

Cartas al
Editor

Completando el círculo: biología, sociedad y cultura en la psiquiatría hispana

This year's annual meeting was held at the Sheraton Hotel in beautiful downtown Toronto on May 20, 2006. The theme of the meeting was: "Coming Full Circle: Biology, Society and Culture in Hispanic Psychiatry." The day and evening activities were both varied and exciting and included two symposia, the presentation of the first Guido Mazzoti award and keynote lecture and of course, the famous ASHP dinner dance. This newsletter contains a brief report of the activities of this successful event.

Our President, Dr. Manuel Trujillo in his opening remarks noted several wonderful developments for ASHP. Most importantly, our membership is growing, reflecting the vitality and vibrancy of the organization. Since the beginning of this year alone, there has been an increment of over 10% in the membership. In addition, we have now launched our Website and many of you may be reading this at our address: www.americansocietyhispanicpsychiatry.com

Moreover, adjustments in the financial and legal standing of the organization is now completed and it is officially registered in the state of New Jersey.

Dr. Trujillo underscored two important goals for ASHP. One is to communicate the fact that "although we have preferential knowledge and commitment to cross cultural issues," Hispanic Psychiatry covers the biological, psychological and social aspects of psychiatry and our membership reflects expertise in all of these facets of the field. Dr. Trujillo also noted that ASHP can liaise with our sister organizations APAL, WPA, APA, and "Sociedad de Psiquiatría Española" to name a few, to enhance scientific communication among Hispanic psychiatrists.

ASHP, then, can serve as a base for showcasing the variety of expertise among our membership as well as providing a forum for scientific communication across the Americas and the Atlantic.

SYMPOSIUM I: DISASTER PSYCHIATRY AND THE HISPANIC COMMUNITY

Dr. Margarita Alegria expertly chaired this symposium covering the timely topic of psychiatric sequelae of disasters, sadly a recurring problem not only in the Americas, but also around the world.

Dr. Fran Norris gave an incisive description of studies she has conducted in Mexico and in the US. Dr. Norris pointed out that the Americas are second only to Asia in the occurrence of disasters. As such, understanding the psychiatric effects of such events is critical. She noted that among Spanish preferring Latinos who lived through hurricane Andrew in Miami, symptoms of Post Traumatic Stress Disorder (PTSD) were far more common than among Non-Hispanic whites or

English preferring Latinos. African Americans had symptom rates that were intermediate between the two. She also presented an elegant model of the reciprocal effects of social support and severity of symptoms and how these effects may mediate the observed effects of status on PTSD illness prevalence and severity. Dr. Norris' remarkable study in Teziutlan and Villahermosa in Mexico yielded results that suggest that early social support may lead to symptom improvement and yet, as PTSD becomes chronic, it may lead to disruptions in the social support system.





American Society of Hispanic Psychiatry

Dr. Yuval Ne-

ria presented data collected among Latinos in New York City in the aftermath of the 9-11 World Trade Center (WTC) attacks. In a study conducted in a primary care setting, 992 adults, most of whom were from the Dominican Republic and the Caribbean, were recruited. Dr. Yuval noted that the rates of DSM-IV diagnoses of PTSD in this medical setting was 10.2%. Of interest, he found significant differences in rates of PTSD depending on the place of birth of the individual. For those born outside of the US, the rate of PTSD was 12%, while for those born in the US the rate was half that: 6%. These findings comport with those reported by Dr. Norris and suggest that immigration status, or at least acculturation status may have an important effect on risk for the development of PTSD after a disaster. Dr. Neria observed that the proximity to the WTC also had an impact on risk. Those who were in the WTC or below 14th street (about 1 mile away) had the highest rates of PTSD: 17%. Of clinical importance, Dr. Neria noted that there are important protective factors. Indeed among those who were near or in the WTC, individuals who had no family history of psychiatric difficulties and who had no past history of past trauma were remarkably protected. Not a single one of these individuals met criteria for PTSD, thus underscoring the importance of genetic and environmental risk factors that can result in vulnerability to PTSD.

SYMPOSIUM II: CULTURE AND PSYCHIATRIC DIAGNOSIS

Able chaired by Dr. Juan Mezzich, this symposium described new development in classification systems and nosology.

The first lecture, "Unity and Diversity in International Classification and Diagnosis" delivered by Dr. Juan E. Mezzich, provided a historical overview of the centuries long road to the development of classification systems that can be of use in clinical care. Beginning as a system to classify causes of death, the "International Classification of Causes of Death" was the forefather of diagnostic schema. Currently, the International Classification of Diseases, which is in its 10th revision (ICD-10) serves as a basis for phenomenological descriptions of medical illnesses including those of the brain. Developed in Europe, this system has been adapted for use in the United States, Australia, China, France, Cuba and

most recently
in Latin America.

The GLADP or "Guía Latinoamericana de Diagnostico Psiquiatrico" has recently been completed and the book was published in 2004. It is also available for downloading through APAL (www.directivaapal.org) since 2002. The collaborative work on Latin American psychiatrists from all over the Americas has resulted in an elegant adaptation which includes among other things, cultural annotations for specific diagnoses and definitions.

