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## Newsletter of the International Society of Behavioral Medicine

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### President's Report - Gunilla Burell

Dear colleagues, friends, members of the ISBM.

It is a great pleasure to greet you all and share with you hope, optimism, commitment, and enthusiasm for what all and each of us can contribute to the development of our science. In a global world that may not at the moment look very bright, our joint positive efforts are especially much needed.

What is unique about Behavioral Medicine? In fact, our basic ideas are not at all new. Medicine has always relied on knowledge about the whole human being - body, psyche, and soul - for its understanding of people, and ability to provide remedies for suffering. There may have been a short period of time when the overwhelming advances of medical technology seemed to neglect the integration of human sciences from different fields. But it is my firm belief that we are in the midst of "re-inventing" the integrative view on health. And this is the core of Behavioral Medicine.

In order to be able to understand global health, to diagnose, treat, and prevent disease, and to promote health, we need knowledge from many fields. No single discipline can explain the complexity of health. Behavioral Medicine can pose the relevant questions and give some of the answers - because our nature is to be inter-disciplinary and inter-professional. It will not be possible to understand and manage health and diseases in our millennium unless we integrate knowledge from molecular to political levels. Thus, partnerships are necessary. Other partnerships concern a variety of actors on the health arena - professionals, politicians, and the public - to ensure the relevance of what we are doing. Our efforts in research and practice must be grounded in the needs of people and for the benefit of human beings. Behavioral Medicine is breaking new grounds and if we want to have power and influence over the direction in which medicine and health policies are going, we should take initiatives in formulating problems and setting agendas. Our inter-disciplinary, inter-professional, approach gives us unique opportunities in doing just that. Let us work together to create and use those opportunities.

But we must do it in a spirit of a long-term perspective, persistence, and patience. We need to respect also those who think differently, those who do not immediately applaud what we are doing. We will be successful not by being pushy but by listening to others and by doing a good job and thereby influence the context we are in. The best way to spread Behavioral Medicine thinking is to do important, successful, and visible work, whether it be in research, clinical practice, or the public health sector. Behavioral Medicine can provide tools for thoughts and action: concepts and methods. We can demonstrate the tools. We can help formulating goals and purposes for which such tools can be used. We can guide the application. We can allow developments to take time. In the long-term perspective, Behavioral Medicine will penetrate more and more arenas concerned with people's health and well being.

There are some specific areas that I would like to focus on during my term of office. One is to support and encourage the small societies within the ISBM. Another challenge is to increase the number of member societies. Especially, for historical and geographical reason, I will try to increase contacts with the Baltic countries and East Europe. Further, an important task is to recruit more women and more young people to work actively in the ISBM.

Finally, I want to express my gratitude for your trust in my ability to contribute to the development of the International Society of Behavioral Medicine. The success will depend on all of us. Let us enjoy the process and look forward to the future.

Gunilla Burell  
President,  
International Society of Behavioral Medicine

### Seventh International Congress of Behavioural Medicine Helsinki, 28-31 August 2002

We are all rightly setting our minds toward the next exciting International Congress of Behavioral Medicine in Mainz, Germany, in August 2004, but a short report the Helsinki congress may still be in order. First of all I want to convey to you what a great joy it has to be a part in the preparations and even better to witness the professional and social life at the venue. This excitement still lasts.

With 667 registered participants from 42 countries, Helsinki did well in numbers. The biggest attendance was quite naturally from Finland, next in magnitude of the participation followed United States and Japan. At the same time is it worth noting that scholars from countries to ISBM - from Middle-East and North of Africa - were also included among the participants.

Without a widely interesting and high quality program attendance like this could not have been reached-The scientific program of the Congress, now traditional in structure, spanned as usual over the four congress days. The highlights included the opening ceremony, with scientific lectures by Pekka Puska and Gunilla Burell, the three keynotes of Jaakko Tuomilehto, Margaret Chesney and Sally Macintyre, and finally the four debates, all by leading international experts, too. There were a total of 30 symposia, 169 oral papers, and 375 posters in the program. The program started 11 well-attended half-day workshops and a few special interest group meetings/round table discussions during the following congress days.

