



HKPGA NEWSLETTER

香港老年精神科學會會訊

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October 2002

Editor's Note

Linda Lam

Welcome to the Autumn issue of HKPGA Newsletter. This issue can actually be renamed as the "Korean Issue" as you will find in it articles from three renowned Korean psychiatrists, Prof Jung Ho Lee, Prof Byoung Hoon Oh, and Prof Guk Hee Suh. Together they give us a comprehensive picture of the old age psychiatry services in Korea, and introduce to us the premier organization promoting mental health of older adults in Korea, the Korean Association for Geriatric Psychiatry (KAGP).

The IPA Asia-Pacific Regional Meeting and the KAGP-HKPGA Joint Meeting are fast approaching; we have included the most updated information about these important regional summits in this issue for your perusal. Besides, we are delighted to receive Dr K K Yu's inspiring report on the recent XII World Congress of Psychiatry in Yokohama. Please enjoy these special articles in addition to the regular contributions from our members. Lastly, you are very much welcome to contribute to the Newsletter by passing your articles to hkpga@hongkong.com. Looking forward to hearing from you.

The Present and Future State of Geriatric Psychiatry in Korea



Longevity has brought about many difficult problems in Korea today. The proportion of the elderly people in Korea has already exceeded 7.1% of the general population in 2001, and it is estimated that it will rise to 14% in 2020. In this context, health problems of the elderly become serious, particularly major psychiatric disorders such as depression, dementia, psychoses, and others. An increasing population of dementia, depression, and other psychiatric illnesses in the elderly results in many kinds of social and family problems, for example, psychological frustration of care givers and the economic costs, etc. The increased frequency of mental health problems, which require specific diagnosis, treatment and nursing service in the elderly, is the root of the development of geriatric psychiatry. Geriatric psychiatrists should take a leading role in advocating the best possible care of geriatric patients, their families and educational programs for all kinds of specialists in this field. Hence, geriatric psychiatry becomes a basic discipline for all the socio-medical providers and health workers who are enthusiastic in psychiatric care of the elderly.

Recently in Korea, the number of people who are interested in this field, including psychiatrists, general physicians, and paramedical professionals, are rapidly increasing. General Meetings of Korean Geriatric Psychiatry Association (KGPA) have been organized since April 15th, 1994, and the first Academic Meeting of KGPA was held then. Newsletters of Korean Association for Geriatric Psychiatry have been published biannually since October 15th, 1994. The Journal of Korean Geriatric Psychiatry has been published biannually since May 30th, 1997, and KGPA published the first Korean textbook of 'Geriatric Psychiatry' on October 2nd, 1998.

Lee Jung Ho, MD, Prof.
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The number of full membership of Korean Geriatric Psychiatry Association is about 250 this year, while the number of regular membership of Korean Psychiatric Association is about 1800. Psychiatric and welfare subsystems for the elderly in Korea, however, are not well organized yet. There are many issues to be tackled in Geriatric Psychiatric field in Korea. Until now, we have not provided educational programs of Geriatric Psychiatry. Hospital beds and other kinds of facilities for the elderly patients have not been well prepared. We still have very few Geriatric Psychiatry specialists and paramedical care workers.



Prof Lee Jung Ho

The Ministry of Health and Welfare of Korea recently announced a comprehensive plan of welfare policy for the elderly, raising budget for elderly patients and increasing facilities of geriatric patients and human resources. That is a very good news for us who are practicing in the field. Accordingly we need to go along our new directions: development of well integrated education and training programs for specialists in this field and the establishment of Korean style service model of elderly care delivery systems.

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ORGANIZATION OF PSYCHOGERIATRIC SERVICES FOR DEMENTIA IN KOREA

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Director, Severance Geriatric Mental Health Center
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Seoul, Korea

Mental Health in the Elderly in Korea

Nowadays, old age problem is a big issue all over the world. The concept of mental health services is based on the well-organized care and service system. And it must be designed in accordance with principles including "privacy, dignity, safety, multidisciplinary team approach and community based out-reach services".



