



The American Psychiatric Association (APA), the leading psychiatric medical society in the United States, convened its 161st Annual Meeting in Washington, DC this past May. Experts gathered to share new information on a wide variety of compelling topics in psychiatry.

Indeed, the 2008 conference attracted more than 3,000 clinical papers, symposia, new research poster sessions and workshops. With more than 17,000 attendees, the APA Annual Meeting continues to be the world's largest gathering of psychiatric physicians.

Carolyn Robinowitz, MD, President of the APA, took a moment to extend a special greeting to physicians accessing highlights of the conference through the pages of *MD Conference Express*[®].

Q: How does the growth of attendance at the Annual Meeting fit in with the APA mission?

A: We have an increasing presence of physicians from around the world. Our council on global psychiatry continues to pay careful attention to opportunities for the APA to assist in creating programs that will be helpful for physicians in a wide variety of practice and cultural settings. The APA attracts more psychiatrists than any other conference in the world. Our main goal is to share ideas and create a common vision of psychiatry as a world discipline. We all share the same challenge—how to understand the importance of new research, grasp its importance, and ultimately, translate it into clinical practice.

Q: What is new at this year's APA Annual Meeting?

A: The theme of this year's meeting reflects my emphasis on an advocacy agenda in psychiatry. It is important for us to speak out and create a meaningful connection with the rest of medicine. Many of us are still a victim of the duality that separates psychiatry and medicine. For example, depression is an established risk factor for heart disease. We need to ensure that our depressed patients are watched for early signs of this life-threatening disease. Many of the sessions at this year's APA talked about the importance of integrating care, and emphasized the importance of interplay between psychiatry and managed care. It is important for attendees and members of the APA to promote access to better overall heath care to proactively manage co-morbidities.

Q: Can you comment on the evolving link between clinical research and treatment approaches in psychiatry?

A: Clearly, the APA's practice guidelines are based extensively on research. How people choose to use these guidelines is also important to consider. A given patient's staging or severity of a disorder can render treatment more complicated. For example, we don't always know if a milder presentation is, in fact, the same disorder. Individual interpretation also plays an important role. Those who are interested in learning more can find the APA guidelines at www.psych.org. Information is also available to support patient communication and education at www.healthyminds.org.

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