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International Neuropsychiatric Association

As professional organizations go, the International Neuropsychiatric Association (INA) is young, having been formed in 1998 when a group of neuropsychiatrists met in Toronto, Canada, to consider the status of their profession. There was a shared sense of optimism, with a feeling that their time had come. They seemed ready to proclaim their professional identity in the form of an association and to meet the immediate challenges.

Defining neuropsychiatry and thereby the legitimate territory for a neuropsychiatrist was the first and most difficult challenge. This generated much discussion and eventually a compromise: “Neuropsychiatry is a field of scientific medicine that concerns itself with the complex relationship between human behavior and brain function, and endeavors to understand abnormal behavior and behavioral disorders on the basis of an interaction of neurobiological and psychological–social factors. It is rooted in clinical neuroscience and provides a bridge between the disciplines of Psychiatry, Neurology and Neuropsychology”. The definition emphasizes the scientific underpinnings of the profession and its hybrid origin. The INA was therefore mandated to admit professionals from a diverse range of backgrounds, and was seen as a forum for interaction between these overlapping disciplines.

The second challenge was to define the clinical and research territory that neuropsychiatry could lay claim to. Some would consider this unnecessary, being content with the establishment of a neuropsychiatric approach that could be applied to all brain disorders. However, a profession needs to fence in a territory to be able to establish an identity and a *raison d’être* for its existence. There are many disorders that currently fit the bill of being “neuropsychiatric”. What characterizes them is that the principles of either psychiatry or neurology are unable to fully encapsulate these disorders, and the neuropsychiatric approach is needed for their diagnosis and management. The diagnoses that come to mind are neurocognitive disorders (including the dementias and mild cognitive impairment), drug-induced movement disorders, Tourette’s syndrome, psychiatric disorders associated with other movement disorders such as Parkinson’s disease and dystonia, those associated with epilepsy, cerebrovascular disease, and head injury, chronic fatigue syndrome and other psychoneuroimmunological disorders, attention deficit hyperactivity disorder, and other conditions in which cognitive, behavioral, or affective disturbance results directly from brain insult. Together, these disorders comprise a body of clinical work that can underpin a robust discipline. While some neuropsychiatrists claim schizophrenia, bipolar disorder, melancholic depression, and obsessive compulsive disorder, these disorders remain the province of general psychiatrists with perhaps some input from neuropsychiatrists in the management of resistant cases with novel treatment techniques such as transcranial magnetic stimulation, vagus nerve stimulation, deep brain stimulation, leukotomy, and in the future, genetic and stem cell therapies.

The third challenge was to make the INA truly international. This had an auspicious start with the interim executive committee comprising 12 countries. Many countries already had fully established neuropsychiatric associations, which included the United

States, Britain, Japan, Korea, Argentina, Mexico, and others. In some other countries neuropsychiatry was the prevailing zeitgeist for all psychiatric disorders, stemming perhaps from a 19th century European legacy. The INA wished to work closely with national and regional associations while respecting their independence. It tried to achieve international representation by forming an international steering committee and seeking membership from across the globe. At last examination, the association had members from 40 countries with all continents represented. Its biannual congresses have been held in Canada, Japan, Argentina, and Greece. The INA's mission states: "While its scope is world-wide, its efforts will be particularly directed towards those societies in which neuropsychiatric disorders are not well recognised or remain a low priority in health care". The scope of this work has barely begun.

To achieve its mission of making a difference to the lives of individuals with neuropsychiatric disorders around the globe, the INA must do a number of things. First, the extent of the problem must be defined. While epidemiological data exist for the major psychiatric and neurological disorders, we only have rough estimates for many neuropsychiatric disorders. Some of these data are affected by controversies in definition. For example, even for a relatively well defined disorder such as Tourette's syndrome, we have widely varying prevalence rates from 0.001% to 2%. The prevalence of adult attention deficit hyperactivity disorder will only be addressed once the controversy pertaining to its validity can be resolved. The epidemiology of dementia of late life has been thoroughly investigated but early-onset dementia has been neglected. Moreover, much of the data emanates from industrialized countries and are not readily applicable elsewhere. The INA, through its network of researchers and clinicians, can facilitate the gathering of better quality data for the entire range of neuropsychiatric disorders.

Second, models of service must be developed that can be tailored to regional requirements. The intent in general is to make neuropsychiatry a tertiary-level service with established referral patterns from psychiatry, neurology, geriatrics, and general medicine. The nature of the expertise required makes it necessary that the core services for neuropsychiatric diagnosis and assessment develop in academic centers that have access to high-quality neuroimaging and neurophysiology, and the back-up of

other specialties for their input. The lack of neuroimaging and neurophysiology in some regions will pose a challenge to diagnosticians. Since many neuropsychiatric patients need medium- and long-term hospitalization for cognitive therapy or rehabilitation, the assessment services will need the support of medium- and long-term beds with appropriate models of care. Practical models for such services are urgently needed, and these will vary in detail from region to region depending on local imperatives. The INA has a role in advocating at the governmental level for patients who are often unheard, and in supporting the development and testing of suitable models of care.

Third, the INA should invest in the training of future members. This can begin with the development of an international curriculum, which can be modified to meet local needs. Important decisions have to be made in relation to the composition of the training deemed necessary. In some instances, the training can be provided in well resourced centers so that the skills can be exported. For this, an international fellowships program needs to be fostered. In the long term, training must occur in all large countries so that local needs can be fulfilled.

Fourth, the INA must support research. With the explosion in neuroscience, the research agenda is broad and there is no dearth of new ideas. The INA can assist by supporting collaborations, not only with psychiatry and neurology, but also with neuropsychology, genetics, psychopharmacology, diagnostic radiology, immunology, neurophysiology, rehabilitation, and many other disciplines. As resources develop, it could consider establishing a research fund. The biennial meeting is already a forum for the dissemination of neuropsychiatric research.

An important development in 2004 was the publication of the new journal *Neuropsychiatric Disease and Treatment* (NDT), which is now the official journal of the INA although its readership extends beyond. The journal meets many of the objectives of the INA and is a handsome publication with an assurance of the highest quality through its well respected editors and editorial board. In some ways, NDT may define the field for the next generation. It is therefore important that members of the INA adopt it and use it as an outlet for their best work. With NDT in tow, the INA is at the dawn of a new phase of neuropsychiatric services and research around the globe.