



Newsletter of the International Society of Behavioral Medicine

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News from the editor

This newsletter is a mixture of reports from the very successful conference in Mainz and the development of new societies and future conferences. The next International Congress of Behavioral Medicine will be held in [Bangkok](#) in 2006. Before that a number of other interesting events will take place. The ISBM web page has also been moved from [Miami](#) to the [University of Bergen](#). We have also registered a new web address that is possible to use independent of who is hosting the web page. In addition, we have changed the layout of the site a bit. Please take a look at the page, <http://www.isbm.info>.

On the web page you will find information about who has been elected to what position. If there are things you are missing on the web site, please let us know. We will also appreciate if you take a look at specific information and links related to yourself or your society and give us feedback if there is anything missing. You will also notice a section called important dates. Please let us know if there are important events coming up that we should link to.

Hege R. Eriksen
Newsletter editor

Letter from the president

Helsinki, 23 September 2004

Another two exciting years ahead of us when we set our aim to Bangkok

Dear Colleagues,



There were many of you I met just few weeks ago in Mainz, Germany during and in association with the Eight International Congress of Behavioral Medicine. What I gathered from the colleagues and felt myself was that we enjoyed an excellent program, served by an organization that was running like a chronometer, and that the social activities were very enjoyable, too. Who, for instance, can forget the closing party? Having that elevating experience behind I would like to thank heartily all those responsible - the program committee and track chairs, the local organizing committee and the technical staff, all participants that numbered close to 800, and the town of Mainz and the Land of Rheinland- Pfalz. The Mainz congress as our platform, the hospitable Bangkok as the next congress venue and, last but not least, the great program leadership for the ninth internal congress make me look toward the final of my presidential period in 2006 with great expectations.

Congresses are important for ISBM and the participants. Without them ISBM could not survive and grow. The meetings of ISBM, especially the Governing council meeting, taking place annually influence substantially the activities and future of the ISBM, too. My feeling is that in the last few years ISBM has witnessed a significant development of its processes, structure, charter and by-laws, and by so doing increased its efficiency, and enhanced democratic decision making substantially.

Governing council is the primary decision making organ of ISBM. When it comes to an annual session the full member society presidents or other national representatives come together to discuss items that follow from the charter and by-laws or otherwise need decisions. The Mainz Governing council meeting on 24 th August 2004 was very successful in dealing with numerous changes in by-laws, involving new committees (nominations, finance and awards committees), and making changes in by-laws concerning the communication and strategic planning committees. Other changes of the by-laws included re-definition of the Journal editor position, and creating a new category called member at large.

A new form of governance was also adopted: the position of the Governing council is to be maintained, but a new level of managing the everyday activities between the Governing council meetings was created. It is called the Board of ISBM. Is that a revolution? To me no, because the Board is in fact a formalization of the current ISBM practice to include the Committee chairs into the Executive council proper (comprising of the presidents, secretary, program chair and the Journal editor). The only really new feature of the Board is inclusion of a position of member at large. Emergence situations are now defined as the domain of the new Executive council which comprises of the members of the old Council save the Journal editor..

The minutes of the Governing council meeting, available through the ISBM website, will tell of many other important topics discussed and decided during the meeting. Certainly, the election of officers is one of them. The names of the officers will be given elsewhere in the Newsletter; I just want to say here that from my viewpoint the Executive council and the Board look wonderful. The fact that two new societies, the Spanish and UK societies, became full ISBM members certainly is promising. In addition it seems reasonable to expect to have formal applications from Portugal, Chile and Italy for the next Governing council meeting, and there are still other emerging societies

that will perhaps need more time to finish their applications. It is also noteworthy that the Mexican full member society (accepted in 2002) will host the next ISBM Governing council meeting in June 2005, and that in association to it a workshop or seminar will be organized on chronic diseases. Ethical guidelines for ISBM were discussed in the Governing council on the basis of the pro memorandum prepared by Margaret Chesney. The fruitful discussion brought new insights and Margaret Chesney has kindly promised to continue her work to help us to finalize the ISBM ethical guidelines.