Many individuals reported of their great satisfaction concerning the congress, venue and social activities. The same feeling seems to come out from the evaluation forms. Among the positive comments were:

- Good contents and format of the scientific program in general
- Debates a good way to discuss different viewpoints
- Good balance of theoretical and practical issues
- Quality of both oral and poster presentations
- Good 'mixture' of topics and people
- Special interest groups
- Good opportunity to network
- Awards were considered encouraging
- Good organization of the congress in general
- The beautiful location of Helsinki
- Friendly atmosphere and staff

Everything was not as rosy as that though. The evaluation forms mentioned usually minor, but important details that may complicate everyday congress life: too little space at some sessions, acoustic problems in the Great Hall, high temperature of the rooms in general, and costliness of some items in relation to their perceived value.

My sincere thanks on the behalf of the Local Organising Committee is due to everybody - the Program chairs, committee, track chairs, keynotes, debaters, and all other congress participants. Having experienced the Helsinki success, we have every reason to believe that the next meeting in Mainz, the town of Johannes Gutenberg, will meet even our highest expectations. See you there!

Antti Utela  
Chair, Local Organising Committee,  
7th International Congress of Behavioral Medicine

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

The German Society of Behavioral Medicine (DGVM) is proud to announce to be the host of the International Congress of Behavioral Medicine in 2004. Therefore we cordially invite to the 2004 ISBM congress which will be held in Mainz, Germany. The German society has been the host of the 1992 ISBM congress, and we will try to replicate and extent the positive course of that congress. Our aim is to stimulate an international exchange of new scientific and practical aspects of behavior medicine. We are glad to all comments and suggestions which will help to prepare a successful meeting in 2004.

Mainz is located in the heart of Europe and can easily be reached from Frankfurt International Airport which is only a few kilometers away. Mainz has excellent street and railway connections with all regions in Germany and the surrounding European countries. The congress will take place in the "Kurfürstliches Schloss", a palace in a beautiful Renaissance building from the 17th century. Mainz has about 80 hotels with more than 7000 beds, and the prices for hotel rooms range between 40 and 100 Euro. In addition to the historic congress site, Mainz is a lively town surrounded by some of Germany's most famous wine areas ("Rheinhessen" and "Rheingau"). Visitors of Mainz enjoy dining in various international restaurants or traditional old-style winepubs ("Weinstuben") which are located in the historic center. A social and cultural program will be organized including visits of the romantic town of Heidelberg, boat-cruises on the Rhine River and other "classical" tourist highlights such as Rothenburg ob der Tauber or the famous Hofbräuhaus in

Munich. In August, the weather in Mainz is usually ideal with many sunny days and temperatures around 20 to 25 °C. Pre- and post-congress tours to famous cities in Eastern Europe and Germany will be offered.

Members of the Scientific Program Committee are Neil Schneiderman (University of Miami, USA), Joost Dekker (VU University Medical Center, Amsterdam, The Netherlands) and Winfried Rief (University of Marburg, Germany). The Local Organizing Committee consists of Wolfgang Hiller (University of Mainz, Germany), Heinz Rüdell (St. Franziska-Stift, Bad Kreuznach, Germany), and Winfried Rief (University of Marburg, Germany).

The scientific program is based on keynote addresses, master dialogues/debates, round table discussions, oral and poster presentations, and workshops. The program includes most experts in behavioral medicine from around the world. The theme of the congress "Integrating Social and Behavioral Sciences with Medicine and Public Health" allows the presentation of current research and practice in behavioral medicine, as well as discussions of how to overcome limitations and provide expansion into new fields of research, practice, and public health.

