

## Pacific Rim College of Psychiatrists

## Newsletter

August 2004

Philip Morris, Editor

Bruce Singh, President

## President's Report

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**Professor Bruce Singh**

I look forward to meeting many of you at our forthcoming Congress in Hong Kong. At the Board Meeting associated with this Congress, some important decisions will need to be made. In particular a final decision on the locations of our next three Congresses (Taiwan, San Diego and Shanghai are possibilities) including whether we have our next meeting in

2005 or 2006. We will also need to decide on who is to become the next President Elect. To date we have one nomination to the position.

The Board has recognised the importance of increasing our membership base and we are taking active steps to attract new members. At the last Board Meeting Dr Rod Munoz had some helpful suggestions to encourage APA members to join our College. We have also decided to simplify the nomination and election process for prospective PRCP Members, namely that now the only requirement to become a Member is that the applicant is a member of a national psychiatric association. The process of election to Fellowship will remain the same as it was before: nomination by two existing PRCP Fellows and a vote by the Board.

The meeting in Hong Kong looks to be excellent. For the first time we have awarded travel grants to allow young psychiatrists to attend the Congress.

During the Congress there will also be a meeting of each PRCP Working Group to discuss their activities and future direction.

A unique feature of the Congress is that it will also incorporate a meeting of the Melbourne-Harvard International Mental Health Leadership Group.

I trust all of you are making active plans to get to Hong Kong for what promises to be an outstanding Congress with rich and diverse presentations. I look forward to seeing you there.

## Upcoming Events

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### 11<sup>TH</sup> PRCP SCIENTIFIC MEETING

28-31 OCTOBER 2004

*"Innovations and development in mental health in the Pacific Rim"*

To be held at:

Kowloon Shangri-La Hotel,  
Hong Kong

More information at:

[www.prcp.org](http://www.prcp.org)

### WORLD PSYCHIATRIC ASSOCIATION CONGRESS

10-13 November 2004

*"International Treatments in Psychiatry"*

To be held at:

Florence Congress Centre  
Fortezza Da Basso  
Viale Strozzi 1  
50123 Florence, Italy

More Information at:

<http://www.wpanet.org/home.html>

### THE ROYAL AUSTRALIAN & NEW ZEALAND COLLEGE OF PSYCHIATRISTS 40<sup>TH</sup> CONGRESS

22-26 May 2005

*"Psychiatry in a Changing World"*

To be held at:

Sydney Convention and Exhibition Centre, Sydney, Australia

More Information at:

<http://www.ranzcp.org/www/index.html>

## Secretary-General's Report

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**Associate Professor Eng-Seong Tan**

The PRCP continues to be active. Under the direction of Professor Helen Chiu, the PRCP Travel Awards have been established through the sponsorship of Eli Lilly and Lundbeck.

The Awards were advertised earlier this year and there were ten submissions from China, Taiwan, Japan, Malaysia, Indonesia and Australia, all describing projects worthy of consideration. Six applicants were considered to be outstanding by the Panel and were granted the Awards.

Each award is worth US\$500.00. The successful applicants will present their papers at the forthcoming PRCP Scientific Meeting in Hong Kong.

The 11<sup>th</sup> Scientific Meeting of the PRCP will be held in the Kowloon Shangri-La Hotel, Hong Kong, 28-31 October 2004.

This is the meeting which should have taken place last year, but was postponed because of the outbreak of the Severe Acute Respiration Syndrome (better known by its acronym SARS) in South-East Asia, with Hong Kong being one of the centres of infection. Preparations for the Meeting is well under way as described in Dr Ungvari's report later in this newsletter and it promises to be a rewarding meeting.

The Membership of the PRCP continues to be a source of concern for the Board. While a number of new members have been recruited, a number of old members have had to be dropped from the membership last

year for non-payment of dues, despite an offer of amnesty for the payment of arrears.

It would appear that some members from China have not been able to pay their dues because of problems with sending funds overseas. We hope this problem can be overcome in the near future.

Three years ago, three Working Groups on Research, Education, and Service Delivery, were established to generate professional and research activity and provide interchange of information and a platform of international collaboration.