The fact that there is great need globally to start to combat chronic diseases, and that the next ISBM congress will be held in [Bangkok 2006](#), and the 2008 congress allegedly in Japan, are all signs of transformation toward a more global orientation within the ISBM. To be able to serve better the needs of people worldwide we have to listen to them and give them the real chance to participate. The ISBM congresses have grown in size over the years, and the number of the participants' nationalities has risen. Although we already have a system to help those colleagues early in the careers to participate our congresses, we must and can develop this system further. Still, that is not enough. We need to secure with other means also that behavioral medicine should become more accessible worldwide.

Budapest in Hungary is geographically not very far from Mainz in Germany. But Hungary is still a "different world" even though the country has joined the European Union First of May this year, and even though Hungary is a well-established and functioning member of ISBM. The ICBM satellite meeting immediately following the Mainz congress proved to be very successful and useful meeting of many international colleagues and a larger group of distinguished and younger local scholars. There were many high-quality presentations in this meeting that had easily surpassed the quality criteria for the Mainz congress, had they been submitted. The lower costs of the meeting in Budapest for our Central and Eastern European fellow researchers made it possible for them to attend. I think the Budapest meeting could serve as a model for other local/regional congress of same kind elsewhere.

As another instrument for distributing behavioral medicine knowledge I refer to education and training. Since the Helsinki congress in 2002 the Education and Training committee has had a regional network. To make the regional work more continuous the Education and Training committee is now searching committee members from different regions. That is another form of activity that seems promising.

Finally, ISBM already has a tradition to work with other societies and international authorities. The successful and continuing collaboration with the [European Society of Cardiology](#) is one example, and we have reason to believe that this kind of collaboration may extend to other diseases - such as diabetes - in the near future. I was pleased to note that the [European Society of Health Psychology](#) organized a very high-quality and well-attended symposium in Mainz in exchange to the one organized by the ISBM in the EHPS congress in Helsinki last June. I think this kind of cooperation with the European health psychology should continue, and taken as a model for other regions of the world to follow. Furthermore, based on the meeting in Mainz, it seems quite likely that the Cochrane collaboration will in the near future get a new field that includes the domain of behavioral medicine. An important form of collaboration between ISBM and the World Health Organization on treatment adherence has come to some important results that were presented, e. g. in the Mainz congress. This collaboration, I hope, can be used as a stepping stone toward a more formal collaborative relation between ISBM and WHO in the near future.

Best Wishes,

Antti Uutela
President

Formal Exploratory Meeting on the Initiation of a Cochrane Behavioral Medicine Field: August 25, 2004 in Mainz, Germany

Over the last four years members of the [Evidence-based Behavioral Medicine Committee of the Society of Behavioral Medicine](#) have worked together to apply concepts and methods of evidence-based medicine to behavioral medicine interventions (1). Upon reviewing the various systems, this committee proposed that behavioral medicine consider joining the [Cochrane Collaboration](#) with the belief that the efforts within behavioral medicine to develop effective interventions would be well-served by creating a Behavioral Medicine Field within the Cochrane Collaboration (2).

Topic-based Cochrane Fields facilitate the work of the disease-based Collaborative Review Groups within the Cochrane Collaboration through the following activities (3, p. 127-128): identifying relevant trials and making them accessible through a specialized register; ensuring the proper representation of its specialist area of health care in Cochrane Review Groups; acting as a liaison point between the entities within the Cochrane Collaboration and its specialist area of health care; promoting the accessibility of Cochrane reviews in its specialist area of health care; helping to identify funding opportunities for Cochrane Review Groups. Although currently acknowledged as a "Possible Field" by the Cochrane Collaboration, to continue the process of initiating a Cochrane Field, a Formal Exploratory Meeting must be held to assess the level of interest and enthusiasm for the proposed Field.

