

Conference Program

JULY 23-26, 2009 · SAN FRANCISCO



40TH
ANNUAL
ISPNE
CONFERENCE

Modern Psychoneuroendocrinology:
Interactions with Genes, Health, and Longevity

Join the ISPNE

The ISPNE maintains a membership of approximately 275 active members throughout the world. Although a majority of members are from North America and Europe, there is representation from most world regions. Regular members receive the official journal of the Society, *Psychoneuroendocrinology* published by Elsevier. The journal is also available throughout the world at some 600 subscribing institutions and libraries.

The Society membership is approximately evenly divided between basic research scientists holding the PhD or equivalent degree and clinical researchers holding the MD or equivalent degree; this division is reflected by the scientific content of both the *Journal* and the annual Congress proceedings. In the years since the inception of the society, annual meetings have been held every year, except for 1989.

Membership in the Society is open to those professionals meeting criteria as set forth in the bylaws. 2009 membership fees include reduced registration fees for the annual meeting.

For more information on joining ISPNE please visit our website, www.ispne.org or fill out the membership form available at the Registration/Information Desk.



Welcome to the 40th Annual ISPNE Conference!

We are thrilled that you have joined us for four days of symposia, free communications and engaging plenary lectures all on the theme of modern psychoneuroendocrinology - interactions with genes, health and longevity.

The ISPNE was founded in 1969 and for forty years has provided a forum for discussion and debate about the impact of stress and hormones on behavior, brain, disease and health. Recent advances in genetics, molecular biology, brain imaging, behavioral medicine and mind-body connections, have greatly expanded our professional network and increased the value of involvement in ISPNE activities. We have expanded to include topics on weight regulation, sleep, gonadal steroids, aging, and longevity.

This year's program provides an opportunity to learn the latest scientific developments relevant to genetic and developmental/environmental contributions to hormonal physiology and mental and physical health. We will discuss and debate key topics such as:

- The interactions among genes, prenatal, early postnatal and adult experiences and overall health
- Factors that promote vulnerability to early disease, depression, and other adverse health outcomes
- Hormonal factors that promote health and longevity
- Methods of predicting and optimizing physiological balance to reduce vulnerability and increase resiliency

We expect you will find great value in this week's programming, but we encourage you to continue the learning and the dialogue beyond Sunday. ISPNE offers an opportunity to cross-pollinate ideas with researchers around the world, keep abreast of new developments and receive notices about ISPNE programs and other programs that may be of interest. If you are not currently a member, consider becoming one to take full advantage of all that ISPNE has to offer.

We are also proud to announce that, for the first time in ISPNE's forty year history, we have gone green! The bulk of our marketing was done electronically. We are providing the Abstract Book as an e-book and this Program that you are holding is printed on recycled paper. In addition, we are working with the hotel to reduce waste.

Thank you, again, for celebrating our 40th anniversary with us. If you have any questions please visit our information desk.

Thomas Neylan, MD
Chair, 40th Annual ISPNE Conference
Professor of Psychiatry,
University of California San Francisco
Director, Posttraumatic Stress Disorders Program,
VA Medical Center, San Francisco

Elissa S. Epel, PhD
Co-Chair, 40th Annual ISPNE Conference
Associate Professor of Psychiatry,
University of California San Francisco
Director, Center for Obesity Assessment,
Study & Treatment, University of California San Francisco

General Information

Badges

Speakers and participants must wear their identification badges at all times to gain admission to sessions and events. In the event your badge is lost or misplaced, a replacement may be obtained at the Registration/Information Desk during posted hours.

Meeting Evaluation

The evaluation form for the meeting is provided with your materials. Completion of this form is required for CME credit and your feedback assists ISPNE in the development of future annual meetings.

Special Assistance

Please notify the ISPNE Registration/Information Desk if you require special assistance at the meeting.

Cell Phones and Pagers

Please mute or turn off your cell phones and pagers during all sessions.

ISPNE Green Meeting

You may have noticed that, in a commitment to our environment, ISPNE has opted for an e-Abstract Book.

In addition, this Program is printed on recycled paper using vegetable-based inks. We are just trying to do our part. If you have any ideas on how to further "green" future ISPNE programs, please let us know.

Disclaimer

Opinions expressed by meeting speakers do not represent the position of the University of California, San Francisco or ISPNE.