The special interest groups envisioned by Professor Helen Chiu (see her report on the next page) should stimulate more activity within the College and should feed into the activities of these Working Groups.

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## The Consensus Program on Improving the Quality of Life for Asian People with Dementia (QoLDEM)

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With the ageing of the population in Asia, dementia care is becoming a big challenge in the region. However, dementia care is still under-developed in many countries in Asia, and awareness of dementia as a disease is very low. Against this background, a program of consensus meetings of Asian leaders in dementia care was established under the leadership of Professor Edmond Chiu, Past President of IPA and Chair of the World Psychiatric Association Section on Old Age Psychiatry, with funding support from Eisai Company.

The QoLDEM program was organized under the auspices of three international organizations: The

Pacific Rim College of Psychiatrists, The World Psychiatric Association, Section of Old Age Psychiatry, and the International Psychogeriatric Association. This three-year project consists of three Consensus Meetings on how to improve the quality of life for Asian people with dementia. The inaugural meeting was held in Hong Kong on the 29 April, 2004.

The Jockey Club Centre for Positive Ageing, a dementia centre funded by the Hong Kong Jockey Club and operated by the Chinese University of Hong Kong, was the local host to this consensus project. Around 15 leaders from various parts of Asia, including China, Japan, Indonesia, South Korea,

Singapore, Malaysia, Philippines and Thailand attended the meeting to develop a Consensus Statement on Improving the Quality of Life of Asian People with Dementia. The document will be submitted for publication in an international journal.

In 2005, the QoLDEM group will develop a set of detailed care guidelines. In 2006, the group will establish Outcome Measures in Quality of Life Domains, as well as Key Performance Indicators for evaluation of Dementia Care Services and performances.

**Professor Helen Chiu**  
**President Elect**

## President-Elect's Report

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**Professor Helen Chiu**

Six PRCP Travel Awards for Young Psychiatrists have been set up this year. Each award is US\$500, plus free registration at the 11<sup>th</sup> Scientific Meeting of the PRCP in Hong Kong. The successful candidates will present their papers at the conference.

The funding is supported by a grant from Eli Lilly and Lundbeck. We are grateful to the panel of assessors for this award: Dr F Lu (USA), Prof SK Min (S Korea), Prof E Pi (USA) and A/Prof ES Tan (Australia).

The presentation of the awards to the winners will take place during the Gala Dinner of the Conference on 30 October 2004. The 11<sup>th</sup> Scientific meeting of the PRCP is in good progress and promises to be a very exciting and stimulating conference. We look forward to welcoming all the Fellows and Members of the PRCP to this event.

I would like to seek the views of Fellows and Members on a proposal to set up Special Interest Groups in the PRCP. Many of the Fellows of our College are senior and eminent psychiatrists. Many of us specialize in different areas and have a great variety of expertise, such as Psychotherapy, Child and Adolescent Psychiatry, Old Age Psychiatry, General Psychiatry, Psychopharmacology.

It is probably timely to set up different Special Interest Groups in our College to facilitate exchange of experience and to promote collaboration.

Initially we could set up several Special Interest Groups: Psychotherapy (already set up by Professor J Gold), Child and Adolescent Psychiatry, and Old Age Psychiatry. There will be a chair of each Special Interest Group.

The activities will overlap with our existing Working Groups (Education, Research, and Service Delivery), but the Special Interest Groups have the merit that it may be attractive for psychiatrists with special interest or expertise in a certain subspecialty to come together to develop their priorities and action plans. The Special Interest Groups can work hand in hand with the three existing Working Groups.

I seek the views of Fellows and Members on whether we should form these groups and I am keen to receive any other comments or advice.

Please contact me by e-mail: [helenchiu@cuhk.edu.hk](mailto:helenchiu@cuhk.edu.hk).

## Update on 11<sup>th</sup> PRCP Congress

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### 11<sup>th</sup> Scientific Meeting of the PRCP Hong Kong, 28-31 October, 2004

It gives us great pleasure and satisfaction to report that preparations of the 11th Scientific Meeting of the PRCP are progressing well.

