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## News from the Editor

Dear members,

I'm happy to present a new issue of our newsletter to you. I was pleased to hear that you liked the previous edition. What some of you struggled with, though, was (and still is) the picture right atop these lines (scroll up to know what I mean). Not everybody agreed that this is an adequate depiction of the term "behavioral medicine". But then again, what is? I'd be really interested in hearing your alternative suggestions! Please weigh in on this issue and send me any graphic material that might be better suited to adorn these pages (to [u.nater@psychologie.uzh.ch](mailto:u.nater@psychologie.uzh.ch)).

Apparently, I have not been the only one to enjoy what Neil Schneiderman had to say in our interview in the last issue. This issue, we have another "icon" of behavioral medicine who kindly agreed to being interviewed: Kristina Orth-Gomer. Go to page 12 to learn more about her personal history of behavioural medicine!

So, who actually decides who is among the "most influential individuals in the field of behavioral medicine"?

First, I'm asking every interviewee about a small list of individuals. Second, I would like to seek input from you, the members. If you have any suggestions on who should be featured next, please send me an email! But bear in mind the following rules: The next interviewee should stem from a different continent than the previous one, should be of the opposite gender, and has to be a member of our society.

This issue, we will have also a first outlook on the upcoming ICBM in Washington, DC. This is going to be a very exciting congress in a beautiful city. We will run regular updates on the conference until it's time to go to Washington.

Then, there is another new feature which I would like to introduce to you. From this issue on, we will focus on recent awardees who were awarded a scientific price by ISBM. I have asked the two first awardees, Drs. Xu and Barth, to briefly introduce themselves and tell the readers how the award was a benefit for them. Go to page 21 to learn more!

Finally, we have all the other regular features in the current issue: our president is addressing the ISBM members with her thoughts on the current flu epidemic among others, the EIC of IJBM is updating us on exciting content of the journal, and we hear news from both the ECN and from individual member societies (with improved layout). I'm particularly excited to present this issue's featured member society, the American Psychosomatic Society, because this happens to be my other "home" society (the German Society of Behavioral Medicine being the second). Again, if you want to present your society in these pages, please send me a note!

Best wishes to all of you,

*Urs Nater*

Newsletter Editor

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## Letter from the President

Dear all member societies and individual members of our member societies,

Behavioral Medicine is indeed an interesting field. Personally I have now experienced how a simple illness – like flu – has an effect on not only my own behavior but also on ISBM. Our fab Newsletter editor, Urs Nater, has been experiencing slow and even no responses from the President. I know he has been very eager to get this newsletter out, but due to my flu this has not happened until now. It's amazing how the H1N1 Flu has changed people's behavior, at least the behavior at my son's school. All the kids do their coughing and sneezing on their arm and not their hand, they wash their hands more thorough – at least it seems like it. Reading WHO recommendations about what we can do to protect our self from catching influenza A(H1N1) – the recommendations are all related to our behavior.

Here is a brief summary from the WHO recommendations: The main route of transmission of the new influenza A(H1N1) virus seems to be similar to seasonal influenza, via droplets that are expelled by speaking, sneezing or coughing. You can prevent getting infected by avoiding close contact with people who show influenza-like symptoms (trying to maintain a distance of about 1 metre if possible) and taking the following measures:

- avoid touching your mouth and nose;
- clean hands thoroughly with soap and water, or cleanse them with an alcohol-based hand rub on a regular basis (especially if

touching the mouth and nose, or surfaces that are potentially contaminated);

- avoid close contact with people who might be ill;
- reduce the time spent in crowded settings if possible;
- improve airflow in your living space by opening windows;
- practise good health habits including adequate sleep, eating nutritious food, and keeping physically active.

Earlier this year, we sent out a press release; **“New infectious diseases - what's the risk ?”** referring to a special editorial in our International Journal of Behavioral Medicine, by Johannes Brug, Arja Aro, and Jan Hendrik Richardus where they show that there are three key parameters that convince people to take precautions. Firstly, they need to be aware of the risk to them. Secondly, they need to believe that effective protective actions are available and have confidence in them. Lastly, communications about risk need to be carefully managed so that they express the actual risk accurately to prevent mass scares.

Except from the Presidents illness (frankly just a very mild flu), ISBM seem to be in pretty good shape. In April we had a very good Board meeting in Montreal where we discussed several important issues for ISBM. We are making progress in developing new societies, good work is being done in many of the committees, and the future looks pretty good, although there are a number of challenges.

One important issue that has been discussed is how we can engage new, younger scientists in our society. Their involvement is important

within the different national and regional societies but also on an international level. I hope our member societies will actively engage in the nomination process for the elections of new officers and new chairs to the ISBM Board, taking place in August 2010. Especially Arja Aaro pointed out a wish of more involvement from committee members in the work. She also pointed out that it was important to encourage activities from bottom up rather than from top down. The Board agreed and several suggestions were made, such as greater involvement of young, early career people and pre-conference workshops and/or symposia at an ICBM. If you have any suggestions or ideas, please let us know. The Newsletter offers also a good arena for debate and further involvement.

I do believe we have been able to engage the Governing Council more than before, however, I still hope we can involve more people in ISBM. One major change that has been made is the involvement of the member societies in nominating track chairs for the ICBM 2010. A number of new people from a variety of countries are now involved. I am indeed in debt to Linda Baumann (Chair) and Frank Penedo (Track Chair) for their time and effort they have put in to engage more people in this work.

I also want to encourage all of you to promote the ICBM 2010 and to make sure you bring as many friends and colleagues as possible to this event. The abstract submission is now open: <http://icbm2010.abstractcentral.com/login> please register and submit your abstract as soon as possible. The Program Committee, with Linda Bauman in charge is working very

hard for us to make a great scientific program. However, the quality of the individual submissions is what makes the real quality of the congress.

