

## President's Letter



**Steven E. Locke, MD**

Summer is a time for the three R's: rest, reflection, and rejuvenation. Hopefully, you have enjoyed some leisure time and the opportunity to relax with family and friends. Recharging our emotional batteries sends us into fall with more creative energy. Personally, I am looking forward to some new developments at APS that I think will benefit not only the field of psychosomatic medicine, but will extend to medicine in general and society at large. I am pleased to be able to share with you news about several areas in which APS, in collaboration with other organizations, is leading innovations in research, public health, and medical education. It is the goal of my efforts as President this year to support our members' efforts to increase the impact, visibility, and effectiveness of the field of psychosomatic medicine and to continue the integration of our specialized knowledge and expertise into the mainstream of the care of the medically ill.

### APS LEADS IN BIODEFENSE

The APS has taken a leadership role in an important area of public health preparedness: biodefense. On June 12<sup>th</sup> 2003 the APS, along with the Centers for Disease Control and Prevention (CDC), sponsored an invitational meeting that was held at Georgetown Medical Center. The meeting was a working conference on Managing the Behavioral Consequences of Terrorism: The Potential Adverse Impact of Multiple Undiagnosed Physical Symptoms (MUPS) on Post-Event Surge Capacity.

Representing the first meeting of its kind, participants were primary care physicians and

nurses, infectious disease specialists, epidemiologists, mental health clinicians, and terrorism and public health preparedness experts from the USA, Canada, and Israel. I organized the meeting and APS members who participated included Frederick Stoddard and Arthur Barsky, who co-chairs the workgroup on the science base for MUPS assessment and triage. The goal of the meeting was to review the threat of MUPS to *surge capacity* (a measure of a health systems capability to respond to an influx of acutely ill patients), to consider the implications of MUPS for risk communication strategies, and to produce a white paper for use in the biodefense planning by federal and state authorities. Based upon the success of the meeting, the CDC has expressed interest in reviewing the report from the meeting. An article about the meeting appeared in the Washington Post <http://www.washingtonpost.com/ac2/wp-dyn/A51644-2003Jul13>.

Members interested in becoming involved in the Society's activities in this area should contact Drs. Frederick Stoddard or Robert Ursano, co-chairs of the APS Task Force on the Biopsychosocial Impact of Terrorism and Disasters and watch for program elements on this subject at the annual meeting in March 2004.

### APS LEADS IN INTERSOCIETY RELATIONS

APS has two new initiatives underway to strengthen our ties to other societies interested in psychosomatic and behavioral medicine.

1. This past May, APS organized a teleconference among the presidents of several of our closest sister organizations: the Society of Behavioral Medicine, The Academy of Psychosomatic Medicine, Division 38 (Health Psychology) of the American Psychological Association, and the Academy of Behavioral Medicine Research. The following representatives participated in the call: Steven Locke (APS President), Frank Keefe (APA Div 38 President), Linda Baumann

(SBM President), Robert Kaplan (ABMR President), and Mary Jane Massie (APM President).

The purpose of the meeting was to identify issues and concerns of common interest and to explore ways in which these organizations might coordinate action to increase their effectiveness and to better serve their overlapping constituencies. Three of the organizations are having major anniversary years (25<sup>th</sup> or 50<sup>th</sup>) in 2003-2004 and so long-range strategic planning has been on several of the leaders' minds.

Issues of common interest that were discussed included:

- The Evidence-Based Behavioral Medicine Committee formed by a consortium of societies under the leadership of Karina Davidson at SBM with support from OBSSR.
- The need to increase research funding and training opportunities was universally endorsed. Joint lobbying efforts to increase funding were discussed but no plans made for action at the present time.
- There was interest among most of the participating organizations to do more to support career development of young investigators.
- The sharing of leadership models for most effective use of committees and committee chairs within each organization was discussed.

Overall, the call was deemed useful to inform one another about the activities of each participating society. We saw it as a platform for possible future collaboration and agreed to schedule in another meeting by teleconference in the fall and to invite the respective presidents-elect to participate to facilitate continuity.

