

President's Letter



Peter A. Shapiro, MD

In my final column as president of the American Psychosomatic Society, I would like to highlight some recent publications on clinical trials that exemplify an important direction in psychosomatic medicine, and to express my appreciation for the opportunity to have served as president of APS.

Psychosomatic research has established quite a lot about the epidemiology of psychosocial risk factors for disease, quite a bit about the psychological and physiological mechanisms of risk, and next to nothing about treatments that might change health outcomes by treating these psychosocial risk factors. Anger, anxiety, avoidant coping, depression, disordered attachment, history of trauma, hostility, pessimism, stress: I believe that our colleagues in medicine are waiting—some with eager impatience, some with indifferent skepticism—for us to show that treatment for these putative risk factors makes an important difference for their patients' health. But good trials are hard to do, and good evidence is hard to come by.

This month, Lesperance and colleagues published the CREATE trial, a study of interpersonal psychotherapy and citalopram treatment for depression in patients with coronary disease. (1) The study randomized 284 patients with coronary artery disease

and depression to treatment with the antidepressant citalopram (a selective serotonin reuptake inhibitor) or a placebo, and to interpersonal psychotherapy or clinical management sessions. Citalopram treatment resulted in a larger magnitude of effect on depression symptoms (effect size, 0.33) and a higher rate of remission than placebo treatment, while interpersonal psychotherapy was not associated with improved response compared to clinical management. There were infrequent adverse events, with no significant difference in adverse event rates for citalopram and placebo treatment. This is an important piece of evidence to guide the treatment of similar patients. What will this trial mean for the prospect of a controlled trial of antidepressants to reduce the risk of adverse cardiac outcomes in depressed patients with coronary disease? Ironically, it may make it harder to conduct such a trial. Find out more at the presentation of the CREATE trial results at the APS meeting in Budapest in March.

Also published this month were further results of a trial of a systematic stepped-care intervention, in the primary care setting, for depression in patients with diabetes mellitus. (2) Patients randomized to the stepped-care intervention had more days free of depression and reduced outpatient health care costs over the next two years, even though they did have higher depression treatment costs. Does the reduction in outpatient health care costs indicate better health status in the intervention-treated patients? Not necessarily, although it suggests less illness behavior (care-seeking) in those who received the intervention. Expect Dr. Katon to speak to the implications for long-term health outcomes in his President's Award lecture in Budapest.

I have been honored by the opportunity given to me to serve as a Council member and an officer of the APS. I would like to thank Donald Kornfeld, MD, past president

of the Society and my teacher at Columbia, for having encouraged me to become involved with the Society, and my colleague, Richard Sloan, Ph.D. who has led our research efforts for two decades. I would also like to thank Joel Dimsdale, Nancy Frasure-Smith, and Richard Lane, past leaders and tireless contributors to the Society, who have befriended me along the way. I would like to express appreciation for the hard work of Tica Hall chairing the committee that organized the outstanding program coming up in Budapest in March.

I especially want to acknowledge and thank George Degnon, Laura Degnon and the staff at Degnon Associates for their outstanding service to the Society. George and Laura have been unstinting in their commitment to us, and APS could not be remotely as superb an organization as it is today without their skill, effort, and devotion.

I am sure that all Society members will join me in wishing our new president, Bill Lovallo, and all of the officers and Council members a productive and congenial year of service to the APS.

References

1. Lesperance F, Frasure-Smith N, Koszycki D, Laliberte, M-A, van Zyl, LT, Baker B, Swenson JR, Ghatavi, K, Abramson, BL, Dorian P, Guertin MC, CREATE Investigators. Effects of Citalopram and Interpersonal Psychotherapy on Depression in Patients with Coronary Artery Disease. *JAMA* 2007;297:367-379
2. Simon GE, Katon WJ, Lin EH, Rutter C, Manning WG, von Korff M, Ciechanowski P, Ludman EJ, Young BA. Cost-effectiveness of Systematic Depression Treatment Among Patients with Diabetes Mellitus. *Arch Gen Psychiatry* 2007;64:65-72

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From the Editor

Mary-Frances O'Connor, PhD

While I have been reading the entries for this issue of the APS newsletter, I am struck by the integration that psychosomatic medicine has with other aspects of medical care. This includes the connection between psychosomatic medicine and health care policy, as with the article by Jessie Gruman, and the importance of psychosomatic medicine in clinical care, as with the President's column by Peter Shapiro. This is not by accident; our members work extremely hard to have our voices heard by a larger audience.

