

C O N G R E S S R E P O R T

15th Biennial Winter Workshop in Psychoses

15-18 November 2009, Barcelona, Spain

E. CESKOVA

Dept. of Psychiatry, Faculty of Medicine, Masaryk University, Brno, Czech Republic.

Submitted: 2010-02-09 Accepted: 2010-02-10 Published online: 202-12-25

Act Nerv Super Rediviva 2010; **52**(3): 219–220 ANSR520310L01

© 2010 Act Nerv Super Rediviva

Workshop conferences have been running biennially for 26 years and have constantly pushed forward the boundaries of science, discussing topical issues in science. The Conference name has been changed to the Winter Workshop in Psychoses (WWP) and the Conference was moved from Switzerland to the University town of Barcelona. The main organizers were Bernd Gallhofer (head of the Dep. of Psychiatry in Giessen, Germany) and Eduard Vieta (professor of psychiatry at the University of Barcelona, Spain)

The programme included plenary lectures, symposia, oral presentations, posters. Let us have a look at more clinically oriented events.

One of the 7 plenary lectures held by Torgny Svensson (professor of pharmacology, member of the Nobel Assembly at the Karolinska institute in Stockholm, Sweden) focused on clozapine, a re-born gold standard for the treatment of severe, resistant mental disorders. Clozapine is effective at approximately 45% D2 receptor occupancy, it acts as an antagonist of 5-HT2A receptors as well as other 5-HT, muscarinic and histaminergic (H1) receptors. Clozapine enhances dopamine output in the medial prefrontal cortex and facilitates NMDA receptor mediated neurotransmission via D1 receptors activation. D1 receptors are implicated in the control of cognition and especially of working memory. Recent data demonstrate a reduced expression of NMDA receptors in both schizophrenia and affective disorders. Further, clozapine is a highly potent alpha 2 adrenoreceptor antagonist, similarly to some antidepressants. Thus, there is a partially overlapping synergistic neurobiological effect of antidepressants and antipsychotics. This is in agreement with the fact that depression and various degrees of cognitive disability occur across traditional diagnostic boundaries.

A very interesting event was the historical lecture (Timothy Peters, Institute of Archaeology and Antiquity, University of Birmingham, UK) on King George III's malady: "Re-evaluation of the diagnosis of acute

porphyria and the implications". In 1966 Hunter and Macalpine, psychiatrists and amateur historians, claimed on the historical records attesting that King George III (1738-1820) suffered from acute intermittent porphyria. However, a detailed assessment of his clinical symptoms showed that the King met ICD -10 and DSM IV criteria for bipolar disorder. .

A symposium on possible strategies after the failure of the first step treatment in bipolar disorders (chaired by Eduard Vieta) offered many practical issues, especially in the management of bipolar depression.

Tim Crow's (an excellent British psychiatrist and researcher) lecture drew a great attention. Tim Crow has been interested in his long-term research in the nature and causation of major psychoses. He demonstrated that there are structural changes of the brain in individuals who have suffered from schizophrenia and suggested that the changes are related to the subtle asymmetries that are peculiar to the human cortex. There is probably a genetic component but the nature remains obscure. Cerebral asymmetries are associated with the specifically human capacity for language. This leads to a theory of the origin of psychotic symptoms – the symptoms arise as confusions between thought and speech and through the abnormal attachment of meaning to perceived speech.

In the symposium named "Tailoring schizophrenia treatment to the individual" Andreas Meyer-Lindenberg

berg dealt with neurogenetic parameters linked to treatment in schizophrenia.

The further presentation, Female schizophrenia – particularities for the pharmacological treatment, was held by Jayashri Kulkarni. She stressed that there still are no special guidelines for the treatment of women suffering from schizophrenia. She mentioned estrogens, their genomic and non-genomic activity, treatment with selective oestrogen receptor modulators (SERM) and informed about the National Registration of Antipsychotic of Mother Pregnancy, NRAMP.

Janet Munro from the UK covered the Pharmacogenetics in Schizophrenia. Her principal academic interest is the translation of pharmacogenetic research findings into Clinical Decision Support Tools to guide clinicians in the management of psychiatric disorders. A number of pharmacogenetic tests are now commercially available (for example the LCG clozapine response test,

the Roche Amplichip CYP 450 test) to guide the drug choice, avoid side effects, improve efficacy and optimise dosing strategies. There are many challenges still to be overcome in the development of personalised medicine tests. Problems in establishing clinical utility, educating physicians, standardising regulatory approval and protecting patient's right need to be addressed in order to allow pharmacogenetic test to be integrated into the clinical management of patients with schizophrenia and other psychiatric disorders

The quality of the plenary lectures, debates, workshops, oral platforms, posters and symposia was absolutely excellent and obviously represents a huge amount of effort put in by all the participants of the conference. At this opportunity we'd like to thank them all for this work and assure them that this conference was a success on every level. The next Winter Workshop will be held early in 2011.