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NEWSLETTER

Newsletter of the International Society of Behavioral Medicine

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Welcome from the President of the International Society of Behavioral Medicine

On behalf of the International Society of Behavioral Medicine (ISBM), it is my pleasure to introduce this inaugural issue of our new electronic newsletter. Currently, the International Society of Behavioral Medicine has member societies from almost 20 countries around the world and it is wonderful to see the burgeoning interest in the field of behavioral medicine in a number of new countries, as well. These new countries include Thailand, Portugal, Canada and Romania, to name but a few. For a relatively new international organisation, we have come a long way in a short time.

The classical definition of behavioral medicine is:

The scope of behavioral medicine extends from research efforts to understand fundamental biobehavioral mechanisms; to clinical diagnosis and intervention; to disease prevention and health promotion.... concerned with the integration of the psychosocial, behavioral and biomedical sciences.

What characterises the practice of behavioral medicine in all its forms, is its inter-disciplinarity across all of the psychosocial, behavioral and biomedical sciences. I would encourage you to check out our website at www.psy.miami.edu/isbm if you would like to find out more about our organisation. I would also encourage you to attend the 7th International Congress of Behavioral Medicine being held in Helsinki, Finland on 28-31 August, 2002. If you would like to make contact with me, please send me an email at b.oldenburg@qut.edu.au or the ISBM Secretary, Richard Peter, at richard.peter@medizin.uni-ulm.de.

[Brian Oldenburg](#)

President

International Society of Behavioral Medicine

International Congress of Behavioral Medicine, Brisbane, November 2000

Social, cultural and behavioral influences on health often transcend national boundaries -- this was the message at the International Congress of Behavioral Medicine meeting sponsored by the International Society of Behavioral Medicine (ISBM) in Brisbane, Australia in late November. The meeting drew more than 700 delegates from over 30 countries. In addition to the traditional behavioral medicine topics, the participants took a global look at cultural and social influences on health. The meeting focused on health challenges throughout the world, including the precipitous decline in the life expectancies in Eastern European countries and the exporting of tobacco to the populous countries of the East. Throughout the meeting, the growing impact of globalization on most aspects of life, including health, pointed to the need for behavioral medicine to cross national borders. Each symposium, paper session and dialogue involved scientist from more than one, and often more than several countries. In the course of the meeting, delegates formed multinational and multidisciplinary collaborations to address critical research questions, take advantage of natural experiments created by the social changes that are underway around the world, share methodologies, and develop and test new, often multi-level intervention strategies. One initiative that illustrates these new directions is the European Science Foundation's multinational research effort, "Social Variations in Health Expectance in Europe." This effort holds great promise for scientific understanding that will be crucial to the development of evidenced-based health policy.

Under the leadership of Dr. Johannes Siegrist, a former ISBM President, working groups composed of health and behavior scientists from throughout Europe, including representatives from the US, are examining life-course influences on health, health effects of stressful environments in adult life, and macrosocial determinants of morbidity and mortality. For more information in these workgroups see www.uni-duesseldorf.de/health.

If your research has international implications or if it could be broadened or enriched by contact with non-US researchers, check out the ISBM website at: www.isbm.miami.edu.

[Brian Oldenburg](#)

President

International Society of Behavioral Medicine

**Seventh International Congress of Behavioral Medicine
Behavioral Medicine: Local and Global
Helsinki, 28-31 August 2002**

The Seventh International Congress of Behavioural Medicine will be held in Helsinki, Finland August 28-31, 2002. Through the efforts of many participating colleagues and I particularly wish to acknowledge the program chair Christina Lee (Australia) and her co-chair Arja R. Aro (Finland) we are just about to finish the process leading to the Second Announcement and call for abstracts.

In July 2001 you will be able to find it in the web address www.icbm2002.com <<http://www.icbm2002.com>>, and shortly after that it will come out in print. I suggest that you visit the web address from time to time since it will always contain the most up-to-date congress information. Similarly, the use of electronic registration forms and submission of abstracts through electronic mail are the most convenient ways to handle these important functions. The deadline for all abstracts submissions (rapid communication abstracts excluded) is December 1, 2001, and notification of acceptance or rejection of the submission will be done early March 2002.

The keynote presenters are of top class Jaakko Tuomilehto (Helsinki, Finland), Margaret Chesney (San Francisco, CA, USA), and Sally Macintyre (Glasgow, UK) will present talks on the reduction of the burden of diabetes, the importance of positive coping and mood in health and some aspects of social epidemiology. In addition there will be debates on genetic testing, on the application of behavioural medicine interventions in developing countries, and on the relevance of theories to everyday health promotion.

The tracks, for which we invite you to make symposium, oral and poster session submissions, include AIDS/HIV, Cancer, CVD, Diabetes, Alcohol and substance abuse, Tobacco, Physical activity, Health behaviour and promotion, Pain and musculoskeletal disorders, Quality of life, Screening, Stress, Psychophysiology & PNI, Child & Adolescence, Ageing, Gender & health, SES & health, Work & health, Health, genetics & environment, Health, Policy & Economic structures. Workshops, an ISBM teaching seminar and other associated programme adds to the value of congress participation.

As the Congress President it gives me great pleasure to invite you all to the ICBM 2002 that offers excellent opportunities to enjoy an interesting and up-to-date program, a handsome and functional venue, and what I feel great a unique and friendly city!

Cordially,

[Antti Uutela](#)

President

International Congress of Behavioral Medicine 2002

Behavioral Medicine in Thailand

The Thai Forum of Behavioral Medicine (the antecedent of a Thai Society of Behavioral Medicine) held its first international conference on Behavioral Medicine in Bangkok from May 30-May 2, 2001.