A very concentrated attempt at integration with other medical specialties has been undertaken by the Liaison Committee, with clearly achieved objectives. Each member of this committee has gone to extraordinary lengths to connect with their colleagues in other specialties, travel to the annual conferences of those specialties, making presentations and sometimes joint presentations. This one-on-one connection is labor-intensive, but incredibly productive. Please see Francis Creed's article for more information about this critical work.

In addition, as we strengthen our role into medical school teaching, we need more information from individual researchers in psychosomatic medicine, in order to increase our resources and be able to distribute them to a wider medical student audience. Please see Lawson Wulsin's request for materials that can be added to our website, which is an ideal hub for educational resources.

Finally, as we bring our Society's annual conference to an international venue in Budapest, Hungary, we are integrating psychosomatic medicine in a different way. We are afforded an opportunity to present the top-notch psychosomatic research as we do at each annual conference, but we are also given the opportunity this year to hear the top-notch research done in other European and international locations by psychosomatic researchers that cannot always travel to the United States to present their work.

For those of you that are traveling to Budapest for our annual meeting, I would point you to a couple of websites that are very informational and interesting in advance of our meeting. For an English-language daily Budapest newspaper online, look at

www.budapestsun.com. There is also www.wikipedia.org/Hungary, which will redirect you to a short history and information about Hungary, with links for a range of related information. I look forward to seeing all of you there—and for those who cannot come to the annual meeting this year, I look forward to sharing all the highlights with you in our next issue of the APS newsletter!

Program Committee Update

Martica Hall, PhD

The 2007 meeting in Budapest is rapidly approaching. If you have not had the opportunity to do so, be sure to take a look at the Annual Meeting page on our website (www.psychosomatic.org). As you can see from the Program-at-a-Glance, we will have a very full meeting. This meeting drew a record number of abstract submissions from investigators around the world. Due to the high quality and scientific diversity of these submissions, the program committee elected to offer 4 concurrent sessions on each afternoon of the program. Although this means that the program is fuller than in previous years, we hope that you will share our enthusiasm for the richness and promise of the research presented at this meeting.

If you have not already done so, don't forget to register for one of the pre-conference workshops which include sleep in psychosomatic medicine (full day), design and conduct of randomized clinical trials (half day) and scientific writing (half day). The meeting will formally open on Wednesday evening with the Data Blitz, recognition of travel award winners and a reception and Citation Poster Session. As a new offering on the program, we have scheduled Special Interest Dinners to follow the reception and Citation Poster Session. These dinners (four in all) will offer the opportunity for people with similar professional interests to meet and talk with one another over dinner. Special Interest Dinner topics include Affect Science, Brain Science & Genetics; PNI, Psycho-Oncology & AIDS; Cardiovascular Disease, Diabetes & Other Organic Disorders; and Psychiatric Disorders in Psychosomatic Medicine. Dinners will feature host experts in the special interest topic as well

as local hosts familiar with the area. Advance registration is recommended, as each dinner has a limited number of seats available. Please see the electronic registration form on the website for more details about these dinners.

Each day of the conference will start off with breakfast roundtable sessions on statistics and best practices. For those of you who aren't inclined to pre-register for a 7:00 a.m. roundtable, be forewarned, these sessions were oversubscribed at the Denver meeting. So, if you are at all interested in understanding the blessings and pitfalls of the statistical techniques that form the backbone of psychosomatic medicine research or if you want to know the very latest about clinical practice in psychosomatic medicine, do not delay in registering for these roundtables! Please also take the time now to review the luncheon roundtable offerings. These roundtables have been designed to provide a forum for discussion and debate on a variety of hot topics featured on the program. For all roundtables, registration is required and meals are included in the roundtable cost. As noted above, full conference details including the schedule of events, invited speakers, special programming, and career development opportunities are listed on the website.

