Recognition that one of the essential prerequisites of successful neuropsychopharmaceutical research is a continuous dialogue between clinicians and basic scientists created a need for the founding of an association which would provide a platform for interaction among the different disciplines of the new field.

THE FOUNDING OF CINP

To start the dialogue between clinicians and basic scientists an International Symposium on Psychotropic Drugs was hosted by Emilio Trabucchi, chairman of the department of pharmacology, and Silvio Garattini, a young pharmacologist, at the University of Milan in May 1957. On the second day of this symposium Wolfgang de Boor, a psychiatrist working in Cologne, Germany, and Corneille Radouco-Thomas, a pharmacologist working in Geneva, Switzerland, proposed the founding of an „international association” to provide a forum for interaction between clinicians and basic scientists for the study of psychotropic drugs.

The formal inauguration of CINP took place four months after the Milan Symposium, during the Second World Congress of Psychiatry in Zurich, on September 2, 1957, at a dinner meeting, hosted by Rothlin, in the buffet of the city’s railway station. By the end of the dinner Rothlin, a former director of Sandoz, was elected president, W. A. Stoll, treasurer, Corneille Radouco-Thomas and Herman Denber, secretaries, and Pierre Deniker and Philip Bradley, councilors. The 32 invited guests became the founders of CINP [1].

TRANSLATION OF FINDINGS

What are the aims of CINP? According to its Constitution and By-Laws, drafted in 1957, the primary objective of the organization is „to establish (provide for) an organization whose members shall meet from time to time” at least once every two years, „to consider and discuss matters related to neuropsychopharmacology and through the organization encourage and promote international scientific study, teaching and application of neuropsychopharmacology.”

Prior to the inaugural meeting there was disagreement between the two main players in the founding, Rothlin and Trabucchi, regarding membership in the organization, reflecting major differences in their expectations about the collegium. In this dispute Rothlin prevailed and membership was restricted to those actively involved in the new field instead of being open to all interested in the new drugs. However, as a compromise, it was decided that congresses should alternate between „open” meetings with free attendance for everyone interested in the field, and „closed” meetings with attendance restricted to CINP members and their invited guests. The idea was that open meetings with larger audiences would provide a forum to communicate new developments in neuropsychopharmacology. By contrast, closed meetings would allow for interaction among the disciplines, the provision of feedback from clinicians to basic scientists, and the conversion of findings in preclinical neuropharmacologic research into clinical psychopharmacologic hypotheses.

The 1st CINP Congress – organized by Emilio Trabucchi – was an open meeting in 1958 in Rome, Italy, with about 500 participants from 26 countries [5]. Its central theme was drug-induced behavior; and the symposia were dedicated to methods of analyses of drug-induced behavior in animals and man; to the comparison of abnormal behavioral states induced by psychotropic drugs in animal and man; and to the comparison of drug-induced and endogenous psychoses. The Congress provided a platform for Julius Axelrod, an American biochemist who was to receive the Nobel Prize, to present his discovery that catechol-O-methyl transferase plays a role in the inactivation of norepinephrine (NE), which led to the transmethylation hypothesis of schizophrenia; for Manfred Bleuler, a prominent Swiss psychiatrist, to express his belief that one should not expect that anomalies of NE or serotonin (5-HT) could explain the pathogenesis of schizophrenia; and for Pierre Lambert, a young French psychiatrist, to propose a classifica-
tion of neuroleptics, prepared by the Comité Lyon-
naise, in which neuroleptics are divided into “sedative,” chlorpromazine-type (which are less potent on a mg per kg basis and produce drowsiness and lassitude with relatively few extrapyramidal signs [EPS]) and “incisive,” prochlorperazine-type (which are more potent on a mg per kg basis and produce ataxy without drowsiness but with frequent and marked EPS).