Continuing Medical Education

This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of California, San Francisco School of Medicine (UCSF) and ISPNE. UCSF is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

UCSF designates this educational activity for a maximum of 20.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This educational activity is recognized by the California Board of Psychology as meeting the continuing education requirements toward license renewal for California psychologists. Psychologists are responsible for reporting their own attendance to the California Board of Psychology.

Program Changes

Some session dates, times and topics may have changed since the agenda was announced. Last minute changes will be announced during the Welcome Address.

Photographs and Quotations

ISPNE may be taking photographs of the speakers and participants during the meeting or may use excerpts from any written materials or correspondence provided by speakers or participants for use in future promotional materials. If you do not wish to have your likeness, materials or correspondence used in such a manner you must advise ISPNE of such decision in writing no later than 5:00 PM on Wednesday, July 29, 2009.

Awards

Curt Richter Award

Christian Otte, MD, University Medical Center Hamburg-Eppendorf Hamburg

Modulating the mineralocorticoid receptor as add-on treatment to antidepressant therapy with SSRI: a randomized controlled trial

Presented: Thursday, July 23, 2:30 – 3:15pm and Saturday, July 25, 11:00am – 12:30pm

Young Investigator Award

Julie Andrews, MSc,
Douglas Hospital Research
Center, McGill University

***Sex based differences
in cortisol response to
psychosocial stress***

Presented:
Poster Session 1,
Thursday, July 23,
5:30 – 7:30pm

Susanne Brummelte, PhD,
University of British Columbia

***An animal model of
postpartum stress and
depression: effects of
prolonged exposure to
corticosterone on the dam
and offspring***

Presented:
Sunday, July 26,
10:30am – 12:00pm

Katarina Dedovic, MSc,
Douglas Mental Health
University Institute, McGill
University

***Association between
self-reported childhood
trauma and parental care,
and cortisol profiles in
individuals with vary-
ing levels of depressive
tendencies***

Presented:
Poster Session 2,
Saturday, July 25,
3:30 – 4:30pm

Leah D. Doane, PhD,
The University of Chicago

***Does neuroticism
moderate the associations
between cortisol and
depression?***

Presented:
Poster Session 2,
Saturday, July 25,
3:30 – 4:30pm

Registration/Information Desk

Located in the Regency Foyer of the Palace Hotel and will be open at the following times:

Thursday, July 23	12:00 noon - 5:30pm
Friday, July 24	8:00am - 5:30pm
Saturday, July 25	8:00am - 5:30pm
Sunday, July 26	8:00am - 3:00pm

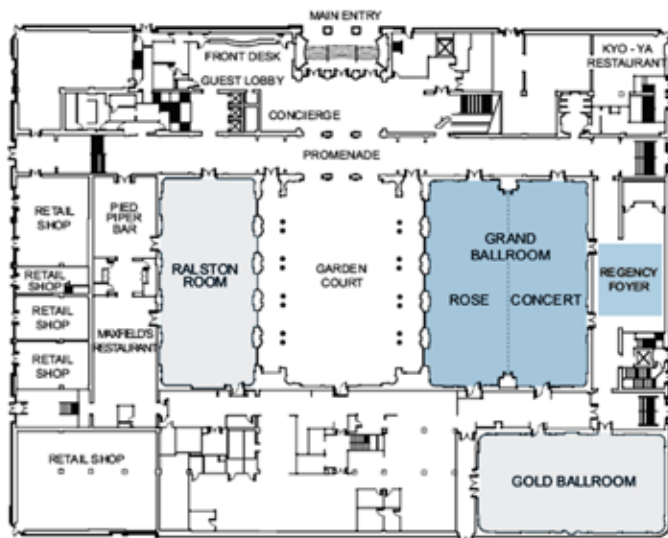
If you require information or assistance during the meeting, staff at the Registration/Information Desk, or those wearing badges with staff banners, will happily assist you.