For those of you who are looking forward to enjoying good food, music and camaraderie at the Saturday night banquet, I am pleased to say that we have found a great band for the evening (special thanks to Mike Antoni for his efforts in this regard). The 12-member Sunny Dance Band includes 3 vocalists, 5 brass and woodwind players and a 4-man rhythm section. Their repertoire is quite varied including rock & roll, jazz, disco, and Latin vibes, so be sure to pack your dancing shoes. Good walking shoes are also a must for this meeting as Budapest is a beautiful and hilly city. In case you are worried that you won't have time to do any sightseeing while you are in Budapest, please note that the conference room rates are available for 3 days in advance of and following the meeting.

Finally, I would like to take this opportunity to thank the members of the program committee and the APS staff for their dedication, creativity, and support as we planned this and last year's meetings. As I rotate off of the Program Chair position, I invite the members of APS and meeting attendees to wel-

come the new Program Chair, Christoph Herrmann-Lingen and his Co-Chair, Scott Matthews. These gentlemen are already hard at work on the 2008 program, so be sure to keep an eye out for their column in future editions of this newsletter.

We hope to see you in Budapest! Tica Hall, on behalf of the 2007 Program Committee

2007 Program Committee: Julienne Bower, Jos Brosschot, Lorenzo Cohen, Francis Creed, Jill Cyranowski, Joachim Fisher, Shin Fukudo, Bill Gerin, Pete Gianaros, Tica Hall, Christoph Herrmann-Lingen, Crystal Holly, Suzi Hong, Gail Ironson, Clemens Kirschbaum, Maria Kopp, Richard Lane, Tene Lewis, Bill Lovallo, Anna Marsland, Scott Matthews, Carlos Mendes de Leon, Kristina Orth-Gomer, Diedre Pereira, Thomas Ritz, Marzio Sabbioni, Neil Schneiderman, Suzanne Segerstrom, Peter Shapiro, Daichi Shimbo, Tim Smith, Bob Swenson, Julian Thayer, Viola Vaccarino, Redford Williams.

Welcome New Members!

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*APS Past Leaders and
American Psychosomatic
Society Psychosomatic
Medicine Interest Groups
(PMIGs)*

Margaret Chesney, PhD

Background on the American Psychosomatic Society's Psychosomatic Medicine Interest Groups (PMIGs)

APS has funded PMIGs at ten medical schools each year. These competitive awards fund and guide innovative efforts to foster interest in psychosomatic medicine among medical students, residents, and other clinical trainees. The award for one year includes \$1,000 per interest group for meeting-related expenses plus support in the form of guidelines for activities, slide sets, model curricula, speaker lists, reading lists, and other resources provided by the Membership Committee of the APS.

“The Past Leaders have developed a mentoring program where the PMIGs are matched with Past Leaders to serve as liaisons to their special Interest Group.”

The goals of the award are to:

- 1) facilitate interest in psychosomatic medicine among medical students and other trainees;
- 2) promote education and research collaborations in psychosomatic medicine at that institution;
- 3) recruit promising physicians and young researchers into the American Psychosomatic Society;
- 4) cultivate the career paths of students interested in psychosomatic medicine; and
- 5) establish the feasibility of developing interest groups at a larger number of medical schools.

Recipients of the awards are medical school faculty members, and are expected to recruit

a student or trainee leader, hold at least 6 meetings, submit a report on how the funds were used, and participate in the assessment of the effectiveness of the program.

Past Leader Liaisons to the PMIG

The Past Leaders have developed a mentoring program where the PMIGs are matched with Past Leaders to serve as liaisons to their special Interest Group. It is believed that Past Leaders will be a great resource to these groups. Below are the 2006-07 PMIGs, their faculty sponsors, student leaders and Past Leader Liaisons:

George Washington University School of Medicine, Falls Church, Virginia
Faculty sponsor: Thomas N. Wise, MD
Trainee/Student leader: Michael Marcangelo
Past Leader liaison: Edwin Cassem, MD

Cleveland Clinic Lerner College of Medicine, Cleveland, Ohio
Faculty sponsor: Kathleen Franco, MD
Trainee/Student leader: Paul Koch
Past Leader liaison: Edwin Cassem, MD

University of Michigan, Ann Arbor, Michigan
Faculty sponsors: Michelle Riba, MD and David Knesper, MD
Trainee/Student leader: Howard Liu, MD
Past Leader co-liaisons: Nancy Frasure-Smith, PhD and Francois Lesperance, MD