A number of international scientists as well as some EBBM Committee members worked together to have this meeting. The meeting took place on August 25th in Mainz, Germany and was attended by 27 individuals representing seven different countries. During the course of the meeting, participants learned about the Cochrane Systematic Review process, as well as the different entities of the Cochrane Collaboration from various Cochrane representatives (i.e., Claire Allen, Deputy Administrator of The Cochrane Secretariat as well as Consumer Representative of the Cochrane Complementary Medicine Field; Joyce Coutu, Systematic Reviewer of the US Cochrane Center; Heather Maxwell, Coordinator of the Cochrane Peripheral Vascular Diseases Group and a member of the Cochrane Collaboration's Monitoring and Registration Group; and Iris Pasternack, M.D., representative of the Cochrane Occupational Health Field).

Meeting participants decided that it is worthwhile to initiate a Cochrane Behavioral Medicine Field. Subsequently, small groups discussed then presented:

1. list of possible reviewers associated with the Field, and possible contributions to existing or future Collaborative Review Groups,
2. the process for generating a list of journals to review for the specialized register,
3. potential fiscal resources for developing a Field, and
4. methods to identify potential Advisory Group members.

A self-nominated ad hoc group is working together to prepare the registration materials for the Cochrane Behavioral Medicine Field to submit to the Monitoring and Registration Group. If you have any questions or comments about these activities, please contact Karina Davidson at kd2124@columbia.edu or Kimberlee Trudeau at kimberlee.trudeau@mssm.edu.

References

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(2) Davidson, K. W., Trudeau, K. J., Ockene, J. K., Orleans, C. T., & Kaplan, R. M. (In press). A primer on current evidence-based review systems and their implications for behavioral medicine.

(3) Cochrane Collaboration Secretariat. Cochrane Manual. [Online.] 2004 August [cited 2004 September 13]; Available from: URL <http://www.cochrane.org/cochrane/cc-man.htm>

Karina Davidson, Ph.D. & Kimberlee J. Trudeau, M.A.

Special Interest Group of Global Biological Health Threats

A new ISBM special interest group (SIG) was formed at the Mainz conference. It is called Behavioral Medicine and Global Biological Health Threats SIG (BM- GLOBIOTH-SIG). In this setting biological health threats cover natural and man-generated infectious diseases.

The GLOBIOTH-SIG was initiated at a luncheon roundtable, which dealt with emerging health threats such as SARS and bird flu. Speakers at the Mainz roundtable included Naiphinich Kotchabhakdi (Thailand), Holger Ursin and Hege R Eriksen (Norway), and Arja R Aro (Finland). This roundtable summarized experiences and discussed challenges for behavioural medicine in international collaborative actions in controlling quickly emerging health threats. Nine participants from seven countries from Taiwan to Canada joined the GLOBIOTH network, which will function as a network of behavioural medicine experts in the field, and as a mailing list of interested people. The SIG will also look into possibilities of research collaboration.

More information:

ISBM SIG website (under construction), and **Arja R Aro**.

Eighth International Congress of Behavioral Medicine, 25-28 Aug. 2004 - Mainz, Germany

"Integrating Social and Behavioral Sciences with Medicine and Public Health" was the aim of health professionals from all over the world who joined the 8th International Congress on Behavioral Medicine in Mainz, Germany. In the ambience of the beautiful Renaissance castle from the 17th century, more than 800 participants enjoyed an excellent program. It was one of the largest ICBM congresses ever. Scientists from 54 countries and from all continents could choose from more than 850 presentations. Contributions were specified in the IJBM abstract issue that comprised nearly 400 pages. Chair Dr. Neal Schneiderman and his executive scientific program committee provided an absorbing program. The range of tracks was broad and dealt with cardiovascular diseases, cancer, physical activity, work related health, HIV, substance abuse and asthma, just to mention a few. Most leading experts in behavioral medicine from around the world were included. Thanks to the well-coordinated local organization team, the course of events flew smoothly and went off without a hitch. Since so many scientists were convivial and in good temper, a lot of them used the opportunity for an international scientific exchange. Fortunately, a lot of colleagues from Eastern Europe, e.g. from Russia, Hungary and Romania, could also participate in the meeting. Thanks to the activities of the local organization committee, several reports on the congress and on specific topics of behavioral medicine were published by the German press.