The 2nd CINP congress – organized by Ernst Rothlin, during the second term of his presidency (1958–1960) – was a closed meeting in 1960 in Basle, Switzerland, with about 250 participants [21]. The program focused on methodological issues relevant to the detection of the mode of action and the therapeutic effects of psychotropic drugs. It was at the Basle meeting that Arvid Carlsson, a Swedish pharmacologist who was to receive the Nobel Prize, presented his findings on selective changes in brain monoamines with psychotropic drugs. This was to provide the theoretical framework that dominated neuropsychopharmacology for well over two decades. It was also at the Basle meeting that Fritz Freyhan, one of the American pioneers of psychopharmacology, called for a “critical examination” of the commonly held belief that there is a linear relationship between neuroleptic potency and therapeutic effects. By presenting clinical evidence that “compounds showing higher frequencies of hyperkinetic syndromes also have higher failure rates” in treatment, he provided the kind of feedback for researchers involved in psychotropic drug development that might have prevented the detour in the pharmacotherapy of schizophrenia that entailed “high potency” neuroleptics, and the accompanying high prevalence of tardive dyskinesia in neuroleptic-treated patients.

The 3rd CINP Congress – organized by Dieter Bente, Hanns Hippius, and Fritz Flügel during Paul Hoch’s presidency (1960–1962) – was an open meeting in 1962 in Munich, Germany [6]. It was the 10th anniversary of the introduction of chlorpromazine (CPZ), and the meeting provided an opportunity to critically examine ten years of psychopharmacology.

The 4th CINP Congress – organized by Philip Bradley during Hans Hoff’s presidency (1962–1964) – was a closed meeting in 1964 in Birmingham, England [3]. The program was uniquely structured in that the first day was dedicated to a plenary session in which speakers with different backgrounds introduced the central theme from their own point of view; the second and third days were given to discussion in working groups; and the fourth and final day to a second plenary session at which deliberations of the working groups were summarized in reports.

Many of those who attended the Birmingham Congress felt that the format of the meeting, with one topic, was optimal for interaction and should have been adopted at future meetings. But this did not happen. The 5th CINP Congress, an open meeting, organized by Jonathan Cole (69) during Jean Delay’s presidency, in 1966 in Washington, DC, United States, featured 14 scientific symposia covering many areas of neuropsychopharmacology [7]; and the 6th CINP Congress, a closed meeting, organized by F. G. Valdecasas during his presidency (1966–168), in 1968, in Tarragona, Spain, accommodated as many as eight free communications sessions with widely different topics [9].

By the end of the 1960s, despite of the restriction of membership to those actively involved in the new field, interaction between basic scientists and clinical investigators decreased at the biennial meetings, and clinical feedback was largely dismissed. Since by the early 1970s conversion (translation) of findings from one discipline to another to establish relationships, e.g., between structural changes and activity, was no longer of central importance at the meetings, the only difference remaining between open and closed meetings was in the number of registrants. However, alternation between open and closed meetings lingered on until the mid-1980s.

COMMUNICATION OF FINDINGS

During the 1970s pharmacotherapy with psychotropic drugs became the primary form of treatment in mental illness; psychiatrists involved in psychopharmacology were becoming part of the psychiatric establishment; and CINP congresses were transformed into meetings with less and less emphasis on interaction and feedback, and with more and more emphasis on presentations on newly emerging areas of research. The 7th CINP Congress – organized by Zdenek Votava and Oldrich Vinar during Heinz Lehmann’s presidency (1968–1970) – in 1970, in Prague, Czechoslovakia, included symposia on lithium with special attention to the prophylactic treatment of bipolar disorder; on amine precursors with special attention on the treatment of affective disorders; and on the evaluation of anxiolytic drugs [23]. The 8th Congress – organized by Eric Jacobsen during his presidency (1970–1972) – in 1972, in Copenhagen, Denmark, featured the pharmacotherapy of sexual disorders, and the long term effects of psychotropic drugs [2]; the 9th – organized by Jacques Boissier during Hans Hippius’ presidency – in 1974, in Paris, France, looked at the effect of drugs on cyclic AMP in the brain, and at genetics in psychopharmacology [4]; the 10th – organized by Radouco-Thomas and André Villeneuve during Deniker’s presidency – in Quebec City, Canada, focused on geriatric psychopharmacology, on the
role of cations in synaptic function, and on the interrelationship between neurotransmitter systems [11]; and the 11th – organized by Bernd Sale-

