



ACNP Bulletin

American College of Neuropsychopharmacology

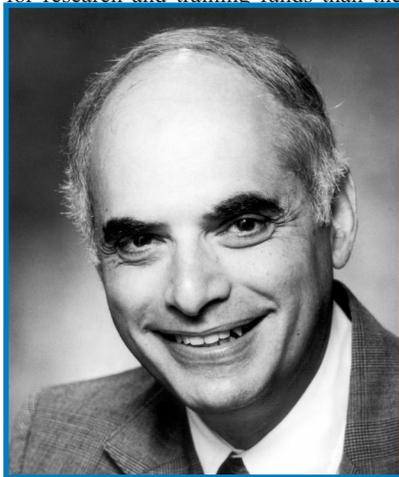
April 2000

Volume 6 No. 2

The ACNP and the Patient Advocacy Groups: The Past; the Present; Towards A Better Future

Prelude

The ACNP has evolved and developed its relationships with the patient advocacy groups over a number of years. The relationship is a work-in-progress. Patient advocacy groups themselves began to organize into national groups in the late 70's and 80's. It has always been very clear to the ACNP Council that we, as clinicians and researchers, have no more powerful allies in our quest to advocate for research and training funds than the



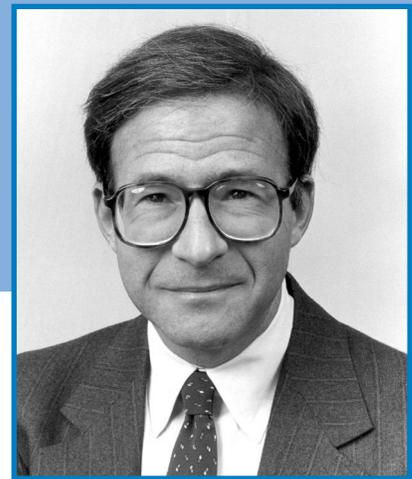
Roger Meyer

patient advocacy groups. There are two fairly obvious reasons for this: it is the members of the advocacy groups and their families who suffer most from inadequate treatments—they therefore believe strongly in more research to improve treatments; these organizations represent large constituent populations whose numbers influence and carry weight with those who control the federal research purse strings..

In 1985, ACNP President Herbert Meltzer

was impressed with the support that some of these groups were beginning to show for biological research on mental illness. He asked the Committee on Problems of Public Concern (CPPC) to begin a dialogue with representatives of various citizens' advocacy groups concerned with mental illness. Roger Meyer and Robert Rose, co-chairs of the CPPC, contacted several of the advocacy groups—the National Alliance for the Mentally Ill (NAMI), the National Depressive and Manic Depressive Association (National DMDA), the Schizophrenia Research Foundation, the National Association for Mental Health (NAMH), the National Council on Alcoholism, the National Foundation of Parents for Drug Free Youth, and the Parents' Resources Institute for Drug Education. All were invited to send representatives to the 1985 Annual Meeting in Hawaii in order to begin a dialogue with ACNP and to examine ways in which these organizations and the ACNP could collaborate. Despite the high cost of travel, representatives from NAMI, the National DMDA, and the NAMH did attend the Hawaii meeting and met with members of the CPPC as well as Council..

In 1986, there were several follow-up meetings of the advocacy groups with Roger Meyer and/or Robert Rose. In 1987, an Ad Hoc Committee on Relationships with Advocacy Groups was created. In 1989, it became a standing constitutional committee with Bob Rose chairing the committee for two years; in 1991 Jan Fawcett served as chair for two years. In 1993 Robert Hirschfeld and Mary Jeanne Kreek became the co-chairs



David Kupfer

and continued the committee leadership until 1999. For the year 2000, Bob Hirschfeld continues as chair and Roger Meyer was named co-chair. Council had decided that the Advocacy Committee meetings should move from the "information exchange" format to more of an "interactive, collaborative relationship." Council also wanted these meetings to take place on a regular basis primarily in Washington where most of the relevant organizations and groups are headquartered.