Since 1980, it has been my dream to see the establishment of a federation of American

*(Continued on page 3)*

## From the Editor

**Christine A. Marco, PhD**  
**Rhode Island College**  
**Providence, RI**

As an academic, I have the pleasure of celebrating two New Years: the first, on Dec 31<sup>st</sup> with the rest of the world; the second, as the dog days of summer and back-to-school advertisements trumpet the beginning of a new academic year. I find myself feeling contemplative and wistful, yet I anticipate the promise and challenge of a new academic year. So it seems fitting that I take over the reins as the newsletter editor at this time. I look forward to continuing my service to APS in this manner, and I thank Laura Degnon and Daglyn Carr for patiently guiding me through my first issue.

As always, this issue brings extremely interesting news to the APS membership. First, Dr. Steven Locke discusses APS' collaboration in three major areas: developing our nation's biodefense preparedness, strengthening ties with several similar societies (e.g., Society of Behavioral Medicine), and developing socio-behavioral science curricula for medical schools. I am always proud when I hear of ways in which our discipline in general and our society in particular are working at a national level to further psychosomatic and behavioral health and medical care. I especially think that the building of alliances with similar professional societies will fortify us as a discipline and allow us to strengthen our work at the national and international levels. Finally, Dr. Arthur Barsky is announced as this year's President's Award recipient. Please read about him in this issue and attend the award ceremony at the annual meeting in March (more about that later).

Dr. David Sheps brings the welcome news that *Psychosomatic Medicine* has been redesigned and expanded, allowing for the more timely publication of articles. Those submitting manuscripts should note the changes that David mentions and check the website for updated instructions to authors.

Dr. Jessie Gruman's articles are always provocative, and she hits yet another high note in her article on the health disparities of men of color. She paints a troubling picture of how men of color are statistically "...safer

in Baghdad than in Baltimore..." and provides information for how to begin addressing men's health issues. I agree that we can champion the cause of men's health issues without diminishing the attention given to women's and children's health.

Be sure to check out the introduction to APS' newest leaders, and the announcement for next year's scientific meeting in Orlando, FL. Given that I served on the Program Committee for the past three years, I know firsthand the amount of work that goes into preparing the annual meeting, and I know that Drs. Julian Thayer and Bill Gerin will do a spectacular job as Program Co-Chairs. Be sure to check the website for details of the meeting as the abstract deadline will be fast upon us.

As I close, I once again contemplate the beginning of a new school year and my new role as the newsletter editor. I aim to keep the newsletter informative and hope to inject a note or two of humor along the way. If you have any comments or suggestions for articles, please feel free to contact me. I wish you all a Happy Academic New Year.

**The APS 2004 Annual Meeting,  
March 3-6, is now seeking  
proposals for:**

**\* Workshops \***

**\* Roundtable Lunch Discussions \***

**\* Posters \***

**\* Papers \***

**\* Symposium \***

**Abstract submission deadline  
is October 10, 2003.**

**[www.psychosomatic.org](http://www.psychosomatic.org)**

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# President's Letter

(Continued from front page)

societies for behavioral and psychosomatic medicine and health psychology, analogous to FASEB (The Federation of American Societies for Experimental Biology). Maybe this is the first step.

2. The reconfigured Liaison Committee, under the able leadership of Bruce Rollman, has begun to develop a strategic plan for increasing APS interactions with other medical professional societies. Bruce will be assisted by APS member Kurt Kroenke who will serve as co-chair of the committee. Both Bruce and Kurt also belong to the Society of General Internal Medicine, the professional organization for primary care internists where Kurt is past-president. Bruce and Kurt have begun discussions with SGIM leadership to explore ways in which APS and SGIM can develop joint programs that foster a cross-fertilization that reflects our overlapping interests. We look forward to Bruce's committee report at the Fall Council Retreat this September. I am very impressed with the energy and creativity that he has already brought to this important leadership role in APS and am appreciative of his and Kurt's willingness to build ties to SGIM. Members interested to serve on the Liaison Committee should contact Bruce Rollman at [info@psychosomatic.org](mailto:info@psychosomatic.org).

## APS PARTICIPATES IN THE IOM REPORT ON INTRODUCING BEHAVIORAL AND SOCIAL SCIENCES INTO MEDICAL SCHOOL CURRICULA

The Institute of Medicine (IOM) has created a committee of experts who are reviewing the need to introduce behavioral and social sciences into medical school curricula. Recognizing that the scientific evidence for the impact of behavior and social science on health is substantial, IOM believes that future physicians must receive appropriate training during their medical education in this field of knowledge.

