Eur Psychiatry 1997;12:46–48

AEP news

The European launch of interpersonal psychotherapy in the Xth World Congress of Psychiatry

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(Received 23 September 1996; accepted 23 September 1996)

German redefinition of our specialty as psychiatry and psychotherapy will deeply influence our profession in the whole European Union and beyond.

C Ballús
(former President of the Association of European Psychiatrists)

We fully agree with C Ballús. The next century's psychiatrist will have to be skilled in one or more psychotherapeutical approaches. In the Xth World Congress of Psychiatry in Madrid, August 1996, both a course and a symposium on Interpersonal Psychotherapy (IPT) were held. IPT, created by Gerald Klerman (1928-1992), Myrna Weissman and colleagues, is a manualized (Klerman et al, 1984) formalization of procedures often used by psychiatrists. The World Psychiatric Association President, JJ López-Ibor, was interested in the participation of Myrna Weissman, but unfortunately she was unable to attend the meeting.

IPT co-founder M Weissman of Columbia University and JC Markowitz of Cornell University continue to distinguish the New York area as a reference for IPT. JC Markowitz has contributed to joining together European IPT involved professionals, which we appreciate. In the congress section on reproduction and mental health, M Spinelli, from Columbia University, showed the efficacy of IPT for depressed antepartum women in a pilot controlled clinical trial. This is relevant, since psychotherapy is a first choice indication in parapartum conditions.

The IPT course was held by E Schramm, from the University of Freiburg. She was trained in IPT by E Frank and D Kupfer at the University of Pittsburgh, Pennsylvania, and back in Germany she is impulsing research and dissemination of IPT. An association on IPT has been created and the first yearly symposia have been celebrated. More then 350 therapists have been trained in German-speaking countries. The author has recently published a comprehensive monography (Schramm, 1996) on IPT, the very first European effort in the field. This second generation manual on IPT includes a thorough update of psycho-bio-social research, the translation of the know-how section in the source manual (Klerman et al, 1984), and practical messages for IPT trainees. A Spanish translation of the book has been planned.

The symposium "Current status of interpersonal psychotherapy in Europe" showed that efficacy data from controlled clinical trials suggest IPT as a reasonable alternative or adjunct to medication for patients with major depression. It is as well a promising treatment for bulimia nervosa, bipolar disorder, dysthymia, panic disorder, borderline personality disorder, posttraumatic stress disorder and other new IPT adaptations under development.

Psychotherapy researcher, C Fairburn, from Oxford University, emphasized bulimia nervosa as the second best indication of IPT after major depression. His previous study (Klerman and Weissman, 1993) found it to be as effective as the

leading treatment for the condition (cognitive behavior therapy). The ongoing multicenter trial, Stanford-Oxford-Columbia, with an impressive design to investigate how IPT operates in bulimia nervosa and to establish whether different types of patients respond preferentially to IPT, was described.

J Aldenhoff and K Müller-Popkes, both from the University of Kiel, made their presentations. The first showed empirical evidence that IPT normalizes impaired cellular calcium-homeostasis in depressed patients, an interesting example of a concrete biological effect caused by psychotherapy. The latter described a clinical trial on primary insomnia with medication-free patients, in which IPT was proven to be more effective than progressive relaxation treatment, supporting the IPT idea of combining symptom-directed techniques with interpersonal issues relevant to the development and maintenance of a specific disorder.

M Diéguez presented one of the initiatives on IPT that the active Madrid group around A Fernández-Liria is undertaking. The latter, a leading Spanish psychiatrist, is making efforts to generalize psychotherapy, especially IPT, in the public mental health system. During the congress, the constitution of the *Sociedad Española de Psicoterapia Interpersonal* was held. Psychologists and psychiatrists are demanding better standards of psychotherapy training, and quality assurance in mental health is increasingly taken into account. This is the context in which IPT should be introduced in Spain (Solé-Puig, 1995) and worldwide.

Training psychiatry, integrating psychotherapy

E Schramm and J Solé-Puig, Chair and Co-chair of the symposium, summarized the current status of IPT in Europe. IPT interest is consistently increasing among European psychiatrists and psychologists. Due to different health systems and cultural backgrounds there are a few differences in the use of IPT compared to the United States. For example, in Germany IPT is mainly conducted as an inpatient treatment. In Spain and other European Union countries, overwhelmed outpatient psychiatrists and psychologists have difficulties providing continuity of psychotherapeutical care. Efforts must be made in Europe to generalize psychotherapy practice and training, integrating at least two or three psychotherapeutical approaches in the academic curricula. One of them could be IPT.