Prof Oh and his team members, Severance Geriatric Mental Health Center

In Korea, the Government set up a Ministry of Health and Welfare in relation with geriatric field, which is composed of the Minister, the Vice Minister and a social welfare policy office. The social welfare policy office is divided into the "Elderly Person's Welfare Division" and the "Elderly Person's Health Division". The "Elderly Welfare Law" was enacted in 1981, which was then revised in 1989. The "Holistic Strategy of Elderly Welfare" including income, medical insurance, housing and social services was established in 1987-1991. The "Mental Health Act" was founded in 1995 and the "Welfare Services for Disabled" was expanded in 2000. However, the budget spent on health and welfare for the elderly is very low. In 2000, the total budget allocated to the welfare of the elderly constituted just 0.32 % of the total government budget and 6.12% of budget for minister of health and welfare. The total budget for minister of health and welfare was 5.23% of total budget of the government.

The Psychogeriatric Services for Dementia in Korea

Dementia is one of the most disabling neuropsychiatric disorders in elderly population. Alzheimer's disease (AD) is typically a progressive and irreversible disorder characterized by losses of intellectual capacities in many domains, altered behavior, inability to care for themselves, and ultimately, death due to complications of neurological abnormalities. Therefore, clinical assessment of dementia for understanding the neural pathology and anatomical/physiologic correlates of diagnosis, management and education is needed.

Studies showed that the prevalence of elderly dementia in Korea ranged from 8 to 12%, 6-8% were attributable to Alzheimer's disease whereas vascular dementia accounted for 2-4%. The total population of Korea reached 47,28 million in 2000. Of them, 3,37 million (7.1%) were older adults. It will rapidly increase to 52,36 million while elderly population will rise to 6,9 million (13.2%) in 2020. Dementia in Korea is a big problem because of a rapid growth of elderly population.

The Department of Elderly Welfare in the Ministry of Public Health made the "Ten Year Plan for Senile Dementia" from 1996 to 2005. Four main foci have been identified, which were first, to increase "Dementia Special Hospital" (3/1996yr-15/2000yr), second, to increase "Dementia Care Facilities" (10/1996yr - 150/2005yr), third, to expand "Dementia Screening and Consultation Center" through nationwide community health centers (128/1997yr, 247 consultants, most of them are nurses), and fourth, to make "Dementia Teleservice Network System" via model study (3/1996-1998).

I have also planned and implemented a "7-year Project for Senile Dementia" during 1995-2001. A dementia day hospital was set up in 1995 and a dementia ward in 1996 at Severance Mental Hospital, Yonsei University College of Medicine. The Community Mental Health Service was expanded in 1997. Severance Geriatric Mental Health Center, with 35 inpatient beds, was opened on April 25, 2001 and geriatric psychiatry fellowship training was started.

The general principle of dementia management focuses on early diagnosis, medical cares and individualized treatment. Good practical

treatment guidelines can maximize therapeutic effects. It needs to be comprehensive, accessible, responsive, individualized, multi-disciplinary, accountable and systemic. Dementia services must be composed of inpatient, outpatient, consultation, and collaborative community outreach and home assessment services. Comprehensive rehabilitation programs emphasize the importance of establishing partnership with family members.



Arie Course in Korea

Discussion and Conclusions

In Korea, the present issue of geriatric psychiatry is "poorly organized

geriatric psychiatry hospitals and facilities", "poorly organized geriatric psychiatry education program", "few well trained geriatric psychiatry specialist", and "poor development in geriatric health insurance system". Prof. Edmond Chiu indicated the dilemmas of psychogeriatric delivery service in the Asian region like these: "urban versus rural", "basic versus high technology", "breadth versus depth", "tertiary versus primary", "focused versus comprehensive", "ideal versus pragmatic" and "wish versus do-able". In particular, he suggested that the challenge of Korea as follows: "inadequate human resources, training issues, multi-disciplinary infrastructure and economic issues". He suggested the problem-solving approaches for achievable way like these: "political will from government, enthusiasm from mental health workers, patience, commitment, energy and advocacy from all".

The KAGP insists that Korean government must constantly make the comprehensive long-term plans of the welfare policy for the elderly. First, making the foundation of welfare system for the elderly through increasing budgets for elderly, operation of the national pension and promotion of employment of elderly. Second, guarantee of healthy life of elderly through the reform of welfare system and expansion of hospital beds and facilities. Third, expansion of medical insurance for the elderly. Fourth, establishment of old person's Memorial Day and

cultivating an environment of respect for the elderly.