The IOM committee, which includes APS members Dennis Novack and Neil Schneiderman, will 1) review the approaches used by medical schools that have incorporated behavioral and social sciences into their curricula; 2) develop a list of prioritized topics from the behavioral and social sciences for possible inclusion in medical school curricula; and, 3) provide options

for how changes in curriculum can be achieved and identify barriers and challenges to overcome.

Reports that emanate from the IOM often have a profound effect on healthcare and society. (The IOM report on Crossing the Quality Chasm is a recent example.) We hope that the forthcoming IOM report on biopsychosocial issues in medical education will help to identify effective teaching models that can rehabilitate outmoded and misguided medical education programs and, through these improvements, promote practices that lead to more effective and patient-centric, integrative care.

The IOM project is sponsored jointly by the NIH Office of Behavioral and Social Science Research and the Robert Wood Johnson Foundation.

Dennis Novack reported that the committee is "making great progress in agreeing on the priorities for medical school curricula in social and behavioral sciences, and Neil Schneiderman and I are ensuring that the research and concepts of psychosomatic medicine will be well represented in our final recommendations." Dennis was not at liberty to talk about details, but did say, "I'm excited by our process and think it will have important results in integrating our science into medical education and potentially inspiring more physicians to join our ranks in the future." Thanks to Neil and Dennis for representing our field in these important deliberations. The final meeting will be held in October, 2003 and the formal report will be published in the Spring of 2004.

## PRESIDENT'S AWARD RECIPIENT

According to tradition, I have the privilege to select for recognition and distinction a recipient worthy of the annual President's Award of the APS.

This award is given annually to an individual who has contributed significantly to the field of psychosomatic medicine through advancement of scientific or public knowledge, leadership in the area of health policy, or philanthropic support of scholarly activities in psychosomatic medicine. I selected Arthur Barsky for his many outstanding contributions to our understanding of somatization, somatoform disorders, and physical manifestations of anxiety and depression. His tireless and prolific work in psychosomatic

medicine research has been seminal and inspirational.

The President's Award consists of an honorarium and a plaque signifying the award. Dr. Barsky has agreed to accept the award and to give a brief lecture. As has been the custom, the President's Award Lecture will take place during the opening night of the annual meeting in Orlando this coming March. It will be followed by a cocktail reception (and continued viewing of the citation poster session).

Speaking of the annual meeting, I hope that you have all marked your calendars and are making plans to attend our 62nd annual meeting in Orlando, March 3-6, 2004 at the Caribe Royale Resorts.

The call for abstracts is up on our website: [www.psychosomatic.org](http://www.psychosomatic.org) and the deadline is October 10, 2003.

See you in Orlando in March!

Best regards,  
Steve Locke

## \*NOTE\*

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# Psychosomatic Medicine Journal Update

**David S. Sheps, MD, MSPH**  
**Editor-in-Chief,**  
*Psychosomatic Medicine*

I am pleased to report that through the cooperative efforts of the American Psychosomatic Society and our publisher, we have been able to reduce the length of time between acceptance of an article and publication in *Psychosomatic Medicine*.

We have added pages to recent issues, implemented a space-saving redesign and urged authors to report their findings succinctly. As a result, we can now tell authors of newly accepted manuscripts that they can expect to see their articles in print in 6 months or less, a marked improvement from the 10 or 12 months it had been.

Related to this effort, we have recently changed our instructions to authors (available on the Web at <http://www.psychosomaticmedicine.org/misc/ifora.shtml>) in several respects. We are now asking authors to limit their overall word count to 6,500 (and to report their word count on their cover page). I believe this will encourage authors to be concise, yet still is a generous enough allowance to enable the exploration of important ideas.

I would also like to draw your attention to another important change in our instructions: We are asking authors to consult the CONSORT, MOOSE, and QUORUM statements. These acronyms stand for, respectively, the Consolidated Standards of Reporting Trials, the Meta-analysis of Observational Studies in Epidemiology, and the Quality of Reporting of Meta-analyses. These are consensus statements designed to improve the quality of the scientific literature. Detailed explanations of these statements and checklists for following them are available on the Web at <http://www.consort-statement.org>.

I would like to close this brief message by thanking the APS executive office, the Council, the editorial board and our publisher for their support in making the decreased time to publication possible. And

since I can never thank them enough, I also would like to express my continued gratitude to APS members for reviewing for the journal and submitting their best work to *Psychosomatic Medicine*.