By the end of the 1970s it was recognized that pharmacotherapy based on hypotheses derived from studies on the mode of action of psychotropic drugs, such as the catecholamine hypothesis of depression, and the dopamine hypothesis of schizophrenia, did not work. Antidepressants, such as desipramine or nortriptyline, were more selective NE reuptake inhibitors than imipramine or amitriptyline but were not more effective in the treatment of depression; and fluphenazine and haloperidol were more potent dopamine (DA) blockers, but not more effective in the treatment of schizophrenia. In spite of this, CINP congresses have become increasingly dominated by neu-
ropharmacology, driven by technological progress, such as the development of receptor binding assays, and receptor subtypes, which led to the delineation of the receptor profiles of neuroleptic and antidepressant drugs.

By the early 1980s basic research in neurophar-
macology was no longer restricted to cerebral monoamines; it was extended to neuropeptides and prostaglandins. The 12th CINP Congress – organized by Carlsson during his presidency (1978–1980) – in 1980, in Göteborg, Sweden, was the first meeting to reflect „the shift from neuro-
transmitter biochemistry at the synaptic cleft to receptor research“ [8]; the 13th Congress – organ-
ized by Robert Belmaker during Paul Janssen’s (90) presidency (1980–1982) – in 1982, in Jerusalem, Israel, „documented the (ongoing worldwide) effort to understand mental disease in terms of molecular processes“ [12]; the 14th – organized by Giorgio Racagni during Paul Kiel-
holz’s presidency (1982–1984) – in 1984, in Florence, Italy, reinforced the belief that employ-
ment of molecular neurobiology, an emerging new science, „could lead to research that will transcend the existing boundaries of neuropsychopharmacology“ [15]; and the 15th – organized by William Bunney and Oakley Ray (92) during Ole Raafælson’s presidency (1984–1986) – in 1986, in San Juan, Puerto Rico, raised hopes that the study of „receptor site response to secondary transmitter systems could provide an avenue for the develop-
ment of new therapeutic substances.“ The San Juan Congress featured plenary lectures by two Nobel Laureates, Julius Axelrod, and Gerald Edelman, and two first generation neuropsychophar-
macologists, Solomon Snyder and Floyd Bloom. Snyder, whose background was primarily in psy-
chiatry and neurochemistry, „emphasized that neurotransmitter-receptor sites are central to our understanding of synaptic functions,“ and sugges-
ted that „the techniques for identifying receptor sites can be applied to an understanding of the modified and modulated enzymatic changes that may be necessary to ameliorate, or correct beha-
vioral disorders;“ and Bloom, whose background was primarily in neurophysiology, felt „encour-
aged to anticipate that disturbed behavior may eventually be understood in terms of known disor-
dered brain functions.“ In his plenary lecture he „described a Brave New World that will be known in terms of cell function at the molecular level, of anatomical connections, and of a galaxy of trans-
mitters and their modifiers ‘signaling’ to each other“ [24].

COMMUNICATION OF INTERPRETATIONS

In contrast to the major advances in neurophar-
macology, there was little progress in clinical psy-
chopharmacology after the 1970s. The methodolo-
gy of clinical psychopharmacology has the capability only to demonstrate therapeutic effec-
tiveness but not to translate the differential receptor profiles of drugs into therapeutic profiles relevant to treatment. Idiosyncratic classifications, with possibly homogeneous treatment groups, are covered up by consensus-based classifications, such as the ICD-10 of the World Health Organiza-
tion, or the DSM-IV of the American Psychiatric Association. Signs and symptoms which are rele-
vant to diagnosis are dismissed by sensitized rat-
ing scales. Multi-center, centrally-coordinated clinical investigations with sample-sizes deter-
mined by power statistics lead to semi-finished psychotropic drugs without any guidance in pre-
dicting which form of illness is responsive to the drug.

