



The College of Psychiatry of Ireland  
*Cóiliste Síciatrachta na hÉireann*

## Press Statement - 12<sup>h</sup> November 2009

International Conference, 12<sup>th</sup> & 13<sup>th</sup> November  
Croke Park, Dublin

### ***Bridging New Frontiers - Facing New Challenges***

Addressing the conference of the College of Psychiatry of Ireland today was Professor Thomas Frodl of AMNCH, Tallaght Dublin on *Neuroplasticity and Depression*. Professor Frodl began by saying that ***“Depression has until recently been viewed as a ‘chemical imbalance’ that was not associated with permanent structural brain changes. Meta-analyses of structural imaging studies of the hippocampus now suggest, however, that patients with major depression have small hippocampal volumes compared to healthy subjects.*** He continued to say ***“Pre-clinical and clinical studies of the HC and related structures have provided a plausible biological model for how stress may interact with genetic vulnerability to create vulnerability to depression. Neuroplasticity plays a larger role in the human brain the earlier thought and might be very important in the pathophysiology of major depression. Although the factors associated with small hippocampal volumes are not fully described, there is evidence that genetic polymorphisms and early life stress may contribute to hippocampal volumes prior to onset of illness. Repeated episodes of illness may further contribute to loss of HC volume, and speculatively, the changes in the hippocampus may then contribute to treatment resistance or chronicity.”***

Professor Frodl explained that it is now known that detecting evidence of these neuroplastic changes, hippocampal disruption or other biomarkers, like proteomics, genetic methods, might allow us to identify people who are at risk of illness and patients who are at risk for treatment non-response and relapse. Clinicians should begin to consider the possibility that these technologies could be used in some years, not for diagnosis, which may be of uncertain utility, but for optimizing intensity of treatment.

Also speaking at the conference was Professor George Christodoulou from the Hellenic Centre for Mental Health & Research in Greece. Prof Christodoulou presented to the delegates on ethics principles and codes pertaining to the psychiatric profession, with ***special emphasis on the teaching of Hippocrates***, considered to be the father of western medicine, the ***Helsinki Declaration*** dealing with ethics of psychiatric research and the

**Declaration of Madrid** (the basic ethics code of the World Psychiatric Association).

He pointed out that *“the Hippocratic teaching is a combination of the Asclepian (religious) medicine of ancient Greece and rational (scientific) medicine in which Hippocrates played a major role (as exemplified in his pronouncement that epilepsy-“the holly disease” was not more holly than the rest of the diseases as it was produced by organic causes). Hippocrates also emphasized the importance of nature and the physical environment, a concept re-introduced in our times in Medicine and Psychiatry.”*

**Prof Christodoulou explained that** *“The Declaration of Helsinki of the World Medical Association has been revised many times and its last revision occurred last year (2008). The input of the Ethics Committee of the World Psychiatric Association was sought for the first time and the committee had a substantial input. The Declaration regulates the ethical obligations of researchers and underlines the need for respect and substantial protection of potential research subjects, especially those who are not in a position to refuse their inclusion in the research procedure.”* He continued *“it underlines the obligation of the researcher to publish not only the positive but also the negative findings, restricts the use of placebo to absolutely necessary circumstances and states that, no matter whether the research subject has signed the authorization form it is still the responsibility of the researcher if something goes wrong. He went on to say that The Madrid Declaration is the Ethics code of the World Psychiatric Association and all member societies of this organization (more than 130) have signed that they agree with its principles.*

**Prof Christodoulou finished by saying** *“The basic principle that is common in practically all ethics codes and declarations pertaining to Psychiatry (and Medicine) is that the well-being of the patient should be the major concern of the physician, in keeping with the original Hippocratic teaching”.*

Also addressing the conference was **Professor Dinesh Bhugra** who spoke about **Professionalism and ethics** said that *the delivery of psychiatric services has to be seen in the context of culture and society. As societies and cultures change, the role of the psychiatrist changes as well”.* He went on to say that *“society expects certain standards of care and skills from its clinicians. In order to deliver good quality healthcare, which is acceptable to patients and their carers and is both geographically and emotionally accessible, psychiatrists need to be professionals”.*

*“A professional is regulated by their peers, and has undergone required training and collegial discipline with a base in technical specialised knowledge. In addition a service motive rather than a profit motive is crucial and ethical. Clinicians must be thorough in their commitment and use ethical principles wisely. Medicine is a science with an easily described and defended ethical discipline, but being a science by itself is a frail defence against uncertainty.*

**Prof Dinesh Bhugra explained that “Present day codes of professional conduct have evolved from a need to balance the relationship between the medical profession, government and business. These also need to be revisited.**

**The responsibilities of the professional are many and include, among others, professional competence, maintaining appropriate relations, honesty and confidentiality with respect to their patients, and commitment to improving access and quality of care. In addition, the professional must deal with the just distribution of finite resources and avoid any conflicts of interest. The professional’s responsibilities mean that we should be respectful of each other, maximise patient care, and have self-regulation including remediation and disciplinary action as described by the American College of Physicians in 2002”.**

**Prof Bhugra summarised “Modern professionalism is both the encouragement and celebration of good clinical practice, and the protection of patients and the public from suboptimal practice in content and in process. Caring, compassion, communication, respect towards the patient, along with altruism, excellence in scholarship and leadership, accountability and responsibility are significant parts of being a professional”**

The final presentation of day was delivered by **Dr Maria Kane**, Consultant Psychiatrist in Psychotherapy and Adult Psychiatry in the Belfast Trust who addressed the delegates on **Unholy Communion the Psychological Impact of child hood sexual abuse in adulthood and the role of the psychiatrist**. In the course of this presentation using the experiences from the religious institutions within the paradigm of the family, she considered what psychiatry can learn in identifying , understanding and treating those adults who have been sexually abused as children. In addition, how to avoid colluding with the pathology of Unholy Communion- abuse- and resist the urge to become pathological.

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