## Announcements

### TRAINING AND CAREER DEVELOPMENT IN BIOPSYCHOSOCIAL RHEUMATIC, MUSCULOSKELETAL, AND SKIN DISEASES RESEARCH

**Release Date:** May 6, 2003

**RFA:** AR-03-010

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

**Letter of Intent Receipt Date:**

August 24, 2003

**Application Receipt Date:**

September 24, 2003

#### PURPOSE OF THIS RFA

Biopsychosocial perspectives and approaches to research can contribute to our understanding of the etiology, course, and outcomes of rheumatic, musculoskeletal, and skin diseases, but behavioral research in these disorders has been relatively limited. To increase integration of behavioral and biopsychosocial approaches into rheumatic, musculoskeletal, and skin diseases research, the NIAMS has identified a fundamental need to foster interdisciplinary training of scientists with interests in these diseases.

Behavioral scientists who wish to pursue biobehavioral research in rheumatic, musculoskeletal, or skin diseases may require additional training in the biomedical and clinical aspects of these diseases; biomedical scientists may require training in behavioral theory and methods. This announcement is intended to attract promising behavioral researchers to the study of rheumatic, musculoskeletal, and skin diseases, and to encourage biomedical researchers to adopt a biopsychosocial approach to research, with the ultimate goal of enhancing the quality and quantity of interdisciplinary biobehavioral research in these diseases.

With this RFA, the NIAMS is requesting applications for fellowships (postdoctoral and senior), Mentored Research Scientist Development Awards, Mentored Clinical

Scientist Development Awards, and Mentored Career Transition Awards in behavioral research in rheumatic, musculoskeletal, and skin diseases.

For more information go to [www.niams.nih.gov](http://www.niams.nih.gov) or [http://www.niams.nih.gov/rtac/funding/grants/rfa/ar\\_03\\_010.pdf](http://www.niams.nih.gov/rtac/funding/grants/rfa/ar_03_010.pdf).

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### NEW NIH LOAN REPAYMENT PROGRAMS REPAY STUDENT LOANS FOR HEALTH RESEARCHERS

The National Institutes of Health (NIH) Loan Repayment Programs offer up to \$35,000 per year to repay student loans of scientists, physicians, dentists, and other health professionals willing to commit to a career in clinical, pediatric, health disparities or contraception and infertility research. Applicants must have doctoral-level degrees and commit to spend at least 50% of their time for two years conducting qualified research.

The online application opens September 1 and closes December 31, 2003.

See [www.lrp.nih.gov](http://www.lrp.nih.gov) for program information and to apply online.

## Welcome... New Members!

**David Chatkoff, MA**  
*New Haven, CT*

**Joachim E. Fischer, MD**  
*Zurich, Switzerland*

**George Fitchett, D.Min**  
*Chicago, IL*

**Anastasia Georgiades, PhD**  
*Stockholm, Sweden*

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**Marjan Waltman, PhD**  
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“My earliest memories of learning about others’ research and thinking about my own were formed by reading *Psychosomatic Medicine* and attending the APS annual meetings, beginning, if memory serves, in 1968 or 1969. APS has nurtured me throughout my career, and I am happy to be able to help it continue to perform this function for others, young and old.”

— **Redford B Williams, Jr., MD**

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If you would like to share your reason for contributing, you can email it to [info@psychosomatic.org](mailto:info@psychosomatic.org).

To make a donation to the APS Fund, you can send payment to APS Fund, 6728 Old McLean Village Drive, McLean, VA 22101. Donations are fully tax deductible to the amount permitted by law.

# Recommended Evidence Based Medicine Resource: Cochrane Database of Systematic Reviews

**Karina Davidson, PhD**  
Mount Sinai School of Medicine  
New York, NY

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Evidence-based medicine has recently come to the forefront as an approach by which to evaluate and practice medicine. Evidence-based behavioral medicine (EBBM) is a relatively young field that has similar purposes. Researchers, clinicians, students, and policy makers may all contribute to, and benefit from, the methodological and substantive advances this area has to offer. The Evidence-based Behavioral Medicine (EBBM) Committee<sup>1</sup> is comprised of experts in randomized clinical trials, biomedical statistics, clinical psychology, behavioral medicine, community interventions, and project coordination. It was initially sponsored by the Society of Behavioral Medicine, but recently the American Psychosomatic Society, Division 38 (Health Psychology) of APA, and the Academy of Behavioral Medicine have all joined together to support the activities of the committee. Among the objectives of the committee is the goal of identifying and disseminating information about evidence-based behavioral medicine resources, and we wanted to share our thoughts and proposed future directions in this area with APS members.