By the late 1980s the gap between neurophar-
macology – with the capability to „taylor drugs“ to receptor affinities by the employment of genetic technology – and psychopharmacology – with a methodology to demonstrate therapeutic effec-
tiveness in diagnostic categories which are widely heterogeneous in responsiveness to treatment – grew so wide, that without the interpretation of neuropharmacological findings, it could not be bridged Interpretations rendered neuropharmacological findings applicable for clinical use before establishing a definite relationship between the findings and clinical effects. Since neuropharma-
cology remained the driving force behind the development of new drugs, it led to neuropsy-
chopharmacologists having close-ties with the pharmaceutical industry in order to serve as
Squibb, and presented for the first time at the 17th CINP Congress, organized by Takahashi and Shizamano – in 1990, in Kyoto, Japan. Later on several other presidents, organized workshops, focused on their scientific interest. Coppen’s presidency culminated in the Kyoto Congress, the first major program of CINP outside of Europe and North America. From its 2430 participants about 1000 were from Japan. At the business meeting in Kyoto, several Japanese psychiatrists were elected to membership, and with 56 elected members in 1990, Japan became the country with the third largest national membership in the CINP, after the United States and the United Kingdom, outnumbering the membership of France, Germany and 50 other countries [10].

The Kyoto Congress was followed by the 18th CINP Congress in 1992, in Nice, France, the largest CINP Congress during the 20th century with 5700 participants. It was organized during Julien Mendlewicz’s presidency (2000–2002) by Guy Darcourt, a senior psychiatrist in Nice, and Philippe Robert, one of his assistants, with the help of Salomon Langer, research director of Synthélabo at the time. The Nice Congress set the stage for the 19th Congress in 1994, in Washington, DC, the second largest CINP congress in the 20th century, during the presidency Giorgio Racagni (1992–1994). Lewis Judd, a former director of the National Institute of Mental Health in the United States, was the chairman of the national organizing committee, and Oakley Ray, the secretary general of the Congress [13].

Lewis Judd (118) succeeded Giorgio Racagni as president of CINP, and during his tenure (1994–1996) activities of CINP were extended to the organization of the first regional meeting, held in part in Vienna (organized by Bernd Saletu), and in part in Prague (organized by Vaclav Filip). He proposed the establishment of a committee, consisting of the last four past presidents with the most senior past president as chair, which became the Presidents’ Committee (PC) with the mandate “to provide continuity and leadership for the CINP and to serve as an ad hoc advisory group, to the CINP president and executive committee.” Judd revived the tradition of a presidential address at congresses which stopped after the 1970s, and in his presidential address at the 20th CINP Congress, organized by Graham Burrows in 1996, in Melbourne, Australia, he described his research on the life course of unipolar depression and the implications of residual symptoms between episodes for treatment [14].

ORGANIZATIONAL CHANGES

The regional meetings continued during the
privileged by Gerhard Heinze, the first CINP meeting in the Latin Americas. It was during de Montigny’s tenure that CINP’s journal, the International Journal of Neuropsychopharmacology (published by Cambridge University Press) was launched with Bernard Lerer as editor in chief. It was also during his tenure that the Pfizer-CINP Pioneers Award was established and presented to Pierre Deniker, Joel Elkes, and Heinz Lehmann at the 21st CINP Congress, organized by Brian Leonard, in 1998, in Glasgow, Scotland, the United Kingdom [16]. Other recipients of the pioneers award in subsequent meetings were Frank Ayd, Arvid Carlsson, Jonathan Cole, Alec Coppen, Hanns Hippius, Paul Janssen, Alfred Pletscher, Mogens Schou, and Herman van Praag. De Montigny’s presidency is associated with a move toward democratization of the CINP, in spite of some opposition, with the nomination of a slate of two – instead of one – candidates for election for each of the five offices (president elect, 2 vice presidents, secretary, and treasurer) on the executive, and for each of the 10 positions of councilors on the council.