The current initiative, which Council hopes will develop into an ongoing activity of the College, came as a result of joint effort by Steve Paul and Alan Schatzberg. Members of the Advocacy Committee agreed with them that having a time-limited, focused, meeting would increase the likelihood that the key people from the advocacy groups would attend and participate. Roger Meyer agreed to serve as host for the inaugural

Strategic Plan Survey

In recent months Council has discussed the need for the ACNP to have a strategic plan. The purpose of strategic planning is to keep the organization focused sharply on those issues most important to us in a constantly changing environment. Toward that end Council members have looked closely at the issues that face our College, and have determined that we should give attention to at least three issues: our mission, our membership recruitment, and our communications.

As we think about each of these areas we want to make sure that we have the best strategy for the College now and for the future. In our rapidly changing world we have to reexamine ourselves frequently to make sure that our mission statement is still focused on the most appropriate areas. Perhaps there is good reason to make it more focused, or perhaps to broaden it. As our science progresses and changes, we want to be sure that our recruitment efforts are targeted towards all the right areas, including the new, emerging fields. Perhaps we have overlooked areas that are essential to the future of our field. As information and information sources expand exponentially, we need to ask ourselves if we are providing the first and best source of information in neuropsychopharmacology.

We are asking that you help answer these questions by completing a survey. By the time you read this article a survey form should have already been sent to you. We hope you will take time to complete this survey and return it to the Secretariat right away. The results will be compiled and presented to Council in our June meeting. The questions on the survey are focused around the three areas mentioned above. Some of the questions can be answered by just checking your preference, but there are others that ask for your written comments. Please write as extensively as you wish. The best plan for the College requires your best personal input. This is an opportunity for all of us to make a significant contribution to the future of the ACNP. If you have any questions about the survey, please contact Ronnie Wilkins at:

phone: 615-343-4088
fax: 615-343-0662
email: rwilkins@acnp.org [n](#)

Call for Industry Proposals for the 2000 ACNP Annual Meeting

Sunday, December 10th through
Thursday, December 14th

DEADLINE FOR SUBMISSION OF INDUSTRY
PROPOSALS — June 1, 2000

A request for Industry Panel submissions was sent out in March from Dr. Martin Keller, Chair of the Program and Scientific Committee. The Program Committee continues to encourage presentations from Industry on new agents with novel mechanisms of action which are of potential therapeutic and/or scientific importance. The ACNP Annual Meeting is an excellent forum for multidisciplinary discussions which can provide a stimulus for further discussion and investigation.

Any individual with information on new agents may submit a title along with a one-page abstract by June 1st; it does not need to be co-authored by a member of the College. This abstract will be considered by the Program Committee for presentation in one of two ways. It may be an oral presentation in the Industry Panel at the Annual Meeting or possibly presented as a Poster at one of the two Poster Sessions. Industry participation is encouraged as discussion of new drugs has become a regular and well-attended part of the Annual Meeting. The Annual Meeting also provides the opportunity for industrial scientists to meet and learn more about members of the College.

Any company interested in participating in the Industry Panel is asked to send the title and a short [one page] abstract with the senior author's name, title, complete mailing address, phone number, fax number, and email address to:

2000 ACNP Industry Panel
Centre Building, Suite 320
2014 Broadway
Nashville, TN 37203

Phone: 1-615-343-7805
Fax: 1-615-343-0662
Email: acnp@acnp.org [n](#)

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A Status Update

Call for Proposals for the 2000 ACNP Annual Meeting

Sunday, December 10th through Thursday, December 14th

DEADLINE FOR SUBMISSION OF PANEL AND STUDY GROUP PROPOSALS — May 15, 2000

The Call for Proposals for the Panels and Study Groups for the 2000 ACNP Annual Meeting was mailed out to the membership February 15, 2000. Included in the correspondence mailed out was a list of the members comprising the 2000 Program Committee and the guidelines used by the Committee for selection of the scientific program.

The main objectives of the Program Committee are to:

- maintain the Annual Meeting at the cutting-edge of clinical and pre-clinical research in the Neurosciences, particularly in Neuropsychopharmacology and new treatment modalities;
- provide ample opportunity for informal information exchange and for the discussion of research results and their implications; and
- maintain the opportunity for attendance by non-member participants and by the brightest of the young researchers/clinicians.