One particularly valuable resource that we have investigated is The Cochrane Database of Systematic Reviews that was inspired by the work of Archie Cochrane, a British epidemiologist. This database was created and is maintained by the Cochrane Collaboration, which was founded by 77 professionals from 11 countries in 1993 during the first annual Cochrane conference, "Doing more good than harm: The evaluation of health care interventions," held at the New York Academy of Sciences. The Collaboration continues to be an international organization committed to providing regularly updated summaries of research studies to inform the practice of medicine.

The systematic review articles summarize

the efficacy of interventions for various health/disease areas and are predominantly based on randomized controlled trial results. Each of almost 50 areas are now covered by specific Collaborative Review Groups that coordinate the review process. Areas covered by the Collaborative Review Group include "Developmental, Psychosocial, and Learning Problems" and "Depression, Anxiety, and Neurosis," "Breast Cancer," and "Pregnancy and Childbirth" (<http://www.cochrane.org/cochrane/crgs.htm#CRGLIST>). Over 1,500 Cochrane reviews have been published and there are over 1,200 protocols (i.e., detailed proposals of reviews in progress). It is likely that your medical library has access to the full text versions of the review articles included in this database. If not, the abstracts are available on-line at [www.cochrane.org](http://www.cochrane.org).

If you are interested in becoming involved in the work of the Cochrane Collaboration—by writing a systematic review, or volunteering to edit—we recommend that you download the "Cochrane Reviewer's Handbook" (<http://www.cochrane.org/cochrane/hbook.htm>). In it you will find the procedures for multiple ways to become involved. Of note, if you are interested in writing a review, these are written by Collaborative Review Group members, and so it is necessary to identify the Review Group that covers your health area and contact someone within the group prior to beginning the review process (i.e., creating a protocol). Completed articles are peer-reviewed and published in the quarterly Cochrane Library and many journals have co-publication agreements with the Cochrane Library.

One of the visions of our committee is to propose to the Cochrane Collaboration that a Behavioral Medicine Field be formed. This entity would ensure that behavioral medicine interventions are reviewed regularly by the Review groups, would allow more systematic access to the extant behavioral reviews, and would host a registry of relevant clinical trials in our professional area. Finally, it would ensure that behavioral and psychosomatic medicine reviewers and editors are involved in the reviews that originate within various health areas. Our committee has approached *Psychosomatic Medicine* to consider a copublication agreement with the Cochrane Collaboration, so that after appropriate peer review, the evidence base for our field will be available in both journal and electronic venues.

We welcome your input and interest in our EBBM activities. If you visit our website, you can view our previous, ongoing and future activities, both for, and beyond the vision of behavioral and psychosomatic medicine having a presence in the Cochrane Collaboration.

<sup>1</sup>Please see the EBBM Committee website at [www.sbm.ebbm/](http://www.sbm.ebbm/) for more details about our mission and our work sponsored by the Office of Behavioral and Social Sciences Research contract.

**APS NEW WEBSITE LOOK**  
Be sure to visit us at  
[www.psychosomatic.org](http://www.psychosomatic.org)



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

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

**The deadline for submission for our next Newsletter is October 31, 2003**

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# APS New Leadership

## Nancy Frasure-Smith, PhD President-Elect



**Dr. Nancy Frasure-Smith** received a PhD in Social Relations from the Johns Hopkins University and completed an NIMH Post-Doctoral Fellowship in Psychology at McGill University. She is currently Professor of Psychiatry at McGill University, Senior Research Associate at the Montreal Heart Institute, Professor of Nursing at McGill University, Associate Member of the Department of Biostatistics and Epidemiology at McGill, Professeure Associée in Psychiatry at the University of Montreal, and Invited Researcher at the Research Center of the Centre hospitalier de l'Université de Montréal (CHUM). She has been attending APS conferences since the 1984 meeting in Hilton Head, and served on APS council from 1990 to 1993. She was Secretary-Treasurer from 1995 to 1998.