Democratization was followed by incorporation during the presidency of Helmut Beckmann (1998–2000). By the time the 22nd CINP Congress, organized in 2000 in Brussels, Belgium, by Julien Mendlewicz, the organization became a legal entity registered in Switzerland with domicile in Zurich. During Beckmann’s presidency regional meetings were held in Oporto (Portugal), organized by Antonio Pacheco Palha, in Asuncion (Paraguay), organized by Juan Morinigo Escalante, and in Kuala Lumpur (Malaysia), organized by Ainsah Omar.

The first president of CINP in the new millennium was Eugene Paykel (2000–2002). He was also the first democratically elected president of the organization. It was during Paykel’s tenure that the decision was reached to regionalize CINP with “convenors” responsible for the coordination of activities in the different geographic regions. Regionalization was implemented at the end of the 23rd CINP Congress in 2002, in Montreal, Canada, under the direction of Brian Leonard, with the appointment of the first slate of regional “convenors.” During Paykel’s presidency, the CINP had regional meetings in Budapest, Hungary, organized by Peter Gaszner, and in Hiroshima, Japan, organized by Shigeto Yamawaki. Another important decision reached during Paykel’s presidency was the setting up of a central office in Nashville, Tennessee, USA, with Oakley Ray as the first executive secretary of the office, for continuity and smooth operation of the organization. Prior to the establishment of this office, continuity was provided by the presidents committee and primarily by the presidents who previously served as president-elects, and after their presidency, as past presidents on the executive committee [18].

By the time Eugene Paykel was succeeded by Herbert Meltzer (141), CINP was a financially secure organization with about 1000 members from 53 countries. During Meltzer’s tenure the activities of CINP’s education committee were intensified, and the possibility of extending CINP’s advisory activity to the division of mental health of the World Health Organization, was explored. It was also during Meltzer’s presidency that CINP had its first regional meeting in the People’s Republic of China, organized by Tianmei Si [17]. As chairman of the international scientific program of the 24th CINP Congress, a meeting organized by Jean-Pierre Olie in 2004, in Paris, France, Meltzer emphasized the importance of communicating the “most useful new knowledge about treatment and the understanding of drug and disease mechanisms,” and complemented traditional symposia with synesthesia, i.e., review-like sessions, and with several “meet the expert” interactive workshops. The Paris Congress with 6700 registered participants was so far the largest meeting in the history of CINP. Meltzer was instrumental in complementing the central office with a congress organizing group with Oakley Ray as executive director. This congress organizing group, if successful, could channel to the CINP treasury some of the funds spent on congress organizers from the revenues generated by the congress. Establishment of the congress organizing group was the first step toward resolving the situation that CINP’s biennial congresses, the organization’s only source of substantial revenue is not dealt with by the treasurer and the finance committee, but by the congress organizing committee, with the arrangement that the funds generated by the congress is shared between CINP (75%), and the hosting organization (25%).

ON THE CINP EXECUTIVE

I served on CINP’s executive committee from 1970 to 1986. I was secretary of CINP from 1970 to 1974, vice president from 1974 to 1976, and treasurer from 1978 to 1986. It was a period which began at the congress in Prague and ended at the congress in San Juan. During those years CINP had four official languages: English, French, German and Spanish, but the activities of the college were still restricted to the organization of biennial congresses. All through my tenure as an officer the membership grew steadily – from about 200 in 1970 to over 600 in 1986 – far beyond the agreed maximum of 15% from one congress to the next, and all through this period virtually all members attend-
ed each congress and the general assembly at the congress.

