



News from the editor

I am pleased to introduce another Newsletter to our members. In this newsletter the main focus is again on upcoming events, and we hope that a number of our members will attend the ICBM in Mainz.

We will try to get more information out in the newsletter, and this time we present some of the ideas around evidence-based behavioural medicine. Archie Cochrane¹ has had a profound influence on the practice of medicine and on the evaluation of medical interventions. He was among the first to set out clearly the vital importance of randomised controlled trials (RCTs) in assessing the effectiveness of treatments, and his work led directly to the setting-up of the Cochrane Collaboration (<http://www.cochrane.org>), dedicated to tracking down, evaluating and synthesising RCTs in all areas of medicine. Members of The Society of behavioural medicine published recently a paper: Evidence-Based Behavioral Medicine: What is it and how do we achieve it? *Annals of Behavioral Medicine*, 2003, 26(3);161-171. The paper deal with explicit problems related to behavioural medicine, in addition to describe the 22 CONSORT guidelines and explain their application to behavioural medicine research and to evidence-based practice. In addition, specific guidelines for behavioural medicine are presented. The authors state that use of these guidelines by clinicians, educators, policymakers, and researchers who design, report, and evaluate or review RCTs will strengthen the research itself and accelerate efforts to apply behavioural medicine research to improve the processes and outcomes of behavioural medicine practice.

This paper is highly recommended to everyone that deals with intervention research. If behavioural medicine is going to grow and have major influence, we need to strengthen the quality of our research and move even more towards evidence-based medicine than we are already. The CONSORT (Consolidated Standards for Reporting Trials - <http://www.consort-statement.org>) was developed to improve the design and reporting of RCTs in medical journals. Here you will find different checklists of what to remember when designing and reporting RCTs.

Any input and/or announcements you have are welcome, and should be emailed to the editor.

The next Newsletter is planned to be published in fall 2004. However, depending on the amount of news, I will consider a Newsletter before that.

Hege R. Eriksen

Editor

Letter from the president

Dear members of the International Society of Behavioral Medicine

It is a pleasure for me to share with you some information about and ideas related to the International Society of Behavioral Medicine. The basic ideas of behavioral medicine are being increasingly attended to and adopted within science, clinical medicine, and public health in many parts of the world. The first behavioral medicine society – the SBM in the United States – is celebrating its 25th Anniversary this year. Twentyfive years may seem long or short, but however, behavioral medicine is "hotter than ever".

Thus it is no surprise that the ISBM is adding new member societies. Currently, a Spanish as well as an Italian society are applying for membership. We welcome them warmly. A number of us are in touch with other interested people in different parts of the world and try to give all possible support in helping to form new national societies. Of particular interest is the contacts with several Asian countries. The ICBM of 2006 will be hosted by the Thai Society of Behavioral Medicine, and the Japanese society has expressed serious interest in hosting the 2008 Congress.

The international congresses are of utmost importance for promoting behavioral medicine. Therefore it is natural that the main activities of the International Society of Behavioral Medicine since the EC/GC meeting in Thailand in June have been related to the upcoming 8th International Congress in Mainz in August 2004. Members of the Program Committee are working very hard and have solicited a large number of high-quality submissions and contributions. The upcoming meeting promises to be the largest so far of our international congresses.

A major task for myself has been to pursue the collaboration with the European Society of Cardiology. As the official representative of the ISBM I was invited to participate in the Joint European Societies CVD Prevention Committee meeting in Nice on October 31, 2004. Of importance for the ISBM was the discussion of the launching of the 3rd Joint Task Force Guidelines on CVD prevention in clinical practice. Kristina Orth-Gomér has represented the ISBM in this work and is greatly acknowledged for her important contribution. The full and

final version of the guidelines was published as a supplement to the December Issue of the European Journal of Cardiovascular Prevention and Rehabilitation.

I want to remind you that some offices of the ISBM are open for nominations. The elections will be held during the ISBM Governing Council meeting in Mainz in August. The following offices are up for election: President-Elect, Secretary, Communications Committee Chair, and International Collaborative Committee Chair. Officers who have served their four year term may be re-elected. As stated in the Bylaws, any person who is a member of a full membership society can nominate a person to an office. You can nominate persons for the Chair as well as Co-Chair position. Nominations should be submitted by mail to the Secretary (cc: to the President). The list of nominated persons will be circulated to the member societies at the latest one month before the Governing Council meeting in Mainz on August 24, 2004.

Finally, let us think about the future. I encourage you to think about future congress sites. Discuss within your own national society the feasibility of hosting a congress, share the experiences of present and past hosting societies. The ISBM congresses have grown larger every time, which is very pleasing – and demands much work in terms of logistics and scientific planning. It is a process of a number of years, so I ask you to start thinking now that YOUR society can do it. It is a very rewarding experience.