Dr. Frasure-Smith and her colleague Dr. François Lespérance, at the Montreal Heart Institute, are known internationally for their work bringing depression to the forefront of research in behavioral cardiology. They are examining the importance of depression and other psychological and social factors in the development and prognosis of cardiovascular disease, studying the physiological and behavioral links between depression and cardiovascular disease, and developing and evaluating interventions to change the impact of the depression and other psychological factors in cardiac patients. The recently received funding from the Canadian Institutes of Health Research to carry out a multi-site, randomized trial of Interpersonal Psychotherapy and Citalopram in patients with stable coronary artery disease. Recent publications have appeared in the Archives of General Psychiatry, JAMA, Archives of Internal Medicine, Circulation, Psychosomatic Medicine, and the Journal of Psychosomatic Research.

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## Gail Ironson, MD, PhD Council



**Gail Ironson, MD, PhD** is Professor of Psychology and Board Certified Psychiatrist at the University of Miami. Dr. Ironson specializes in Behavioral Medicine and served as the President of the Academy of Behavioral Medicine Research this past year (2002). After receiving her doctorate specializing in quantitative psychology from the University of Wisconsin she pursued her medical degree at the University of Miami, followed by a psychiatry residency at Stanford University. Her research interests explore stressors, their effects on health and disease, and identifying protective psychosocial and immune pathways. For example, protective factors for the health of people with HIV include the doctor-patient relationship, spirituality, processing of trauma/emotional expression, and NK cells. In addition to leading or coleading major projects on long survivors of AIDS and stress management for cancer, HIV and cardiac patients, she established and co-directs the Trauma Treatment Program at the University of Miami.

As a recognized expert in her field, she is a Fellow in the Society of Behavioral Medicine and Academy of Behavioral Medicine Research, and has been on the Editorial Boards of four journals. As a result of her extensive research in the areas of behavioral medicine with HIV, cancer, and cardiac patients, she has published over 100 articles and chapters in peer-reviewed publications.

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## Mark A. Lumley, PhD Council



**Mark Lumley, PhD** is a member of the APS Council and serves as Chair of the Awards Committee. He has been an active member of APS since receiving his PhD from the University of Florida in 1990, and was the Program Chair for the Annual Meeting in 2002 and 2003. Mark is an Associate Professor in the Department of Psychology at Wayne State University in Detroit, Michigan. He heads the health psychology training program there and has a very active research laboratory.

Over the past decade, he and 20 doctoral students have studied how emotional awareness and expression—and particularly alexithymia—influence physical symptoms, disability, health care utilization, and illness progression. In addition, his group has been studying methods to improve emotional regulation and health, including emotional disclosure and expressive writing. Their research also examines whether alexithymia impedes successful emotional disclosure, and what interventions can help people with alexithymia. Their work is typically conducted in populations with chronic illness (e.g., rheumatoid arthritis, fibromyalgia, headache, heart disease). Mark also teaches courses in health psychology and psychotherapy and supervises the assessment and psychotherapy training of graduate students in clinical psychology. As a licensed psychologist, he conducts psychotherapy as part of a group practice one evening a week. Mark has been married to Sherry for 17 years, they have four sons (ages 9 to 13), and the family is very active in soccer as well as in their local Methodist church, where Mark sings tenor in a praise choir.

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**Susan K. Lutgendorf, PhD  
Council**



**Susan K. Lutgendorf, PhD** is an Associate Professor in the Department of Psychology at the University of Iowa. Dr. Lutgendorf received her PhD from the University of Miami in 1994 under a predoctoral fellowship in behavioral immunology from the National Institutes of Health. Her postdoctoral training was completed at the University of Iowa Center on Aging, supported by an NRSA postdoctoral fellowship from the National Institute of Health. Her work has been recognized nationally by an award from the American Psychological Association for Outstanding Contributions to Health Psychology in the year 2000, and an Early Career Award from the American Psychosomatic Society in 2002. She is an invited member of the National Cancer Institute Core Committee to study biological mechanisms of psychosocial effects on disease.

Dr. Lutgendorf is P.I. on a grant from the National Cancer Institute examining biobehavioral-immune interactions in ovarian cancer. She also serves as principal investigator of a cervical cancer project in the Frontier Medicine Research Center housed at the University of Connecticut (P.I. Karen Prestwood, MD) funded by the National Center on Complementary and Alternative Medicine (NCCAM). Dr. Lutgendorf has expertise in behavioral-immune relationships in patients with cancer and older adults. In addition, she is also well published in the field of quality of life in gynecologic cancer patients, and in the study of stress mechanisms in interstitial cystitis patients.

