The 2014 symposium of the University Center for Psychiatry (UCP) will be marked by the stepping down of Professor dr. Johan (Hans) Ormel as head of the Interdisciplinary Center for Psychopathology and Emotion regulation (ICPE). He will also be relinquishing his long-term, multidisciplinary projects (TRAILS, MIND-IT, INSTEL) to his successors. Hans Ormel will remain active as a part-time research professor of psychiatric epidemiology.

Over the past decades, Hans Ormel has played a major role, both nationally and internationally, in the development of psychiatric epidemiology and the study of the causes, consequences, and treatment of common mental disorders. He also founded the ICPE, developing it into a booming and highly successful research group.

Renowned national and international speakers with whom Hans Ormel has collaborated will present at the symposium, addressing a number of fundamental questions. How far have we come in our understanding of common mental disorders and what are the prospects for the future of this research? What do we know about the long-term course of common mental disorders and their causes, consequences and treatment effects. What are the implications of this knowledge for prevention? And will it ever be possible to substantially reduce the prevalence of these disorders? The translation of scientific progress into successful treatment and prevention will be a core of focus of the symposium. There will be ample opportunity to share and compare contrast views and discuss controversies in the field.

At the end of the session, Hans Ormel will present his valedictory speech, which will address, amongst other issues, the origins of mental disorders and why they will always be with us. This will be followed by a reception giving you an opportunity to shake hands.
Program

09.30 Reception and registration
Chair: Robert Schoevers

10.00 Opening

10.10 The distinction between Anxious and non-anxious depression
Sir David Goldberg

This presentation will contrast the features of anxious and non-anxious depression in terms of their severity, their course, family characteristics, personality characteristics and liability to suicide. The presentation will stress the centrality of anxiety in common mental disorders, and ask whether the common genes for anxiety & depression are mainly concerned with anxiety.

10:40 Essential transitions in Psychiatry: from Evidence Based Psychiatry to Personalised Psychiatry
Aartjan Beekman

An essential transition is a rare event. Essential transitions in medicine do not happen overnight and one can only hope to be part of such a rare event once in a career. The development of a common language in mental health, reliable research instrumentation and the adoption of rigorous research methods to test the effects of our interventions between the 50’s and 70’s of the past century has paved the way for evidence based Psychiatry and constituted essential transition in Psychiatry. A half century later we may be in the midst of a new transition that will change the essentials of our appraisal of mental health and mental illness and the way we conduct our clinical work. This presentation will use recent data from the trial literature and from clinical epidemiology to test whether there is a case for personalised Psychiatry in the affective disorder domain. Given that there is such a case, what would that mean for the way we think about affective disorders, the way we deliver our clinical care and the role we play as a medical specialty.

11.00 Towards a Novel Diagnostic System for Syndromes of Mental Ill-health
Jim van Os

In medicine, a diagnostic system ideally should be mechanism-based rather than symptom-based, and capture dynamic responses of the organism to environmental load, that may result in a critical transition to illness. Although attempts to create diagnostic entities based on specific biological mechanisms have failed, new evidence suggests that an alternative mechanistic approach, based on mental mechanisms, can be readily implemented in psychiatry, complementing the traditional categorical systems of DSM and ICD. We describe the three ingredients of an entirely novel, label-free system of diagnosis in psychiatry based on (i) an individualised approach, describing causal influences in symptom circuits assessed in the flow of daily life with momentary assessment technology (precision diagnosis), (ii) the need to take into account the fact that symptoms reflect responses to context (contextual diagnosis), (iii) the need to take into account that syndromes develop over time and have recognisable stages of expression (staging diagnosis) and (iv) the need for the diagnostic process to be collaborative. The resulting system of Contextual Precision Diagnosis is collaborative, label-free and sensitive to staging and prediction to dynamic transitions, whilst possessing practical utility and ‘inbuilt’ therapeutic properties. In addition, there is accumulating evidence that diagnosis based on causal symptom circuits is closer to underlying neural function and genetic variation than traditional ICD and DSM diagnostic categories, suggesting scientific validity.

11.20 Break
Comorbid disorders, comorbid disorder clusters and the development of psychopathology over the life course

Ronald Kessler

This presentation will provide an overview of recent research carried out collaboratively by the presenter with Professor Ormel and his colleagues in the WHO World Mental Health (WMH) Survey Consortium on the developmental unfolding of lifetime comorbid mental disorders in childhood, adolescence, and early adulthood. Results of preliminary retrospective analyses based on WMH data are presented to illustrate the methodological innovations in this line of investigation and to propose a number of hypotheses based on these results that warrant evaluation in prospective studies such as Professor Ormel’s TRAILS project. The presentation closes with a discussion of methodological prospects and challenges in expanding this line of analysis to such prospective studies.

The Behavioral Economics of Symptom Management: Why Care-As-Usual Yields Poor Outcomes and Wastes Money

Michael VonKorff

The behavioral economics of ambulatory care for presenting symptoms emphasizes their diagnostic evaluation and initial treatment choice. This front-loaded exchange relationship yields poor outcomes and wastes money. For depressive illness, large increases in diagnosis and treatment failed to improve outcomes on a population basis. For chronic musculoskeletal pain, large increases in symptom-focused treatment with opioids caused an iatrogenic epidemic of prescription drug addiction and fatal drug overdose. Collaborative care for depression, that rewards ongoing monitoring and treatment adaptation to optimize therapeutic response, improves patient outcomes without increasing costs. Risk stratified care for chronic back pain, in which high prognostic risk patients receive psychologically informed physical therapy that enhances patient self-management, improves outcomes and may reduce costs. The culture and reward systems of ambulatory health care for symptom management needs to shift from over-emphasis on differential diagnosis and initial treatment selection, to focusing on optimizing treatment response and supporting patient self-management over time.