The Program Committee members work from the following principles:

- the quality of the presentation is most important, for no matter how “hot” an area may be, poor information is of very little value to anyone. The Committee strives for high quality Panels and Study Groups that deal with topics that are of interest to members of the College. For this reason, speakers should be the best and most knowledgeable available to present on the selected topic.
- program balance with respect to topic and areas is another important principle. While some areas are of continuing relevance, others may receive more sporadic attention; emphases can and do change. It is the Committee’s responsibility to be balanced and current.
- as there is a limit of two (2) Panel/Study Group presentations at the Annual Meeting, one individual listed on several Panel or Study Group proposals may have a negative impact on the Committee’s evaluation of a particular proposal.
- the Committee tries not to “edit” the proposals but must do so upon occasion for program balance or to be fair to relevant individuals otherwise excluded.
- there are times when program submissions are invited. These invitations occur in the case of a “hot” topic, upon the President’s request, or if there is a real void in the program.

All sessions, both Panels and Study Groups, are scheduled with the assumption that ALL SPEAKERS AGREE TO BE AVAILABLE ON ALL DAYS of the Annual Meeting and agree to this when they complete and return the Statement of Intent to the Secretariat. It is the responsibility of the Panel/Study Group Chair to verify that their participants will be available for questions and further discussion throughout the Annual Meeting.

It is the consensus of the Program Committee and Council that a limit of two (2) Panel/Study Group presentation roles per presenter [whether member or non-member] per year is reasonable. An individual may have any combination of presenter roles in Panels or Study Groups but ONLY two (2) per Meeting. Serving as a Chair or Co-Chair of a Panel is not considered as a presentation role.

Another purpose of the Statement of Intent that was included in the Call for Proposals is to require investigators to affirm that original animal studies reported as part of the scientific program of the College have been conducted in accordance with the Declaration of Helsinki and/or with the Guide for the Care and Use of Laboratory Animals, as adopted and promulgated by the National Institutes of Health.

The Program Committee will be meeting June 23rd through June 25th to determine the scientific program for the 2000 Annual Meeting. Submissions that are accepted or accepted with modifications will be notified within two weeks of the Committee meeting. As there are only 42 program slots, not all submissions can be accepted; those which are not accepted will also be notified within two weeks of the Committee meeting.

There are explicit instructions for submitting Panels and for submitting Study Groups. It is required that if you choose to submit a proposal, that you follow the Guidelines provided. Please be sure that the required forms are complete before submitting your proposal. If you have questions, please feel free to contact Cheryl Casner at the Secretariat at 1-615-343-7805 or by email at ccasner@acnp.org. She will be working with the Program Committee and assisting in organizing the scientific program for the 2000 Annual Meeting

The Program Committee looks forward to reviewing many exciting proposals, and to having another outstanding Annual Meeting. n

From The Archives



Back Row Left to Right: Solomon H. Synder, Frederick K. Goodwin, Frank J. Ayd, Jr. Malcolm H. Lader
Front Row Left to Right: Heinz Lehmann, Joel Elkes, Sir Martin Roth

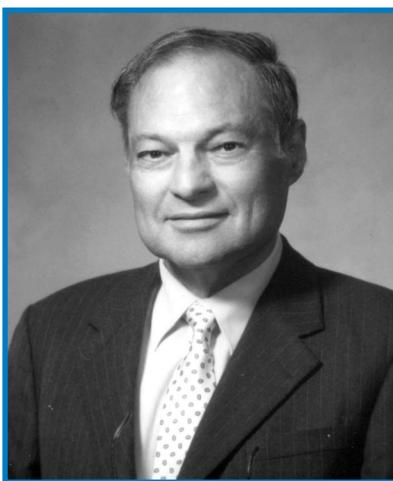
These illustrious individuals were gathered to help celebrate the Taylor Manor Hospital Psychiatric award given to Gerald Klerman on April 1, 1989. The accompanying picture of Gerry is from that era. The write up accompanying the award stated: “ In recognition of his contributions to Biological Psychiatry and as a tribute to the genius of scientists dedicated to curing emotional and psychiatric suffering and to restoring mental health.”

A little remembered fact about the ACNP and Gerry Klerman was that up until the election to select the 1979 officers and Council the Nominating Committee selected a slate of individuals—one person per position—and the College voted, usually unanimously, for that slate.

In 1976 the Nominating Committee had selected and the membership had approved Gerald Klerman for the Office of President-Elect for 1977. He would then become President in 1978. Gerry

was nominated and then approved by the U.S. Senate for the position of Director of ADAMHA (Alcohol, Drug Abuse, and Mental Health Administration.)