The following tracks are planned for the congress: Adherence; Aging; AIDS/HIV; Alcohol and substance abuse; Asthma and pulmonary disorders; Behavioral genetics, gene-environment interactions; Cancer; Cardiovascular disease; Childhood and adolescence; Chronic fatigue and somatoform disorders; Diabetes, metabolism, nutrition, obesity, eating disorders; Gender and women's health; Gastrointestinal, dermatological disorders, etc.; Health behaviors; Health education, promotion; Health policy and economic structures; Illness, illness affect, and illness behavior; Pain, musculoskeletal and neuromuscular disorders; Physical activity; Psychological, somatic problems and quality of life; Screening and early detection; Smoking, tobacco and nicotine; Socioeconomic factors; Stress, psychophysiology and psychoneuroimmunology; Violence, victimization, PTSD; Work related health.

Wolfgang Hiller  
Chair, Local Organising Committee  
8th International Congress of Behavioral Medicine

**Budapest Satellite Symposium for the Eighth International Conference of Behavioral Medicine,  
31 August - 2 September 2004**

The main topic of the Budapest Symposium will be "the role of behavioral medicine in understanding and preventing the mortality and morbidity crisis in the Central-Eastern European societies". The symposium aims to facilitate the meeting of scientists and clinicians from Hungary and the Central-Eastern European region with international experts.

**Background:**

The morbidity and mortality crisis of the transforming Central and Eastern European economies characterizing the last decades of these countries is an extraordinary challenge for behavioral sciences, public health, medicine and biology. The existing explanatory models are not able to explain these rapid changes in the health status of these populations. This is the reason why many of the outstanding international research groups attempted to do research in this region in the last few decades.

This unique social-economical research situation offers an alone standing possibility to analyze the relationship of those social, psychological and biological processes that contribute to these rapid health modifications. At the same time they also have an important role in health prevention. The relatively small number of research projects aiming to explain and influence the above changes in these countries can be explained with the lack of proper professional conditions. For example, British and American researchers are studying the Russian situation and the most thorough public health research project in the region compares the health data of the Scandinavian and the Baltic countries. The preliminary results of these projects show that the coping with changing situations, the feeling of hopelessness and the feeling of loosing control are serious risk factors. The worsening of traditional risk factors like alcohol consumption and smoking are also the consequences of social and psychological problems.

**Planned program of the symposium:**

**31 August:** Teaching seminar, registration, opening ceremony

**1 September:** Behavioral medicine and clinical practice

*Morning*

- Presentation of the needs of clinical experts toward behavioral medicine and the answers or suggestions of the experienced international experts.
- We will invite representatives of the Cardiology Society, Diabetes Society, Allergology Society, Rheumatology Society, Society of Family Medicine, Pediatrics and Gerontology Society... (We are in close cooperation with these societies in the region)

*Afternoon*

- Poster presentations and workshops in smaller groups

## 2 September: Behavioral medicine and health policy

### Morning

- Health politicians could be invited from the region and the international experts could explain the best practices of application of behavioral medicine in health promotion, prevention and rehabilitation.

### Afternoon

- Poster presentations and workshops in smaller groups
- Evening Closing ceremony, farewell party

Invited speakers will include international experts, leaders of the Hungarian and regional clinical societies and regional health policy experts. The audience of the symposium will consist of PhD students, residents and interested clinicians.

Posters and workshop propositions can be submitted by Hungarian and international clinical or research workgroups, especially those who are interested in building international cooperation oriented towards the Central and Eastern European region are welcome.

The symposium will be part of the Continuing Medical Educational program of the Semmelweis University, Budapest, and accredited also at international level. We will announce the program in the official journals of the different clinical specializations. - Earlier we organized a similar symposium on behavioral risk factors and it was a great success.

The advantage of a Satellite symposium in Hungary:

The special situation of Hungary and Eastern European countries raises specific regional questions. Attendance of experts from these countries at ISBM Congresses is very limited.

A satellite conference in this region, because of the relatively low costs of the conference, the travel and the accommodation, would make possible the participation of a greater number of local scientists and postgraduate students, and also participants from the neighboring countries. We expect also that the Symposium could have an impact on our health policy, as the new national health program put emphasis on prevention programs.