I hereby welcome you to the congress in Mainz in August this year, and look forward to meeting many of you there.

Uppsala March 21, 2004

Gunilla Burell, Ph.D.
President of the International Society of Behavioral Medicine

Development of new societies

In the last Governing Council Meeting of the ISBM held in Mainz on February 6-8, Victoria Gordillo was invited to explain the planning and development of a Spanish Society of Behavioral Medicine. She is a Professor of Psychology at the Complutense University of Madrid, and was in the ISBM Conference in Brisbane (2000).

Prof. Neil Schneiderman who spoke to Eduardo Remor, a young Spanish academic who spent his summer working in Miami, made the first approach to this new Society. The motivation for this decision is the fact that during the past several years research on topics related to behavioral medicine has been high in Spain. Although there are not academic degrees in Behavioral Medicine (because it is included in Health Psychology), different Master Programs are developed around physical and psychological disorders from an interdisciplinary perspective. Therefore, we considered the potential for the development of a national society of Behavioral Medicine. After speaking with colleagues of different disciplines (medicine, education, psychology, etc) and universities, the list of possible full members is around 40, and will increase in the next months. Always regarding the necessary balance of interests between physicians and behavioral/social scientists. One of our objectives is incorporating young people interested in international collaborative research in behavioral medicine. Our interests are HIV/AIDS, aging, adherence to treatment, health prevention and education, quality of life and chronic diseases, drug and substance abuses, behavioral intervention, stress management, healthy life styles, cognitive impairment, dementia and Alzheimer's disease.

In order to apply for membership in ISBM the Spanish Society will provide in a short time a copy of their Charter and By-Laws, and a list of members and their disciplines. We expect also to be able to participate actively in the next International Congress of Behavioral Medicine in Mainz.

News from the editor of the International Journal of Behavioral Medicine

Expansion of IJBM format

From 2004 the format size of IJBM has increased from 6 x 9 to an 8.5 x 11 format and 288 pages per year, which means that about 32 articles can be published each year, compared to 24 before. The lists of content of the first two issues of 2004 are enclosed.

Subscription to IJBM

A majority of the national societies have accepted the electronic subscription to IJBM for an annual cost of five US dollars. Some individuals are also subscribing to the printed version.

Special Issue

Lynda Powell and Gail Ironson will be Guest Editors for a Special Issue of IJBM on Positive Psychology (announced in IJBM 10, 3). Deadline for submissions has been expanded to March 31, 2004. Michael Antoni is planning a future Special Issue on Behavioral Medicine and Cancer.

The content of IJBM 11:1 and IJBM 11:2 are listed below.

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- MS 1 (#54-02) Predicting Anxiety in Magnetic Resonance Imaging Scans by *Lynne M. Harris, Steven R. Cummings, and Ross G. Menzies.*
- MS 2 (#59-02) Exercise Motivation and Adherence in Cancer Survivors After Participation in a Randomized Controlled Trial: An Attribution Theory Perspective by *Kerry S. Courneya, Christine M. Friedenreich, Rami A. Sela, H. Arthur Quinney, Ryan E. Rhodes, and Lee W. Jones.*
- MS 3 (#65-02) Does it make sense in a coherent way? Determinants of Sense of Coherence in Swedish women, 40 to 50 years of age by *Gunilla Krantz and Per-Olof Östergren.*
- MS 4 (#73-02) Depression, Perceived Control, and Life Satisfaction in University Students from Central-Eastern and Western Europe by *Jane Wardle, Andrew Steptoe, Gabriel Gulis, Gudrun Sartory, Helena Sek, Irina Todorova, Claus Vögele, and Michal Ziarko .*
- MS 5 (#76-02) Higher Risk of Colic in Infants of Non-manual Employee Mothers with a Demanding Work Situation in Pregnancy by *Catarina Canivet, Per-Olof Östergren, Irene Jakobsson, and Barbro Hagander .*
- MS 6 (#03-01) The Role of Spirituality in the Psychological Adjustment to Cancer: A Test of the Transactional Model of Stress and Coping by *Kimberly K. Laubmeier, Sandra G. Zakowski, John P. Bair .*
- Short communication
- MS 7 (#33-02) Predictors of Neurocognitive Performance in Chronic Pain Patients by *Tony Iezzi, Melanie P. Duckworth, Lieu N. Vuong, Yvonne M. Archibald, and Ann Klinck.*