This was followed by an intensive two day training workshop at Mahidol University, Salaya, on the outskirts of Bangkok. The organizing committee for both events was chaired by Naiphinich (Nick) Kotchabhakdi, PhD (Director, Neuro-Behavioral Biology Center, Mahidol U.), Nittaya J. Kotchabhakdi, MD (Director, National Institute for Child and Family Development, Mahidol U.) and Holger Ursin, MD (President, Norwegian Society of Behavioral Medicine). Approximately 200 people attended the three day Conference and about 100 people attended the intensive workshop. The Conference was held in the Siam City Hotel in Bangkok and the workshop at the National Institute for Child and Family Development in Salaya.

The international faculty invited by the Thai Forum included Hege R. Eriksen, PhD and Holger Ursin, MD from Norway, Rona Moss-Morris, PhD and Keith J. Petrie, PhD from New Zealand and Neil Schneiderman, PhD and Redford B. Williams, Jr., MD from the United States. Each gave about a half dozen plenary talks and workshops over a busy five day period. Topics included: international behavioral medicine and public health; subjective health complaints; coronary heart disease and rehabilitation; chronic fatigue syndrome; HIV/AIDS; and psychosocial risk factors and biobehavioral mechanisms in chronic disease. Thus attempts were made to cover prevention, etiology, diagnosis, treatment and rehabilitation issues.

Two former Ministers of Public Health for Thailand addressed the Conference as did the Dean of the Faculty of Medicine and two former Deans of the Faculty of Public Health at Mahidol University.

Also presenting plenary lectures were the country program manager of the WHO/UNICEF joint initiative with Thailand, the Head of the Department of Pediatrics, and the Chief Executive Officer of Theptarin Hospital in Bangkok among others. Their topics included: current issues in health behavior and health promotion in Thailand; sexually transmitted diseases, HIV/AIDS and behavioral medicine in Thailand; behavioral aspects of health in children and adolescents; drug and substance abuse issues in Thailand; behavior modification for the treatment of Type 2 diabetes; sleep and its impact on health and disease; and strategies to stop cigarette smoking in Thailand. In addition, there were satellite luncheon symposia on: sleep, insomnia and management of insomnia; and senile dementia and Alzheimer s disease.

Besides the scholarly activities, there was an elaborate reception-banquet at the Royal Siam Hotel for the registered participants, accompanying persons, exhibitors, sponsors and invited guests.

This included a classical music program and an exhibition of Thai dance. The international lecturers were also treated to a tour of the Royal Grand Palace, dinner at the Kotchabhakdi s, a dinner cruise on the Chao Phrya river and an overnight trip to the beach at Pattaya.

The six international guests were enthusiastic about the organizational abilities of our hosts, the logistics of the meetings (i.e., power point always worked; microphones, lighting and slide presentations were well-coordinated; technical personnel were uniformly helpful) and the high quality (as well as reasonable costs) of restaurants and hotels. Consequently, there was a sense that Bangkok would be an excellent venue for an ISBM Congress in the future once a Thai SBM is firmly in place. The Thai Society application will be under consideration in Mainz and it is expected that Nick and Nittaya Kotchabhakdi will attend the Governing Council meeting as observers.

[Neil Schneiderman](#)

Past President

International Society of Behavioral Medicine

Report from the USA Society of Behavioral Medicine

This past March 21-24 SBM held its 22nd Annual Scientific Sessions. The Annual Meeting was held in the picturesque city of Seattle, Washington in the Pacific Northwest. This was an ideal location to bring together behavioral medicine researchers and clinicians. The meeting was held at the Washington State Convention Center. There were 1288 registrants at the meeting with 84 registrants coming from outside of the USA.

The theme of this year s meeting was Building Bridges from Science to Practice and Policy: Behavioral Medicine in the 21st Century. This theme was reflected in a series of keynote speeches, symposia, seminars, and paper sessions. Several of the nation s leaders in health services/behavioral medicine research made presentations expanding our knowledge of the complex interactions between social context, behavior, and disease processes. Tracy Orleans, Ph.D. delivered the Presidential Address on the topic of The Challenge of Translating Research to Practice. This year, sessions were added in the area of professional development, spanning the entire career path from graduate student to senior investigator. Other sessions focused on the latest developments in such diverse areas as tobacco use, managed care, and risky sexual behavior. The meeting had 14 seminars, 25 symposia, 36 paper sessions, 5 poster sessions, 24 breakfast roundtable sessions, 5 Keynote lectures, and 3 Master lectures. In addition to the Scientific Sessions there was an exhibition area with displays from the major academic publishing companies including Lawrence Erlbaum Associates publishers of both the International Journal of Behavioral Medicine and the Annals of Behavioral Medicine. ISBM also had a booth promoting the Helsinki Congress. There was certainly enough to keep everyone very busy.

The next SBM Annual meeting will be held April 3-6, 2002 at the Omni Shoreham Hotel in Washington, DC. Abstracts submissions are due on September 14. A highlight of the meeting will be the keynote address by Francis Collins, M.D., Ph.D., Director of the National Human Genome Research Institute.

Future meetings of SBM will be held in Denver, Colorado, March 26-29, 2003 at the Adams Mark Hotel and in Baltimore, Maryland, March 24-27 2004 at the Marriott Hotel. Please plan on attending one or all of these meetings.

The current President of the Society of Behavioral Medicine is Michael G. Goldstein, M.D. of the Bayer Institute for Health Care Communication in West Haven, Connecticut. SBM has started a strategic planning initiative to focus the leadership, membership, and core activities of the Society to address and support the need to integrate advances in biomedical, behavioral, and information technology science.

For further information about the SBM refer to www.sbm.org.

[Marc Gellman](#)

Chair Communication Committee

International Society of Behavioral Medicine