

# NEWSLETTER

SEPTEMBER 2006

PHILIP MORRIS, EDITOR

HELEN CHIU, PRESIDENT

## PRCP Research Awards Recipients

The PRCP is pleased to announce the recipients of the 2006 PRCP Research Awards. The recipients will present their papers on Sunday 8 October 2006 at the Scientific Meeting in Taipei, Taiwan.

Schizophrenia	Ken Sawada Japan	Hippocampal Complexins Proteins and Cognitive Dysfunction in Schizophrenia
Mood Disorders (Draw)	Jaek Hwang Republic of Korea	Basal Ganglia Shape Alterations in Bipolar Disorders
Mood Disorders (Draw)	Sau Man Sandra Chan Hong Kong	Elderly Suicide and the 2003 SARS epidemic in Hong Kong
Dementia	Chang Hyung Hong Republic of Korea	Republic of Korea Correlation between Metabolic Syndrome and Cognition in the Elderly



**12th PRCP  
Scientific Meeting  
Taipei, Taiwan  
5-8 October 2006**



## PRESIDENTS REPORT

As my term of Presidency draws near an end, it is a pleasure for me to report on some of our initiatives that have started to bear fruits. First, the third meeting of the Consensus program on Quality of Life of People with Dementia in Asia (QoLDEM) was held in Osaka on 25 and 26 May 2006. This program has been endorsed by PRCP and is chaired by Prof. Edmond Chiu. There were around 20 experts in Asia and it was decided that apart from producing the consensus statements, an instrument to assess Quality of life in people with dementia for our region would be developed and the instrument would be tested out in various countries in Asia.

Another product under the auspices of PRCP is the recent publication of the Asian Textbook of Psychiatry. This is the first English textbook in Psychiatry edited and authored by experts in Asia, and has a unique regional flavor. Apart from the chapters on the various

mental disorders, there are interesting commentaries on the local service provision and research findings from different countries in Asia. This book is edited by Prof. Edmond Chiu, Prof. E H Kua, Prof. Yu Xin and myself. We are delighted that it has been nominated to the Ministry of Education as a recommended textbook in medical schools in China.

Establishment of a journal for Asia is another initiative that is actively pursued under the leadership of Prof. Allan Tasman and Prof. Bruce Singh, and there have been several meetings with the Oxford University Press on this issue.

Finally, the 12<sup>th</sup> PRCP Scientific Meeting will be held very soon in Taipei on October 5 to 8. The scientific program is of high quality under the able leadership of Prof. Ming-Been Lee. A highlight of the program is the

symposium on "Asia-Pacific Mental Health in Disaster Network". One of the most traumatic events in our region in the last 2 years is the tsunami in South Asia in December 2004. The establishment of the Asia-Pacific Mental Health in Disaster Network is thus a very important initiative for our region. The progress of this network, as well as the involvement of PRCP would be presented in the symposium. In addition, there are many other highlights of the scientific program, as well as opportunities for sharing and interaction with Fellows and Members of PRCP. I would like to extend a very warm welcome to all our Fellows and Members to attend the meeting in Taipei, and I look forward to seeing you there.

**Prof Helen Chiu  
President**



# EDITOR'S REPORT

Dear Colleagues,

It has now been nearly two years since we met in Hong Kong at the last Scientific Meeting of the Pacific Rim College of Psychiatrists. Like many of you I am looking forward to the Scientific Meeting in Taipei, Taiwan from 6-8 October this year. The two years have passed very rapidly, and much has happened over this period. In the Asia-Pacific region there have been two tsunamis, a number of earthquakes and a landslide that have confronted us as disasters. The humanitarian and mental health response to these tragedies continues and the PRCP has been involved in providing expert guidance to the relief efforts. Professor Helen Chiu and a number of members of the College Board have been actively involved in the mental health recovery efforts. Information on the progress of mental health disaster relief will be presented at the Scientific Meeting in Taiwan.