We have still not made a recommendation from the Board regarding the Rome proposal for ICBM 2012. We still have a bit more work to do before we will involve the Governing Council. However, I want to encourage all societies considering the possibility of hosting our congress in the future to let us know. We are looking for proposals for both 2014 and 2016. During the Governing council meeting last year, the possibility of raising the membership fee was discussed. This has been further discussed in the Board, and we would like the opinions from the Governing Council of a possible increase to 3-5 USD. The Governing Council at the meeting in 2010 should make the final discussion and decision. However, I would encourage you to discuss this in the different member societies. Later, we will distribute and send some background information about this to the Governing Council.

Springer has proposed a Behavioral Medicine Monograph Series. The Governing Council has received information about this, and been asked to suggest and nominate candidates for the editorial position for the series. We have received several suggestions, and a committee will soon start the work to find the right person for the job.

All in all, a lot of activities are going on!

*Hege R. Eriksen*  
President ISBM

## News from the Editor-in-Chief of IJBM

07 August 2009

### 1. Special series

International Journal of Behavioral Medicine has published several special series, consisting of an Editorial plus a number of papers on a specific topic. This includes a series on Risk Perception and Behavior: Towards Pandemic Control of Emerging Infectious Diseases (IJBM 16,1) and a series on Measurement Instruments in Behavioral Medicine (IJBM 16,2). A series on Psychological Aspects of Cardiovascular Disease will be published in the upcoming IJBM 16,3. In an Editorial the papers in each series are put into perspective. Together, the Editorial and the papers provide an insightful overview of recent developments in the area of psychological aspects of pandemic control - a highly relevant issue given the current episode of swine flu; measurement instruments; and psychological aspects of cardiovascular disease.

### 2. The Editor's Choice

Several interesting papers have been published, in addition to these series. I would like to invite you to check the Table of Contents of IJBM. Just to remind you: The free Table of Contents Alert is available at the ISBM website: do register!

I would like to point out two papers in particular, among the many interesting papers published in recent issues. Karl Peltzer published a paper on Health Behavior and Protective Fac-

tors Among School Children in Four African Countries (IJBM16,2; DOI 10.1007/s12529-008-9015-3). The study found rates of health-related behavior in four sub-Saharan African countries which were generally similar, but also with significant differences to that found in schoolchildren in the WHO European Region and North America. The study identified school attendance, parental or guardian connectedness, peer support at school, and parental supervision as important protective factors for adolescent health.

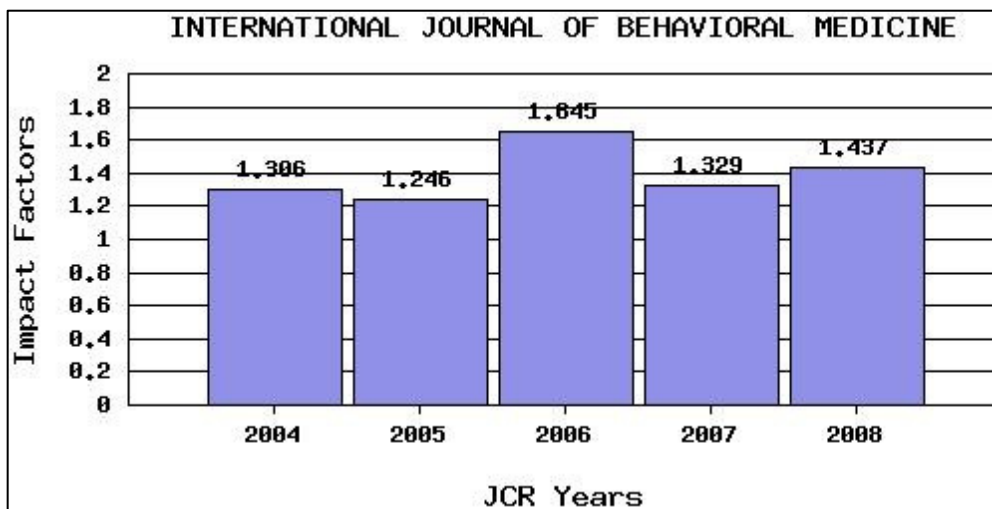
Sherry Pagato et al. published on Intention-to-Treat Analyses in Behavioral Medicine Randomized Clinical Trials (available Online First: <http://dx.doi.org/10.1007/s12529-009-9039-3>). Intention-to-treat (ITT) analysis is the state-of-the-art approach in analyzing results of clinical trials, in behavioral medicine and all other fields of medicine. Results revealed that less than half of RCTs (42%) used ITT analyses correctly. The authors concluded: "Investigators' claims of using ITT analyses have increased over time, but correct use of ITT has not." And: "Increased analytic rigor of behavioral medicine clinical trials will increase the impact of behavioral medicine in the broader field of health care and allow for a more valid comparison of findings across trials."

Please check the IJBM website, available via the ISBM website, for more interesting papers.

### 3. Impact factor

The current impact factor of IJBM is 1.437, which is a slight increase over last year's impact factor (1.329). The figure gives an overview of IJBM's impact factor over the years. A new feature is the 5-year impact factor, which amounts to 1.937 for IJBM.

*Joost Dekker*  
Editor IJBM



Source: Journal Citation Reports, Thomson Reuters, 2009

## The American Psychosomatic Society

The American Psychosomatic Society (APS) is a worldwide community of 827 scholars and clinicians dedicated to the scientific understanding of the interaction of mind, brain, body, and social context in promoting health and contributing to the pathogenesis, course and treatment of disease (see [www.psychosomatic.org](http://www.psychosomatic.org)). Our multidisciplinary membership – 30% of whom reside outside of the United States (U.S.) – is comprised of 40% with Ph.D. (primarily psychologists and epidemiologists), 35% with M.D. or M.D., Ph.D. (primarily psychiatrists and internists), and 25% persons with other degrees (mainly trainees). There is a breadth of research interests among our membership; topics areas frequently represented at the annual meeting include cardiovascular disease, cancer, HIV/AIDs, gastrointestinal disorders, psychoneuroimmunology, chronic pain, somatoform disorders, neuroimaging, genetics, and many others. Our members are particularly interested in research addressing biological mechanisms, interventions, and translational issues.