I think that mental health policy for the elderly must be based on the quality of life and the spirit of "human service is people first". When I visited Melbourne, Australia to learn from Prof. Edmond Chiu, I was very impressed by the "Australian Immigration Policy and Racial Discrimination Act" established in 1975 and "Standards Service System" like an umbrella. It comprised areas including management system (Standard 1), health and personal care (standard 2), residential life style (standard 3), and physical environment and safe system (standard 4).

The vision of mental health aging strategy will establish a "fair society where older people can lead satisfying and productive lives that maximize their independence and well-being". It must be through education and motivation since childhood to recognize that growing old is a part of positive living.

Finally, I would like to suggest that geriatric psychiatry team members to keep in mind the primary mission that elderly dementia can be treated successfully. While promoting longevity, our key concerns should also include prevention, treatment and rehabilitation of elderly dementia.

Dementia in an Aging and Aged Society

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Prof Guk-Hee Suh

Globe is rapidly aging. Projected number of world population in the year of 2030 is 10 billion. In late 1980s, it reached 5 billion. It will be doubled within 50 years, while it took more than 50,000 years to reach 5 billion. Life expectancy at birth in most countries in Africa and Southeast Asia is relatively lower than that of developed nations. In 1992, the average life expectancy at birth of Nigeria was 50.4 years. However, lower mortality rate, thanks to better medical care and sufficient nutrition, may increase their life expectancy soon. There have been two important events, critically influencing upon it. One is control of infection after discovery and development of antibiotics since early 20th century. Dementia is an age-associated disorder. Decline in mortality due to pneumonia has been suggested as an explanation for the doubling of the prevalence of dementia between 1947 and 1957 in the Lundby study (Gruenberg, 1977). Another is control of chronic physical illnesses directly related to mortality, such as hypertension, diabetes mellitus, heart disease, etc. since late 20th century. Most of them are risk factors of dementia. In Hisayama, Japan, the ratio of vascular dementia (VaD) to Alzheimer's disease

(AD) prevalence was 1.8 in 1985 but fell to 1.1 in 1992. Better management and control of hypertension is one important explanation for the decrease in the mortality and morbidity due to strokes in Japan (Kiyohara et al., 1994). This coupled with a decline in the prevalence of VaD suggests that the incidence of VaD may decrease as the risk of stroke decreases. These phenomena can be also observed in Korean epidemiological studies in Yonchon County (Woo et al. 1998, Suh 1999).

Several factors contribute to the prevalence of dementia. Firstly, life expectancy is important. The overall of incidence (and therefore overall prevalence) will be lower in societies where the life expectancy is short because fewer subjects will reach the age of risk. Second, selective survival of those not at risk for dementia might further compound such a trend. It is possible that the early mortality selects for genetic or constitutional factors that predict early survival and also provide resistance against neurodegenerative diseases. Third, mortality and survival after the onset of dementia may also influence the prevalence. In regions where survival after dementia is short, the prevalence will be low even if the incidence is not. Fourth, the incidence of dementia is very important. Uneven regional distribution of protective or risk factors for AD or VaD may greatly influence the incidence.

In socio-economically less developed societies, various diseases

(including infectious diseases) associated with poor socio-economic factors, may be the most common causes of death. This early mortality clearly shortens the average life expectancy. As dementia is an age-associated disorder, only few individuals will live to enter the age of risk for dementia, and this leads to an overall low incidence of dementia. Such a situation could be described as a low incidence-high mortality society. As the average life expectancy increases and begins to reach the threshold age of risk for dementia, there is a gradual transition from low incidence-high mortality society to a high incidence-high mortality society. In socio-economically more developed societies, the incidence of dementia and mortality associated with dementia may progressively decline over many years due to improved efforts to

control the risk factors and advances in medical care and technology. Ultimately, this will result in a low incidence-low mortality society. The transition from high incidence-high mortality society to low incidence-low mortality society may unfold in various ways according to social health policies and efforts undertaken to control risk factors of dementia and improve medical services. Influential social factor may include social system (socialism vs capitalism), health care system (taxation vs insurance, reimbursement issue), social welfare system (long-term care and social support), priority in health policy, attitude and opinion of society toward dementia and most critical one, social fund for dementia care.