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**Shari R. Waldstein, PhD  
Nominating Committee  
Member-at-Large**



**Shari Waldstein, PhD** is Associate Professor of Psychology and Director of the Behavioral Medicine graduate program at the University of Maryland, Baltimore County, Associate Professor of Medicine at the University of Maryland School of Medicine, and Affiliated Research Scientist for the Geriatric Research Education and Clinical Center at the Baltimore Veterans Affairs Medical Center. Dr. Waldstein's collaborative research examines whether subtle brain abnormalities identified on neuroimaging mediate the relation of cardiovascular risk factors and cardiovascular diseases to poorer cognitive functioning. The research group also examines predictors of individual differences in the magnitude and patterning of acute cardiovascular responses to mental stress.

Dr. Waldstein is recipient of an Early Career Award from the American Psychosomatic Society (APS), and an Outstanding Contributions to Health Psychology (Early Career) Award from Division 38 of the American Psychological Association (APA). Dr. Waldstein is an Associate Editor for the journal *Health Psychology*, serves as Member-at-Large for Division 38 (Health Psychology) of the APA, and recently completed a term on the Society of Behavioral Medicine's Board of Directors. She has been an active member of the APS since 1991, serving on the Program and Professional Education Committees and as a member of the Executive Council (2000-2003). She is also a Fellow of the Society of Behavioral Medicine and member of the Academy of Behavioral Medicine Research.

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**Christine A. Marco, PhD, PhD  
Newsletter Editor**



Christine Marco, PhD is Assistant Professor of Psychology at Rhode Island College (Providence, RI). She earned her Ph.D. in social psychology in 1991 from the State University of New York at Albany. Her graduate studies examined physical and psychosocial determinants of ambulatory blood pressure, and her dissertation received a Citation Poster Award at the annual meeting of the Society of Behavioral Medicine. She received an NIH National Research Service Award (NRSA), and pursued postdoctoral training at the University of Pittsburgh's Cardiovascular Behavioral Medicine Research Training Program. Dr. Marco then returned to her native Long Island, NY to be Research Scientist in the Psychiatry Department at the State University of New York at Stony Brook where she studied the effects of stress and coping efforts on ambulatory blood pressure. During this time, she was an adjunct instructor at her alma mater, St. Joseph's College. This experience reawakened her love of teaching and she decided to shift her career to have a more teaching-oriented focus. She ultimately accepted her current position at Rhode Island College where she continues her research on understanding stress, coping, mood, and blood pressure using ecological momentary assessment methodology. Other research interests include understanding stress and role conflict in non-traditional students, and sleep habits in middle school students.

Dr. Marco recently completed a three-year term on the APS Program Committee and has been invited to lead teaching workshops sponsored by such national organizations as Project Kaleidoscope (PKAL) and the APA Education Directorate. Outside of work, Dr. Marco has a variety of interests including rock climbing, hiking, gardening, and swing dancing.

# Safer in Baghdad than in Baltimore

Jessie Gruman, PhD

Center for the Advancement of Health, Washington, DC

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American men of many colors are risking their lives in Iraq because they have chosen to serve their country. But if they are black or Latino, they may statistically be safer in Baghdad than in Boston, Baltimore or Buffalo.

In Iraq, there has been about one death per thousand soldiers. In the United States, African-American men die of heart disease at about twice that rate.

While health professionals and researchers are finally paying attention to the need to reduce overall racial and ethnic disparities in health, men of color have been underrepresented in proposed solutions. It is an issue that ripples through the rest of a society that values equal opportunity. But without the most basic of all rights – the right to live, work and play as long and as well as possible – there can be no opportunities to take advantage of.

When addiction runs rampant, when HIV/AIDS is epidemic, when crime kills bystanders, the health of minority men becomes a public health issue. When insurance dollars are spent disproportionately on treating preventable chronic conditions and when the minority workforce will soon constitute 41.5 percent of the total, the health of minority men becomes a business issue. When one group of Americans is so starkly more at risk of dying than any other, the health of minority men becomes a moral issue.

It is, indeed, an issue of national urgency that:

- African-American men's life expectancy is 7.1 years shorter than white men's, 7.5 years shorter than African-American women's and 12.7 years shorter than white women's.
- Stroke is twice as likely to kill African-American men as it is to kill white men or women. Cancer kills African-American at more than twice the rate as for white women.

- African-American and Latino men are less likely than white men to see a doctor, even when they are in poor health.

