PANDORA'S BOX

Pandora searches the world literature for evidence, news and other sources on matters of interest (doesn't shy away from controversy) to bring to the reader. She welcomes comments and suggestions (via ip@rcpsych.ac.uk)

Drug classification

Do you get frustrated trying to explain to patients or trainees the differences between first- and second-generation drugs or classical and atypical antipsychotics? How often have you found yourself trying to explain to a puzzled patient that, although it is an antipsychotic (e.g. quetiapine), the drug you are prescribing is the right choice for their bipolar depression; or that you are right in giving them a high-dose antidepressant for their obsessive–compulsive disorder? This may soon be a problem of the past. The first phase of a new psychotropic drug classification was launched at the 27th European College of Neuropsychopharmacology (ECNP) Congress in October 2014. This is the product of a 5-year collaboration between the ECNP and the American College of Neuropsychopharmacology (ACNP), the International College of Neuropsychopharmacology (CINP), the International Union of Basic and Clinical Pharmacology (IUPHAR) and the Asian College of Neuropsychopharmacology (AsCNP). The new Nomenclature Project, which uses terminology based on the pharmacology of the drugs rather than the symptoms they treat, aims to replace the outdated symptom-based classifications developed in the 1960s. The new classification consists of four axes: Axis 1 describes the pharmacological action (the target and mode of action), Axis 2 the indication, Axis 3 the efficacy and major side-effects and Axis 4 the neurobiology. In this first phase of implementation, a booklet, *Neuroscience-Based Nomenclature*, and a beta version app were released at the 27th ECNP Congress. These are available in English only at present, but there are plans to release them in other languages, including French, German, Spanish, Portuguese, Japanese and Chinese. Meetings are planned with key organisations such as the World Health Organization, the US Food and Drug Administration, the American Psychiatric Association and others. Is this going to make a difference in clinical practice? Does this appeal? Will it help improve clinical practice? More information is available and comments can be placed on the ECNP website.

Presentation at the 27th European Neuropsychopharmacology (ECNP) Congress, 19 October 2014; see also http://www.ecnp.eu/projects-initiatives/nomenclature.aspx

Age and neuroplasticity

We now live longer and are required to stay in employment for longer, but can our ageing brains cope? Do we have the same capacity to learn and do our neurons retain the flexibility to change? Is neuroplasticity still possible? It is established that our cerebral ventricular system enlarges with age, the grey matter shrinks and its capacity for plasticity decreases. But all is not lost! A study published in *Nature Communications*, a collaboration between scientists from Taiwan and the USA, compared the ability to learn and perform, using an abstract visual perception task over a period of a week, between a group of volunteers aged 65–80 and a younger group aged 19–32. They also scanned the subjects' brains during the test, using magnetic resonance imaging (to examine plasticity in the cortex) and diffusion tensor imaging (to examine plasticity in the white matter). The older group performed as well as the younger group on the test but while the young brain images showed more changes in the cortex, as expected, the older group's performance was associated with changes in the white brain matter. The conclusion is that although the ageing brain's plasticity in the cortex is impaired, older people are still able to learn (at least as far as this visual test demonstrates) because the brain capacity for plasticity shifts from the grey matter to the white matter, possibly by making neuronal signal transmission more efficient.

Nature Communications, 2014; 5: 5504
doi: 10.1038/ncomms6504

Stigma as a barrier

Did you think that stigma is a problem of less affluent and less informed societies? Some 60 million Americans experience mental illness in any given year but 40% of these will not receive care, according to a new report published in *Psychological Science in the Public Interest*, a journal of the Association for Psychological Science. The report specifically examines stigma as a significant barrier in seeking and receiving care. Without ignoring the role of public stigma, the authors go further in their analysis, implicating the institutional and public health systems' responsibility. They bring to attention the fact that both mental healthcare and mental health research are less well funded than physical medical care and medical research, an observation that also applies to the UK. The Carter Center Mental Health Program in the USA attaches a positive and optimistic statement to this report:

> Together, we can create robust systems and services all along the path of recovery and encourage early intervention and access to treatments without fear of labels or diminished opportunities. When that is achieved, we will know that our tireless efforts to eradicate stigma have been successful.