Full registration entitles you to:

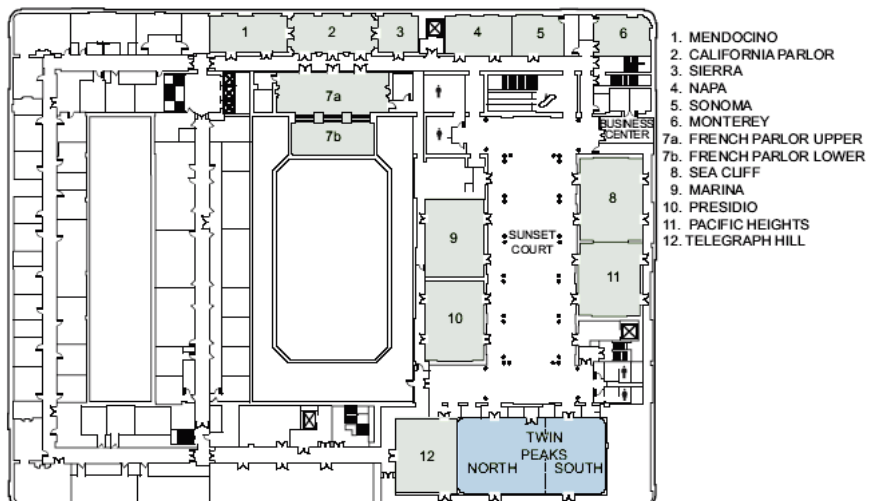
- Conference Program
- Electronic Abstract Book
- Admission to all plenary sessions, symposia, free communication and poster presentations
- Admission to the following ISPNE sponsored social events: ISPNE Awards Ceremony and Welcome Reception/Poster Session
- Any on-site meals and breaks

Palace Hotel Map

First Floor



Second Floor



Special Events

Thursday, July 23

2:00 – 3:30pm

Rose Ballroom

ISPNE Awards Ceremony

Please join us to support and recognize contributors to the field of psychoneuroendocrinology. The awards ceremony should last approximately one and a half hours and include a preview presentation by Curt Richter Award recipient, Christian Otte, MD.

5:30 – 7:30pm

Concert Ballroom

Welcome Reception and Poster Session

A warm welcome to the 40th Annual ISPNE Conference. Hors d'oeuvres and wine will be served in the Concert Ballroom, while participants have the opportunity to meet ISPNE board members and keynote speakers, reconnect with friends and review the work of their colleagues during the first of two poster sessions.

Friday, July 24

12:30 – 2:00pm

Concert Ballroom

Brown Bag Mentoring Lunch

Grab some lunch from one of the many local eateries and join your fellow conference goers in the Concert Ballroom. ISPNE has invited experts in a variety of topics to host informal discussions during the lunch hour. This is a great opportunity to pose questions and engage in some dialogue about the future of research in a particular area. The topics to be covered include:

- Translational models
- Depression/Psychopathology
- Salivary hormone sampling and modeling
- Psychological Stress: conceptualization, measurement, and interventions
- Sleep and circadian rhythms
- Cancer
- Trauma and PTSD
- Lab stressors, social evaluative threat, and reactivity

Saturday, July 25

3:30 – 4:30pm

Concert Ballroom

Poster Session 2 and Refreshment Break

An extended refreshment break will provide an opportunity to relax and refuel all while taking in the second round of posters being presented at this conference.

6:30 – 8:30pm

*Infusion Lounge
124 Ellis Street
San Francisco*

Lounge Night - \$65

We hope you will join your old and new ISPNE friends in the VIP section of Infusion Lounge for food, drinks and music. Infusion Lounge is sophisticated nightlife destination ideally located 4 blocks from the Palace Hotel at 124 Ellis Street in San Francisco's world renowned Union Square. The Asian-inspired subrosa lounge, fashioned by Hong Kong's hottest designer, Kinney Chan, is a true ultra lounge catering to both dancing hipsters and young professionals looking to relax in style. After 8:30 you can stay and party at Infusion Lounge or head out to explore the city.

If you did not purchase your food and drink tickets in advance, please go to the Registration/Information and they will happily sign you up and provide you with tickets and a walking map to the lounge.

Sunday, July 26

8:15 – 9:00am

Rose Ballroom

General ISPNE Membership Meeting

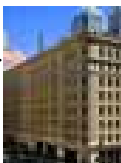
All members of the ISPNE are invited to participate. This morning meeting will provide an update of recent activities of the Society and address future meetings and initiatives.