West Virginia University, West Charleston, West Virginia
Faculty sponsor: James Griffith, MD
Trainee/Student leaders: Fahd Zarrouf, MD and Gregory Hickey, MS
Past Leader liaison: David Kupfer, MD

University of California – Davis, Sacramento, California
Faculty sponsor: Richard Kravits, MD
Trainee/Student leader: Erik Sandegard
Past Leader liaison: Wayne Katon, MD

Northwestern University Feinberg School of Medicine, Chicago, Illinois
Faculty sponsor: Michael Jones, MD
Trainee/Student leader: Jason Bratten
Past Leader liaison: Susan Everson-Rose, PhD

University of Pittsburgh, Pittsburgh, Pennsylvania
Faculty sponsors: Martica Hall, PhD and Matthew Muldoon, PhD
Trainee/Student leaders: Lawrence Gibbs

and David Atkinson
Past Leader liaison: Karen Matthews, PhD

University of Medicine and Pharmacy Iuliu Hatieganu, Cluj, Romania
Faculty sponsor: Dan Dumitrascu, MD
Trainee/Student leader: Liliana David, RN
Past Leader liaison: Douglas Drossman, MD

University of Marburg, Marburg, Germany
Faculty sponsor: Christoph Herrmann-Lingen MD
Trainee/Student leader: Ingeborg Westien
Past Leader liaison: Peter Shapiro, MD

University Texas Southwestern, Dallas, Texas
Faculty sponsors: Celia Jenkins, MD and E. Sherwood Brown, MD, PhD
Trainee/Student leader: Stephen Elliott
Past Leader liaison: Thomas Wise, MD

66th Annual Meeting

March 12 - 15, 2008

Baltimore, MD USA

Abstract deadline:
October 2007

For more information about the meeting visit our website at www.psychosomatic.org

2007 Proposed Slate

The American Psychosomatic Society (APS) Nominating Committee would like to thank those of you who submitted names for consideration for the 2007 slate. Below please find the proposed new slate that will be voted on during the Business Meeting in Budapest on March 10, 2007.

2007 Proposed Slate

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Julian Thayer, PhD

A heartfelt congratulations to the following individuals who are finishing their terms within APS leadership:

Richard Lane, MD, PhD will be rotating off the Executive Committee after finishing his year of Immediate-Past President. Thanks, Richard!

Matthew Muldoon, MD, MPH will be finishing his third year of a three-year term as Secretary-Treasurer. Thanks, Matt! Matt has been nominated for the position of President-Elect.

Council members finishing their third year of a three-year term include Michael Antoni, PhD, Paul Mills, PhD, Bruce Rollman, MD and Jane Leserman, PhD. Thanks, Mike, Paul, Bruce and Jane!

Joel Dimsdale, MD is completing his third year of a three-year term as Nominating Committee Member at Large. Thanks, Joel!

We also want to take this opportunity to thank Martica Hall, PhD, who is finishing up her second year of a two-year term as Program Committee Chair. Thanks, Tica! Christoph Herrmann-Lingen, MD, and Scott Matthews, MD, have agreed to be Program

Committee Chair and Co-Chair for next year. Also, Joshua Smyth, PhD is finishing up his second year of a two-year term as Membership Committee Co-Chair. Thanks, Josh! Tené Lewis, PhD has agreed to be Membership Committee Co-Chair.

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The APS would like to thank the following Fund Donors who made contributions since January 2006 - present.

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Jessie Gruman, PhD

The winter started unusually warm in Washington, which is why it is a great surprise to find hell freezing over. In the closest analogy to lions lying down with lambs, various coalitions of insurers, employers, unions and consumer advocates are laying down joint goals for what could be the best chance of health reform since – the last time. Even President Bush is sounding like a reformer with his proposal to use the tax code to reward consumers for using less health care.

My purpose here, though, is not to offer a health-financing scheme beyond my expertise. It is to remind consumers, providers and policymakers that there is more to fixing the health insurance system than a blind-faith belief that people, when sick, will know how to make the wisest choice about health care utilization. As an advocate for health consumers, I do know that whatever the funding mechanism may turn out to be, no system will work if the people paying for it cannot use it — by dint of poverty, confusion or lack of information about the true value of the care they are asked to pay for.

