

Conference briefings

American Psychiatric Association

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The 1991 annual meeting of the American Psychiatric Association (APA)* one of the world's most influential psychiatric organisations with a membership of over 35,000, and an annual budget of \$24 million, was attended by over 12,000 persons from all over the world. (The cost of the meeting itself was about \$2.5 million). Over 230 workshops and symposia were presented together with lectures from distinguished researchers, video presentations, debates and 600 posters. With up to 25 concurrent sessions, it was impossible for any one individual to attend more than a fraction of the programme. The theme, chosen by outgoing president, Dr Elissa Benedek, Professor of Child Psychiatry at Michigan, was 'Our Children – Our Future'.

Together with special sessions on child psychiatry, the scientific programme was dominated by debates on DSM-IV. In May 1988, the Board of Trustees of the APA appointed a task force, chaired by Dr Allen Frances, to prepare DSM-IV and for it to have compatibility with ICD-10. Both forms of classification are expected to be published and used by 1993. The main innovation of DSM-IV is emphasis on empirical data and field trials which will be published in the *DSM-IV Sourcebook*. A semi-annual letter, the *DSM-IV Update* is sent to over 1,000 interested individuals and organisations (and others on request) to summarise progress. The multi-axial system will continue, but axis IV may be reformulated to provide a rating of social support. Opinion was divided on whether there should be an additional axis for rating defence mechanisms.

There was considerable interest this year in military psychiatry. Several sessions were held on the Gulf War, including 'The Psychiatrist's Role in Wartime Mobilisation' and a talk by the Egyptian Ambassador. The successor to shellshock and battle fatigue is "sand-blindness" and many troops were returned home for this disorder. A psychobiography of Saddam Hussein was also presented, adducing evidence for a narcissistic and paranoid personality.

Although much high quality research was presented on topics such as neuro-imaging and the long-

term stability of diagnosis, the meeting was really for medico-politicians. First, the presidency and the other offices of the APA, which are for one-year terms, change hands. Dr Lawrence Hartmann, a psychiatrist in private practice in Boston, was elected 1991–1992 president. Second, many of the sessions had political implications. At 'Working through the Political System', there was much advice on how to influence politicians, and if necessary the psychiatrist should attend fund-raising events, offer donations or, if one's means are limited, to campaign for them. Another session was on 'How to Survive Confrontational Television Interviews'. The invited speakers did not avoid the political realm. In the Menninger Lecture, Ms Faye Wattleton, a midwife and president of Planned Parenthood Incorporated since 1978, spoke on what is currently a controversial issue in America, 'Abortion and Reproductive Rights'. She said that the availability of family planning and legal abortion has proven essential to Americans' mental and physical well-being. The APA is a long-standing advocate of the availability of abortion despite the opposition of some members who have organised themselves into an internal pressure group. (Interestingly, the American Medical Association has taken a neutral stance on abortion). Third, there was political canvassing and attendees were urged to sign prepaid and stamped postcards concerning mental health issues to state governors. Fortunately this year, there were no demonstrations by the antipsychiatric Church of Scientology which in previous years waved placards saying "Psychiatry Kills" and "Psychiatrists are Brain Butchers".

Other contentious issues raised at the meeting were the legal demands of psychologists for prescription and hospital admission privileges (the army in 1991 has decided that military psychologists may prescribe after training), and the intrusion of insurance companies into clinical decisions.

No American meeting is complete without new manifestations of the entrepreneurial spirit. SHRINK 3.0 is a refined computer program to "instantly find any unpaid claims with all the details required for reimbursement". American Express has introduced a new credit card, called "Quattro"

*Held at New Orleans, 12–16 May 1991.

so that doctors "have immediate verification of patient eligibility and coverage at the time of service". Self help audiotapes such as 'Magnify Your Self-consciousness' are now available, but a must for the

paranoid therapist was the new dual speed 'Sound Screen', a device which "reduces the risk of others hearing private therapy sessions". In the NHS, we have to be content with just closing the door.

Psychiatric Bulletin (1991), 15, 573

International Symposium on Eating Disorders*

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Wednesday, 17 April 1991, advertised on the Paris Metro as 'la première journée de la minceur' was, by an appropriate coincidence, also the morning Professor Philippe Jeammet welcomed over 800 participants from 34 countries to this bilingual conference at which 298 papers and posters were presented. In 1859 Louis Marcé, described by Dr Joseph Silverman as the "forgotten man of anorexia nervosa", wrote the first description of the syndrome. Today anorexia nervosa is common, expensive and life threatening, responsible for an estimated 200 British deaths every year.

Professor Arthur Crisp proposed that anorexia nervosa has not changed much over the centuries and, as it is not sensitive to fashion or male preference for a particular female body shape, was probably as common in Rubens' day. Summarising data collected in London from 1960–1990, he demonstrated that such features as age of onset, overall dietary pattern and sex incidence, have remained stable over time. The historian Rudolph Bell, whose study of 261 Italian female saints from the 13th century onwards has illuminated many parallels between religious fasting ('holy anorexia') and anorexia nervosa, argued that it is our understanding of eating attitudes and behaviour which varies with the historical and cultural setting.

Despite the ever increasing amount of clinical data on eating disorders, we still know little about their aetiology. A marked contrast was evident between the psychoanalytic approach of the French and the Anglo-American multifactorial view. Professor Paul Garfinkel strongly implicated genetic factors in

anorexia nervosa quoting a monozygotic twin concordance rate five times that of dizygotic twins. He went on to outline a model in which individual, family and cultural risk factors result in a diet to enhance self worth and personal control. In the end, however, the individual loses control of the diet and the illness becomes self-perpetuating. According to Professor Garfinkel, important maintaining factors are the starvation syndrome itself, the fact that the purging behaviour becomes important in the regulation of unpleasant affect, and changes in the family and social relationships.

Treatment of the eating disorders continues to be controversial. Professor Gerald Russell illustrated results from the Maudsley indicating that family therapy is not only an effective treatment for those anorectics aged 18 or younger with less than three years of illness, but that benefits are still evident at five year follow-up. Whereas drugs have not been proven to be significantly effective in anorexia nervosa, antidepressants, although they 'cure' very few, may be helpful in bulimia nervosa. Professor James Mitchell reported that in his bulimic patients group therapy with a cognitive behavioural therapy approach was more effective than drug treatment alone. He went on to promote the value of early interruption of symptoms and a period of intense (more than weekly) treatment. Further research is still important for in all studies many patients do not improve.

The conference concluded with Professor Peter Slade's recommendation of a method of prevention involving early recognition and intervention with the at-risk individual. The plan though laudable was ambitious, requiring that over one in 200 of the population be identified and monitored for dieting behaviour. Eating disorders are clearly going to be with us for the foreseeable future.

**Conference of The International Society for Adolescent Psychiatry with The World Psychiatric Association Section of Eating Disorders held on 17, 18 and 19 April 1991 at the Palais des Congrès, Paris.*