Table 1. Stages of epidemiological transition in dementia

Stage	Status Time*	Transition in dementia
Stage 1	Selective survival Before early 20 th century	No dementia, most people can not live to the age of risk
Stage 2	Infection control Since early 20 th century	Low incidence → high incidence/ High mortality → low mortality
Stage 3	Risk factor control Since late 20 th century	High incidence → low incidence / High mortality → low mortality
Stage 4	Dementia control Since early 21 st century	Low incidence, low mortality
Stage 5	Free from dementia Forthcoming	No dementia

* In a developing society, measures to control infection, risk factor and dementia itself, may be done at a time. Therefore, several stages may overlap.

References

1. Gruenberg EM. The failures of success. Milbank Mem Fund Q.1977; 55(1): 3-24 Cited from Pfeffer RI, Afifi AA, Chance JM. Prevalence of Alzheimer's disease in a retirement community. Am J Epidemiol. 1987; 125(3): 420-433
2. Kiyohara Y, Yoshitake T, Kato I, Ohmura T, Kawano H, et al. Changing patterns in the prevalence of dementia in a Japanese community: the Hisayama study. Gerontology. 1994; 40 Suppl 2:29-35:29-35
3. Suh G-H. Prevalence and risk factors of dementia and depression in the elderly (Ph.D. thesis). Seoul National University Graduate School. 1999.
4. Woo JI, Lee JH, Yoo KY, Kim CY, Kim YI, et al. Prevalence estimation of dementia in a rural area of Korea. J Am Geriatr Soc. 1998; 46:983-987

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The KAGP-HKPGA Joint Meeting is fast approaching. We are honoured to have Prof Tom Arie as the keynote speaker of the Meeting, who will be joined by renowned experts from Korea and Hong Kong. It will be followed immediately by the HKPGA Annual Scientific Symposium and the Annual General Meeting. Prof Yeates Conwell will be the keynote speaker of the Scientific Symposium and Dr WF Chan will be the moderator.

Members are cordially invited to participate in the Meeting and the AGM. Invitation cards, agenda, and proxy form have been posted to members. Members whose subscriptions fall due by the end of 2002 also receive membership renewal forms. Please feel free to email to the Honorary Secretary at hkpga@hongkong.com for any queries. Looking forward to seeing you at the Meeting.

News from Sponsorship Committee

Wah-fat Chan

The Committee received 57 applications for sponsorship to attend IPA Asia-Pacific Regional Meeting on 23-26 Oct 02 in Hong Kong. 49 members applied for sponsorship to participate in whole meeting and 8 members applied for sponsorship for day program. All applications were successful.

Successful applicants for sponsorship for day program:

Chan, Chi Tak; Chan, Heung Lan Irene; Cheng, Kwok Tak; Ho, Chi Wang; Leung, John; Poon, Ting Keung; Ungvari, Gabor; Wong, Chi Kit

Successful applicants for sponsorship for whole meeting:

Au Yeung, Kwok Leung; Au Yeung, Wing On; Chan, Cheong Fai; Chan, Fu; Chan, Wing Cheung; Cheang, Siu Kuan; Cheng, Frances; Cheung, Heung Ling; Cheung, Yuen Man; Chong, Wai Kwong Nelson; Chung, Jenny; Chung, Suet Fan Ruthy; Fung, Wai Ping; Kwok, Man Yuk Cordelia; Kwok, Pui Sze Angela; Lai, Man Chiu David; Lam, Chi Leung; Lam, Po Tin; Lau, Wing Yee Miranda; Law, Siu Tuen; Lee, Kar Mut; Lee, Yuet Ying Grace; Leung, Pui Yiu; Li, Sing Yuen; Lin, Wan Ki Pamela; Lui, Siu Fung; Lui, Wing Cheong; Ma, Kam Wah; Mok, Ching Man Cycbie; Mui, Sik Ching; Ng, Fung Shing; Ng, Ka Man Carmen; Ng, Shun Shun Violet; Ng, Yuet Ting Janna; Scully, Paula; So, Man Pui; Tang, Ka Lam Alan; Tang, Siu Han Cara; Ting, Sik Chuen; Tong, Sung Man Kris; Tse, Mui Kark Barbara; Tse, Suk Ping; Tsoh, Joshua; Wong, Antia; Wong, Chi Ming Tony; Wong, Pui Hing; Yeung, Fredrick; Yu, Dick Fung Josephine; Yu, Heung Wa Louisa

Thank you very much for their interest in the Meeting.