Agenda

Thursday, July 23, 2009

12:00pm - 5:30pm	Registration Open	
2:00 - 3:30pm	<p>Presidential Welcome Heuser I, Charite - Universitätsmedizin Berlin Campus Benjamin Franklin, Berlin, Germany</p> <p>Awards Presentations Kalin N, University of Wisconsin, Madison, USA Heuser I, Charite - Universitätsmedizin Berlin Campus Benjamin Franklin, Berlin, Germany</p> <p>Young Investigator Awards Andrews J, Douglas Hospital Research Center, McGill University, Montreal, Canada Brummelte S, University of British Columbia, Vancouver, Canada Dedovic K, Douglas Mental Health University Institute, McGill University, Montreal, Canada Doane L, The University of Chicago, Chicago, USA</p> <p>Curt Richter Awardee Lecture Otte C, University Medical Center Hamburg-Eppendorf Hamburg, Hamburg, Germany</p>	Rose Ballroom
3:30 - 4:00pm	Refreshment Break	Regency Foyer
4:00 - 5:30pm	<p>Symposium 01: Prenatal stress and offspring HPA reactivity and neurobehavioural findings: could 5HT-T status and maternal-infant interaction moderate offspring HPA-axis reactivity? Co-Chairs: Austin M, St John of God Health Care & University of New South Wales, Sydney, Australia Steiner M, McMaster University, Hamilton, Canada Presenters: Glover V, Imperial College of London, London, UK Van den Bergh B, Tilburg University, Tilburg, the Netherlands Grant K, Macquarie University, Sydney, Australia Chen M, Stanford University, Stanford, USA Discussant: Wadhwa P, University of California Irvine, Irvine, USA</p>	Rose Ballroom
	<p>Symposium 02: Interactions between the brain and the periphery in response to threat Chair: Kemeny M, UCSF, San Francisco, USA Presenters: Eisenberg N, UCLA, Los Angeles, USA Shestuk A, UC Berkeley, Berkeley, USA Francis D, UC Berkeley, Berkeley, USA Discussant: Pruessner J, McGill University, Montreal, Canada</p>	Twin Peaks
5:30 - 7:30pm	Poster Session 1 – Brain, Genes, Aging, and Hormones – Reception	Concert Ballroom



Agenda

Friday, July 24, 2009

8:00am - 5:30pm	Registration Open	
8:30 - 9:30am	KEYNOTE: Glucocorticoid metabolism in psychoneuroendocrinology: red hot or red herring? Seckl J, Queen's Medical Research Institute, Edinburgh, UK	Rose Ballroom
9:30 - 10:30am	KEYNOTE: Heritable and acquired aspects of stress reactivity: significance for mental and physical health in later life Yehuda R, Bronx VA, Bronx, USA	Rose Ballroom
10:30 - 11:00am	Refreshment Break	Regency Foyer
11:00am - 12:30pm	Free Communications 1: <u>MATERNAL & CHILD STRESS EFFECTS</u> Chair: Heuser I, Charite - Universitätsmedizin Berlin Campus Benjamin Franklin, Berlin, Germany 1. Prenatal maternal hormones predict quality of maternal care at 6-Months postpartum Glynn L, University of California Irvine, Irvine, USA 2. Maternal prenatal mood and the HPA-axis in adolescence: findings from the ALSPAC cohort at age 15 O'Donnell K, Institute of Reproductive and Developmental Biology, Imperial College, London, UK 3. Stress reactivity, early adversity and symptoms of depression in the first two years of life Weiss S, UCSF, San Francisco, USA 4. β-Endorphin in human pregnancy and the risk of postpartum depression Yim IS, University of California Irvine, Irvine, USA 5. The timing of prenatal exposure to maternal stress is associated with human infant development Davis E, University of California Irvine, Irvine, USA 6. High pregnancy anxiety during mid-gestation is associated with decreased gray matter density in 6-9 year-old children Buss C, University of California Irvine, Irvine, USA	Rose Ballroom
	Free Communications 2: <u>GENETICS & HORMONES</u> Chair: Reus V, UCSF, San Francisco, USA 1. Genetic and environmental influences of daily DHEA and cortisol levels Prom-Wormley EC, Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, USA 2. Testosterone moderates the genetic and environmental determinants of hippocampal volume: evidence of a neuroprotective effect Panizzon MS, University of California San Diego, San Diego, USA 3. PTSD: changes in signal transduction pathways central to the endocrine-immune interplay Wolf J, Brandeis University, Waltham, USA 4. Neurotransmitter and biological stress system genes associated with depression comorbidity in two independent studies of alcohol dependence Kertes D, Virginia Commonwealth University, Richmond, USA 5. Association of pre-pulse startle phenotypes with alcohol dependence and several candidate genes in young adult Mexican Americans Ehlers C, The Scripps Research Institute, La Jolla, USA 6. Interaction effects of APOE and testosterone on hippocampal volume and memory performance in middle-aged men Kremen W, University of California San Diego and VA San Diego Healthcare System, San Diego, USA	Twin Peaks
12:30 - 2:00pm	Brown Bag Lunch: MENTORING & NETWORKING HOUR, THEMATIC ADVICE TABLE	Concert Ballroom
2:00 - 3:30pm	Symposium 03: Stress, well being and cellular aging Co-Chairs: Blackburn E, Epel E, UCSF, San Francisco, USA Presenters: Blackburn E, UCSF, San Francisco, USA Parks C, NIEH, Research Triangle Park, USA Jacobs T, UCSF Davis, Davis, USA	Rose Ballroom
	Symposium 04: HPA axis interventions in psychiatry Chair: Otte C, Univ. Hamburg-Eppendorf, Hamburg, Germany Presenters: Schatzberg A, Stanford University, Stanford, USA Otte C, Univ. Hamburg-Eppendorf, Hamburg, Germany Young A, University of British Columbia, Vancouver, Canada Belanoff J, Corcept Therapeutics, Menlo Park, USA	Twin Peaks
3:30 - 4:00pm	Refreshment Break	Regency Foyer
4:00 - 5:00pm	KEYNOTE: Genes, endocrine systems, and longevity: from worms to mammals Kenyon C, UCSF, San Francisco, USA	Rose Ballroom