The Kowloon Shangri-La hotel is an excellent choice as the conference venue. The location of the hotel is ideal as it is in close proximity to virtually all sightseeing spots, museums, restaurants and shopping malls. It has all the convenience an opulent five-star hotel can offer without having a stifling, pretentious atmosphere.

The hotel is regularly chosen for meetings and conferences and so its facilities are more than adequate. The Kowloon Shangri-La is famous for its restaurants so the catering during the conference will surely surpass

participants' expectations.

The scientific program is also shaping up well. In addition to a number of leading psychiatrists of the region including office bearers of the PRCP, we managed to secure the participation of Professor Norman Sartorius and Professor Benedetto Saraceno, past and current Heads of WHO's Mental Health Division, respectively.

Keynote and plenary speeches will cover several areas of mental health ranging from public health aspects of psychiatry to clinical practice, psychopharmacology and psychopathology. Speakers at the lunch and dinner satellite symposia are all at the cutting edge of their respective fields.

Topics of the symposia reflect the clinical and scientific interests of mental health professionals in the

region.

Again, the spectrum is wide: first-episode psychosis, cross-cultural aspects of mental illness and psychopharmacology, the role of psychotherapy in clinical practice, legal issues in psychiatry, dementia care and SARS-related psychiatric morbidity, just to name a few.

Details of the Scientific Program are regularly updated on the conference website: [www.prcp.org](http://www.prcp.org)

Visits to various psychiatric facilities (hospital, halfway house, dementia center) in Hong Kong will complement the Scientific Program.

We can look forward to an exciting conference and a very enjoyable stay in Hong Kong in October.

**Dr Gabor S. Ungvari**  
**Organizing Committee**

## Editor's Report



**Professor Philip Morris**

Dear Colleagues, welcome to the second edition of the PRCP Newsletter in 2004. This will be the last newsletter before the 11<sup>th</sup> Scientific Meeting of the PRCP in Hong Kong. Information about this important College Meeting is included in this newsletter. After this meeting I hope to compile the final newsletter for 2004 which should be published in November-December of this year. That newsletter will report on the highlights of the Scientific Meeting among other topics.

I plan to attend the Scientific Meeting and I look forward to meeting with College members. I hope there will be time to have a session on the role of the newsletter and I look forward to comment and discussion from members about the objectives, format and content of future editions of our

newsletter.

One of the initiatives I have tried to incorporate into the newsletter over the past year has been correspondent reports from different member countries about mental health issues that may be relevant to the wider PRCP membership. We have had a couple of reports of this kind but I believe that there is much more that we can find out about the state of mental health services, education and research in countries that make up the membership of the PRCP. More contributions of this nature are encouraged and I look forward to publishing them in future editions of the newsletter.

The newsletter now has an 'Upcoming Events' noticeboard where conferences, meetings and any other educational, training or research activities can be publicised. I encourage members to use this noticeboard to inform colleagues from around the Pacific Rim about opportunities to meet and share ideas and build relationships. This is one of the most important roles that the PRCP can provide.

Professor Helen Chiu, President-Elect of the College, has put forward a proposal that the newsletter provide an opportunity for members to be informed on recent advances in

psychiatry. Professor Chiu suggests that a column entitled 'Recent Advances in Psychiatry' be added to the newsletter. The column would cover new developments in different fields of psychiatry including general psychiatry, psychogeriatrics, psychotherapy, child and adolescent psychiatry, and addiction psychiatry, among others. The column would be written by an expert drawn from the respective field and would be a summary of recent important developments or interesting publications in the area.

I welcome this proposal. In an effort to 'get the ball rolling' I have written a report for this edition of the newsletter on a new treatment development in psychiatry: Transcranial Magnetic Stimulation (TMS).

I hope you enjoy reading this newsletter. As usual, comments, letters and short articles can be emailed or posted to me at: PRCP Secretariat, C/o Department of Psychiatry, 7<sup>th</sup> Floor Charles Connibere Bldg, Royal Melbourne Hospital, VIC Australia 3050. Email: [info@prcp.org](mailto:info@prcp.org)

I look forward to seeing many of you at the Scientific Meeting in October.