In 1992, the year of Klerman's death, during the 95th Deutsche Ärztetag, German physicians redefined our medical specialty as psychiatry and psychotherapy. It is an officially changed shcedule in psychiatric training that stresses a major integration of psychotherapeutic approaches into clinical psychiatry. In the same year, the European Board of Psychiatry of the *Union Européenne des Médecins Spécialistes* took aim at harmonizing psychiatric training among European Union countries (or in Europe as a World Health Organization region). Due to highly different standards of psychiatric training in the respective European countries, there is a need to harmonize training requirements in Europe. The goal is to achieve optimal and homogeneous standards of psychiatric training in Europe.

In opposition to the events in the United States of America, the various European countries show differences in psychiatric education and practice. Among those differences, a very important one is the place psychotherapy has in each country's psychiatry. But we increasingly agree with the basic idea that psychotherapy training should be compulsory in every European psychiatric curriculum.

Psychotherapy: more of a 'tool' than a 'school'

What kind of psychotherapies should the European curricula include? Untill now, the statement most repeated is that psychotherapy training should include at least psychodynamic and cognitive-behavioral approaches. We can add a third psychotherapeutic tool. If the main purpose of the new curricula is to offer a multidimensional approach to diagnosis and therapy of psychiatric disorders on the basis of biological psychiatry, psychotherapy and social psychiatry, IPT is an approach that fits well.

The scientific prestige of IPT in the 1990s is undoubtable. It is the most quoted psychotherapeutical approach in biological psychiatry literature. Its success in the National Institute of Mental Health Treatment of Depression Collaborative Research Program (Elkin et al, 1989) and in two important practice guidelines – the one from the American Psychiatric Association addressed to psychiatrists, and the Depression Guideline Panel of the United States Department of Health and Human Services addressed to primary care – is well known.

G Klerman, M Weissman and colleagues created IPT as a psychotherapeutical agent, analogous to a psychopharmacological one, antidepressants. The 4 to 6 months of IPT for depression are the same 4 to 6 months as the recommended continuation

https://doi.org/10.1016/S0924-9338(97)86381-X Published online by Cambridge University Press

treatment with antidepressants. IPT is the best example of a current trend in the field: from school-oriented psychotherapies we are advancing to disorder-oriented psychotherapies. Today's psychotherapists do not care about school loyalties; what they want is an efficient psychotherapeutical tool. IPT could fullfil this demand.

We used to describe IPT as a pragmatic, atheorical, non ideological and eclectic approach. Those are good adjectives. You see the psychodynamic roots in it, although the therapeutic stance is the opposite of psychoanalysis. IPT shows cognitive-behavioral aspects, like problem-solving techniques and the active, encouraging role of the therapist. But IPT therapists give no homework to the patients and do not think in Pavlovian terms. In addition, the focus on interpersonal relationships overlaps with family therapy. But IPT is mainly individual, although new formats (couples, groups) have been introduced. IPT is eclectic not as a patchwork, but as a semistructured way to guide the patient over a few months, as a formalization of procedures often used by psychiatrists. It is user-friendly because psychiatrists using IPT feel confortable with it. Last but not least, IPT is well-accepted by patients. After the introduction of psychodynamic, behavioral and cognitive approaches, IPT, as an ideology-free supportive-expressive interpersonal-oriented approach, puts the expression of feelings and emotions into the core of a manualized psychotherapy, being an affective revolution in the field.

IPT, with its lack of rigidity, shows a solid ground based more on empiric knowledge and less on belief systems. School faithes should not obstacle IPT to improve with research, becoming probably a better tool. IPT could even be a model for research in the psychotherapy field. Conclusion: psychotherapeutic training in Europe should include at least the psychodynamic, the cognitive-behavioral, and the interpersonal approach.

The IPT meeting during the Xth World Congress of Psychiatry ended with a vivid debate and plans of networking among the involved psychiatrists and psychologists. The creation of a future European IPT association was discussed.

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