Depression deconstructed

Peter de Jonge

Depression is a heterogeneous disorder in terms of inter-individual difference in presentation, course and response to treatment. This heterogeneity results in scientific stagnation regarding etiology and treatment of depression. The epidemiological, nomothetic approach deals with associations that are aggregated across individuals but fails to account for individual differences herein. In this presentation I will present the beginning of an alternative to the nomothetic approach, in which inter-individual differences and intra-individual fluctuations are being analysed simultaneously. The end goal will be to deconstruct depression into meaningful parts and study the etiology of these parts in the hope to develop more effective treatments.

Reactivity reconsidered

Tineke Oldehinkel

Stress is considered a stress-related disorder and high stress-reactivity has often been proposed to explain individual differences in the association between stressful life events and depression. In this presentation, this assumption will be discussed critically, and the question will be posed if the focus on stress-reactivity is justified. Are we directing the spotlights on the right process?
Mood and anxiety disorders are heterogeneous constructs with a variety of etiological pathways, underlying pathophysiological mechanisms and clinical characteristics such as illness course and treatment response. Epidemiological studies may learn us to discern more meaningful and homogenous clusters defined by combinations of risk factors and symptoms but may lack clinical validity as patients with severe mental illness in need of specialized care are often underrepresented and outcomes are unknown. The Northern Netherlands Mental Health Network seeks to combine these different facets of psychopathology by linking epidemiological data to clinical characteristics that are provided by the Northern Case Register and the Routine Outcome Monitoring network. Two examples are presented of research at the interface of epidemiology and clinical care.

Addiction: prevention or focusing on treatment?

Farewell

Farewell speech Johan (Hans) Ormel

Speeches (i.a. prof.dr. S. Poppema en prof.dr. F. Verhulst)

Closure symposium

Farewell reception

End
Faculty
Prof.dr. A.T.F. Beekman, Professor of Psychiatry, Head of department of psychiatry, VUMC and GGZinGeest, Amsterdam
Prof.dr. W. van den Brink, Professor of Psychiatry and Addiction, AMC/UvA, Amsterdam
Dr. R. Bruggeman, Psychiatrist, Head of the Rob Giel Research center, University Center of Psychiatry, UMC Groningen
Sir D. Goldberg, Professor Emeritus, Institute of Psychiatry, King’s College London, UK
Prof.dr. P. de Jonge, Professor of Psychiatric Epidemiology, Interdisciplinary Center for Psychopathology and Emotion regulation, University Center of Psychiatry, UMC Groningen
R.C. Kessler, Ph.D., McNeil Family Professor of Health Care Policy, Department of Health Care Policy, Harvard Medical School, Boston, USA
Prof.dr. A.J. Oldehinkel, Professor of Lifecourse Psychiatric Epidemiology, Interdisciplinary Center for Psychopathology and Emotion regulation, University Center of Psychiatry, UMC Groningen
Prof.dr. J. Ormel, Professor of Social Psychiatry and Psychiatric Epidemiology, Head of the Interdisciplinary Center for Psychopathology and Emotion regulation, University Center of Psychiatry, UMC Groningen
Prof.dr. J.J. van Os, Professor and Chair of the Department of Psychiatry and Psychology, Maastricht University Medical Centre
Prof.dr. S. Poppema, President University of Groningen
Prof.dr. R.A. Schoevers, Professor of Psychiatry, Head of University Center of Psychiatry, UMC Groningen
Prof.dr. F. Verhulst, Professor and Head of Department Child and Adolescent Psychiatry, Erasmus MC Rotterdam
M.R. VonKorff, Sc.D., Senior Investigator, Center for Health Studies, Group Health Cooperative, Seattle WA, USA

None of the speakers has substantial participation

Organization
The University Center of Psychiatry (UCP) of the UMCG in cooperation with the Wenckebach Instituut.

Target Groups
Psychiatrists, psychologists, epidemiologists, scientific researchers, nurses MANP and other interested professionals.

Language
The official language during the conference is English. No simultaneous translation will be provided.

Accreditation
Education credits for Dutch participants are requested at the NVvP, FGzP and the VSR.

Location
The symposium will take place at the University Medical Center Groningen, Hanzeplein 1, Groningen, The Netherlands. Conference room: Blauwe Zaal. Reception and registration: Fonteinpatio.

Travel Information
Groningen has a direct railway connection with Amsterdam Schiphol Airport, the travel time is about 2.5 hours. For a personal itinerary please check www.ns.nl.
Several local busses depart from the central railway station Groningen to the University Medical Center Groningen. The bus stop is situated at the main entrance of the Hospital.
Parking facilities are available in parking ‘Noord’ (paid parking), entrance at Antonius Deusinglaan.

Costs and registration
Participation is for free. You have to sign up online via the registration form before 9 January 2014.

More information
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