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- MS 1 (#44-02) Blood Pressure Reactivity Can be Reduced by a Cognitive Behavioral Stress Management Program
Silja Vocks, Margit Ockenfels, Ralph Jürgensen, Lutz Mussgay and Heinz Rüdell
- MS 2 (#44-01) Psychophysiological Responses to Anger Provocation among Asian Indian & Caucasian Males
Sonia Suchday and Kevin T. Larkin
- MS 3 (#51-01) Depressive Symptoms and Cardiovascular Reactivity to Laboratory Behavioral Stress
Jeffrey L. Kibler and Mindy Ma
- MS 4 (#29-02) Validation of the Detroit Area Study Discrimination Scale in a Community Sample of Older African-American Adults: The Pittsburg Healthy Heart Project
Teletia R. Taylor, Thomas W. Kamarck and Saul Shiffman
- MS 5 (#15-03) Change in Breast Self-Examination Behavior: Effects of Intervention on Enhancing Self-Efficacy
Aleksandra Luszczynska
- MS 6 (#42-02) The Influences of Psychosocial Aspects and Anxiety Symptoms on Quality of Life of Patients With Arrhythmia: Investigation in Paroxysmal Atrial Fibrillation
Schin-Ichi Suzuki and Hiroshi Kasanuki
- MS 7 (#69-02) Attributional Style and Symptoms of Depression in Persons With Multiple Sclerosis
Ian I Kneebone and Emma Dunmore
- Short communiations
- MS 8 (#6-03) Differential heart rate reactivity and recovery after psychosocial stress (TSST) in healthy children, younger adults, and elderly adults: The impact of age and gender
Brigitte M. Kudielka, Angelika Buske-Kirschbaum, Dirk H. Hellhammer and Clemens Kirschbaum
- MS 9 (#7-03) Are subjective health complaints a result of modern civilisation?
Hege R. Eriksen, Brit Hellesnes, Peer Staff and Holger Ursin

Ulf Lundberg
Editor IJBM

Reminder of the conference in Mainz

The next Congress is the Eighth International Congress, in Mainz, Germany, 25 - 28 August 2004. Mainz is about 20 minutes from Frankfurt by train. Deadline for submissions is December 1, notification of acceptance should be in your hands by March, 2004. Please note that information and submissions can be get/made via Internet <http://www.icbm-2004.com>.



International Workshops ICBM 2004, Mainz Germany

25-28 August 2004
Mainz , Germany

"Integrating Social and Behavioral Sciences with Medicine and Public Health"

Organized by the International Society of Behavioral Medicine (ISBM) and the German Society of Behavioral Medicine and Behavior Modification (DGVM)

A broad range of exciting workshops will be part of the programme on Wednesday, 25 August 2004. International scientists present 3-hour workshops in their field of expertise – giving the opportunity to intensive discussions and considering practical applications in behavioral medicine.

Wednesday, 25 Aug 2004

Ad A. Kaptein	NL	Illness cognitions in chronic somatic disorders
Kerry E. Evers	USA	Developing Interventions based on the Transtheoretical Model of Change: Multi-National Lessons Learned
Trudie Chalder	UK	A Cognitive Behavioural Model for Understanding and Treating Subjective Health Complaints (somatic symptoms): A Half Day Workshop
Maria M. Llabre	USA	Applications of structural equation models in behavioral medicine research
Ferenc Túry	HU	Communicative aspects of home visits – environmental psychology of psychosomatic disorders
E. Sabaté, S. Hotz	CH	Management of Adherence to Anti-retrovirals professionals' adherence-enhancing skills
Bernt Lindahl, Pilvikki Absetz	SE, FI	Stress, metabolic syndrome and health behaviour change
Johannes Lindenmeyer	D	Making sense: Motivating patients with alcohol problems
Trudie Chalder	UK	Family Focused Cognitive Behavioural Treatment of Chronic Fatigue Syndrome and Distress in Adolescents
Frank J. van Lenthe, Jos W.R. Twisk	NL	Multilevel modelling in health-related behavioural research
Pekka Oja, Michael Sjöström	FI, SE	Using the International Physical Activity Questionnaire (IPAQ): Collection, analyses and presentation of population data on physical activity
Rona Moss-Morris	NZ	Cognitive Behavioural Management of Irritable Bowel Syndrome in Primary Care
Roselyn G. Smith, Michael H. Antoni	USA	Stress Management And Relaxation Training For Women With Breast Cancer: Scientific Foundations And Implementation
Liisa Keltikangas-Järvinen	FI	Innate Temperament, Stress Vulnerability and Risk for CHD

For registration and further information on the International workshops: <http://www.icbm-2004.com>.

ICBM satellite meeting in Budapest, Hungary, August 29-31 2004

"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)

Please visit the ISBM-newsletter website to download the program.

9th ICBM Congress in Bangkok in the year 2006

From the Meeting in Mainz in February 6-7, 2004, the ISBM Governing Council and Executive Committees have agreed to have the Thai Society of Behavioural Medicine hosting the 9th ICBM Congress in Bangkok in the year 2006. The tentative date will be from Monday 27th November to Saturday 2nd December 2006, and the tentative venue will be at the Sofitel Central Plaza Hotel and Bangkok Convention Center.