I took over the treasury in 1978 from Paul Janssen with less than $40,000, and passed it in 1986 to Lauren Maitre with over $100,000. The organization operated on a shoestring budget and as treasurer I remember our largest expense was the cost of travel and hotel for the officers attending meetings of the executive.

After 1986 the situation changed and by the end of the millennium CINP has become a financially secure, flourishing organization with sufficient funds to support administration and coordination. During the 1980s the organization adopted English as its official language. And during the 1990s CINP extended its activities to include in addition to the biennial congresses other meetings, workshops, educational seminars, and programs, such as for example the „mentor program“ in which senior researchers provide guidance to junior investigators. The size of the membership, and especially the membership in Asia, Australia and the Latin Americas, as well as the size of the biennial congresses has kept on growing, and yet at the dawn of the 21st century it has been noted that only about one-quarter of the membership attends the biennial meetings with hardly enough members present at the general assembly to provide a quorum.

**CONCLUSIONS**

By the end of the 20th century pharmacotherapy has become the primary treatment for all the various psychiatric disorders from sexual dysfunction to the dementias. The pharmaceutical industry was instrumental in reintegrating psychiatry with the other medical disciplines by supplying psychotropic drugs with demonstrated therapeutic effectiveness. They succeeded in establishing psychopharmacology as the dominant paradigm in psychiatry around the world by providing financial support for research in such areas as genetics, neuropharmacology and brain imaging. With the development of neuropsychopharmacology, the term „psychiatry“ with its implicit separation of the afflictions of the „mind“ from the diseases of the „body,“ has become anachronistic.

By the dawn of the 21st century CINP has grown into a prosperous organization incorporated in Switzerland with a central office in Nashville (Tennessee, USA), encompassing a membership from six continents. The organization has played an important role in converting psychiatrists from thinking psychologically to thinking biologically; facilitating the development of a cadre of neuropsychopharmacologists; and providing a forum for the communication of new developments with psychotropic drugs. At the time it was founded in 1957, CINP was the only organization that existed in neuropsychopharmacology; consequently the pharmaceutical industry hoped that the collegium would facilitate the interaction between the many different disciplines involved in the new field. It also sought guidance from findings in „translational research“ in order to develop more effective psychotropic drugs.

Major developments in neuropharmacology, without a parallel development in the methodology of clinical investigations, created a widening gap between neuro- and psychopharmacology. This led to the filling in the missing information from translational research by the clinical interpretation of neuropharmacological findings. Translational research in neuropsychopharmacology is dedicated to the verification (establishment) of relationships between findings in the different areas of the field, e.g., between neuropharmacological actions and clinical effects. In contrast, interpretations in neuropsychopharmacology make neuropharmacological research findings applicable for clinical use before establishing a definite relationship between the findings and clinical effects.

In 2004 by the time Brian Leonard succeeded Herbert Meltzer as president, CINP had expanded its membership and evolved into its present form. Yet, CINP was no longer a unique organization dedicated to the communication of „translational research,“ but one of many organizations dedicated to the communication of interpretations of neuropharmacological research findings. This might explain the difficulty in addressing the question what can CINP offer that other similar national or regional associations in psychopharmacology or biological psychiatry cannot.

Confronted with this reality CINP will have to choose whether to continue in the direction set in the late 1980s – organize larger and larger meetings and become the most powerful organization in the communication of interpretations in neuropsychopharmacology – or to return to its original mandate by alternating between closed and open meetings, and thereby becoming a unique organization again dedicated to the communication of findings in translational research. It is gratifying that the CINP today has the necessary by-laws for deciding on this important issue in a democratic way.

At this point in time it is a mute question in which direction CINP will go. All we know is that the CINP meeting organizing group is planning a closed meeting to celebrate the founding of the collegium in Zurich, Switzerland, 50 years before.
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