KAGP-HKPGA Joint Meeting

Date: 22 October 2002 (Tuesday)

Venue: Multi-purpose Hall, Castle Peak Hospital, Tuen Mun, Hong Kong

09:30 - 09:45	Opening	Prof Jung Ho Lee, President, KAGP Prof Helen Chiu, President, HKPGA
09:45 - 10:30	Keynote Speech	"A Working Life with Dementia" Prof Tom Arie, CBE Professor Emeritus of Health Care of the Elderly University of Nottingham, UK
10:30 - 10:45		Tea Break
10:45 - 12:00	Plenary Session I	"Geriatric Psychiatry in Korea" Prof Jonghan Park, MD, PhD Professor of Psychiatry Taegu Catholic University, Korea & President-Elect, KAGP "Elder Abuse" Dr Kong Tak-kwan Consultant Geriatrician Department of Medicine and Geriatrics Princess Margaret Hospital, HK
12:00 - 14:30	Luncheon Roundtables (Invited guests & HKPGA Members only)	
14:30 - 15:45	Plenary Session II	"Dementia in Korean Elderly" Dr Byeong Kil Yeon, MD, PhD Professor of Psychiatry Hallym University, Korea "Advance Directive" Dr Pan Pey-chyou Consultant Psychogeriatrician Department of Psychiatry United Christian Hospital, HK
15:45 - 16:15		Tea Break
16:15 - 17:30	Annual Scientific Symposium, HKPGA Speaker:	"Aging, Dementia, and Suicide: Conceptual and Empirical Links" Prof Yeates Conwell, MD Professor of Psychiatry Associate Chair for Academic Affairs Department of Psychiatry & Co-Director Center for the Study and Prevention of Suicide University of Rochester School of Medicine and Dentistry, USA
	Moderator:	Dr Chan Wah-fat Consultant, Department of Psychiatry Pamela Youde Nethersole Eastern Hospital, HK
17:30-18:00		Tea Reception
18:00-18:30		Annual General Meeting, HKPGA

REPORT ON XII WORLD CONGRESS OF PSYCHIATRY

Gabriel K K Yu

Consultant, Department of Psychiatry
Queen Mary Hospital, Hong Kong

First of all I would like to express my sincere thanks to the Hong Kong Psychogeriatric Association for selecting me to be sponsored by Pfizer Corporation HK Ltd to attend the XII World Congress of Psychiatry held from 24 to 29 August 2002 in Yokohama, Japan. I would also like to thank Queen Mary Hospital for allowing me to accept the sponsorship. This gave me a needed break from clinical duties. It was also a wonderful opportunity to learn and update my knowledge from the recognised experts in my subspecialty and related fields.

I would start by counting the number of different activities recorded in the Program Book and those related directly to the elderly. The results are as follows:

Activity	Total No.	No. related to the elderly
Plenary lectures	4	0
Lectures	25	2
Partnership forums	2	0
Fellowship programmes	8	0
Symposia	305	9
Workshops	61	3
Courses	12	1
Free communications	70	3
Industry – supported activities	32	1

It can be seen that topics related to the elderly comprised only about 3% in terms of gross numbers. However I think it cannot be concluded from this that psychogeriatrics is not considered important in the world psychiatric scene, since the International Psychogeriatric Association, the pre-eminent professional organisation in this field, has its own biennial congress and 3 regional meetings every year. (I may add here that the next regional meeting will be held in October in Hong Kong.) There are thus a lot of opportunities for papers, research findings and views about the elderly to be presented. Most subspecialties and fields of psychiatry were covered in this Congress, including schizophrenia, depression, and neurotic disorders. Of particular interest are a series of 4 symposia on "The Research Base for New Diagnostic Criteria for Depression" possibly paving the way for a new diagnostic system, and some sessions on the psychiatry of disaster, which are of course understandable around this time of the year.