Agenda

Saturday, July 25, 2009

8:00am - 5:30pm	Registration Open	
8:30 - 9:30am	KEYNOTE: Social regulation of gene expression Cole S, UCLA, Los Angeles, USA	Rose Ballroom
9:30 - 10:30am	KEYNOTE: Sleep, hormones and health Turek F, Northwestern University, Evanston, USA	Rose Ballroom
10:30 - 11:00am	Refreshment Break	Regency Foyer
11:00am - 12:30pm	Free Communications 3: <u>HORMONES & PSYCHOPATHOLOGY</u> Chair: Wolkowitz O, UCSF, San Francisco, USA <ol style="list-style-type: none"> HPA-axis behavior, personality and traumatic events Vermetten E, Military Mental Health/University Medical Center Utrecht, Utrecht, Netherlands CRF stimulation test in veterans with PTSD: impact of combat era Golier J, Mount Sinai School of Medicine, New York, USA Cortisol awakening reaction in depressed patients with and without early life stress Buehrsch NC, Charite - Universitätsmedizin Berlin Campus Benjamin Franklin, Berlin, Germany Altered cortisol reactivity to dexamethasone-corticotropin-releasing-hormone-test in patients with panic disorder Petrowski K, Technische Universitaet Dresden, Dresden, Germany Circadian activity rhythm disturbances and development of cognitive impairment among older women Tranah GJ, California Pacific Medical Center, San Francisco, USA The role of hormones and social roles in the expression of a sex-specific behavioral trait Michael KC, The Pennsylvania State University, University Park, USA 	Rose Ballroom
	Free Communications 4: <u>STRESS AND HORMONE DYNAMICS IN HEALTHY POPULATIONS</u> Chair: Otte, C, University Medical Center Hamburg-Eppendorf Hamburg, Hamburg, Germany <ol style="list-style-type: none"> The roles of negative emotionality and overcontrol in cortisol diurnal dysregulation Franz C, University of California San Diego, San Diego, USA Intranasal administration of arginine vasopressin enhances salivary cortisol rise following social stress (Trier Social Stress Test) Shalev I, Hebrew University, Jerusalem, Israel The effect of oxytocin on the cortisol response to an interpersonal stressor Linnen A-M, Concordia University, Montreal, Canada An increase in state anxiety during the Trier Social Stress Test, is accompanied by a blunted cortisol response and high baseline cortisol:dehydroepiandrosterone (DHEA) ratio Mulder AM, Southern Cross University, New South Wales, Australia Low calorie dieting increases cortisol Tomiyama AJ, UCLA, Los Angeles, USA Stress enhances the consolidation of negative emotional memory in current and remitted depressed patients Buchanan T, Saint Louis University, St. Louis, USA 	Twin Peaks
12:30 - 2:00pm	Lunch	
2:00 - 3:30pm	Symposium 05: New studies on the effects of early adversity on brain development in humans Co-Chairs: Heim C, Emory University, Atlanta, USA Lupien S, McGill University, Montreal, Canada Presenters: Lupien S, McGill University, Montreal, Canada Pruessner J, McGill University, Montreal, Canada Danese A, King's College London, London, UK Heim C, Emory University, Atlanta, USA	Rose Ballroom
	Symposium 06: Cancer, treatment and the HPA axis Chair: Spiegel D, Stanford University, Stanford, USA Presenters: Spiegel D, Stanford University, Stanford, USA Dhabhar F, Stanford University, Stanford, USA Ornish D, PMRI, San Francisco, USA Bower J, UCLA, Los Angeles, USA	Twin Peaks
3:30 - 4:30pm	<i>Poster Session 2 – Psychopathology, Personality and Treatment – Refreshment Break</i>	Concert Ballroom
4:30 - 5:30pm	HPA Axis Discussion Panel: How can we best measure long term chronic stress? Co-Chairs: Neylan T, UCSF, San Francisco, USA Epel E, UCSF, San Francisco, USA Panelists: Seckl J, Queen's Medical Research Institute, Edinburgh, UK Dallman M, UCSF, San Francisco, USA Yehuda R, Bronx VA, Bronx, USA	Rose Ballroom
6:30 - 8:30pm	SPECIAL EVENT – Food, drinks and music at Infusion Lounge in downtown San Francisco	Infusion Lounge 124 Ellis Street