Gerry decided during 1977 his year



Gerald Klerman

as President-Elect that it would not be appropriate for him to assume the

Presidency of the ACNP while he was the Director of the ADAMHA. At the December 1977 Annual Meeting Gerry resigned from the position of President-Elect. As the business meeting minutes from December 15, 1977 at the Caribe Hilton record: “Since Gerald Klerman will be unable to accept the ACNP presidency for 1978, four Council-nominated candidates for President were presented to Fellows for a vote by written ballot. Arnold Friedhoff was elected President to succeed Morris A. Lipton.” Arnie became President in 1978 without ever having been President-Elect.

Gerry, of course, was a President-Elect who decided not to be President. Perhaps his greatest honor related to receiving the Taylor Manor Hospital Psychiatric award was the honor of having these seven distinguished neuropsychopharmacologists gather together to salute Gerry on the occasion of the award. n

The International Archives in Neuropsychopharmacology

Oakley Ray

The archives in Neuropsychopharmacology at the Vanderbilt University School of Medicine has been underwritten by Solvay since it was started in 1996 through the end of 1999. The ACNP has been fortunate in being able to collect and preserve the files and records of many neuropsychopharmacologists. Other disciplines are beginning to recognize the importance of preserving the records of individuals who have worked in science. The following two paragraphs are reprinted from the December 1999, *News in Physiological Sciences*. They are from an article titled Archival Collections in Physiology by John B. West of the Department of Medicine, the University of California, San Diego and are reprinted here with permission.

“What is an archival collection?”

In its purest form, an archival collection is made up of the raw materials of science,

including personal correspondence, scientific notebooks, experimental protocols, manuscripts, maps, films, videos, and perhaps oral histories, from people who have contributed to the development of an area of science. In practice, these primary materials, as they are called, are often combined with other materials such as reprints, books, and correspondence with family members and friends because researchers tend to keep all this material together. However, published articles and books are of much lesser value in an archival collection simply because they are not unique and are generally available.

Of course, collecting this raw material is not science, although its subject matter is science and scientists. Nor is assembling an archival collection part of the study of the history of science. Rather, the objective is to make important material available to

scholars who will subsequently sift through it and analyze its historical significance or use it for new research. It is useful to separate the two processes. It may be urgent to collect the material and, in particular, to make certain that valuable documents are not thrown away as has frequently occurred in the past. The subsequent analysis of the material can be done at any time by historians and others, providing the material is preserved.” I could not have said it better—which is why I reprinted Dr. West’s material. We need to move ahead to preserve the material relevant to the history of our field.

Once again I urge each of you to take steps now to ensure that all of your files and records are saved and shipped to the Secretariat at 2014 Broadway, Suite 320, Nashville, TN 37203. We will forward them to the International Archives at the

A Status Update

Charley Mitchell, Executive Editor, Lippincott Williams & Wilkins

The ACNP’s flagship textbook, *Neuropsychopharmacology: The Fifth Generation of Progress*, is under way for a projected launch into the psychiatry and neuroscience disciplines sometime during the second half of 2001. Under the guidance of ACNP Publications Chair John Greden, and editors Kenneth Davis, Joseph Coyle, Dennis Charney, and Charles Nemeroff, section editors have been appointed and chapter authors enlisted. The editors have completely overhauled the Fifth Generation organization, by dividing it into 13 sections (for easier navigation through the contents) and adding many new chapters that reflect the dynamic nature of its subject.

Sharp-eyed readers will note that the title of this landmark book has also undergone a slight modification: Its first word has changed to “Neuropsychopharmacology,” to more closely align it with the name of the College. (ACNP members know the prior edition as *Psychopharmacology: The Fourth Generation of Progress*, edited by Floyd Bloom and David Kupfer.)

Great efforts are being made to ensure that this new edition is valuable to a wide professional and scientific audience. Whereas the last edition gave heavy emphasis both to preclinical and clinical topics (generating a work of 2,000 pages), the Fifth Generation plan calls for a trimmer preclinical section and a sharpened clinical

focus, yielding a more practical length of 1,500 pages. The respective section editor and the four overall editors will review each manuscript chapter prior to publication.