Conventional wisdom within the health industry is that costs will be driven down and quality of care boosted if only patients would behave more responsibly by practicing prevention and getting screened properly at the right time. However, it is not happening and cannot happen so long as patients are in the dark about what they are expected to do to participate – not only in preventing illness – but also in their care when they are ill.

In preparing to write my new book, *“AfterShock – What to Do When the Doctor Gives You – or Someone You Love – a Devastating Diagnosis,”* I interviewed hundreds of people about their experiences with health care immediately after getting the bad news. One recurring theme was that they were constantly surprised, not only by the emerging details of a new and serious disease but also by the tasks they and their families were expected to take on in order to get good care.

Some people were surprised that they were expected to find and evaluate the qualifications of specialists to give them

second opinions. Others were shocked when they realized that they needed to police the surgical team to make sure every member accepted their insurance if they were to avoid costly fees. Some were taken aback by the need to maintain their own medical records as a back-up to ensure that information was not lost among doctors and hospitals. And others believed – until disastrously proven wrong – there was no need to ask questions because the doctor would tell them everything they needed to know.

Whatever the level of discourse, health care now uses the language of “personal responsibility” and the notion of individuals as “consumers” as shorthand to describe people who exert “choice” and who are “empowered” patients. But unless you have a personal need to know about these advances, however – and what it means to negotiate them as a patient – it’s likely that you really don’t have a clue about what is expected of you.

“And others believed – until disastrously proven wrong – there was no need to ask questions because the doctor would tell them everything they needed to know.”

Doctors, labs and hospitals have clear expectations about what patients must do; sometimes so obvious no one thinks to mention them (“make an appointment, arrive on time and plan to stay until your appointment is over”). Sometimes expectations have changed, but the person hasn’t gotten the message about the change (“always check about getting physician pre-authorization for procedures and tests”). And sometimes the expectations come about through default as a result of gaps in communication among doctors and hospitals (“obtain test results and send them to all relevant physicians”).

But the most critical element in the system – the public – has yet to be let in on what it must actually do in order to get good care. Before we can *reform* the system, we will have to *inform* its consumers.

Francis Creed, MD

The Liaison Committee aims to establish better links with different medical specialties in the hopes that this would lead to: a) more collaborative research, b) more joint working between APS and other related societies, c) greater acceptance by physicians of the importance of psychological and social factors in the aetiology, prognosis and treatment of all medical disorders and d) published guidelines regarding psychosocial management of many medical disorders on the APS website or appropriate links.

The main activity to date has been to run joint symposia between APS and other societies. This should be seen as the first step towards developing stronger collaborative links in line with the aim of the APS to develop more collaborative research and to translate psychosomatic knowledge into clinical practice.

The members of the committee who have been responsible for these joint symposia are: Christoph Herrmann-Lingen, Susan Lutgendorf, Mike Antoni, Matt Muldoon, David Sheps, Bruce Rollman and Francis Creed.

Joint Symposia 2006/7

The following joint symposia have been held recently or are planned to occur in the near future.

1) Psycho-Oncology: Joint symposium at 8th World Congress of Psycho-oncology (October 9th 2006)

Mike Antoni and Susan Lutgendorf were responsible for this symposium which included also: Lorenzo Cohen, Frank Penedo and Sandra Sephton. The presentations summarised the theoretical models, experimental paradigms and future plans for advancing the field of psycho-oncology as it applies to research in cancers of the lung, ovaries, prostate and breast. The symposium was well attended and there was much discussion of the overlap between the work of the American Psychosomatic Society and the International Psycho-oncology Society. Prior to the symposium Mike Antoni and Susan Lutgendorf met with the incoming President of IPOS, Professor Luigi Grassi

to discuss further collaborations between IPOS and APS. At the very least, there will be a further joint symposium at the IPOS Conference in London, 16-20th September 2007.