Agenda

Sunday, July 26, 2009

8:00am - 3:00pm	Registration Open	
8:15 - 9:00am	General ISPNE Membership Meeting	Rose Ballroom
9:00 - 10:00am	The Great Debate In Memoriam of Gig Levine Moderator: Yehuda R, Bronx VA, Bronx, USA Debaters: Miller A, Emory University, Atlanta, USA Schatzberg A, Stanford University, Stanford, USA Guest of Honor: Barbara Levine, longtime friend of ISPNE	Rose Ballroom
10:00 - 10:30am	Refreshment Break	Regency Foyer
10:30am - 12:00pm	Free Communications 5: SEX, HORMONES, & MENTAL HEALTH Chair: Rasgon N, Stanford University, Stanford, USA 1. Sensitivity of saccadic eye velocity was increased after allopregnanolone injection in patients with polycystic ovarian syndrome compared to luteal phase measurement in healthy women Wang M, Umeå University Hospital, Umeå, Sweden 2. Incidence of polycystic ovaries and androgen serum levels in women with borderline personality disorder Roepke S, Charité - Universitätsmedizin Berlin, Campus Benjamin Franklin, Hamburg, Germany Symposium 07: Steroid hormones & depression: What we can learn from animal models and gender differences? Chair: Galea L, University of British Columbia, Vancouver, Canada Presenters: Galea L, University of British Columbia, Vancouver, Canada Frye CA, University at Albany, Albany, USA Brummelte S, University of British Columbia, Vancouver, Canada Steiner M, McMaster University, Hamilton, Canada	Rose Ballroom
	Free Communications 6: STRESS & PSYCHONEUROIMMUNOLOGY Chair: Miller A, Emory University, Atlanta, USA 1. Anti-inflammatory effects mediate relations between physical activity and mood in older adults Ownby RL, Nova Southeastern University, Fort Lauderdale-Davie, USA 2. Inflammatory markers in depressed inpatients with and without the metabolic syndrome Zeugmann S, Charité - University Medicine Berlin, Berlin, Germany 3. Associations between effort-reward-imbalance and pro- and anti-inflammatory cytokine levels in response to acute psychosocial stress Bellingrath S, Jacobs University Bremen, Bremen, Germany 4. Acute psychosocial stress induces short-term alterations in catecholamine sensitivity of TNF-alpha but not IL-6 production in vitro Rohleder N, Brandeis University, Waltham, USA 5. Greater cortisol responsivity attenuates the IL-6 Response to acute stress Wawrzyniak AJ, University College London, London, UK 6. Evaluation of a new stress measure; 14 consecutive studies Ballegaard S, University Hospital Herlev, Herlev, Denmark	Twin Peaks
12:30 - 1:30pm	Lunch	
1:30 - 3:00pm	Symposium 08: Early life stress: risk factor or protective effect? Chair: Lyons D, Stanford University, Stanford, USA Presenters: Lyons D, Stanford University, Stanford, USA Macri S, Istituto Superiore di Sanità, Rome, Italy Parker K, Stanford University, Stanford, USA Ellis B, University of Arizona, Tucson, USA	Rose Ballroom
	Symposium 09: Oxytocin, vasopressin and the social nervous system: evolutionary and clinical perspectives Co-Chairs: Carter S, University of Chicago, Chicago, USA Beery A, UCSF, San Francisco, USA Presenters: Carter S, University of Chicago, Chicago, USA Beery A, UCSF, San Francisco, USA Baggott M, UC Berkeley, Berkeley, USA Korenberg J, University of Utah, Salt Lake City, USA	Twin Peaks