Many colleagues already participated in the pre-congress workshops held by international scientists. These workshops gave the opportunity to intensive discussions and considering practical applications in behavioral medicine. All keynote speakers (Drs. Sheldon Cohen, Herta Flor and George Kaplan) delivered remarkable insights in their fields of expertise. Only a few impressions from the master lectures can be given. Invited lecturers were Drs. Mike Antoni, Clemens Kirschbaum, Johannes Siegrist, Jane Wardle and Anuar Zaini. Mike Antoni evaluated a cognitive-

behavioral stress management for 300 women with breast cancer. He found that this intervention not only decreased clinically elevated depression and intrusive thoughts, but also had several positive effects on the immune system. His results lead to the conclusion that stress management could have a positive effect on the illness itself, which would have an enormous impact on the political standing of behavioral medicine. Johannes Siegrist's lecture dealt with the influence of unfavorable conditions at work on stress-related diseases, such as coronary heart disease, depression and type II diabetes. For him and his study group, the effort-reward imbalance is an essential construct. It means a failed reciprocity of high personal effort on the one hand and insufficient rewards at the other hand. Siegrist's results show that the effort-reward imbalance is associated with a two-fold risk for incident stress related diseases. Under those conditions, cortisol secretion is increased. Also, blood pressure and heart rate during work are higher. Siegrist postulated that an elimination of this imbalance could not only improve the physical and mental health of employees, but it could also pay off considering economic aspects.

Finally, social activities were very enjoyable. After a delicious sideboard dinner at the banquet, many colleagues had a nice time with dancing. Certainly, the closing party, arranged by the Thai society, was fun to everyone. The music, the gastronomic specialties, and exceptionally the warm-hearted kindness of our Thai colleagues make it impossible to miss the next congress in Bangkok, 2006.

Gaby Bleichhardt

Education and Training activities at the Mainz conference

Education and training was dealt with in two sessions, at the luncheon roundtable and a paper session. In addition, a poster based on the education and training survey by the ISBM Education and training committee was presented in the exhibition hall at the conference site.

The luncheon roundtable attracted over 40 participants at least from 15 countries, including several from Japan, Thailand and Taiwan. This shows growing interest in behavioural medicine in the eastern region, and is a promising sign for education and training activities at the future conferences. The discussions concerned mostly regional needs and challenges in curricula, and training material development.

There was also a paper session on behavioural medicine education in different countries, chaired by Dr. Nick Kotchabhakdi, Thailand. In this session e.g. M. Gellman and J. Nash, US, described curricula and trans-disciplinary training at US universities. Those, who are interested in the US Institute of Medicine report on "Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula" can access it: <http://books.nap.edu/catalog/10956.html>.

Results of the survey carried out in 16 countries worldwide by the ISBM Education and Training Committee earlier this year were presented as a poster on show in the exhibition hall of the conference. The survey showed that there are only few countries with a special curriculum called behavioural medicine curriculum, the degrees and training are done mostly in the faculties of medicine and psychology. However, several countries had plans and wished to start a behavioural medicine curriculum, especially if ISBM could assist in putting them together.

Arja R Aro

"THE ROLE OF BEHAVIOURAL MEDICINE IN UNDERSTANDING AND PREVENTING THE MORTALITY AND MORBIDITY CHALLENGES OCCURRING IN CENTRAL AND EASTERN EUROPEAN COUNTRIES"

Satellite of the Eighth International Congress of Behavioural Medicine (Mainz, Germany, August 25-28, 2004)

Background and objectives:

The morbidity and mortality crisis in Central and Eastern European countries characterising the last decades is an extraordinary challenge for behavioural sciences, public health, medicine and biology. The existing explanatory models are not able to explain these rapid changes in the health status of these populations.

The purpose of the meeting was to provide a forum for improved understanding of health trends in this important region of Europe and to examine how behavioural medicine research and practice can be used to understand the health issues of countries undergoing rapid transition and to address these health challenges in the future. It also aimed to facilitate the meeting of researchers, clinicians and health policy professionals from Hungary and other Central and Eastern European countries with behavioural medicine researchers from other countries. It was expected that relevant researchers from European and other countries would attend this satellite meeting immediately following the preceding International Congress in Mainz, Germany.