Packaged with the text, inside the back cover, will be a CD-ROM containing not only the book’s complete and searchable text but also supplemental images to augment the material between the covers. The editors and publisher believe that using electronic technology in this manner will offer readers of *The Fifth Generation of Progress* additional value, such as free-text searching, reference links to relevant Internet sites, sizing and zooming capability for viewing figures, and fully searchable figures and tables. This supplemental CD-ROM will supplant earlier initiatives, overseen by Stan Watson, to update the existing edition on an annual basis.

ACNP members may be interested to know that, in 1998, the College acquired the rights from LWW to all content of *The Fifth Generation of Progress*. The College now owns all of the intellectual property which it produces—the *Journal* as well as this book. The College, in its agreement with the publisher, authorized LWW to publish the new edition and license reprints, abstracts and excerpts and foreign-language translations. The ACNP, editors and publisher of the Fifth Generation look forward to its arrival next year.

The audience for this new edition should be broader than ever. The first four *Generations of Progress* volumes were published by Raven Press, which in 1995 was acquired by J.B. Lippincott Publishers of Philadelphia. The resulting new company, Lippincott-Raven, had a very strong presence in neuroscience and neurology, and in 1998 was merged with Williams & Wilkins, a traditionally strong publisher in psychiatry. This new behemoth, Lippincott Williams & Wilkins, is one of the world’s largest publishers in psychiatry and neurology. Plans call for global marketing of *The Fifth Generation of Progress* into the disciplines of psychiatry, neuroscience and clinical neurology. Marketing activities will be a mix of direct mail, representation at appropriate professional exhibitions and meetings, retail sales (e.g., bookstores), corporate/institutional, journal advertising and Internet outreach around the world. Also in the works are plans to place the entire content of this new edition on the ACNP’s Scientific Web Site (where the current edition may be found today)—a venture consonant with the College’s mission to be the preeminent source of information about neuropsychopharmacology.

Chapter outlines are on the ACNP web-site (www.acnp.org.) Members should give the College feed back on the outlines.

Continued from front cover.

meeting. The 2000 version of the ACNP "Statement of Principles of Ethical Conduct for Neuropsychopharmacologic Research in Human Subjects" was the ideal basis for discussion at the first meeting of this new approach to the College-Advocacy Groups relationship.

Some history about the Statement of Principles:

The request to develop the original Statement of Principles was made in December 1974 by Philip R.A. May, President of the ACNP, to Donald M. Gallant, chairman of the Ethics Committee. The final draft of the statement was approved by the membership of the College in a mail ballot in June 1976. The Statement of Principles was revised and updated in 1985.

In 1994, President Thomas Detre appointed a task force chaired by Donald Klein and Nina Schooler to review and update the Statement of Principles. The Task Force had many meetings and greatly revised the 1985 version. Council accepted the new Statement of Principles as developed by the Task Force in December 1995. There were some concerns however.

The Statement of Principles listed in the 1996 ACNP Directory had an introductory statement that it was an "edited version of the statement approved by Council and the membership in February 1996. Because it does not deal with studies on alcoholism and drug abuse, a revision of this statement is currently underway."

In 1998, President Huda Akil became increasingly concerned about the spate of negative newspaper articles regarding research in psychiatry and the rumors about the potentially negative effort on research of the forthcoming NBAC report. She established a task force in the spring of 1998 with the overall co-chairs of Mary Jeanne Kreek and David Rubinow. The Task Force had four parts and they spent many hours shaping and massaging and worrying about four key research areas: placebos, drug wash-out, challenge studies, and informed consent. Their in-progress report was reviewed by Council

on June 28th of that year and again at the 1998 Annual Meeting. The final report of the Task Force was accepted by Council on April 16, 1999.

In December 1998, incoming President Steve Paul and President Huda Akil asked David Kupfer, with Council's concurrence, to be a committee of one to work with some legal experts and ethicists to develop a new Statement of Principles. His charge was to start with the existing (1996) version of the Statement of Principles, utilize the output from the ongoing Task Force, and develop a new Statement of Principles. A Statement which would be simpler than previous ones and also clearly indicate that the Statement of Principles was an evolving one that would have to be revisited, and perhaps modified on a regular basis. It is not that ethics change, but language and concerns vary with time.