Though there were relatively few sessions on the elderly I did not choose to attend them all because, I must confess, I found some other topics or presenters more alluring. Also I think intellectual

stimulation outside one's particular subspecialty from time to time is necessary and healthy. I did attend 6 sessions on psychogeriatrics: listed as follows:

1. Teaching and Training in Old Age Psychiatry
2. Early Diagnosis and Therapeutic Strategy for Mild Cognitive Impairment and Alzheimer Disease
3. Cognitive Function and Brain Aging
4. Neurobiology (2 of the 4 presenters were on Alzheimer's disease)
5. Destigmatising the Elderly with Mental Disorders
6. Dementia in Pacific Rim Countries

I must admit I do not understand all of the presentations on the recent neurobiology and molecular biology of Alzheimer's disease in particular and aging in general. However I felt fascinated by the energy and the flurry of activities in this area which will help to spur me on more diligent updates in future. I also hope that this fundamental research will soon be translated into a better understanding and better treatment and services for patients. The sessions on "teaching and training" and "destigmatisation" are interesting and thought-provoking. Both were co-chaired by Prof Edmond Chiu, with whom we are all very familiar. The booklet

"Reducing Stigma and Discrimination against Older People with Mental Disorders", which was a joint effort by the World Health Organisation and the World Psychiatric Association, was presented and introduced. With his customary lecturing and presentation skills he and his colleagues made a strong and eloquent case for a better worldwide concerted effort to combat stigmatisation of the elderly with mental health problems. The urgent need for better and more training and teaching of more professionals and "lay" persons in helping and caring for the elderly was also emphasised. A lot of practical suggestions and tips in these 2 areas were also presented and discussed. Prof Helen Chiu, our President, gave a very succinct and good presentation of dementia services in Hong Kong. In the session we also learned a lot about services in Korea, Japan and Australia. There was also a lively discussion and exchange of ideas.

Outside of psychogeriatrics I learned a lot from the presentations on new biological treatments in psychiatry, i.e. transcranial magnetic stimulation (TMR) and magnetic convulsive therapy, which is likely to be effective for treating the elderly with depression. I also enjoyed the forceful view put forward by Prof Brian Leonard of Ireland



Dr KK Yu (right), Prof Edmond Chiu and Dr SW Li at the WPA Convention Centre

about depression and antidepressants. He argued quite convincingly that too much emphasis has been put on the neurotransmitters like serotonin and noradrenaline and their immediate synaptic effects, whereas there are many biological actions after the synaptic membrane, i.e. the second, third or subsequent messengers that would produce the "real" biological effects. This would fit neatly with the long-known observation that all antidepressants have a delayed onset of action, if at all.

Browsing through the programme book the names Prof Sir David Goldberg and Prof Leon Eisenberg caught my eye. I decided there and then to attend their sessions, with high expectations. Contrary to much of my previous experience and much to my delight my high expectations were exceeded! My excitement and enjoyment of these lectures was such that they alone would have amply justified the effort to make the trip to Yokohama. Prof Goldberg, as we all know, as the Professor of Psychiatry in the Institute of Psychiatry in London (which many would say is the "Shao Lin Temple" of psychiatry), is the leading psychiatrist in the United Kingdom. He gave a lecture titled 'The Genesis of Anxiety and Depression' in which he argued very eloquently and powerfully the case for the complex interplay of genetic and environmental factors in the causation of anxiety and depression. I would have thought that this assertion, written as such, would lead to a big yawn in most of us, including myself. However this would do no justice whatsoever to his lecture. I



Delegates from Hong Kong



Some delegates visited Tama Centre before WPA Conference

blame myself for being such a poor writer in not being able to convey the ease, the forcefulness, the confidence, and the intellectual rigour of his arguments, and above all, the subtle cynicism for the extreme "biologism" of some researchers. For once this cliché is true, i.e. "you have to experience it yourself to feel it."

The same is true for the lecture by Prof Eisenberg of Harvard Medical School titled "Is Our Fate Determined by Our Genes?" He approached the question on a broader front, ranging from psychiatric disorders, child upbringing to animal biology, but the conclusion is the same. His answer is a definite "no". He castigated the popular way of characterising a gene or genes as "for a certain condition or disease". He argued convincingly that even a perfect genetic replica, e. g. a human clone if that were possible, would not lead to the same individual because the environments in which they grow up and develop would necessarily be different. The theme is very similar to that of Prof Goldberg's lecture, which is, I think, a happy coincidence. Two very eminent authorities from both sides of the Atlantic sounded as if they were collaborators, talking about