The conference was the closing session of four projects founded by United Nations Development Programmes (UNDP), the working group meeting of the "European Alliance Against Depression" (EAAD) EU-5 project, and the preliminary session of the WHO ministerial conference in January 2005 on mental health in Europe.

Organisers:

Main organisers of the Symposium:

"János Selye" Hungarian Society of Behavioural Sciences and Medicine
Institute of Behavioural Sciences, Semmelweis University Budapest

Contributing organisers:

International Society of Behavioural Medicine (ISBM)
United Nations Development Program (UNDP)
Végeken Health Psychology Foundation
AEP Section Epidemiology and Social Psychiatry Group April 2002

Program:

Sunday, 29 August, 2004: Teaching seminars, workshops for local/regional participants:

1) Using epidemiology and prevention concepts to design, implement and evaluate programs to prevent disease and promote health (Brian Oldenburg, PhD professor, Past President of the International Society of Behavioural Medicine, School of Public Health, Queensland University of Technology, Brisbane, Australia).

2) How to write and publish a scientific paper (Povl Munk-Jorgensen, MD professor DMsc, editor in chief of Acta Psychiatrica Scandinavica, Aalborg Psychiatric Hospital, Aarhus University Hospital, Aalborg, Denmark).

3) Education and training in behavioural medicine (Arja Aro, PhD, Dsc, Chair of ISBM Education and Training Committee, National Public Health Institute, Helsinki, Finland & Justin Nash, PhD, E&T Committee, Society of Behavioural Medicine, Brown University, Providence, USA).

Monday, 30 August, 2004: Overview and explanations of health trends in Central Eastern European countries and societies in rapid transition, solutions and evidence based methods offered by behavioural medicine (keynotes, panel discussions, poster discussions). Invited speakers of the first day were such world renowned researchers as professor Lennart Levi, the founder of the Institute of Psychosocial Factors and Health at Karolinska Institute, professor Redford Williams, one of the leading researchers in the field of genetic and psychosocial interactions in depression, professor Brian Oldenburg, Antti Uutela, Neil Schneiderman and Edwin Fisher, leaders of the most effective community based behavioural medicine intervention programs in Australia, Finland and the US, professor Johannes Siegrist, one of the founder of work stress theories, and Martin Bobak, one of the leaders of the world known Whitehall Study.

Tuesday, 31 August, 2004 morning: Clinical practice, health promotion, health policy: interdisciplinary forum between researchers, practitioners and policy makers in thematic small group discussions, followed by poster discussions. In the afternoon plenary sessions we had reports from the thematic discussion groups, and we made the meeting summary and recommendations. Topics of the parallel discussion groups were: 1. health promotion programs; 2. cardiovascular diseases; 3. self-destructive-behaviour: suicide, alcohol and substance abuse; 4. financing health promotion; 5. community based interventions; 6. psychosocial aspects of chronic diseases; 7. socioeconomic state and health; 8. children and family development; 9. ageing: health and quality of life in the elderly.

The chairs and discussants of the discussion groups were the leading clinicians and researchers from the region and such renowned researchers as John Barefoot, who first described the importance of hostility as cardiovascular risk factor, and Linda Baumann, the organiser of the most effective behavioural medicine community based interventions against diabetes in the third world.

Participants:

The meeting had altogether 146 participants from 21 countries: 109 persons from Central Eastern Europe (Armenia, Bulgaria, Hungary, Poland, Romania, Slovakia), 15 persons from Western Europe (Denmark, Finland, France, Germany, Netherlands, Norway, Sweden, United Kingdom), and 22 persons from other continents (Australia, Canada, Iran, Japan, New Zealand, South Korea, United States).

Up to 70 oral and 60 posters were presented.

During and after the meeting there was a considerable mass media interest, several programmes and interviews were reported on each state television channel, and on eight radio broadcasts. In one of the most popular daily newspaper "Népszabadság" a series of reports were published, and also a series was started in a popular news radio "Info-radio" and on the Duna TV about the main topic of the conference. This mass media interest might be a strong basis for further community based intervention programs based on mass media.