### Congress venue:

The central building of the Semmelweis University offers rooms from 30 up to 300 persons. At this period of the year there is summer holiday and rooms are available at relatively low costs. Another advantage is the very nice surrounding - Budapest is one of the nicest cities with high quality services.

- Social program:
- Welcome party
- Reception following the Closing Ceremony
- Budapest sight-seeing tour
- Pre- & post-congress excursions within Hungary (eg, Puszta tour, wine tour)
- Tours including Vienna or Praga (conditions to be discussed with Hungarian Tourist Companies)

### Accommodation:

Hotels of all price categories available including Hilton or Hyatt as well as pensions and youth hostels.

Main organizers: "Hans Selye" Hungarian Society of Behavioral Sciences and Medicine and the Semmelweis University Institute of Behavioral Sciences

Maria Kopp  
President Adrienne Stauder  
Vice-President  
"Hans Selye" Hungarian Society of Behavioral Sciences and Medicine

## Thai Society of Behavioral Medicine (TSMB)

The Thai Society of Behavioural Medicine (TSBM) was formulated on April 30, 2001 at a meeting held at the Siam City Hotel, Bangkok during the 1st International Conference "Behavioral Medicine in the New Millennium: The Mind-the Brain and Behaviour in Common Public Health Problems." TSBM became officially established by the membership application of initially 66 founding members in May 2001.

On August 30, 2001 during the Governing Council Meeting of the International Society of Behavioral Medicine (ISBM) in Mainz, TSBM was unanimously accepted as full member country of ISBM.

At the present, TSBM is governed by a provisional By Laws and a Governing Council for 2001-2003, which includes a President, a Vice President, a Secretary-General, and 4 Executive Members.

In August 2002, TSBM has 128 full members (48 Men, 80 Women) which include 41 medical doctors (including 6 Psychiatrists), 24 biomedical scientists, 22 nurses, 19 psychologists, 13 public health, 2 epidemiologist, 2 Dentists, 2 behavioral scientists, 1 educator, 1 lawyer and 1 Buddhist monk.

Naiphinich Kotchabhakdi  
Secretary General  
Thai Society of Behavioural Medicine

#### **The Mexican Society of Behavioral Medicine (Sociedad Mexicana de Medicina Conductual A.C.)**

The Mexican Society of Behavioral Medicine (Sociedad Mexicana de Medicina Conductual A.C.) was founded in the year 2000 although it was officially installed on the Mexican law on August 15th, 2002. Since then is ruled by its own bylaws.

The Society is located in Mexico D.F., Mexico with representatives in other states of the Mexican Republic.

The president of the society is Dr. Graciela Rodriguez and we currently have 52 members distributed among different disciplines as follows: Psychologists 31, Psychiatrics 2, Physicians 9, Nurses 3, Pediatrician 1, Lawyers 2, Veterinarian: 1, Social Worker 1, Philosopher 1, Accountant 1.

Our planned activities for 2003-2004:

- Organization with the University of Texas of the 3rd Annual Scientific Meeting, December 5-7, 2002. Cuernavaca Mexico. Under this event, we will participate in a Symposium about diabetes mellitus. Host the National Congress of Behavioral Medicine in March, 2003, in Mexico City.
- Enhance links with other associations in psychology, medicine, social work, etc.
- Reinforce links with other States of Mexico.
- Keep editing the Bulletin of the Mexican Society of Behavioral Medicine.
- Participation in a Symposium about prevention of retinopathy in diabetes.
- Organization and participation in Conferences, Workshops, and Seminars about Diabetes, Chronic Pain, AIDS, Anxiety, Depression, Hearth Disease, etc.
- Publication of a book about topics of Behavioral Medicine
- Publication of the Journal of the Mexican Society of Behavioral Medicine (2004)

Rosa Korbman de Shein  
Sociedad Mexicana de Medicina Conductual A.C

**Michael Fotheringham**  
**Editor,**  
**Newsletter of the International**  
**Society of Behavioral Medicine**

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