The leadership of the APS includes an Executive Committee comprised of its President (Shari Waldstein, Ph.D.), President-Elect (Paul Mills, Ph.D.), Past-President (Matthew Muldoon, M.D., MPH), and Secretary-Treasurer (Michael Irwin, M.D.), its 10 member Council, and its Ex-Officio Members – Editor-in-Chief, *Psychosomatic Medicine*, Newsletter Editor, and 2010-2011 Program Committee Chair. Our other standing

Committees include Awards, Fundraising, Liaison, Membership, Nominating, Past Leaders, and Professional Education. We presently have an Ad-Hoc Journal Committee, and several active Task Forces emanating from our recent Strategic Planning Retreat. Degnon Associates has long served as our national office, our institutional memory, and our trusted collaborators.

### History of the American Psychosomatic Society (from [www.psychosomatic.org](http://www.psychosomatic.org))

In 1936, the founder of the Josiah Macy, Jr., Foundation – Ms. Kate Macy Ladd – directed the Foundation to provide support for the fledgling field of psychosomatic investigation. An initial project undertaken by the New York Academy of Medicine's joint committee on Religion and Medicine and led by Dr. Helen Flanders Dunbar was to assemble a bibliography of the "psychosomatic" medical literature from 1910-1933 in addition to publications examining the relations of religion to health. The resulting volume entitled "Emotions and Bodily Changes" was published in 1935. Two further revisions brought the literature survey up to 1945. With further financial assistance from the Macy Foundation, the journal *Psychosomatic Medicine* began publication in an effort to encourage collaboration among the medical specialties, psychology, and the social sciences. The Journal's first issue appeared in 1939 under the editorship of Dr. Dunbar.

In 1942, the advisory board of the Journal voted to establish the "American Society for



Research in Psychosomatic Problems" in order to develop a permanent forum for the exchange of data and ideas. In 1947, the name was simplified to the APS.

Gathered together at the organizing APS meeting were representatives of the several centers where psychosomatic research was under way: Drs. George Daniels, George Draper and Helen Dunbar of Columbia-Presbyterian Hospital; Drs. Stanley Cobb, Hallowell Davis, Alexander Forbes, Walter B. Cannon and Eric Lindeman from Harvard; Dr. Harold G. Wolff and colleagues from Cornell-New York Hospital; and Dr. Edward Weiss and colleagues from Temple University. In 1943, Dr. Weiss and Dr. O. Spurgeon English delineated the "field" in their textbook "Psychosomatic Medicine." Thus, psychosomatic medicine as a term and a field long precedes that of behavioral medicine.

#### What is Psychosomatic Medicine?

The word "psychosomatic" literally means mind-body. Early work in psychosomatic medicine was highly influenced by psychoanalytic theory, focusing on the relations of personality types to specific diseases (e.g., the hypertensive personality) with a particular emphasis on the identification of underlying physiological mechanisms. Criticisms of the prominent psychoanalytic influence among other concerns gradually led the term psychosomatic medicine to fall into disfavor. Yet, modern usage of "psychosomatic medicine" can be considered highly interchangeable with that of "behavioral

medicine." Indeed, 50% of our membership endorses "behavioral medicine" as an area of specialization. The founding of behavioral medicine as a field followed publication in 1977 of George Engel's landmark paper in *Science*.<sup>1</sup> Engel – a prominent psychosomatic medicine researcher and clinician – proposed a bio-psychosocial model for psychiatry and medicine. The biopsychosocial model strongly underlies both behavioral medicine – a field that was formalized in 1977 at the Yale Conference – and modern psychosomatic medicine.

The current definition of behavioral medicine, taken from the website of one of our sister societies, the Society of Behavioral Medicine, is "the interdisciplinary field concerned with the development and integration of behavioral, psychosocial, and biomedical science knowledge and techniques relevant to the understanding of health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment, and rehabilitation." This definition is strikingly similar to the current mission of the APS – "...to promote and advance the scientific understanding and multidisciplinary integration of biological, psychological, behavioral and social factors in human health and disease, and to foster the application of this understanding in education and improved health care." Where the relative emphases of the APS and SBM may diverge is in the SBM's focus on behavior and behavioral health, and the continued focus of the APS on biological mechanisms.

Psychosomatic Medicine has a long history of incorporation into medical practice in many



non-U.S. countries. In the U.S., psychosomatic medicine was formally recognized in 2001 by the American Psychiatric Association as a subspecialty within psychiatry. Thus, both now and historically, the practice of psychosomatic medicine has frequently been implemented by physicians.

#### **Psychosomatic Medicine: Journal of Biobehavioral Medicine**

As the official publication of the APS, the purpose of *Psychosomatic Medicine* (see [www.psychosomaticmedicine.org](http://www.psychosomaticmedicine.org)) is to publish "experimental and clinical studies dealing with various aspects of the relationships among social, psychological, and behavioral factors and bodily processes in humans and animals. It is an international, interdisciplinary journal devoted to experimental and clinical investigation in behavioral biology, psychiatry, psychology, physiology, anthropology, and clinical medicine. The Journal is published nine times a year; supplementary issues may contain reports of conferences at which original research was presented in areas relevant to the Society or may consist of monographs."

Under the leadership of Editor-in-Chief, David Sheps, M.D., *Psychosomatic Medicine* is a truly international journal, with 43.4% of accepted manuscripts coming from non-U.S. based corresponding authors in 2007, with comparable percentages since 2004. Authors from 40 different countries submitted over 600 manuscripts to *Psychosomatic Medicine* in 2008. The five-year impact factor is 5.23.

#### **APS Annual Meeting**

The Annual Meeting in March is an open scientific and clinical forum where investigators from allied disciplines communicate, pool their knowledge, consider problems of conceptual relationships, and develop ideas to stimulate further research. Typically, the three-day meeting is devoted to the presentation of scientific papers, symposia, workshops, poster sessions, invited lectures and addresses. Roundtable luncheon discussions, as well as business meetings for the Society's membership and Council, and the Journal's editorial board are included. The reception and annual banquet close the meeting.