Outcome of the meeting: conclusions, proposals and action steps:

The interdisciplinary approach of behavioural medicine - that means the integration of sociocultural, psychosocial, behavioural and biomedical knowledge relevant to health and illness - is fundamental in understanding the determinants of the morbidity and mortality crisis in the region and more importantly to implement community based behavioural medicine health promotion methods.

The main question is: What can explain the opposite trends in health state and life expectancy of the population in East-West comparison? For example while in the 1970s the life expectancy of Hungarian men and women was better than in the neighbouring Austria, today Austrian men live 7.7 years longer and Austrian women 5.2 years longer than their Hungarian counterparts. The

natural experiment in the region might be an important possibility to understand the health consequences of chronic stress from molecules to society.

While the main focus of the Budapest meeting was: Why our men in Central Eastern Europe die prematurely, and what can we do to prevent this? We could also ask the questions: What about our women? They live much longer, but - according to the data of the Hungarostudy 2002 (Hungarian Representative Health Survey) - women have worse measures in every quality of life domain in all age groups, especially in the old age. On the other hand the mortality rate of the middle aged Hungarian female population is also three times higher than the European average. So additionally to our motto: "Save our men!" we should say: "Give quality of life, not only years to our women!"

We concluded that there is a need to strengthen teaching, research and system engagement in behavioural medicine in the countries of the region. Therefore participants of the satellite symposium decided to form a Central Eastern European Behavioural Medicine Network, and organise regional meetings.

The idea of creating a CEE BM network and also organising regional congresses in years between the ISBM congresses arose in the Bangkok ISBM Governing Council Meeting (June 30 - July 1, 2003), when discussing the preliminary plans and aims of the Budapest Satellite Meeting. The idea was welcomed, and all agreed that the Budapest meeting would be an ideal first step for this aim. The following CEE countries indicated their intention to join the network: Bulgaria, Croatia, Poland, Romania, Russia, and Slovakia.

Aims of the network:

- Research cooperation: between researchers, clinicians and health policy professionals from Central and Eastern European countries to examine how behavioural medicine research and practice can be used to understand the health issues of countries undergoing rapid transition and how to address these health challenges in the future.

- Clinical applications: to adapt and evaluate the evidence based behavioural medicine interventions for preventing the health crisis in the region.

- Education and training: health care providers need more extensive E&T in BM to implement BM interventions in health promotion and clinical practice. The levels, formats and contents of the education have to be specified according to the specific tasks. Exchange of educational methods and materials between institutions and countries would be useful. Regional teaching seminars and workshops with contribution of international experts and ISBM E&T Committee are planned.

The scientific basis is strong in some centres of the region, and some of the founding fathers of behavioural medicine were born in the region, such as Hans Selye, Franz Alexander, and Michael Bálint. The Hungarian Society of Behavioural Medicine and the Institutes of Behavioural Sciences in the four Hungarian medical universities could be a basis and a model for establishing first a regional BM network, and next - with the help of the network - further foundations of national BM societies and institutions in CEE. The International Society of Behavioural Medicine generously offered its commitment to support the CEE Behavioural Medicine Network.

Action steps for the establishment of the CEEBM-NET:

1) Formal establishment of the CEEBM-NET website

- that would join to the Hungarian Society (the first existing and functioning BM society in the region), to the ISBM society website, and also to BM congress websites (e.g. ICBM 2006);
- that would provide a forum of communication and interaction: exchange of information, ideas, debates, aims and plans, and action steps;

- that would help the integration of those who have financial difficulties to participate at the meetings of the network.

2) Stimulate communication and information exchange in the region via the website and by e-mail correspondence to "recruit members" to the network and create its "steering committee" involving wider national representatives from the region.

3) Put useful materials of the Budapest meeting to the website: e.g. reports and summaries from the thematic discussions groups, keynote presentations if approved by the authors.

4) Involve the mass media in achieving our aims: based on the media interest mentioned above to pay attention to the hot topics ("Save our men!" and "Give quality of life, not only years to our women!") and the solutions offered by behavioral medicine.