2) Consultation-Liaison Psychiatry: Joint Symposium at the Academy of Psychosomatic Medicine Annual Meeting, Tucson, Arizona, Nov 17th 2006

Peter Shapiro was responsible for organizing this joint symposium, entitled "Can psychosomatic medicine interventions have therapeutic effects on general medical as well as psychiatric outcomes?" On behalf of APS Mike Antoni and Ken Freedland presented data concerning the effects of psychosocial interventions in patients with HIV infection and with cardiovascular disease accompanied by depression and low social support. On behalf of APM Francis Creed and Wayne Katon presented the benefits of psychiatric treatment for people with functional bowel disorders and with diabetes. It was clear that all of these treatments carry very considerable potential although further research is required. The meeting was extremely well attended and there was much enthusiastic discussion indicating the overlap between the work of APS and APM.

"In this way it is hoped that the psychological aspects of all illnesses can be represented in the management guidelines."

3) Cardiology: European Heart Failure Meeting (9th June 2007 Hamburg)

Christoph Hermann-Lingen has been responsible for developing this symposium. APS will be represented by Christoph (paper entitled "Depression and quality of life in heart failure") and Nancy Frasure-Smith ("Depression and prognosis in heart failure: what can we learn from CAD?"). They will present in a symposium with Maria Teresa La Rovere ("The relationship of autonomic dysfunction to depression") and Christiane Angermann ("Detection and treatment of depression in routine care of patients with heart failure"). The symposium will be Chaired by Chris O'Connor (Durham, NC) and Wolfgang Herzog (Heidelberg, Germany). It is hoped

that this symposium will bring the activities of the APS to other attendees at the European Heart Failure Meeting.

American College of Cardiology: David Sheps has organized a "Meet the expert session at the National ACC meeting in New Orleans: March 24th-27th 2007. David will Chair this session and Ken Freedland and Bruce Rollman will be involved. The session will bring to the attendees at ACC the important work in cardiology done by many members of APS.

46th Annual Conference on Cardiovascular Disease: Epidemiology (American Heart Association) Orlando – March 1st: Lawson Wulsin has convened a debate "Should clinicians consider depression to be a causal factor for cardiovascular disease?" This topic is still regarded as controversial amongst many cardiologists and the debate is likely to be lively. It will bring to the attention of attendees at the meeting the important work done by many APS members in this area.

4) Gastroenterology: Two joint symposia with the Functional Brain-Gut Group have been organised.

Francis Creed has been responsible for planning these symposia in collaboration with Lin Chang of FBG. The first will be held at the *American Psychosomatic Society meeting in Budapest – March 9th 2007* and will discuss the psychosocial model in irritable bowel syndrome, chronic fatigue syndrome and fibromyalgia. We shall assess commonalities in psychobiological and psychological findings utilizing findings from epidemiology concerning IBS and CFS (Rona Moss Morris), and fibromyalgia (John McBeth), findings concerning the HPA axis in irritable bowel syndrome and fibromyalgia (Lin Chang) and considering the possibility that somatisation may underlie the similarity across these three syndromes (Francis Creed).

The second will be held at the *Digestive Diseases Week, Washington: May 23rd 2007*. This symposium will be Chaired by a former president of APS, Doug Drossman. The papers presented will reflect the epidemiology of IBS and co-morbid conditions (Amy Sperber, FBG), psychological correlates of the three syndromes (Francis Creed, APS), neurobiological alterations in IBS and fibromyalgia (Lin Chang, FBG) and infections, cognitions and behaviours in IBS and

chronic fatigue syndrome (Rona Moss Morris, APS).

By organizing these two symposia, it is hoped that members of APS and the Functional Brain Gut Group will become aware of the enormous overlap between the work performed by the two groups and that further collaborative work can be ongoing.

5) Joint meeting with Society of General Internal Medicine (SGIM) Toronto: April 25th-28th. There will, once again, be a joint SGIM-APS abstract session at this conference organised by Bruce Rollman. This has become a regular feature at this conference.

It should be clear from the above that there are good opportunities across specialties for members of APS to collaborate with members of other societies in order to bring about the aims mentioned in the first paragraph of this article. It is hoped that these joint symposia will lead firstly to better communication between APS members and those of other societies, but later more working groups could be established to take forward joint research, joint clinical activities, including the writing of guidelines for particular conditions. In this way it is hoped that the psychological aspects of all illnesses can be represented in the management guidelines.

If you are interested in being involved in any of these joint activities please contact the APS National Office at info@psychosomatic.org.



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