Approximately every 5 years, APS holds its annual meeting outside of the U.S. Its last international meeting was held in Budapest, Hungary in 2007. The Chair and Co-Chair of the Program Committee for the 2008 and 2009 annual meetings were Christoph Herrmann-Lingen, M.D. of the University of Göttingen and Scott Matthews, M.D. of the University of California, San Diego. Under their direction, the APS hosted two very successful meetings. In 2008, the theme of the annual meeting was *A Focus on Liaison in Psychosomatic Medicine* and was held in Baltimore, Maryland. In 2009, the meeting theme was *Psychosomatic Research and Care Across the Life Course* and was held in Chicago, Illinois. A highlight of the meeting was a lecture by Dr. George Kaplan on a life course approach to health. The meeting theme was further implemented with a series of invited symposia focused on select epochs in the lifespan – early life into adulthood,

midlife, and older adulthood. These outstanding symposia featured world class speakers including Drs. Thomas Glass, Christine Heim, Leslie Katzel, Karen Matthews, Paul Plotsky, and Carol Ryff.

ISBM members are warmly invited by current Program Chair Joshua Smyth, Ph.D. and the Executive Committee and Council to the next APS annual meeting in Portland, Oregon, from March 10-13, 2010. Please note the abstract deadline of October 19, 2009.

The broad theme of the meeting will be "Stress and Health"; one we hope to be inclusive and to encourage new thinking about classic processes in psychosomatic medicine. Portland has been called the "greenest" city in America for its commitment to renewable and sustainable living, as well as the abundant walking and biking trails. Portland International Airport [PDX] has several hundred flights daily on a large range of airline carriers.

#### APS Initiatives & Awards

The APS sponsors a variety of initiatives internal and external to the society. Examples include committees and task forces working to: (1) increase relevant NIH funding opportunities; (2) facilitate the conduct of clinically-applicable research and clinical trials; (3) increase implementation of psychosomatic medicine principals and research findings into healthcare; (4) increase the teaching of such material in undergraduate and post-graduate medical education; (5) further our liaison with

media; and (6) examine the APS identity for the 21<sup>st</sup> century.

The APS Psychosomatic Medicine Interest Groups are an example of our efforts to increase general awareness of, and cultivate research interests in, psychosomatic medicine. These student-interest groups at numerous U.S. and international medical schools receive financial support from the APS for up to 2 years.

The APS sponsors an extensive awards program. These include: the Patricia R. Barchas Award in Sociophysiology; the Herbert Weiner Early Career Award; the President's Award; the Alvin P. Shapiro Award for a physician who has made major scholarly contributions to our understanding of psychosocial factors in the clinical care of patients in a primary care setting; and the Donald Oken Fellowship – supporting meeting attendance by a prominent Consultation-Liaison psychiatrist or internist. Multiple APS Scholar Awards and Medical Student/Medical Resident/Medical Fellow Travel Scholarships support the society's goals with respect to promoting meeting participation among trainees. APS Minority Initiative Travel Awards offer recognition to outstanding trainees and established scientists of color thus supporting the society's critically important diversity initiative. The Cousins' Center Global Outreach Award is given to two applicants residing in developing nations (defined as low or lower-middle income by the World Bank) to permit attendance at an APS meeting. Lastly, we are very pleased to announce our new award – The Paul D. MacLean Award for

Outstanding Neuroscience Research in Psychosomatic Medicine.

#### APS as an ISBM Member

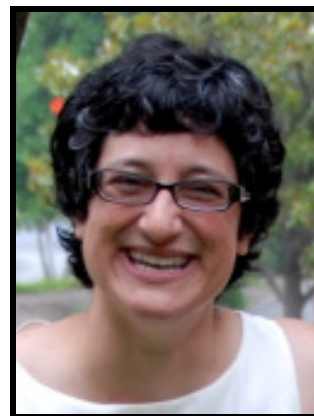
As members of the ISBM, we are very pleased to contribute to the global mission of biopsychosocial research, education, and practice. Whether called psychosomatic medicine or behavioral medicine, we share similar goals with respect to furthering the health of our global society.

<sup>1</sup> Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196:129-136.

*Shari R. Waldstein, Ph.D.*  
President,  
American Psychosomatic Society



*Mary-Frances O'Connor, Ph.D.*  
Newsletter Editor,  
American Psychosomatic Society



## Interview with Kristina Orth-Gomer

**Q1.** Kristina, first of all, thank you so much for agreeing to be the second interviewee in this series! This special series covers individuals who are long-term members of ISBM and have contributed to behavioral medicine in a significant manner. The first interviewee in these pages, Neil Schneiderman, was choosing you as the next person to be interviewed. Can you imagine why?

**A1.** If I have understood Neil's thoughts about behavioural medicine right, I think he sees the issue broadly and is concerned about the role of behavioural medicine in the clinical context. Behavioral medicine is an extremely broad concept embracing biological, social and psychological influences on etiology, diagnosis, treatment and prevention.

No single person can possibly be a specialist in all these areas. Perhaps, in the beginning of the ISBM history it was particularly useful to engage people like myself, with a background in general internal medicine, with a strong research focus and experience in both cardiology and stress research.

ISBM wanted – and wants - to attract people from very differing scientific and clinical environments and we had to find the right ways and modes of approaching and communicating with researchers from such differing fields as basic neuroscience, clinical medicine and epidemiology.

**Q2.** Related to my first question, why don't you tell us a little bit about your educational

and scientific background? Where do you come from scientifically and how did you get into the emerging field of behavioral medicine?

**A2.** My own background is multifaceted. Originally educated in languages and culture, I realized I didn't have the right zeal to pursue those fields and I turned to medicine.

The first semesters of medical education were focussed on learning everything by heart. I didn't care much about the Latin names of bones, muscles, nerves or their topography – until I reached the physiology curriculum, and understood they all had a function.

When I finally saw my first living patient during the fourth year (dead bodies we handled from the first day), I became fascinated. My hospital admission interviews took hours and I wrote novels about these first patients and attached them to their medical charts. The patients were happy, but the attending physicians were not.

Omit the social crap and be succinct! was their message. So I learned to structure and systematize large amounts of information. Thanks to generous and supportive teachers I realized I had a useful tool for research.