This task turned out to be more work than originally expected and despite much effort and input from many sources there was not a document ready to publish in the 1999 Membership Directory. The 1999 Directory contained the statement that "The Statement of Principles of Ethical Conduct for Neuropsychopharmacologic Research in Human Subjects is currently undergoing revision. When it is approved by Council, it will be distributed to the ACNP Membership and will be published in the 2000 ACNP Directory." A draft was circulated to Council members for comment in July 1999. Following revisions, the Statement was again sent to Council and on December 16, 1999 was adopted as the official College Statement of Principles. The Statement represents, as its title says, standards by which ACNP members will be judged. It is published in the 2000 Directory with the full knowledge that: 1) not everyone would agree with all of it; 2) it was a living document and would need to be revised and modified on a regular basis; and 3) the concerns and problems surrounding the ethics of research practice and policy were changing regularly and significantly. The Statement of Principles was mailed to the membership on January 17, 2000.

The Washington ACNP-Advocacy Meeting

Roger Meyer provided the notes for the meeting which constitute the basis for the remainder of this report. The meeting began promptly at noon and ended at 2:00 p.m. on Wednesday, March 15, 2000. A list of the attendees is included at the end of this article.

Roger Meyer welcomed everyone and thanked them for coming. He reviewed some current themes around the protection of human subjects and the concerns of the public, the government, and the media about the conduct of psychiatric research. He highlighted the importance of the ACNP "Statement of Principles of Ethical Conduct for Neuropsychopharmacologic Research in Human Subjects" and then invited David Kupfer to present the background of the Statement and major parts of the recommendations. There was a broad consensus in the group that the Statement would serve as a useful teaching document for members of ACNP—and particularly for younger investigators and travel awardees. The importance to the field of ACNP members affirming their commitment to the Principles and Practices mentioned in the Statement was emphasized.

It was suggested that ACNP should query the membership about their response to the Statement of Principles and how it had influenced their practices over the year. It was suggested that ACNP have a session on ethics at the Annual Meeting focusing on members' experiences with the new Statement of Principles. It was also suggested that a session be directed to the travel awardees and move them to a better understanding of Good Clinical Practice (GCP) and the ethics of human experimentation. The sentiment was expressed that the Statement would play an important role in the education of IRBs (including commercial IRBs), and young grantees funded by NARSAD, AFSP, and NIMH.

Some in attendance expressed some discomfort regarding the advocacy groups being presented with the Statement as a

fait accompli. Laurie Flynn noted that “we need a better way to get the issues going forward.” Fred Goodwin made the very helpful suggestion that this group could develop a brief consensus statement which would attempt to bring together the views of the scientific community as reflected in the ACNP Statement and the views of the advocacy community. This would be a first step toward creating a document which could then be reviewed and discussed by the governing bodies of the ACNP and the Advocacy Groups. At the end of the meeting, this led to an action item (see below).

Rex Cowdry asked David Kupfer to highlight the key changes that had been put in the new Statement. David Kupfer noted the focus on informed consent, on specific research designs (the use of placebos, washout designs, challenge studies), the responsibilities of investigators, the importance of financial disclosure by investigators to subjects, specific research issues in children, and a beginning concern about confidentiality issues. David Kupfer also noted Council’s desire to have a regular review of the College’s Statement of Principles (at least annually). He indicated that the issues of confidentiality could be addressed more thoroughly in a next draft. Roger Meyer commented on the complex issues for patients who suffer from disclosure about aspects of their care, but who stand to benefit from health outcome studies which highlight the cost effectiveness of good care of major mental illnesses.

Will Carpenter mentioned that issues of financial gain for investigators are becoming an important topic and may also need to be discussed at greater length in the development of later versions of the ACNP Statement (e.g. need to be considered in the next annual review).

Laurie Flynn would like ACNP to consider suggesting that in studies involving greater than minimal risk that investigators and IRBs should be encouraged to seek consultation from the community. She is educating NAMI members about IRB services and this type of consultation.