## Financial Summary

### Expenditure & Income Statement

National Australia Bank Account, AUD.	
Balance as of 20/2/04	\$53,179.16
Income from subscriptions between 20/2/04 and 20/08/04	\$5,046.00
Bank in error deposited	\$1804.66

Expenditure	
Bank error deducted	\$ 1804.66
Website	\$ 330.00
Printing	\$ 790.46
Bank charges	\$ 407.67
Salaries	\$6,311.34
Tax installment taken in advance for 2004	\$ 132.00
WPA subscription	\$ 198.39
<b>Total</b>	<b>\$9,974.52</b>

**Total as of 20/8/04**

**AUD\$50,055.30**

## Recent Advances in Psychiatry

### Transcranial Magnetic Stimulation

Transcranial Magnetic Stimulation (TMS) is the application of a focused magnetic field to cortical regions of the brain. Repetitive transcranial magnetic stimulation (rTMS) involves the application of a rapid train of magnetic pulses to the head of a patient, causing electrical activity in the underlying cortical neurons.

Depending on the stimulation frequency, transient activation or inhibition of targeted brain regions is produced. The repetitive pulses of magnetic field energy are developed by a magnetic stimulator and a hand held-figure-of-eight coil, which is moved to focus the magnetic field on the brain area selected.

TMS has been used in neurology as a method of investigation. Single-pulse TMS of the cortical motor strip can be used to test the integrity of descending motor pathways in brain stem and spinal cord injuries. The treatment potential for rTMS has only become appreciated in psychiatry over the past 10 years.

Insights from studies examining neuroanatomical-psychopathological correlations in stroke, epilepsy and head injury, as well as from functional brain imaging studies, have led to certain brain regions being suspected of having important mood-regulating roles.

As a result, in the treatment of depressive disorders with TMS, high frequency rTMS has been targeted to the left dorsolateral prefrontal cortex region and low frequency rTMS has been focused on the right dorsolateral prefrontal cortex in order to obtain antidepressant results.

At the beginning of treatment, single-pulse TMS is used to stimulate the cortical motor strip hand area to cause a muscle response in the opposite hand. The magnetic stimulus needed to get a motor response in the hand is recorded as the resting motor threshold (RMT).

rTMS is usually applied at 100% of RMT and can be applied at low or high frequency. Low frequency rTMS is usually applied at 1Hz over five 60-second trains separated by a 1-minute intertrain interval (total of 300 stimuli per session). High frequency rTMS is usually applied at 10Hz over twenty 5-second trains separated by a 25-second intertrain interval (total of 1000 stimuli per session). Treatment sessions are often given five days a week over a 2-4 week period (10-20 treatments).

Patients remain awake and do not need sedation while rTMS is applied. This is a great advance on the general anaesthesia needed for electro convulsive therapy (ECT). Side effects are usually mild and only a small proportion of patients report scalp site discomfort during stimulation or transient headache after rTMS. There is a theoretical risk of the treatment inducing a seizure, but this has not been a practical concern and is less likely with low frequency rTMS. Cognitive effects of rTMS are minimal and can include mild transient improvements in learning and memory (1, 2).

The mechanism of action of rTMS is not clear. The treatment probably alters neuronal synaptic function including effects on long-term potentiation and long-term depression of neurotransmission. rTMS may also induce behavioural and gene expression effects similar to ECT.

Evidence of the effectiveness of rTMS in depressive illness is promising but not yet convincing (1). A number of technical issues have yet to be clarified (the best cortical location for stimulation, whether high or low frequency rTMS is the most useful, and the duration of treatment needed), and studies to this point have been limited to small samples and designed with inadequate controls.

However, some better designed studies have provided good evidence of an antidepressant effect from high frequency rTMS directed to the left prefrontal cortex and of low frequency rTMS directed to the right prefrontal cortex (2).

The evidence base is accumulating rapidly now that more studies are coming to publication. Most studies have applied rTMS to patients suffering from a treatment-resistant depression in a situation where rTMS could be offered as an alternative to ECT.

The results from a few small studies comparing rTMS to ECT suggests that these two treatments may be of similar effectiveness other than that ECT may be superior in patients with psychotic depression (1). The use of rTMS for less severe depression and for other psychiatric conditions is not yet well defined.