The past two years has seen the College advance in other ways. There have been four new PRCP Board Members appointed and a substantial enhancement to the

membership base with the recruitment of new members and fellows of the PRCP, particularly from countries within the Asian region. The financial standing of the College has been greatly enhanced due to careful management of the College's funds by the Secretary-General, A/Prof. Eng-Seong Tan, and a considerable injection of funds from the proceeds of the Scientific Meeting held in Hong Kong in 2004. The College has been able to establish three research awards for younger investigators in the fields of schizophrenia, mood disorders and dementia. The awards will assist recipient's present papers at the Scientific Meeting of the College and will provide financial contributions for further career development. Professor Helen Chiu has been instrumental in developing this initiative.

The Scientific Meeting promises to be a very exciting time. A number of the symposium and conference themes are on mental health challenges around the Pacific Rim and are at the cutting edge of psychiatry in the Asia-Pacific region. One symposium that I have responsibility for includes presentations by Professor Alan Tasman (President Elect PRCP) on 'Manpower and Workforce Issues for Psychiatry in the Pacific Rim',

and another presentation by Professor Bruce Singh (past President PRCP) on 'Asia-Australian Mental Health: An Approach to Assisting the Development of Mental Health Services in the Asia-Pacific Region', as well as my own presentation on 'The Australian Mental Health Crisis; A System Failure in Need of Treatment'.

I look forward to seeing you at the Scientific Meeting in October. If you have any material or photographs that you would like included in the post meeting newsletter, please give it to me at the meeting or pass it on to Fiona Kelly (PRCP Secretariat) so that we can have it included in the next newsletter.

It has now been four years since I was given the responsibility for being the newsletter editor. My work has been made so much easier and enjoyable by the good people that I have worked with in the College over this time. I would particularly like to thank Professor Bruce Singh, Professor Helen Chiu, A/Prof Eng-Seong Tan, and PRCP administrative staff Alis Gordon, Rita Costas and Fiona Kelly for their help and encouragement.

PHILIP MORRIS

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*Thank You*

The PRCP would like to take is opportunity to thank Prof Judith Gold, Prof Christopher Chung, Prof Edmond Pi and Assoc Prof Eng-Seong Tan for their contributions to the PRCP Board.

Visit the PRCP Website [www.prcp.org](http://www.prcp.org)

# SECRETARY-GENERAL'S REPORT

The PRCP continues to advance in its initiatives and activities. The PRCP has been represented in various mental health organizations meetings in the region. The research awards established under the initiative of President Professor Helen Chiu has been announced

The PRCP has been represented also at the recent inaugural steering committee for the Asia-Pacific Mental Health Network for Disasters at the Annual Congress of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). This group was formed as an initiative of the WHO WPRO and is aimed at producing an evidence-based, culturally appropriate resource for an effective and ethical mental health response to disasters, at the preparation, readiness, recovery and development phases.

I will have completed seven years in my position as Secretary General of the PRCP, having assumed office since January 2000. My term of office was extended at the Scientific Meeting in Hong Kong in 2004. I will not seek renomination and therefore take this opportunity to thank all the people who have assisted me in my work as Secretary General, particularly the secretariat staff Alis Gordon and Fiona Kelly.

Assoc Prof Eng-Seong Tan

## The Disaster Network Steering Committee

Camodia	Dr. Sin Poly Dr. Sophal Chhit
Indonesia	Dr. Pandu Setiawan (tbc)
Japan	Dr Yoshiharu Kim (tbc)
People's Republic of China	Professor Ma Hong
Republic of Korea	Dr Jeong-Ho Chae, Dr Tae-Yeon Hwang
Malaysia	Dr. Lim Chong Hum
Singapore	Dr Cheng Lee
Taiwan	Dr. Frank Huang-Chih Chou
Thailand	Prof. Pichet Udomratn
Pacific Rim College of Psychiatrists	Assoc Prof Eng-Seong Tan
WHO	Dr Wang Xiangdong
WPA	Prof Helen Herrman
Secretariat	Assoc Prof Chee Ng Julia Fraser. Dr Karen Winter

## INVASIVE PHYSICAL TREATMENTS IN PSYCHIATRY, DR PHILIP MORRIS

Psychosurgery is the most invasive treatment-resistant psychiatric physical treatment in psychiatry. conditions increased through the Kingdom. These days, psychosurgery was introduced in 1940's, 50's and 60's. A greater appreciation of the adverse effects of treatment of depression and obsessive compulsive disorder led to the use of stereo tactic techniques with more specific bilateral lesions being placed in the sub caudate nuclei, the anterior cingulate cortex, and the anterior limb of the internal capsule (anterior capsulotomy). From the 1970's onward the number of psychosurgery operations diminished dramatically for chronic and now less than 20 are done per annum in the whole of the United Kingdom. These days, psychosurgery in psychiatry is only permitted for the treatment of depression and obsessive compulsive disorder where the conditions are intractable and treatment-resistant and where multi-modal treatments (pharmacotherapy, psychological treatment and psychosocial rehabilitation) have been trialled without success for several years.