Following this very rich discussion of the ACNP Statement of Principles, Dennis Charney and Lydia Lewis presented the summary of the 1999 consensus conference sponsored by National DMDA on the use of placebo controls in clinical trials of depressed patients. Manuscripts presented at the conference will be published in the *Journal of Biological Psychiatry*. A consensus statement is being prepared for publication in mid-2000. It will argue for continuing placebo controlled studies, and for research on the informed consent process. Drug companies should invest in studies with active control designs, and other designs that would diminish the need for large numbers of subjects on placebo. Importantly, the National DMDA report will argue that patients should be told at the end of the study what drug condition they were in. Will Carpenter urged that this might best be done through the patients’ own clinician. The report will also recommend that all negative trials be published since these often have high placebo response rates—and we need to get a better understanding of this phenomenon..

Action Item One: The group agreed to constitute a consensus statement preparation committee to include Laurie Flynn, Fred Goodwin, Alan Swann, Lydia Lewis (who had to leave the meeting early), Dennis Charney, Bob Gebbia, Connie Lieber, someone from NMHA and someone from the Anxiety Disorders Association. Laurie will put together an initial outline and will review it with Fred Goodwin in the next 7-10 days. They will circulate an outline/draft to the rest of the group. Roger Meyer will serve ad hoc in the group.

It was agreed that one purpose of the consensus statement will be to convey to ACNP members and advocacy constituents that the key stakeholder communities have come together to discuss general principles governing biomedical and behavioral research with patients with mental disorders. The ACNP Statement of Principles will be one reference point for this effort—but so will the efforts that have been made within the advocacy

organizations..

Proposed Action Item 2: In this regard, it was felt that the group should pursue an idea that had been discussed previously to secure data from patients and family members about their participation in research studies: what they liked and what they did not like. This could take the form of a survey or focus group. If this goes forward, we would try to secure some funding for the effort.

The group requested that the ACNP Secretariat distribute all email addresses to the entire group and help create a list serv (Done, 3/24/00). The consensus document (if one can be created) will be Item 1 for discussion at the next meeting. The survey would be Item 2. The group agreed to meet next in Chicago during APA week. National DMDA Director, Lydia Lewis, invited the group to come to the National DMDA headquarters for this meeting.

From the ACNP there were several attendees: Alan Breier, Will Carpenter, Fred Goodwin, Alan Swann, and Carol Tamminga. Dennis Charney attended as a Council member; David Kupfer is the senior author of the current Statement of Principles; Roger Meyer is Co-Chair of the Advocacy Committee and chaired the meeting at the request of President Alan Schatzberg. From the Advocacy organizations the following people attended: Bob Gebbia (American Foundation for Suicide Prevention); Jerilyn Ross, Lawson Hockman, Jan Ross (Anxiety Disorders Association of America); Laurie Flynn, Rex Cowdry (NAMI); Constance Lieber (NARSAD); Lydia Lewis, Julie Michalak (National DMDA); and Cynthia Folcarelli (NMHA). n

CALENDAR OF EVENTS

July 9th - 13th, 2000

CINP XXIIInd Congress
Brussels, Belgium

For information:

Organizing Secretariat
ICEO
CINP 2000
Avenue de l'Atlantique, 122
1150 Brussels
BELGIUM
Tel: +32 2 779 59 59
Fax: +32 2 779 59 60
E-mail: info@iceo.be

July 15th - 19th, 2000

Second International Congress on
Hormones, Brain &
Neuropsychopharmacology
(HBN 2000)

Rhodes, Greece

For information:

P.O.Box 121029
Nashville, TN 37212
Tel: 615-343-2068
Fax: 615-343-2069
Email: hbn@hbncongress.org
Website: www.hbncongress.org

September 9th - 13th, 2000

13th ECNP Congress
Munich, Germany

For Information:

Congrex Holland BV
P.O.Box 302
1000 AH Amsterdam
The Netherlands

October 7th - 9th, 2000

III Congress of Hungarian
Psychopharmacological Association
Tihany, Hungary

For Information:

National Institute for Psychiatry and
Neurology
Budapest, 116.1021
HUNGARY

October 22-25, 2000

ISPNE
XXXIst Annual Meeting
Hotel Sofitel
Melbourne, Australia

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Website: www.icms.com.au/ispne

December 10th - 14th, 2000

ACNP 39th Annual Meeting
San Juan, Puerto Rico

December 10th - 14th, 2001

ACNP 40th Annual Meeting
Waikoloa, Hawaii

ACNP
Bulletin

American College of Neuropsychopharmacology
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2014 Broadway
Nashville, TN 37203

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