Poster Session 1

Thursday, July 23, 2009

Poster Number	Poster Title
1	Fetal origins of night eating syndrome?
2	Acute effects of stress reduction interactive guided imagery (IGI) on salivary cortisol levels in overweight Latino youth
3	Changes in insulin sensitivity and hypothalamic-pituitary-adrenal axis (HPA) activity following pilot lifestyle intervention using Interactive Guided Imagery SM (IGI) in obese Latino adolescents
4	The relationship between school stress and visceral fat: evidence of moderation by the cortisol awakening response in peri-pubertal Hispanic girls
5	Being lean, so why care about calories? Low waist-to-hip-ratio coincides with higher comfort food intake after acute stress in an elderly healthy sample
6	Adiponectin and negative mood in healthy pre- and post-menopausal women
7	Relationship between hypothalamic-pituitary-adrenal and food intake responses to a psychosocial stress test in middle-age, perimenopausal women of differing body composition
8	CRH-stimulated cortisol release and food intake in healthy non-obese adults
9	One- and two-year stability salivary alpha-amylase diurnal rhythm and overall daily output
10	Neural memes in epigenesis, pathogenesis, and longevity
11	Associations between telomere length and education in the Health ABC Study (AP07-431: the effects of psychosocial stress on telomere length)
12	Stress reactivity and buccal cell telomere length in 6-year old children in the Peers and Wellness Study
13	The 5-HTTLPR modulates the impact of sex and use of oral contraceptives on the cortisol awakening response
14	Assessments of maternal cortisol awakening responses and diurnal cortisol profiles over a multiple-day period predict length of gestation
15	Humor and the cortisol awakening response in older men
16	Light affects morning salivary cortisol, but not salivary alpha-amylase
17	Acute relaxation-induced changes in hormones of the hypothalamic pituitary adrenal axis
18	Physiological and psychological responses to the 2008 U.S. presidential election
19	Measuring cortisol in nails: a pilot study in normal volunteers
20	Cognitive modulation of endocrine responses to CRH stimulation, revisited – an exercise in understanding potential sex and CBG effects
21	DHEAS: a new stress hormone for psychologists?
22	Social evaluation and gender: impact on sex differences in stress reactivity

Poster Session 1: Thursday, July 23, 2009 *continued*

Poster Number	Poster Title
23	Sex based differences in cortisol response to psychosocial stress
24	Automatic emotional information processing regulates the cortisol response to psychosocial stress
25	Human hormonal responses to social challenges: an experimental paradigm for a laboratory setting
26	Mineralocorticoid receptor (MR) gene variants are functional in vitro and influence the response to psychosocial stress
27	Stress response to the still-face procedure
28	Impact of infant cry perception on conflict monitoring
29	Cortisol concentrations in rhesus monkey milk: implication for offspring biobehavioral development
30	Infants that regulate stress learn: cortisol tuning in the first year of life
31	Breastfeeding, cortisol, fear and approach: pieces of a developmental puzzle
32	The maternal cortisol awakening response in human pregnancy is associated with the length of gestation
33	Neuroendocrinological effects of prenatal exposure of selective M- and N-cholinoblockers in early ontogeny
34	Early life maternal care predicts psychological vulnerability and the cortisol awakening response in young adults
35	Exposure to maternal depressive symptoms may alter subsequent cortisol awakening response in children but not in mothers
36	Increased cortisol in response to peer interaction in children with autism
37	Retaliative aggression in young men – can adult and embryonic testosterone levels explain interindividual differences?
38	Task dependent amelioration or impairment of cognitive tasks elicited by fear
39	Confounding influences on long-term electrodermal recording
40	Can attentional manipulation affect the cortisol stress response?
41	Acute effects of cortisol on memory and functional connectivity within the brain
42	The prospective association between COMT genotype and cognition among black and white older adults: findings from the Health ABC Study
43	Next-generation gree antagonists prevent and reverse antipsychotic-induced weight gain
44	Mifepristone reduces weight gain associated with risperidone use