# INVASIVE PHYSICAL TREATMENTS IN PSYCHIATRY (CONTINUED)

Although it might seem that invasive techniques for treating psychiatric disorder have been largely eliminated, there has been a recent resurgence of interest in treatments that directly affect the central nervous system in a physical way, but avoid the use of surgical techniques that destroy brain tissue. In an earlier review published in the PRCP newsletter, I provided a concise overview of the use of transcranial magnetic stimulation (TMS). In this brief article I plan to provide some information about other techniques that provide direct stimulation to the brain for the treatment of psychiatric illness, predominantly mood disorders of a depressive type.

Vagus nerve stimulation (VNS) has been used to treat refractory epilepsy. It was noted to improve mood in these patients. The stimulation of the vagus nerve in the neck area produces neuronal activation in the projection fields of the vagus nerve nuclei, including the forebrain. A pulse generator sends electrical impulses to the vagus nerve which produces antidepressant effects. About 50% of treatment resistant depressive patients improve over a 12 month period. The vagus nerve stimulator needs to be surgically implanted in the chest wall and its electrode attached to the left vagus nerve. This is a minor surgical procedure. Vagus nerve stimulation is approved in the United States, Canada and in the European Union as a treatment for depression.

Magnetic seizure therapy (MST) uses the application of a powerful electromagnet to produce a high

frequency current in a small portion of the brain that sparks a seizure. It is a magnetic field induced version of electroconvulsive therapy. As with ECT a seizure is produced, but it is hoped that magnetic seizure therapy will cause less memory loss than ECT. This treatment is used for treating depressive illness.

Trans-cranial direct current stimulation (TDS) is a non-seizure producing electrical treatment that drives a small current through the frontal cortex of the brain from electrodes placed on either side of the head adjacent to the frontal lobes. The electrical stimulus is a small direct current that is applied for minutes on a daily basis over a period of weeks. It appears to alter the activity of neurons in the longer term and improve depression. The advantages of this technique are that the current source is simple and cheap to obtain and the bi-frontal electrode placement is simple to use. If this technique is found to be effective, it is likely to replace transcranial magnetic stimulation.

Deep brain stimulation (DBS) is the most invasive of the newer brain stimulation techniques. In this technique, a stimulator that generates electrical impulses is placed in the patient's chest and electrodes are taken up to the head and then placed bilaterally deep within the brain at the level of the anterior internal capsule or subgenual cingulate gyrus white matter. Stimulation causes inhibition of these areas; a virtual reversible equivalent of the neurosurgical procedure of anterior capsulotomy. This treatment has been used for

intractable depression and obsessive compulsive disorder. The advantage is that the electrodes can be moved or repositioned in order to achieve the most pronounced effect on mood or on behaviour. The impact of direct brain stimulation can be dramatic and immediate and may last beyond when the electrode impulses are turned off. Little is yet known about the optimal settings for duration and frequency of brain stimulation under this treatment modality.

This brief review indicates that there is an increasing role for physical treatments in psychiatry that directly stimulate brain regions. As more knowledge is gained about these techniques it is likely that different areas of the brain will be considered for stimulation and psychiatric disorders beyond depressive illness and obsessive compulsive disorder will become the targets for these treatments.

PHILIP MORRIS

Further reading:-

- Gelder M, Harrison P, Cowen P. Shorter Oxford Textbook of Psychiatry, 5<sup>th</sup> Ed, 2006. Oxford University Press, Oxford OX26DP, UK.
- Sadock BJ, Sadock VA. Comprehensive Textbook of Psychiatry, 8<sup>th</sup> Ed, 2005. Lippincott Williams & Wilkins, Philadelphia PA 19106, USA.
- Mayberg HS et al. Deep brain stimulation for treatment-resistant depression. *Neuron* 2005; 45 (5): 651-60

# EVENTS, NEW MEMBERS FINANCE

The PRCP Board will have four vacancies when they meet next in Taipei in October 2006.