The role of rTMS as a treatment in psychiatry is still being explored. At the moment it could be recommended for use in patients suffering from more severe or melancholic depressions that have failed other treatments, or for patients who might be suitable for ECT but may wish to try rTMS first (3).

Another group of patients would be those suffering from depression and who wish to avoid side-effects of anti-depressant medications. The use of rTMS for other psychiatric conditions (such as post-traumatic stress disorder and other anxiety disorders, and attention deficit disorder) is likely to expand but the evidence supporting its use in these conditions is limited.

rTMS is an exciting recent advance in psychiatry. It is a technique that draws on the neurobiological understandings of psychiatric disorder and provides psychiatrists with a procedural intervention for the treatment of depressive illness. The wider use of rTMS will require the development of appropriate treatment settings and the training of psychiatric staff in the technique (3). This is an advance that is well worth watching!

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**References:**

1. Cooke RG. Psychopharmacology for the Clinician. Review of Psychiatry and Neuroscience 2003; 28(5):400.
2. Fitzgerald PB, Brown TL, Marston NAU, et al. Transcranial Magnetic Stimulation in the Treatment of Depression. Archives of General Psychiatry 2003; 60:1002-1008.
3. The Royal Australian and New Zealand College of Psychiatrists. Position Statement #40: Transcranial Magnetic Stimulation (TMS). RANZCP June 2003.

**Professor Philip Morris  
Editor**

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## Winners of PRCP Travel Awards

### 1. Dr Sun Xin-Yu, China

Dr Sun is a Psychiatrist at the Department of Geriatric Psychiatry, Institute of Mental Health, Peking University, China.

Her study compared neuropsychological and clinical characteristics of patients with early onset with those patients with later onset schizophrenia and their unaffected offspring respectively.

The findings of the study suggested that both late- and early-onset schizophrenia attributed to one disease entity and the neuropsychological impairment were consistent in various populations of patients with schizophrenia.

The unaffected offspring whose parents suffered from schizophrenia also demonstrated neuropsychological impairment, which suggested that neuropsychological deficit could be a hereditary trait marker of schizophrenia.

### 4. Dr Lin Chih-Yuan, Taiwan

Dr Lin is a Psychiatrist at the Department of Psychiatry, Yu-Li Veterans Hospital, Taiwan.

Her study investigated factors associated with re-hospitalization of persons with schizophrenia in a Community Support Program.

The study found that the most significant factor related to re-hospitalization was previous alcohol abuse or other substance use disorder.

### 2. Dr Adhi Wibowo, Indonesia

Dr Wibowo is Psychiatrist at the Department of Psychiatry, Faculty of Medicine, University of Indonesia. She is also Head of the Training and Education Unit at the Drug Dependence Hospital in Jakarta, Indonesia.

This study investigated the frequency of psychopathology among People Living with HIV/AIDS (PLWHA) at Pelita Ilmu Clinic, Cipto Mangunkusumo Hospital and Dharmais National Cancer Hospital.

The study concluded that Depressive Episode and Dysthymia (68%), Psychoactive Substance Related Disorders (63%), Generalized Anxiety Disorder (41%), Alcohol Related Disorders (17%), Panic Disorder (7%), Single Psychotic Episode (6%), Social Phobia (2%), Recurrent Psychotic Episode (2%), and Post Traumatic Stress Disorder (1%).

### 5. Dr Ruzanna Zamzam, Malaysia

Dr Zamzam is a Psychiatrist and Lecturer at the Department of Psychiatry, Faculty of Medicine, National University of Malaysia in Kuala Lumpur.

Her study identified the strengths and weaknesses of the current community mental health modules of the National University of Malaysia. It also suggested which areas of training need to be updated.

### 3. Dr Erin Wu Chia-Hsuan, Taiwan

Dr Wu is a psychiatrist at the Department of Psychiatry, National Taiwan University Hospital, Taiwan, ROC.

Her study explored the experiences and concerns of health care workers in Taiwan during the SARS crisis. The leadership during the crisis and the need for mental health services were surveyed.