Fourth Annual International Conference of Thai Society of Behavioural Medicine and Second Asian Regional Conference on Behavioural Medicine

The Thai Society of Behavioural Medicine (TSBM) is planning to hold its 4th Annual International Conference jointly with the Second Asian Regional Conference on Behavioral Medicine at the Siam City Hotel in Bangkok, Thailand between December 6-9, 2004. TSBM would like to invite members of ISBM and their national members, and all those who are doing research or practicing, and interested in Behavioral Medicine, medical and graduate students to actively participate in the forthcoming conference and preconference teaching and training workshops (Saturday 4th December 2004 at Mahidol University, Salaya, Nakornpathom, Thailand).

For details and download see <http://neuroscience.mahidol.ac.th/4tsbm> or contact: scnkc@mahidol.ac.th

Please visit the ISBM-newsletter website to download various documents and forms.

Research on the transtheoretical model (TTM): Where are we now, where are we going?

On behalf of the Institute for Medical Psychology in Marburg, I would like to invite you to attend this international meeting/conference.

The conference will take place in Marburg, Germany, on August 23 and 24, 2004, i.e. the two days preceding the conference of the International Society of Behavioral Medicine in Mainz, Germany.

The goal of this meeting is to bring together some of the leading international researchers in the field of behaviour change in order to discuss current trends in health promotion research based on theoretical frameworks like the TTM. The conference will also be a forum for coordinating international research efforts. Exchanging current research results will hopefully allow participants to set up or intensify international collaborations and to further stimulate health promotion research.

We are happy that the following invited speakers have confirmed their participation:

Hein de Vries (NL)
Carlo DiClemente (U.S.A.)
Kerry Evers (U.S.A.)
Ralf Schwarzer (GER)
Wayne Velicer (U.S.A.).

We cordially invite you to contribute to the meeting by presenting your latest research results as oral or poster presentation. Since we would like to leave enough time for discussions, the number of oral research presentations will be limited. Deadline for all submissions and registration is MAY 15, 2004. Because the total number of participants will also be limited, early registration is recommended.

For the latest information, please look at our website:
www.med.uni-marburg.de/ttm or contact us at
ttm@med.uni-marburg.de

Please feel free to forward this announcement to anyone who might be interested in this meeting. Because this info-mail is distributed through several mailing lists you may receive multiple copies.

On behalf of the local organizers, best wishes from Marburg,

Stefan Keller

Postdoctoral Research Fellow at Central Queensland University, Australia.

Please find information below about an employment opportunity for a Senior Postdoctoral Fellow with the 10,000 Steps Project in Rockhampton, Queensland. The 10,000 Steps project is currently Australia's largest community-based physical activity promotion project. Ongoing funding has been secured to extend the reach of the program across the State of Queensland and throughout Australia.

Applications are sought for the position of Postdoctoral Research Fellow in the area of physical activity and health promotion to contribute to ongoing research in the area of health-related physical activity within the Centre for Social Science Research at Central Queensland University. The successful applicant must have a PhD in Health Promotion, Human Movement Science or a related field with particular skills in the area of public health. A background in successful project management and population-based research would be advantageous. Individuals who have submitted their PhD for examination may consider applying. The postdoctoral research fellow will be appointed in association with the existing 10,000 Steps Rockhampton Physical Activity Promotion project funded by Queensland Health. The on-going project is aimed at developing,

implementing and evaluating an innovative community-based, multi-strategy health promotion program on physical activity and the social determinants of health.

This is a 12 month fixed term full-time appointment at the Senior Postdoctoral Research Fellow Level B. The remuneration package will be in the range of \$65,000 per annum, including leave loading and employer superannuation entitlements.

Central Queensland University is Tropical Australia's largest University. The region's climate supports an outdoor lifestyle all year round. Rockhampton sits on the Tropic of Capricorn and has two seasons - wet and dry - rather than the four seasons of the Temperate Zone . The city experiences three months of wet season conditions from December to February and nine months of fine sunny weather. Average maximum temperatures range from 23 - 32 degree Celsius while average minimums range from 11 23 degrees Celsius.

Salary: \$56,141.00 per annum (AUD)

Enquiries can be made to

Kerry Mummery, Ph.D.
Professor, School of Health and Human Performance
Central Queensland University
Rockhampton, Queensland
AUSTRALIA 4702

Phone 07-4930-6749
Mobile 0408 6749 11
Fax 07-4930-9871
Email k.mummery@cqu.edu.au
Website [10,000 Steps Physical Activity](http://10,000StepsPhysicalActivity.com)