I published my first paper - on the theory of wear and tear in atherosclerosis in *Social Science and Medicine* (1974).

The psychosomatic medicine field was flourishing at that time. The Type A Behavior was on everybody's lips, its authors were featured in political magazines. A number of scientific

doubts were formulated and clinical epidemiology offered methods for critical evaluation. I spent a year learning psychosocial and cardiovascular methodology at the New York Hospital, Cornell Medical School, but most of all, I enjoyed the culture of the big apple. Back in Stockholm a more serious working phase began with residency in internal medicine, ten hour working days, with night and week end duties in between. I also had my first child. "Here we do not discriminate. All have to do their night duties in the emergency room, whether pregnant or not, whether mother of small children or not." Our daughter still remembers Christmas Eve at the CCU.

After having defended my academic thesis I began to work within the new field of stress research. This was a challenge and a great opportunity for research in behavioural medicine. And I could have a second child, and feel comfortable not having to think about patient responsibilities and night duties.

Since then I have tried to pursue parallel research activities, in the European Society of Cardiology, the American Psychosomatic Society and the International Society of Behavioral Medicine. I have learnt how profoundly different these fields can be. Attending the annual meetings, presenting research and discussing results with cardiologists, stress researchers, clinicians of behavioral medicine and epidemiologists, I learned how these different groups think, analyze and interpret their findings. I felt there was a great need to bridge the gaps among these fields.

**Q3.** You were one of the founding members of both ISBM as a society and the Interna-

tional Journal of Behavioral Medicine. What were the most significant milestones in the development of both the society and the journal over time?

**A3.** When I first heard of the behavioural medicine idea, I thought it was impossible to realize. How could anyone combine these differing views, methodologies and techniques into one scientific field? How could a single conference try to encompass all these aspects, to be comprehensive and yet understandable?

The initial milestone was the very first Congress of International Behavioural Medicine. After years of preparatory work, when the inauguration of ISBM actually took place in Uppsala in June 1990, and public interest was peaking, I began to realize the power of these ideas.

I had, however had ample opportunity to understand its potentials. People were interested and willing to support the behavioural medicine activities. During our efforts to raise funds for the Uppsala conference, while presenting our case to one of the larger Swedish insurance companies and its board of directors, we noticed that they were a bit uncertain about the size of their gift. So we suggested that at least they should do better than the Volvo company, which had already given a fair grant. And they did!

Thus we were able to invite some of the most talented researchers in this field, to Uppsala. We had Lisa Berkman, George Kaplan and Dean Ornish discuss the role of social support in one and the same symposium. We had An-

drew Steptoe, Redford Williams and Neil Schneiderman exchanging their thoughts about laboratory stress provocation and physiological reactivity (just to name a few). It became a real kick off of international behavioural medicine.

A second mile stone was the invitation to hold five symposia for the International Congress of Preventive Cardiology in Montreal in 1995. This was an unusual opportunity to reach the cardiology community with thousands of participants



Kristina Orth-Gomer, 1971  
Särtryck ur  
Socialmedicinsk tidskrift

We gave symposia about socioeconomic disadvantage, about stress and social support, about personality, about depression and negative emotions. One of the symposia provided “the last nail in the coffin of the Type A Behavior pattern”, evidence that as a unitary construct it was not supported by empirical data. It was clear however, that the Type A Behavior pattern had energized the whole field of behavioural medicine including its representation at the National Institutes of Health in Bethesda, and overall had had a positive impact on science.

A third milestone was the opportunity to participate in the work on the European Society of Cardiology Guidelines for Cardiovascular Disease Prevention in Clinical Practice. Together with the European societies of athero-

sclerosis, diabetes care, and family medicine, ISBM was invited to serve on the European task force to formulate these guidelines in 2003. We provided a chapter on psychosocial factors with hundreds of references to empirical studies in behavioural medicine. This work has been pursued and broadened to include other diagnoses. Although references may have changed the conclusions about psychosocial risk factors and their biological pathways are still valid.

Together with the International Journal of Behavioral Medicine these efforts have led to a dynamic and growing and clinically important research field.

“Yes, we can!” was the title of the introductory talk at the recent tenth anniversary bi-annual conference, in Tokyo, Japan, August 2008. And indeed we could, although many thought it impossible, to start an International Society of Behavioural Medicine, a federation of national societies. When we set off in 1990, there were five founding countries. Today there are 23. So not only was it possible to form a society. Its growth continues exponentially.

**Q4.** Descriptions of what “behavioral medicine” as a field encompasses and how it is defined are manifold. Different countries and geographic regions seem to have different approaches to behavioral medicine. You are a native of Sweden. Do you think that there is a European perspective on behavioral medicine? If yes, how is it defined? If not, are there different aspects within the field that are “typical” for Europe?

**A4.** Theoretically there are no differences due to nationality or ethnicity. In practice, emphasis may be set on different topics in different areas and different cultures. In Europe, since many years, the concept of depression and depressiveness is the most frequently investigated topic. This focus is based on many facts, e.g. the observed distribution of diagnoses, the sickness panorama, within the European populations. To count so-called DALYs (disability adjusted life years) is an effective way to illustrate the need for behavioural medicine approaches.

When evaluating both the frequency and life impact of various diseases, mental illness, in particular DEPRESSION, is the most common diagnosis in women, and the second most important – after coronary heart disease (CHD) – in men. CHD ranks second in women. So the two topics depression and CHD represent a major part of suffering, disability and need for behavioural medicine interventions.

Clearly, as behavioural medicine approaches in Europe are based on the needs defined by population sciences, the opportunities for the future are bright. The stresses and strains of modern society show no signs of diminishing, rather the opposite.

This becomes particularly clear in the context of gender and gender differences. We need to do a much better job in demonstrating both the needs and the possibilities of behavioural medicine when it comes to treatment and cost effectiveness.

We may have very successful international congresses, but that is not enough. The ade-

quacy and usefulness of the concept and its methods need to be implemented in the clinic. We have to work with patients and show what we can do for them. If we stay on in our ivory towers we will eventually dry out.