The study concluded that during an epidemic, leaders should prioritize safety in the health care settings, protective devices should be used, timely and honest information about the epidemic should be released, and mental health services should be provided.

### 6. Dr Cao Yu-Ping, China

Dr Cao is a Principal Doctor and Lecturer at the Mental Health Institute, 2<sup>nd</sup> Xiangya Hospital, Central South University, Changsha, China.

Her study investigated the prevalence of domestic violence in Hunan China.

The study concluded that the seriousness of domestic violence in Hunan, China, stands in a middle position compared with Western countries but with more spousal abuse.

## 11<sup>th</sup> PRCP Scientific Meeting Program

Date	Thursday	Friday	Saturday	Sunday
Time	October 28	October 29	October 30	October 31
8:00 - 9:00	Registration (8:00 - 17:30)  Technical Visit (10:00 - 12:20)	Registration		
9:00 - 10:30		Opening Ceremony & Keynote Speech N. Sartorius, Switzerland	Keynote Lecture B. Saraceno, Switzerland	Keynote Lecture B. Singh, Australia
10:30 - 10:50			Plenary Session N. Shinfuku, Japan	Plenary Session H. Chiu, Hong Kong
10:50 - 12:10		Coffee / Exhibition Break		
12:10 - 14:10		Plenary Session P. McGorry, Australia E. Chen, Hong Kong	Plenary Session H. Minas, Australia K.M. Lin, Taiwan	Plenary Session A. Tasman, USA K.S. Min, Korea
14:10 - 15:40	Lunch / Lunch Symposia / Exhibition			
15:40 - 16:00		Symposia	Symposia	Symposia
16:00 - 17:30		Coffee / Exhibition Break		
17:30 - 19:00		Symposia	Symposia	Symposia
19:00	Welcoming Reception		Satellite Symposium	Closing Ceremony (17:30 - 17:45)
	Dinner Symposium	Dinner Symposium	Gala Dinner	

**Board Meeting**  
**Oct 28, 12:00 - 17:30**

**Opening Ceremony**  
**Oct 28, 18:00 - 19:00**

**Biennial General Meeting**  
**Oct 29, 17:30 - 18:30**

**Working Group for Service Delivery**  
**Oct 30, 12:15 - 13:15**

**Working Group for Education**  
**Oct 31, 12:15 - 13:15**

**Working Group for Research**  
**Oct 31, 08:00 - 09:00**

*“Innovations and Development in  
Mental Health in the Pacific Rim”*

**28-31 OCTOBER 2004**

Kowloon Shangri-La Hotel, Hong Kong

More information at: [www.prcp.org](http://www.prcp.org)



**PRCP BOARD OF DIRECTORS NOMINATION FORM**

Please complete and return to the PRCP Secretariat by fax: +61 3 9347 3457 or post: PRCP, 7<sup>th</sup> Floor Charles Connibere Bldg, Royal Melbourne Hospital, Victoria, Australia 3050

I.....(Name in block letters) being a Member/ Fellow of the PRCP nominate .....who is a Fellow of the PRCP for election to the Board of Directors.

Signature ..... Date .....

Seconded by ..... Member/ Fellow of PRCP.

Signature ..... Date .....



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

**Please return to:**  
University of Melbourne Department of Psychiatry, 7<sup>th</sup> Floor Charles Connibere Building  
Royal Melbourne Hospital, Victoria, Australia 3050. Fax: (+61 03) 9347 3457

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

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

MEDICAL QUALIFICATION: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

POST GRADUATE QUALIFICATION: \_\_\_\_\_

CURRENT INTERESTS:

CLINICAL: \_\_\_\_\_

TEACHING: \_\_\_\_\_

TRANS-CULTURAL: \_\_\_\_\_

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

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

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

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

PLEASE ATTACH COPY OF YOUR CURRICULUM VITAE (abbreviated version acceptable) AND ONE PASSPORT PHOTOGRAPH. We will also need two letters of recommendation from Members of the College

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

Initiation Fee: AUD\$300.00 (waived in 2004), Annual Subscription: (Member) AUD\$100.00, (Fellow) AUD\$150.00