



## FROM THE PRESIDENT



As we report in some detail in this issue, in February 2009 we held the second of our annual European Brain Policy Forum on depression and the European society. Measuring the success of such meetings is not straightforward, because indicators such as attendance or extent of media coverage do not alone reveal whether the meeting achieved its goal of influencing policy. When policy does change in the right direction, it can also be hard to attribute that success solely to the European Brain Council or to any other organisation. Nevertheless, we take pleasure when we see that increasing awareness of the challenge posed to European society by brain diseases is giving rise to major new initiatives, and when we feel that the dialogue we maintain with policymakers at European and national levels has contributed the data and ideas that underpin their decisions.

This year has seen some interesting new developments. For example, the idea of pan-European cooperation on Alzheimer's (AD) and other neurodegenerative diseases has gathered strength with the commitment of the European Commission to Joint Programming of research activities, within the context of the Seventh Framework Programme of research (FP7; 2007-2013). Our forum on depression, however, was a useful reminder that AD is not the most costly and debilitating disease in Europe, and we will therefore continue to campaign for a fair distribution of research funds.

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## THE 2ND EUROPEAN BRAIN POLICY FORUM: DEPRESSION AND THE EUROPEAN SOCIETY

THE SECOND ANNUAL EBPF, WHICH TOOK PLACE IN BRUSSELS OVER 25-26 FEBRUARY 2009, FOCUSED ON EUROPE'S MOST DEBILITATING DISEASE, DEPRESSION, AND ITS IMPACT ON THE EUROPEAN SOCIETY.



*From left to right:  
Martyn Lewis,  
Julien Mendlewicz  
and the EC's Manuel Hallen  
launch the debate*

It was attended by 130 people from 30 countries, and was skilfully moderated, once again, by former TV journalist, Martyn Lewis. The following is a summary of the debate.

Sooner than expected, depression has overtaken heart disease in terms of the burden of disability it imposes on European citizens. It is also the most expensive of all brain diseases, having cost the EU €118 billion in 2004, while untreated severe depression is a major risk factor for suicide.

Though brain diseases are a priority of both the EC's Seventh Framework Programme of research (FP7) and the Innovative Medicines Initiative, a public-private partnership between the EC and the pharmaceutical industry, the EC only accounts for a small fraction of R&D funding in Europe. National governments therefore need to invest more in brain diseases in general, and in depression in particular.

Of the total costs of depression, 90% are indirect and result from lost productivity, though regulatory authorities tend to take into account only the direct (mainly healthcare) costs. Moreover, lost productivity is measured largely in terms of absenteeism,

and does not generally include the costs of staff turnover, or of "presenteeism", low productivity of employees who remain at work despite being ill.

The cost and burden of depression fall mainly on the shoulders of families, employers and social services, who should therefore be mobilised to help reduce them. If employers need an incentive, it is that for every euro invested in supporting an employee with depression, he or she can expect a sixfold return in terms of regained productivity. Where should that investment be targeted? The statistics offer some clues: the disease is twice as prevalent in women as in men, but men with depression are less likely than women to seek help.

The stigma associated with this most common of diseases is still such that it prevents people from seeking help, and when they do there is often a delay before they are correctly diagnosed. Relatives or carers are often the first to contact the healthcare services. Better education is needed for all, and the media have a role to play in this.

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In its first three calls, FP7 has allocated more money to brain research than the whole of its predecessor, FP6. Of course, we believe that this is still too little, but the influence the EBC has had on the prioritisation of topics within that brain research programme is something we can be proud of. There is certainly still room for improvement, but as we think about the later years of FP7 and begin planning for FP8, the 2008 European Pact for Mental Health and Wellbeing encourages us that that improvement can and will be achieved.

Julien Mendlewicz  
President, EBC

## IN BRIEF

The European College of Neuropsychopharmacology is calling for nominations for:

- ECNP Neuropsychopharmacology Award 2010 in Clinical Research
- Lifetime Achievement Award 2010

The deadline for nominations is 15 January 2010. Please visit the ECNP website for more details.