There is good reason to think about this aspect now, that the wind is still blowing in our direction. That is one reason why randomized clinical trials are so important.

**Q5.** You are one of the most prominent researchers in the field of Women's Health. Can you briefly describe your scientific take on women's health? Also, how can behavioral medicine contribute to a better understanding of women's health issues?

**A5.** We started our first study of Stockholm women with coronary disease in 1991, one year after the Uppsala congress. It did not take long to realize that there was a big gap in all the literature on heart disease. It was all about men; women were not present in the scientific work. But then looking from the other side, that of pathology, women died about as frequently from heart disease as men did. The age structure and possible protection of younger women from atherosclerosis was one of the challenges of early gender medicine.

Below the age of 65, coronary disease still is three to five times more common in men than in women. By age 70 it is equally distributed and in older ages becomes more frequent in women, simply because most of the men have died. The gender differential in life expectancy, with women getting about five years older than men in virtually all countries, was



recently shown to depend almost exclusively on gender differences in heart disease.

It has been widely assumed, although not proven, that women's protection in mid life is due to the effects of endogenous estrogen. So our gynecology colleagues suggested to replace the estrogens lost after menopause, usually at age 51, with estrogen pills. Mega trials, such as the Womens's Health Initiative, including 60 000 American women, were started, but relatively soon had to be stopped, because there were serious side effects of the pills. There were reports of more frequent thrombotic disease in the treatment groups. It was obvious that "the pill" was not the solution to women's heart disease.

In spite of the lower incidence of coronary disease in women at younger ages, those who did get the disease, did not fair well. Especially before age 70 the mortality risk in each female case of coronary disease was – and is – higher than in men. This increased vulnerability of younger women with coronary disease had attracted little research interest. In the few studies that also included women, they were present in too small numbers to allow any conclusion or gender comparison.

As behavioural medicine methods had positive rather than negative side effects, they provided a good argument to examine and intervene on psychosocial factors in women.

Stress and stress protection through provision of social support were the focus of investigation. When asked about their closest confidant a majority of men (60%) had named their wives, whereas women of the same popula-

tion had named their husbands to a much lesser extent (25%). My colleagues and I hypothesized that social and family ties had the potential of being more stressful than protective in women as compared to men. We found "marital stress" rather than "work stress", to increase the risk, worsen prognosis and even to accelerate the progression of coronary disease as assessed by quantitative coronary angiography in women. We reported this increased risk through marital stress in women in JAMA just before Christmas, (2000) and were thanked by women for what they called "their best Christmas gift". Marriage counselling in the CCUs was another suggestion.

The interest and support from women patients was overwhelming in that early period of gender research. Women with heart disease felt that they had become visible. It was actually based on the demand from women patients that we started the intervention trial of stress reduction, which was recently reported in *Circulation, Quality and Outcome* (2009). Of women who were randomized to the one year stress and coping course one of fifteen (7 %) died over seven years of follow-up, as compared to one of five women controls (20%). The controls were of the same age and severity of disease and got the usual post myocardial infarction treatment. These experiences are now being implemented in other sites, in Sweden and abroad.

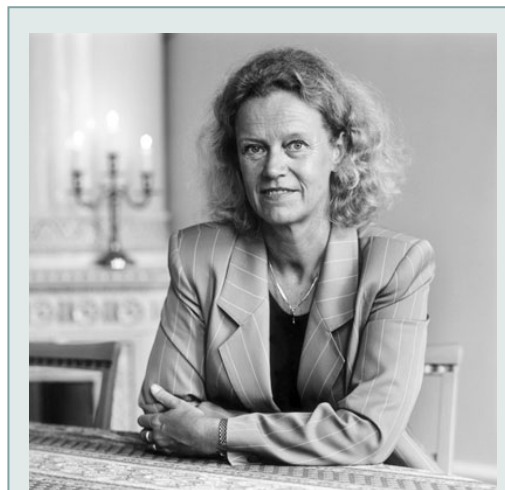
**Q6.** Finally, where do we go next in behavioral medicine? What do you see in the future of behavioral medicine? If a young person wants to do something new and exciting, what would it be?

**A6.** Most behavioural medicine implementation is likely to be exciting. Particularly needed are behavioural interventions, carried out with great methodological care, in close collaboration with specialists of the field. This is the most useful thing we can do to help promote behavioural medicine.

Another important task is the streamlining and standardizing of methodology. "How can studies be compared, when there are so many ways to measure stress?" said my students, who tried to compile a review of stress reduction studies.

The most compelling issue right now, seems to be the understanding and collaborative spirit, bridging the gaps among differing scientific societies, rather than proliferating new societies within this field. Therefore, the creation of an international behavioral medicine federation was such a clever idea. We can incorporate several different types of societies, given that they subscribe to the broad definition of behavioural medicine, I described at the beginning of this interview.

Thanks so much for your time, I really appreciate it!



**Kristina Orth-Gomer, M.D., Ph.D.** is Professor of Community Medicine at the Department of Public Health Sciences, Karolinska Institutet, in Stockholm, Sweden. She is a former president of the International Society of Behavioral Medicine (ISBM) and the Swedish Society of Behavioral Medicine. She is a member of the Editorial Board of Psychosomatic Medicine, IJBM, and Behavioral Medicine, among others. She served as chair and member of various ISBM committees.

## Early Career Network

Recently, there has been progress made for the activities of the Early Career Network (ECN) at the next ISBM conference (Washington DC August 2010). It is anticipated that the next conference will again hold an early career workshop following the success of the previous workshop held at the 10<sup>th</sup> ICBM in Tokyo, Japan. We are currently working with the executive committee to locate senior researchers who are keen to help facilitate the session. Details of this workshop will soon be up on the ICBM 2010 website. A lunchtime roundtable was also held at the previous congress where there were a number of suggestions for more informal activities to take place. In response to this, more social activities will be on the agenda for early career members at the next congress in Washington DC. Given we are on opposite sides of the world, any assistance from those local in the area would be warmly received.