5) Plan the next meeting: date and venue, main focus, agenda, teaching seminars (e.g. educational and training seminar), etc. Adriana Baban proposed to organise the next meeting of the network in Cluj, Romania, 2005 summer.

6) Set the financial background:

- financial support offered generously by ISBM;
- find and apply for special - so-called bridging - grants that aim to help creating such networks and organising their meetings. (These grants can support also the travel costs of the participants, which is still a key problem in the region!, see above).

Acknowledgement:

We would like to thank very much to the activity and enthusiasm of the participants of the meeting! It was deeply inspiring for our colleagues - either with clinical, research or health policy background -, as well as mass media experts, and our PhD students.

We hereby invite you all to help us creating and broadening a really active and functioning network, which will strengthen the social capital in our region.

Please contact us with your advice, ideas and help concerning our aims by e-mail to info@selyesociety.org, or via the internet: www.selyesociety.org.

Budapest, 20 September, 2004

Mónika Kovács

General Secretary of the "János Selye" Hungarian Society of Behavioural Sciences and Medicine

On behalf of the organising committee of the Budapest satellite meeting:

Mária Kopp, Brian Oldenburg, Adrienne Stauder, Csilla Raduch

Report on Education and Training Activities at the ICBM Budapest satellite meeting

"The role of behavioural medicine in understanding and preventing the mortality and morbidity challenges occurring in Central and Eastern European countries"

There was a pre-congress workshop on "Education and training in behavioural medicine" chaired by Arja Aro (Chair of ISBM Education and Training Committee, National Public Health Institute, Helsinki, Finland) and Justin Nash (E&T Committee, Society of Behavioural Medicine, Brown

University, Providence, USA).

The ISBM global E & T survey results were presented in the frame of the workshop. Several countries from the region participated in the survey (Albania, Bulgaria, Hungary, Latvia and Poland). They expressed their wish for collaboration in curriculum development, course modules and material development. The Budapest workshop offered opportunity to discuss more in details the specific needs in CEE countries.

Another important area of international cooperation is the organisation of regional workshops and teaching seminars. The Budapest Meeting has given space besides the E & T workshop to two teaching seminars, with 40 participants, and a 5 days training for trainers:

1. Using epidemiology and prevention concepts to design, implement and evaluate programs to prevent disease and promote health (Brian Oldenburg, School of Public Health, Queensland University of Technology, Brisbane).
2. How to write and publish a scientific paper (by Povl Munk-Jorgensen, editor in chief of Acta Psychiatrica Scandinavica).

There was also a 5-day training for trainers by Virginia Williams, USA, on the Williams Life Skills health education program.

The most important conclusions on E&T of the Budapest Satellite Meeting:

The formation of a Central Eastern European Behavioural Medicine Network was decided, Education and Training being a main field for regional cooperations.

The basis for effective BM interventions is the existence of professionals trained in BM fields.

The levels, the formats and the contents of the education have to be specified according to the specific tasks. Some harmonisation between institutions and countries would be advantageous.

The planned CEEBM-NET website should be linked to the ISBM E & T website.

The next regional Meeting is planned in Cluj, Romania, 2005 summer, some teaching seminar would be included.

Adrienne Stauder

19th Annual Conference of the European Health Psychology Society

We are pleased to announce that the 19th Annual Conference of the European Health Psychology Society will be held at the National University of Ireland, Galway from August 31st to September 3rd, 2005. This year's theme will focus on 'Enhancing individual, family and community health.'



Keynote speakers will include:

- Shelley Taylor, Department of Psychology, University of California, Los Angeles
- James Pennebaker, Department of Psychology, University of Texas
- Marie Johnston, Department of Psychology, University of Aberdeen
- Jack James, Department of Psychology, National University of Ireland, Galway

The submission of abstracts for oral presentations will take place from January 2nd to February 14th 2005. Abstract submissions for poster presentations will take place from January 2nd to April 30th 2005.

Further details of the conference can be obtained from: www.ehps2005.com or alternatively you can contact us at: conference@ehps2005.com

We look forward to seeing you all in Galway !