The second lecture was initially prepared by Dr. Angel Otero, who unfortunately was unable to attend. This lecture, adapted and presented by Dr. Juan Mezzich provided a fascinating overview of an integrative approach to classification. It underscored the utility of unifying the universalist approach with the relativist perspective. Dr. Mezzich describe how using the Cuban Glossaries as a springboard for the development of GLADP, the authors conducted a survey of 100 Latin American psychiatric experts and constituted 17 work groups to develop the GLADP. The work of these groups resulted in a book that provides a historical context for the work and provides guidance regarding patient evaluation, diagnostic formulation and the development of a treatment plan. The classification system includes not only ICD categories but also, a comprehensive list describing cultural specific syndromes to be found in the Americas and other continents as well. The guide not only proposes a multiaxial assessment of diagnosis and level of functioning, it also calls for a personalized contextualization of illness.

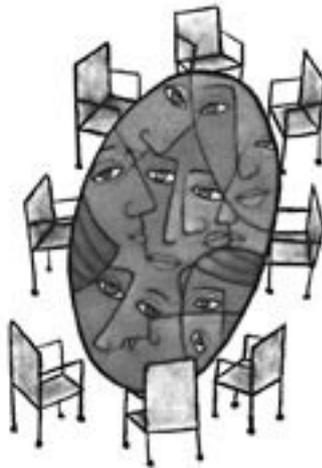
Dr. Sergio Villaseñor gave a lecture noting the extensive training that has been undertaken to assist in the implementation of the use of the GLADP. Multiple training sessions have been conducted in Central and South America as well as in the Caribbean. The workshops have been well received and "train the trainer" workshops are planned for the near future. In addition to being available for downloading for clinical use and training, Dr. Villaseñor described plans to have this guide serve as a platform for epidemiological and clinical research to be conducted in the Americas. Moreover, plans are afoot to coordinate with the World Psychiatric Association, the Pan American Health Organization and other professional associations to enhance the distribution and availability of the GLADP.



Ihsan Salloum, M.D. was the discussant and in his remarks observed that by “incorporating local reality into our diagnostic systems” the GLADP is poised to make a major international contribution by encouraging multicultural and multinational contributions to further adaptations of the ICD.

THE GUIDO MAZZOTI, M.D. MEMORIAL LECTURE: “THALAMOCORTICAL DYSRHYTHMIAS”

Dr. Renato Alarcon gave a moving elegy to Dr. Guido Mazzoti whose untimely death last year was a blow to the membership of ASHP. Dr. Alarcon was eloquent in his description of the gifted mind that we have lost and reminded us of the curiosity, consistency and social motivation that Dr. Mazzoti expressed during his short, but productive life. The Guido Mazzoti, M.D. Award recipient was Dr. Rodolfo R. Llinas, Chairman of the Department of Physiology and Neuroscience and the Thomas and Suzanne Murphy Professor of Neuroscience at New York University. The prize was presented to Dr. Llinas by Dra. Silvana Sarabia, Dr. Mazzoti’s dear friend and companion. Dr. Llinas gave an energizing and thought provoking lecture addressing the underlying pathophysiology of mental disorders. He asserted that the only reason we as homo sapiens have a brain is because we need an apparatus to assist us in our movement on the surface of the planet. In other words, the main, basic function of the brain is to provide an internal representation of the external world and to make predictions about what is likely to await us or happen as a consequence of our behaviors. Attacking mind-body dualism, he presented the notion that thalamo-cortical dysrhythmias may in fact account for the



expression of psychiatric as well as neurological conditions. Given the thalamus’ central location and function in the brain, processing both external data as well as cortically generated data, it is a logical candidate for providing key regulatory messages to the cortex. Using magnetoencephalography or MEG, Dr. Llinas presented fascinating and at the same time beautiful recordings of brain activity during REM sleep (dreaming) and their remarkable similarity to patterns recorded in patients while experiencing auditory hallucinations. His position that deep brain stimulation and surgical interventions will soon have a place in the armamentarium used to treat psychiatric conditions generated questions, enthusiasm, and ultimately amazement.

RECEPTION AND DINNER:

An elegant dinner was held after the meeting at the Sheraton. Delicious food and fabulous company was complemented by a disc-jockey that played Latin American music ranging from cumbia, merengue and salsa to bachata and reggaeton. Many of us had the opportunity to learn “el meneaito” and dance to both traditional and cutting edge sounds from our countries. The night was no longer young by the time it was over!

SNEAK PREVIEW: ASHP ANNUAL MEETING IN 2006

Next year, in San Diego we are planning another fabulous set of symposia accompanied by the usual wonderful gala dinner. Preliminary plans are to provide an educational afternoon focused on “Externalizing behaviors in Hispanic Children: Conduct Disorder, ADHD and Suicidal Behaviors.” We look forward to having our swelling membership attend what we anticipate will be a wonderful meeting.

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Annual Meeting Report

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