- Men of color are less likely to receive timely preventive services and more likely to suffer the consequences of delayed attention, such as limb amputations and radical cancer surgery.

How did this happen? The most obvious answer is socioeconomic status, the fact that access to care and quality of care are higher and stress is lower among those with higher income and education. Access to resources to improve one's health is limited compared with those at the higher end of the scale.

Some the disparity, to be sure, has to do with the peculiarity of men. They simply don't go to the doctor or even complain when they are ill. They see themselves as providers, and when they can't play that role, their lives and health are affected. Men are over-represented among the homeless, the prison population, substance abusers and people with severe mental illness. And when public programs do provide assistance to the poor, it is almost always to children and the mothers that take care of them.

Without diminishing the special health care needs of women and children, steps can be taken to, at long last, recognize and deal with the health status of men — particularly men of color.

The W.K. Kellogg Foundation is funding an innovative Men's Health Initiative that has enlisted actor Danny Glover in a public service campaign to get men to finally start thinking about their health. This pilot project in six cities has already yielded important information about outreach, counseling, provision of health services and training of culturally competent staff.

Private philanthropy cannot bear the entire cost, though, and a public commitment to the health of the forgotten must use some public resources. One way to start would be to establish an Office of Men's Health within the National Institutes of Health, comparable to the existing Office of Women's Health. Another way would be to improve health insurance — if not universally, then at least by extending Medicaid eligibility without regard to gender or family status. Finally, we ought to extend the hugely successful Family and Medical Leave Act to include men.

America's attention today is on events in the Middle East where a shooting war concentrates public awareness on needless suffering, privation and death. But today's other war — against heart disease, high blood pressure, diabetes, cancer and addiction — must not be ignored simply because its victims are not dying on television or being buried in flag-draped coffins.

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## Calendar of Events

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**October 10** - American Psychosomatic Society, 62nd Annual Scientific Meeting, Call for Abstracts submission deadline. The online submission program at [www.psychosomatic.org/abstracts](http://www.psychosomatic.org/abstracts), will be available until 11:59pm Eastern time on October 10th.

**October 19-21** - Third Annual Conference on "The (Non) Expression of EMotions in Health and Disease", Tilburg University, Tilburg, The Netherlands. For more information email: [emotions2003@tilburguniversity.nl](mailto:emotions2003@tilburguniversity.nl) or go to [www.tilburguniversity.nl/fsw/emotions2003](http://www.tilburguniversity.nl/fsw/emotions2003).

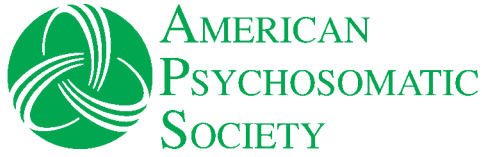
### 2004

**March 3-6** - American Psychosomatic Society 62nd Annual Scientific Meeting will be held in Orlando, Florida at the Caribe Royale Resort Suites. The Scientific Meeting will include exciting new findings across the many disciplines and topics that comprise Psychosomatic Medicine.

Information will be posted as available at our website [www.psychosomatic.org](http://www.psychosomatic.org). You can also contact the National office at [info@psychosomatic.org](mailto:info@psychosomatic.org).



Orlando, FL



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## 62<sup>ND</sup> ANNUAL SCIENTIFIC MEETING ~ ORLANDO, FLORIDA

**March 3 - 6, 2004 at the**

*Caribe Royale Resort Suites*

*Invited Speakers Include:*

- ~ **President's Award Lecture** - Arthur J. Barsky, MD
- ~ **Alvin P. Shapiro Award Lecture** - Timothy Quill, MD
- ~ **Patricia R. Barchas Award Lecture** - John T. Cacioppo, PhD
- ~ **Genetics of Race Panel Discussion** - Speakers to be confirmed
- ~ **State-of-the-Art Symposium:** Chair: William Gerin, PhD

Timothy W. Smith, PhD - **Social Support**

Robert M. Kaplan, PhD - **Quality of Life**

Karen A. Matthews, PhD - **Health Issues Relating to Menopause**

Thomas G. Pickering, MD - **Hypertension and JNCVII**

Martica Hall, PhD - **Sleep**

**Master Workshop - March 3 - Genetic Epidemiology in Psychosomatic Disorders**

The Call for Abstracts online program is now available at [www.psychosomatic.org/abstracts](http://www.psychosomatic.org/abstracts).

The deadline for submissions is **October 10, 2003**.