## THE 2ND EUROPEAN BRAIN POLICY FORUM: DEPRESSION AND THE EUROPEAN SOCIETY continued

Overcoming stigma and increasing investment are not enough, however. A new intervention agenda is required. Too much burden is placed on primary care doctors. Though GPs would benefit from more training in recognising and treating the symptoms of depression, more mental health specialists are required.

Treatment adequacy needs to be improved, with an emphasis on starting sooner and improving continuity, to prevent recurrence. Depression is a disease of long duration, and it has a cumulative effect, becoming more severe with each subsequent episode. It is also a heterogeneous disease, and its heterogeneity presents an obstacle to the development of more effective drugs. New ratings scales are required, which allow clinicians to identify subgroups within depression that respond differently to therapies.

Existing anti-depressants are only partially effective, even when adequately prescribed. Novel anti-depressant agents, including combinations of agents, are needed which have a faster onset, greater efficacy and fewer side-effects. Many studies have shown that cognitive behavioural therapy works as well as anti-depressant medication. Among the newer, non-pharmacological therapies for depression, deep brain stimulation (DBS) and transcranial magnetic stimulation (TMS) have both shown efficacy for severe forms of the disease, but TMS has not yet reached the clinic and little is known about either of their mechanisms of action. Electroconvulsive therapy (ECT) has such a negative image that patients with refractory depression have been known to opt for invasive DBS rather than consider this non-invasive alternative.

*Image below:  
A blue brain over Brussels,  
the work of artists  
Chris Christoffels and  
José Roland*

Yet ECT is still the most effective treatment for severe depression in some patients, and its rapid onset of action – one of the unmet needs in depression therapy – merits further preclinical investigation.

More epidemiological research is needed. The incidence of depression in the under-18s and over-65s has not been well-studied. Data are also lacking on the comorbidity of depression with conditions such as stroke and cardiovascular disease, and on other high risk groups such as the children of depressed parents and carers of people with brain diseases.

Patient-doctor communication must be improved, and one way this can be achieved is by harnessing new technologies. Information Technology Aided Relapse Prevention in Schizophrenia (ITAREPS) is a successful initiative which involves patients and carers regularly sending completed questionnaires by SMS to a web-based interface where psychiatrists can access them. ITAREPS could potentially be applied to depression, too.

Finally, when treating depression, clinicians should consider the person behind the disease, as well as the disease, bearing in mind its psychosocial dimension and the need for rehabilitation. Similarly, the architects of clinical trials should be more inclined to consult patients when it comes to determining the endpoints of those trials. Better communication is ultimately the key to overcoming stigma, and to accelerating the diagnosis and treatment of depression. ■

*Laura Spinney*

*A longer version of this report can be found on the EBC website.*

## CONFERENCES AND EVENTS

European Parkinson's Disease Association:  
8th Multidisciplinary Conference  
Budapest, Hungary  
2-4 October 2009  
<http://www.epda.eu.com/MDC/2009/>

3rd World Congress on Controversies in Neurology  
Prague, Czech Republic  
8-11 October 2009  
<http://comtecmed.com/cony/2009/>

12th GAMIAN-Europe Annual Convention  
St Paul's Bay, Malta  
5-9 November 2009  
[http://www.gamian.eu/convention\\_12.htm](http://www.gamian.eu/convention_12.htm)

18th European Congress of Psychiatry  
Munich, Germany  
27 February-2 March 2010  
<http://www2.kenes.com/epa/pages/home.aspx>

European College of Neuropsychopharmacology Workshop on Neuropsychopharmacology for Young Scientists in Europe  
Nice, France  
4-7 March 2010  
<http://www.ecnp.eu>

European Association of Neurosurgical Societies Annual Meeting  
Groningen, The Netherlands  
25-27 March 2010  
<http://www2.kenes.com/eans/Pages/home.aspx>

3rd International Congress on Neuropathic Pain  
Athens, Greece  
27-30 May 2010  
<http://www.kenes.com/neuropathic>