Psychological Science in the Public Interest, 2014; 15 (2): 37
doi: 10.1177/1529100614531398

Declaration on mental health in Africa

From the USA to the rest of the world and in particular Africa, where mental disorders, which account for a huge part of the burden of disease and disability, are allocated less than 1% of the meagre health budgets. In 2014, the 194 member states of the World Health Organization, including representatives from African countries, adopted the Comprehensive Mental Health Action Plan (MHAP) with the objective of advancing the mental health agenda in the world. African representatives, recognising this as a historic opportunity to improve the mental health and well-being of the continent's citizens, pledged to adopt this roadmap, to aim for parity of mental and physical health and to address stigma and the violation of human rights. They advocate the inclusion of mental

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health in the post-2015 Sustainable Development Goals and the convening of a special United Nationas General Assembly High Level Meeting on Mental Health within 3 years.

Global Health Action, 2014
doi: 10.3402/gha.v7.24589

Rates of suicide and attempted suicide in Ethiopia

Most of the evidence on suicide originates from research in affluent countries; in low- and middle-income countries it is generally limited to patients attending psychiatric facilities, where selection bias is likely to be high. In a prospective study, 916 subjects with the diagnoses of major depression, bipolar disorder and schizophrenia were followed up annually for 10 years in a rural setting in Butajira, Ethiopia. High rates of attempted suicide were found in all three diagnostic groups. The cumulative risk of suicide attempts over the follow-up was 26.3% for major depression, 23.8% for bipolar I disorder and 13.1% for schizophrenia. The rates for depression are higher than the lifetime rates for suicide in clinic-based populations in high-income countries. The study's findings add to the literature reporting that although a treatable condition, depression remains not only a major cause of disability globally but also a major cause of mortality among those affected. The suicide methods most commonly found in this study were hanging, jumping from a height, drowning or using organophosphates, with understandably high rates of completed suicide at first attempt.

BMC Psychiatry, 2014, 14: 150
doi:10.1186/1471-244X-14-150

Leadership stress and hubris

A conference organised by the Daedalus Trust and the British Psychological Society held at the Royal Society of Medicine in November 2014 tackled the subject of leadership stress and hubris. The term *hubris* originated in ancient Greece, where it was used to describe a man's exaggerated sense of ability and power, nearing those of a deity, hence it was considered an insult (υβρις = insult) to the gods of Olympus and punishable by Nemesis. Hubris according to Lord Owen is 'exaggerated pride, overwhelming self-confidence and contempt for others'. Originally focused on politicians, hubristic behaviour is now recognised in any sphere of life in anybody who misuses power. The 'hubris syndrome' – overconfidence in one's own judgement – is considered to be an acquired personality change triggered by access to power. The presence of narcissistic traits, a sycophantic entourage and possibly some other as yet unidentified factors contribute to this. If you are interested in learning more about the hubris syndrome, check the Daedalus Trust website (http://www.daedalustrust.com).

Correction

The co-author was omitted from the guest editorial in the November 2014 issue of *International Psychiatry*: Mohammad Alsuwaidan, Assistant Professor, Department of Psychiatry, Health Sciences Center, Kuwait University, Kuwait, and Divisions of Brain Therapeutics and Philosophy, Humanities and Educational Scholarship, University of Toronto, Canada.

The correct citation is therefore:

Zahid, M. A. & Mohammad Alsuwaidan, M. (2014) The mental health needs of immigrant workers in Gulf countries. *International Psychiatry*, **11**, 79–81.

The online edition has been corrected post-publication, in deviation from print and in accordance with this correction.

Forthcoming international events

28–31 March 2015

EPA 2015 – 23rd European Congress of Psychiatry

Vienna, Austria

Website: http://www.epa-congress.org/

The 23rd European Congress of Psychiatry (EPA 2015) will facilitate learning, discussion and exchange among psychiatrists in Europe and around the globe. Guided by the motto 'Excellence in Psychiatry across Europe: Practice, Education, Research', EPA 2015 aims to showcase research and developments in European psychiatry, while providing opportunities for networking. The European Psychiatric Association is the main association representing psychiatry in Europe. EPA's activities address the interests of psychiatrists in academia, research and practice throughout all stages of career development.

29 June–2 July 2015

Royal College of Psychiatrists' International Congress 2015

Theme: Psychiatry at the Forefront of Science

ICC, Birmingham, UK

Website: http://www.rcpsych.ac.uk/traininpsychiatry/conferencestraining/internationalcongress2015.aspx

With a projected attendance of over 2000 delegates from more than 50 different countries, the International Congress of the Royal College of Psychiatrists is one of the biggest events in the annual mental health conference calendar. The Congress will have over 100 hours of academic programme. Presenters over the 3½ days of the conference will include academics, physicians, psychiatrists, patients, service users, family members, carers, psychologists, social scientists, policy makers and journalists within a programme that will include plenty of opportunities for networking and socialising.