Poster Session 2

Saturday, July 25, 2009

Poster Number	Poster Title
50	Stress response in postpartum women with obsessive-compulsive disorder: a pilot study
51	Seasonal perimenopausal effects in affective illness
52	Periventricular white matter diffusion parameters and salivary cortisol levels in euthymic bipolar patients and in control subjects
53	Myriads of sex hormonal effects on brain, personality and their modulating effects on schizotypy
54	Endocrine correlates of psychopathy and callous/unemotional traits in incarcerated youth
55	Immune deficiency induced by chronic intravenous cocaine administration in rats
56	Low serum IL-10 concentrations, and loss of regulatory association between IL-6 and IL-10 In adults with major depression
57	Behavioral inhibition predicts blunted cortisol stress responses to a social challenge in both chronic major depressive disorder and control subjects
58	Social influences on mechanical allodynia and depressive like behavior in neuropathic pain: role of oxytocinergic signaling
59	Prednisolone suppression test in treatment resistant depression: predictor of outcome to inpatient treatment
60	Relation of TNF- α to symptoms of anxiety and depression
61	Serum concentrations of BDNF are low in depression and predict antidepressant response
62	Cortisol, negative affect, and heightened status sensitivity in victims of early childhood adversity
63	Major depression and history of childhood sexual abuse are related to increased PBMC telomerase activity
64	Childhood sexual abuse influences serum BDNF levels in adult depression
65	Effects of childhood adversity, socioeconomic risk, and PTSD on circadian cortisol in Detroit-area trauma-exposed mothers
66	Psychoendocrine predictors of treatment response in PTSD
67	Cortisol awakening response as a resilience factor to PTSD: a longitudinal study of civilian trauma
68	Salivary awakening cortisol, peritraumatic reactivity, and PTSD symptoms: a prospective study of police
69	Association between self-reported childhood trauma and parental care, and cortisol profiles in individuals with varying levels of depressive tendencies
70	Does neuroticism moderate the associations between cortisol and depression?
71	Heritability of anxious temperament and amygdala activity: the influence of CRHR1 gene polymorphism

Poster Session 2: Saturday, July 25, 2009 *continued*

Poster Number	Poster Title
72	The COMT Val158Met polymorphism modulates the association of anxiety-related traits and endocrine stress reactivity
73	Oxytocin attenuates the anxiety response to interpersonal stress in females high in emotion-oriented coping
74	Rumination and cortisol regulation in HIV+ individuals receiving mindfulness training
75	Trait rumination predicts cortisol response trajectories during the Trier Social Stress Test
76	Morningness-eveningness is related to exhaustion and type D personality characteristics but not to allostatic load in female school teachers
77	Effects of self-esteem on electrophysiological correlates of easy and difficult math
78	An intra-individual look at the effects of emotion variability on cortisol levels in adolescence
79	Cortisol administration inhibits subgenual cingulate (BA25) processing of sad stimuli
80	The effects of cortisol administration on the early perception of masked emotional faces
81	The influence of exogenous glucocorticoid (GC) administration on the inhibition of emotional information: a dose-response study
82	Forced administration of dexamethasone and psychoactive drugs in rats: assessment of behavioral elements of drug dependence and expression of mRNA for CRF and vasopressin in hypothalamus and amygdala
83	Association of HTR2C, but not LEP or INSIG2 with antipsychotic-induced weight gain in a German sample
86	Chronic high-dose androgens are anxiolytic, but not antidepressive in mice
87	Evaluation of a comprehensive stress management program

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CULTURAL AND LINGUISTIC COMPETENCY

Federal and State Law Regarding Linguistic Access and Services for Limited English Proficient Persons

I. Purpose.
This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.
The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: <http://www.hhs.gov/ocr/lep/>.

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services. HHS’s guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS’s guidance also establishes a “safe harbor” that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS’s Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

III. California Law – Dymally-Alatorre Bilingual Services Act.
The California legislature enacted the California’s Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 et seq.) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person’s English language skills. California Government Code section 7291 recites this legislative intent as follows:

“The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers.”

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url: <http://www.spb.ca.gov/bilingual/dymallyact.htm>

THANK YOU FOR COMING.