It is also important that ECN activities continue outside these congresses, especially given that they are only held every two years. In the previous ISBM newsletter a call went out for assistance in helping to run this network. Some interest was received as a result of this but more support is needed. Anyone who is willing to help out where possible (it doesn't take much effort we promise!) can contact either Marisa or Carina.

Hope you are all well in your corners of the world!

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## Report from the ICBM in Washington 2010

### Update on the 11<sup>th</sup> International Congress of Behavioral Medicine

*Translational Behavioral Research: A Global Challenge*

**Date:** August 4-7, 2010

**Location:** Grand Hyatt Washington, Washington D.C., USA

The International Society of Behavioral Medicine, in conjunction with the Society of Behavioral Medicine, is pleased to present the current developments on the 11<sup>th</sup> International Congress of Behavioral Medicine.

The Keynote Presentations and Master Lectures are now available for viewing at the Congress Website at [www.icbm2010.org](http://www.icbm2010.org). Abstract submissions for symposia, oral and poster presentations and workshops across 26 Tracks will open August 3, 2009. The Track Chairs and Co-Chairs representing member organizations across the world will review submissions. The poster sessions on both Wednesday and Thursday afternoon of the Congress Program are scheduled as plenary events, and have become a very strong feature at recent ICBM conferences. All accepted abstracts of attending congress delegates will be published in a Supplement of the International Journal of Behavioral Medicine. Finally, Rapid Communication Poster Abstracts will be accepted until a deadline of May 1, 2010.

### Congress Registration

Everyone presenting at the Congress must formally register for the Congress and pay the required registration fee. Indeed, registration for the congress will be a requirement for abstracts being published in the special supplement issue of the International Journal of Behavioral Medicine. "Early Registration" opens November 2, 2009 and closes March 15, 2010; this offers a substantial discount to both member and non member fees.

### More Information on the Congress

Instructions and details for the preparation and delivery of oral and poster presentations will be made available on the Congress website at the end of July. More details and advice on travel, hotels and highlights of the Washington D.C. area will be distributed by the local arrangements committee. As we move forward with planning this information will be posted on the Congress web site.

The theme for this year's Congress is "Translational Behavioral Research: A Global Challenge", which reflects the global nature of behavioral research and its relevance to both developed and developing world regions. Our keynote speakers are prominent individuals from three continents who will address basic science, community-applications and policy issues of behavioral medicine.

The keynote speakers are:

**Kelly D. Brownell, PhD**

*Food Policies that Contribute to Obesity*

Professor and Chair, Department of Psychology, Yale University (United States)

**Jaakko Kaprio, MD**

*Contribution of Genomics to Behavioral Medicine*

Professor, University of Helsinki, Department of Public Health, Faculty of Medicine (Finland)

**Olive Shisana, PhD**

*HIV/AIDS in South Africa*

Executive Director, South African National Research Program Social Aspects of HIV/AIDS and Health, Human Sciences Research Council (South Africa)

In addition to the keynotes, we have confirmed the following master lectures:

**Theresa M. Marteau, PhD**

*Emotional, Cognitive and Behavioral Responses to Health Information (UK)*

Institute of Psychiatry

**Karen D. Davis, PhD**

*Development of new diagnostic tools and treatments for Brain Disorders (Canada)*

Toronto Western Research Institute

**Adolfo Martinez-Palomo, MD**

*Bioethics in Behavioral Research (Mexico)*

WHO Expert Advisory Panel on Parasitic Diseases, UNESCO International Bioethics Committee

**Robert T. Croyle, PhD**

*Behavioral Dimensions of Cancer Control (US)*  
National Cancer Institute (NCI)

A Rockefeller Foundation grant to our host society, Society of Behavioral Medicine, will also support the participation of behavioral scientists from developing regions of the world to expand our views of the translation of behavior science to diverse settings.

**Contact details**

For information on the Congress and details of abstract submission, please visit the Congress website at [www.icbm2010.org](http://www.icbm2010.org). Please direct any inquires about the ICBM program to Amy Moritz ([amoritz@sbm.org](mailto:amoritz@sbm.org)), our conference organizer. We look forward to welcoming everyone to the 11th International Congress of Behavioral Medicine in Washington, D.C. in August 2010.

**Linda Baumann**

PhD, RN, Scientific Program Chair



**Peter Kaufmann**

PhD, Local Arrangements Committee Chair

## Awardee feature

The Education and Training Committee is responsible for the selection of the Early Career Awards and Scientific Distinction Awards, which will be given every two years at the ISBM International Conference (ICBM).

In order to fulfil our main objective – to facilitate international cooperation in education and training within the field of behavioural medicine – we would like to organize a network for previous Early Career Award and Scientific Distinction Awards to facilitate interaction among recipients. Therefore, I am glad to begin this section with two previous distinguished award winners: Dr. Xu (Early Career) and Dr. Barth (Scientific Distinction). Reading their CV and the impact that this award has had in their research, the readers will have not only a better knowledge of their specific research interests, but also of what behavioral medicine means in practice. I would like to thank all Award winners for making this possible.

*Victoria Gordillo*

Chair of the ISBM Education and Training Committee



**Dr. Fei Xu**, an associate professor of Epidemiology with Nanjing Municipal Center for Disease Control and Prevention, China, obtained his Bachelor's degree of Medicine from

Shanghai Medical University in 1991, and M.D. with major of Epidemiology and Biostatistics from Nanjing Medical University in 2008. He ever spent one year (from August of 2002 to August of 2003) working with Prof. Neville Owen, School of Population Health, the University of Queensland, Australia, in the field of community-based physical activity promotion. Prof. Xu started his job of chronic disease control and prevention in June of 2001, with special academic interests in community-based lifestyle intervention and physical activity promotion. As PI or Co-PI, he had several large-scale community-based projects completed or ongoing to investigate the impact of lifestyle and behavior on chronic diseases. He believes that this job is of great significance and innovation in China, when considering that prevalence of chronic diseases is dramatically increasing since the open-door policy initiated in 1978, because it is becoming more and more difficult for Chinese people to stick to their traditional less fat and more dietary fiber diet and more physically active behavior pattern due to rapid economic and social transition from traditional society to industrialized community.