complementary aspects of the same thing, i.e. the "phenotype", be it a disorder such as anxiety, or any biological state, bring a product of genes and the environment. Of course they very much welcomed the advances in the basic biology and genetics. What they were against and gave very timely warning, is what I venture to label the extreme "biologism", and the overconfidence and eagerness for

the "magic bullet" approach in looking for the quick cure. Their approaches and styles, however, were rather different. In a reversal of the stereotypes commonly associated with the USA and the UK, Prof Goldberg of the UK was forceful, direct with a lot of punches and illustrated his lecture with a lot of slides. Prof Eisenberg, on the other hand, "simply" delivered his lecture with subtle power and graceful gestures, not a slide nor illustration in sight. Both are near perfect models, approached from opposite sides (like 'yin' and 'yang'), of oratorical skills which, I think, are regrettably very infrequently taught in schools, both in the secondary, undergraduate, or postgraduate levels. I would very happily purchase video recordings of these 2 lectures if they were available, both for my "enjoyment" and for teaching my sons! With this I conclude my personal and idiosyncratic account of my impressions and views of the XII World Congress of Psychiatry.

Events Calendar

Wai-chi Chan

<p>22 October 2002</p> <p><i>Castle Peak Hospital Hong Kong</i></p>	<p>KAGP- HKPGA Joint Meeting HKPGA Annual Scientific Symposium HKPGA Annual General Meeting</p>
<p>23-26 October 2002</p> <p><i>Gold Coast Hotel Hong Kong</i></p> <p>Information: Web: www.ipa-online.org E-mail: ipa@ipa-online.org</p>	<p>International Psychogeriatric Association Asia-Pacific Regional Meeting</p> <p><i>"Dementia, Depression & Suicide in the Elderly: Clinical & Cultural Aspects"</i> Keynote and Plenary Lectures, 7 Invited Symposia, 5 Oral Sessions, 3 Poster Sessions and a lot more. Don't miss this opportunity to join dozens of local and overseas outstanding scholars and clinicians at this important regional meeting. Here are some of the highlights of the program:</p> <p><i>Wednesday, 23 October 2002</i> Venue: Science Museum, Tsim Sha Tsui Public Lecture <i>Early Detection of Dementia</i> Wah-Fat Chan, Hong Kong SAR</p> <p><i>Thursday, 24 October 2002</i> Venue: Gold Coast Hotel Opening Ceremony Alistair Burns, United Kingdom; Helen Chiu, Hong Kong SAR; EK Yeoh, Secretary, Health, Welfare and Food Bureau, Hong Kong SAR Keynote Address Psychogeriatrics-Facts, Fallacies and Fantasies Tom Arie, United Kingdom Plenary Lecture Suicide in Older Adults-An Update on Risk and Prevention Yeates Conwell, United States Neuropathological and Neurochemical Correlates in Dementia: Implications for Treatment George T. Grossberg, United States</p> <p><i>Friday, 25 October 2002</i> Venue: Gold Coast Hotel Keynote Address Research in Psychogeriatrics Alistair Burns, United Kingdom Plenary Lecture Vascular Depression John O'Brien, United Kingdom Elderly Suicide in China-Focus on Hong Kong SAR Helen Chiu, Hong Kong SAR Depression of the Elderly: Epidemiological and Cultural Aspects Maeng-Je Cho, Korea Gala Dinner</p> <p><i>Saturday, 26 October 2002</i> Venue: Gold Coast Hotel Keynote Address The Neuropsychiatric Burden of Geriatric Neurologic Disorders Jeffrey Cummings, United States Plenary Lecture Mild Cognitive Impairment in Dementia MY Zhang, PR China Challenges of Expert Witnesses in Psychogeriatric Legal Settings Sanford I. Finkel, United States An Attempt to Detect Early Stage Dementia in the Community: A Japanese Experience Akira Homma, Japan Forum Quality of Life Chairs: Edmond Chiu, Australia; Alfred Chan, Hong Kong SAR Service Delivery Model Chairs: Vijay Chandra, India; Tom Arie, United Kingdom</p> <p><i>See you at Gold Coast Hotel!</i></p>

Newsletter Committee Members:

Prof. Linda Lam (Chinese University of Hong Kong)
 Dr. Wah-fat Chan (Pamela Youde Nethersole Eastern Hospital)
 Dr. Wai-chi Chan (Castle Peak Hospital)

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