Caroline Heary - Secretary of the Organising Committee

News from the editor of the International Journal of Behavioral Medicine

The number of submissions this year to the official journal of ISBM, the International Journal of Behavioral Medicine (IJBM,) has now (Sept. 27) reached 66. This should be compared to the total number of submissions in 2003, which was 56. This means that IJBM has attracted more authors than ever before to submit their manuscripts.

The Special Issue of IJBM on Positive Psychology in behavioral medicine, which has been prepared by the Guest Editors, Drs. Lynda Powell and Gail Ironson, is expected to appear as issue no. 2, volume 12, IJBM 2005. The content of the first issue of 2005 is listed below.

The three keynote speakers at the Mainz congress, Drs. Sheldon Cohen, Herta Flor and George Kaplan, and Dr. Antti Uutela, who gave the Irmela Florin Memorial Lecture, have been invited to submit papers based on their presentations to be published in forthcoming issues of IJBM.

At the Mainz congress it was decided by the ISBM Governing Council that Dr. Joost Dekker should serve as the next Editor-in-Chief for IJBM from 2007, when the presented Editor will step down. It was also decided that the Editor-in-Chief should serve for a period of six years.

- MS 1 (#20-03) Cardiovascular Reactivity in a Simulated Job Interview: The Role of Gender Role Self-Concept
Monika Sieverding, Gerdi Weidner, and Bettina von Volkmann
- MS 2 (#32-02) Fatigue and Job Stress as Predictors for Sickness Absence During Common Infections
Danielle C.L. Mohren, Gerard M.H. Swaen, and Ijmert Kant
- Mini-series on heart disease attributions
- MS 3 (#5-02) Heart Disease Attributions: Introduction to the Mini-Series Kenneth E. Freedland
- MS 4 (#6-02) Effects of Anxiety and Depression on Heart Disease Attributions
Ryan C. Day, Kenneth E. Freedland, and Robert M. Carney
- MS 5 (#7-02) Symptom Experiences, Symptom Attributions, and Causal Attributions in Patients Following First-Time Myocardial Infarction
Linda D. Cameron, Keith J. Petrie, Chris Ellis, Deanna Buick, and John A. Weinman
- MS 6 Gender Differences in Patients' Attributions for Myocardial Infarction: Implications for Adaptive Health Behaviors.
Rene Martin, Erica L. Johnsen, James Bunde, S. Beth Bellman, Nana E. Rothrock, Aliza Weinrib, & Katherine Lemos

Ulf Lundberg

Editor IJBM

An update on the recently inaugurated Spanish Society of Behavioral Medicine and Health Psychology

<http://www.ucm.es/info/SEMC-PS>

Although there are no academic degrees in Behavioral Medicine in Spain (because it is mainly included in Health Psychology), there is a long and rich tradition of research in many familiar behavioral medicine topics such as stress management, quality of life, adherence, HIV-AIDS and STD's, cancer, chronic illness, behavioral interventions, early child development, risk behaviors in adolescence, occupational health, healthy life styles, health promotion, behavioral aspects of obesity; coronary heart disease, rehabilitation, stroke, dementia and Alzheimer's disease, epilepsy, nutrition and dietary behavior, psychoneuroimmunology and the list goes on. There are also many different university Master Programs and other programs developed around physical and psychological disorders from an interdisciplinary perspective. These were the reasons for deciding to develop and establish a national society of Behavioral Medicine in Spain.

The Spanish Society was constituted in March 2004, and approved as member of the ISBM in August 2004. The founding members of the Society include 60 individuals (58% psychologists, 25% physicians, 7% neuropsychologists, 7% educators, 3% other) from 15 different Spanish universities and cities. Our objective is to increase the membership from outside academic institutions, always regarding the necessary balance of interests between physicians and behavioral/social scientists, and also the incorporation of young people interested in international collaborative research in behavioral medicine.

We also aim to include more behavioral medicine content in master programs in the future; moreover research cooperation will be also a strong point. A national meeting of the Spanish Society is planned in the coming months.

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