With the Early Career Award, Prof. Xu was able to attend the 10th ICBM and gave an oral presentation regarding the association of residential density and physical activity in a rapidly urbanizing area in China. At the conference, additional to disseminating his research findings, he also exchanged his academic ideas on obesity prevention and physical activity promotion with colleagues from other countries. He greatly appreciates ISBM to grant him this AWARD and believes

that ICBM is a very good and effective platform for colleagues around world to exchange their academic ideas.

Prof. Xu strongly believes that the AWARD is an incentive force for him to boost his academic career in the field of behavioral medicine in his country. In this year, he successfully got a seed fund to support his project entitled "Comprehensive Lifestyle Intervention among Chinese Kids: Obesity Prevention (CLICK-OBESITY)", with which he would like to explore the potential practicable and effective approaches to prevent body weight gain in Chinese school kids.



**Jürgen Barth** studied Psychology at the Universities of Eichstaett and Freiburg (Germany). After a clinical training in Behaviour Therapy he finished his PhD thesis on fear appeals in health promotion. His second

thesis (Habilitation) on psychosocial factors in coronary heart disease integrates the results of two meta-analyses (depression, smoking) and a clinical trial on psychotherapy for depressed CHD patients. He is currently working as a senior researcher at the University of Bern (Switzerland) at the Institute of Social and Preventive Medicine (ISPM) and leads a research group on psychotherapy research. His major research interest lies on the influence of psychosocial aspects and hence psy-

chological treatment on somatic illnesses. Basing psychotherapy on individual resources like social networks and coping strategies are important issues in this work.

I would like to say some personal words in addition to the description of my work: I am really honoured to receive the award and I would like to thank the reviewers. I consider the field of Behavioural Medicine as an important interdisciplinary field and it is, therefore, clearly related to my research interest. Working with somatically ill patients as a clinical psychologist both in research and in clinical practice requires clinical expertise, medical knowledge and pragmatic decision making. I think that these aspects of interdisciplinary work are well covered by the International Society of Behavioral Medicine and I really look forward to the presentation of the members of this society at the next conference.

My research group is currently studying communication skills training in oncology, screening for psychosocial risk factors in general practitioners and psychosocial risk factors in coronary heart failure patients. Moreover, we are compiling a comprehensive database for a meta-analysis on psychotherapy efficacy trials which is funded by the Swiss National Science Foundation. We are extracting data from more than 25 years of psychotherapy research and the database will be available for other researchers in the future; which brings me to my last point: I am really looking forward to having international collaborations for analysing this large data set and the members of ISBM are relevant collaborators in this scientific adventure.



## News from Societies

Event **12th National Congress: Genes, Environment and Health**

Date **1st – 3rd October 2009**

Place **Leipzig**

The German Society for Behavioral Medicine and Behavior Modification (DGVM) will conduct its 12th national congress in Leipzig this autumn from October 1 to 3rd. Leipzig which is celebrating the 600th birthday of its university this year was already in times of the German Democratic Republic famous for its internationally known fair, particularly the book fair and of course for the Auerbach's Keller (cellar), where Johann Wolfgang Goethe had Faust and Mephisto exchanging their arguments. The motto of this bi-annually held congress is <Genes, Environment and Health>, indicating that the interaction between "nature " and "nurture" is one of the most intriguing and quickly developing scientific issues at present. Ana Diez-Roux from University of Michigan, who is one of the most renown scientists working in this field of research with a bio-psycho-social perspective is one of the invited speakers at the congress. Johannes Hebebrand will talk on obesity presenting arguments regarding genetic and psychosocial influences. Besides traditional, though always attractive, themes like pain, cardiovascular disorders, or psycho-oncology, topics like <Migration and Health>, <The Fall of the Berlin Wall - a Psychosocial Balance> were especially motivated by the venue of the congress in Eastern Germany.

The DGVM invited three "sister societies" to hold symposia at the congress, the German College of Psychosomatic Medicine, The German Society for Medical Psychology and the German Society for Psychosomatic Women's Health. The congress will offer German speaking scientists an excellent opportunity to learn from, to teach and to communicate with their colleagues!

Event **The changing use and misuse of Catha Edulis (khat) in a changing world: tradition, trade and tragedy**

Date **5<sup>th</sup> – 9<sup>th</sup> October 2009**

Place **Linköping, Sweden**

Organised by the European Science Foundation in partnership with Linköping University. The conference will present research on different aspects of khat (a naturally occurring stimulant plant, which contains the amphetamine-like cathinone) and its use at the Horn of Africa, in Europe and elsewhere. Topics will include:

1. Economic, ecological and political issues of khat use
2. The changing culture of khat use
3. Pharmacological, medical and psychological issues related to khat use
4. Legislation, regulation and international scheduling

Invited speakers will include researchers from different scientific domains, as well as representatives of international organisations, e.g. UN, the US World Bank etc. The aim is to foster the interdisciplinary exchange and discussion about what among researchers, policy makers, international organisations and community groups.

To attend, please submit an online application form via the conference website: <http://www.esf.org/conferences/09274>

Closing date for applications: 5 July

Event **5th Annual Scientific Meeting: Behavioural Medicine: What Next?**  
Date **14<sup>th</sup> and 15<sup>th</sup> December 2009**  
Place **University of Southampton**

The UK Society for Behavioural Medicine is pleased to announce its 5th annual scientific meeting; "Behavioural Medicine: What Next?" on 14th and 15th December 2009 at the University of Southampton. The meeting will be held in association with the National Prevention Research Initiative (NPRI) Annual Scientific Meeting.

The Society invites all behavioural and public health researchers, clinical practitioners, epidemiologists, health and clinical psychologists, medical sociologists, health economists, nurses, pharmacists and all other interested colleagues in the field of behavioural medicine to participate in the two day meeting.

Further information about UKSBM and conference registration can be found on. <http://uksbm.org.uk>

Announcement **New President and Website of the Swedish Behavioral Medicine Society**  
Who Anne H. Berman  
Website [www.svenskbeteendemedicin.se](http://www.svenskbeteendemedicin.se)