The Board will appoint a Secretary General to replace Prof Eng-Seong Tan and Board Members to replace Prof Judith Gold Prof Christopher Chung Prof Edmond Pi

Members are asked to consider nominations to be considered for appointment at the meeting of the Board in Taipei on 5 October 2006.

Interest from fellows and members of the PRCP can be expressed by email to Fiona Kelly at [info@prcp.org](mailto:info@prcp.org)

## THE FIRST WORLD CONGRESS OF CULTURAL PSYCHIATRY (WCCP)

September 23-26 2006  
Beijing, China

More information at:  
<http://www.wacp2006congress.org/>

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# FINANCE

## QUARTER 3, 2005-2006

<b>National Australia Bank Account</b>	Australian \$
Balance 01/01/2006	<b>\$154,611.74</b>
<b>INCOME</b>	
Subscriptions	\$3,725.00
Research Award USD \$3500.00	\$4,864.49
Australian Tax Office	\$1,256.37
Sub Total	<b>\$164,457.60</b>
<b>EXPENDITURE</b>	
Website	\$66.00
Bank Charges	\$149.34
Australian Tax Office	\$404.00
Balance 31/03/2006	<b>AUD\$163,838.2</b>

## QUARTER 4, 2005-2006

<b>National Australia Bank Account</b>	Australian \$
Balance 01/04/2006	<b>\$163,838.26</b>
<b>INCOME</b>	
Subscriptions	\$3,910.00
Australian Tax Office	\$1,643.25
Sub Total	<b>\$169,391.51</b>
<b>EXPENDITURE</b>	
Travel Melbourne -Taiwan return for Oct 2006 Scientific Meeting— Secretariat Fiona Kelly	\$1,430.00
Website	\$44.00
Newsletter	\$574.36
Bank Charges	\$237.04
Mail, Postage	\$1,347.77
Salaries	\$4,010.87
Australian Tax Office	\$404.00
Balance 31/06/2006	<b>AUD\$161,343.47</b>

**APPLICATION FORM  
FOR MEMBERSHIP OF THE  
PACIFIC RIM COLLEGE OF PSYCHIATRISTS**

INSERT PHOTO

**Please return to:**  
PRCP Secretariat  
University of Melbourne Department of Psychiatry, 1 North, Level 1 Main Block  
Royal Melbourne Hospital, Victoria, Australia 3050  
Ph: +61 3 8344 6336, Fax: +613 9347 3457, E-mail: info@prcp.org

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ SEX: \_\_\_\_\_

MEDICAL SCHOOL GRADUATED FROM: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

POST GRADUATE (OR RESIDENCY) TRAINING RECEIVED AT: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**ARE YOU A MEMBER OF A NATIONAL PSYCHIATRY ORGANISATION? (PLEASE SPECIFY)**

**SPECIALIST BOARD: DATE RECEIVED:** \_\_\_\_\_

PSYCHIATRY \_\_\_\_\_

NEUROLOGY \_\_\_\_\_

OTHER (PLEASE SPECIFY) \_\_\_\_\_

**CURRENT INTERESTS:**

CLINICAL \_\_\_\_\_

TEACHING \_\_\_\_\_

RESEARCH \_\_\_\_\_

CROSS CULTURAL \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PLEASE ATTACH CURRICULUM VITAE (abbreviated version acceptable) AND ONE PASSPORT PHOTOGRAPH.

SIGNATURE **X** \_\_\_\_\_

PRCP recognizes the World Bank Economic Categories. Please see the PRCP website for details: [www.prcp.org/members.html](http://www.prcp.org/members.html)

**Category A - Fellow AUD\$150, Member AUD\$100**

**Category B - Fellow AUD\$100, Member AUD\$75**

**Category C - Fellow AUD\$75, Member AUD\$50**

**Category D - Fellow AUD\$40, Member AUD\$25**