishes citizenship is a requirement. Naturalized U.S. citizens should carry the Naturalization Certificate, and permanent residents of the U.S. must carry their Green Cards.

### Blueprint for Neuroscience Research

The Blueprint for Neuroscience Research is a key trans-NIH program in the spirit of the Roadmap for Medical Research and the trans-NIH Obesity Plan. The Neuroscience Blueprint is a research collaboration launched in 2004. The Blueprint spans 15 NIH institutes and centers, providing a “framework” for coordinating research and developing the tools and resources needed to advance neuroscience research in the broadest capacity.

NIH has asked the research community to identify major opportunities and impediments in the field of neurodegeneration research. A Request for Information posted to the field on the NIH Web site, November 22, requests responses to two questions: What are the major opportunities for and impediments to research in neurodegeneration? What are the two or three highest priority tools and resources needed to seize these opportunities and overcome these impediments? Responses will be used to plan the next phase in the agency-wide Blueprint.

NIH has recently created the Office of Portfolio Analysis and Strategic Initiatives to manage research projects in areas of common interest to all the institutes and centers.

### Clinical and Translational Science Awards (CTSAs)

In October the NIH unveiled the Institutional Clinical and Translational Science Awards program, a new initiative under the Roadmap for Medical Research. The program is intended to enable academic institutions to transform their own environments in order to develop and advance clinical and translational science as a *distinct discipline* within a definable academic home. The academic setting can be a center, a department, or institute, but is expected to include faculty who conduct original research, innovative graduate and postgraduate degree-granting curricula, and programs that integrate clinical and translational science across multiple departments, schools, institutes and hospitals. The CTSA program contains several provisions designed to overcome the established academic and scientific trends that currently serve to stymie the translation of basic science discoveries into new treatments and therapies.

NIH plans to provide approximately \$30 million for this initiative in FY 2006. Awards will vary in size; applicants may request total costs up to \$6 million annually for five years; between four and seven awards are anticipated for FY 2006.

### APA and Medicare-D

In efforts to prepare APA members and their patients for the sweeping changes introduced in the new prescription drug benefit, Medicare Part D, APA has partnered with six other mental health organizations to launch a Web site that helps psychiatrists understand the new program and assist their patients in making decisions about the benefit. Visit the new Web site at [www.MentalHealthPartD.org](http://www.MentalHealthPartD.org). In addition, a consumer focused Web page on Part D has been created and posted on APA's [HealthyMinds.org](http://HealthyMinds.org) Web site.

### New NSF Report

A new report from the National Science Foundation proposes development of a research network designed to investigate the effects of research policy on specified elements of the research enterprise. The report is entitled *Research Policy as an Agent of Change*. Among the topics recommended as targets for research and evaluation are: effects on undergraduate education of university involvement in research; effects of concentrated research funding at a few major centers (versus funding spread across a greater number of institutions) on publications, patents, graduate study, etc.; effects on traditional disciplines of increased funding for interdisciplinary research; effects on postdoctoral career pathways of individual principal investigator grant funding practices. The report can be read online at [nsf.gov/pubs/2005](http://nsf.gov/pubs/2005).

### Society of Biological Psychiatry

The 2006 annual meeting of the Society of Biological Psychiatry will be held in Toronto, Canada, from May 18 – 20. The Presidential theme for the meeting will be “*Vulnerability and Resilience: Implications for Pathogenesis and Treatment of Psychiatric Disorders*.” The program will include a number of models of gene-environment interactions that may provide clues for preventive strategies and alternative treatment approaches. Ned Kalin, M.D., Chair, Department of Psychiatry, University of Wisconsin-Madison, serves as Program Chair for the 2006 meeting, under the leadership of Alan F. Schatzberg, current President of the Society. A number of awards and travel fellowships are offered by the Society in conjunction with the annual meeting. For further information about these awards see the Web page, [www.sobp.org](http://www.sobp.org). ■



**Institute on  
Psychiatric  
Services**

APA's Leading Educational  
Conference on Public and  
Community Psychiatry

# Start Spreading The News...

**October 5-8, 2006 • New York, NY**

**TRAUMA AND VIOLENCE IN OUR COMMUNITIES**



**Save the date now to attend the American Psychiatric Association's 58<sup>th</sup> Institute on Psychiatric Services, APA's leading educational conference on clinical issues and community mental health to meet the service needs of people with severe mental illness.**

This four-day event will feature more than 100 exhibits that complement the educational program, popular networking events, and over 200 expertly-led educational sessions on topics including:

**Violence, Trauma, and Victimization; Social and Community Psychiatry; Psychopharmacology; Resident and Medical Student Concerns; Substance Abuse; Child and Adolescent Issues; AIDS and HIV Related Disorders; Cross-Cultural and Minority Issues; Psychiatric Administration and Services; Treatment Techniques and Outcome Studies; Cognitive Disorders; Health Service Research Mood Disorders; Schizophrenia and Other Psychotic Disorders; and much more.....**



## Who Should Attend?

- All APA Members
- Psychiatrists and mental health professionals in community practice or the public sector including state and Veterans Affairs hospitals, community clinics, and jails and prisons
- Psychiatric Administrators
- Mental health professionals interested in social issues that have an impact on patients and their families
- Minority psychiatrists and International Medical Graduates
- Psychiatric Residents (only \$60 for advance registration)
- Nonmember Residents and Advocacy Group Members (only \$85 for advance registration)
- Medical Students (free registration); and
- Consumers interested in recovery issues

## Why Should You Attend?

- Earn up to 40 hours of category 1 CME credit
- Receive a 40% discount on APA member registration fees
- Network with colleagues at receptions and other events
- Industry-supported lunch and dinner symposia
- Valuable exhibit hall prizes drawn each day
- Visit New York City's fabulous restaurants, theaters, museums, and shopping!

## How Will You Benefit?

- Learn about the latest updates and acquire new skills in clinical psychiatry, that can be utilized to improve patient care;
- Acquire a deeper understanding of how the current health care system affects patient care;
- Demonstrate and apply new skills useful in clinical and public psychiatry settings;
- Recognize and improve mental health disparities in the community;
- Understand all aspects of recovery and how this affects families and the community; and
- Learn to diagnose and treat victims of trauma and violence in the community.

The Preliminary Program, which includes registration, housing, and travel information will be available in May at [www.psych.org/2006IPS](http://www.psych.org/2006IPS) or call 1-888-35-PSYCH and request a copy.

Online registration will begin on June 1.

For more information, please contact:

**American Psychiatric Association**  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901  
Phone: 1-888- 35-PSYCH or (703) 907-7300  
Fax: (703) 907-1090  
E-mail: [apa@psych.org](mailto:apa@psych.org)  
Web: [www.psych.org/2006IPS](http://www.psych.org/2006IPS)



# *Psychiatric Research Report (PRR)*

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