

International Psychogeriatric Association
Twenty-fifth Anniversary History
Joyce Dunne

Serving the Global Nation of Older People

International Psychogeriatric Association Celebrates 25 Years of Better
Mental Health for Older People Everywhere
1982–2007

Community. Commitment. Collaboration. Catalyst. For the International Psychogeriatric Association (IPA), these are not just hoped-for ideals, but the very foundation of the organization. From its inception, IPA has been infused with a strong sense of community, a passionate commitment to advancing the field of old-age mental health, and a deeply ingrained collegiality.

Celebrating 25 years as an organization, IPA continues to be a close-knit community while serving as the preeminent voice for the world's researchers, clinicians, and other healthcare professionals working in geriatric mental health.

IPA in fact represents a wide range of disciplines, including geriatrics, psychiatry and psychology, epidemiology, general and family medicine, nonclinical gerontology, law, neurology, nursing, the therapeutic specialties, pharmacy, public health, and social work. And its membership comes from more than 65 countries, transcending political and economic barriers to harness the team concept so crucial to psychogeriatrics. IPA's focus is distinctly non-disease specific, to facilitate the idea of viewing the patient in total.

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IPA's uniqueness as an international association lies in its overarching sense of community and its ability to meld ideas from all the associated disciplines and perspectives, to develop and recognize important interrelationships, and to broaden knowledge by synthesizing these relationships.

But what *is* IPA? First and foremost, it began as, and continues to be, a catalyst for thinking and learning internationally and cross-culturally regarding issues related to elders. Joel Sadavoy, current president of IPA, notes that, importantly, "the organization provides a forum for understanding the impact of cultural beliefs on such issues as the stigma surrounding mental health in older people."

Further, IPA's presence has a critical impact on the development of other psychogeriatric organizations in those countries where IPA's regional meetings are held. Sadavoy says, "IPA's touch in these areas has often been the stimulus for creating local or national organizations within their regions. IPA energizes and inspires the development of the field."

HOW IPA BEGAN

In the late 1970s and early 1980s, a number of factors were intersecting to bring geriatric psychiatry into focus, both regionally and internationally. The world's elderly population was showing signs of dramatic growth, and mental health was becoming a priority across the spectrum of medicine. It was becoming clear that the psychiatric needs of an aging population would place a burden on healthcare systems worldwide.

At the time, the U.S.-based American Association for Geriatric Psychiatry and other national and regional organizations were being established.

Practitioners of numerous disciplines were already actively serving the mental health needs of rapidly growing populations of older people around the world. But a forum was needed to collectively address this "pandemic" of older people. That forum—that catalyst—was IPA.

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The fact that the launch of IPA was ultimately successful is a tribute to the ongoing commitment of psychogeriatricians to the global community of elderly people. As Edmond Chiu, former president of IPA, says, “it is a reflection and a measure of the passion and commitment of the people in the field.”

Coming Together

Cairo was the site of the first international congress on mental health and the elderly, held in November 1982. Prior to this inaugural gathering, however, an equally significant event took place, one that set the stage and positioned the actors for IPA’s launch. In July 1980, Tom Arie, professor of Health Care of the Elderly at Nottingham University, United Kingdom, held a two-week course on mental health in old age, the first of several for the British Council. The conference was well attended by psychiatrists, geriatricians, and neurologists from all over the world, who found this meeting to be stimulating and productive.

With enthusiasm running high by the close of the course, those in attendance agreed that the “Nottingham 1980 Club” should be established for course alumni to maintain their friendships and stay in touch. Two participants, Imre Jejer and Hans Reichenfeld, both of Canada, imagined carrying the momentum of Professor Arie’s conference even further and pursued the establishment of an international organization—IPA.

The creation of a new entity is not always universally endorsed, and IPA was no exception. However, it became increasingly evident that the organization was crucially important to the field, as it brought together the full concept of the interdisciplinary team.

That first IPA congress in Cairo attracted 400 participants, 300 of them from Egypt. Such participation at the inaugural event went a long way toward

highlighting IPA's importance. The congress brought together a number of leaders who shared an enthusiasm for perpetuating the momentum the event generated, and as interest grew in the aftermath of the congress, several of those leaders committed to hosting future IPA meetings in their home countries.

Suddenly, the organization had a slate of regional meetings and congresses to fulfill in the coming months and years, and it had a future.

The association's initial goals were little different from its goals today: to facilitate efforts that translate into helping people with aging and to transcend borders in doing so. As Manfred Bergener, founding president of IPA, said in his first President's Report, IPA intended "to fulfill one of the principles of gerontology: to add life to years, not just add years to life."

ESTABLISHING THE COMMUNITY OF KNOWLEDGE AND INFORMATION

IPA thus set out to disseminate new knowledge and best practices in psychogeriatrics by instituting international meetings and publishing research. It did so not only to keep up with emerging research and groundbreaking applications, but also, and perhaps more importantly, to exercise its members' higher-level commitment to help people carry out this important work.

Meeting Excellence

A hallmark of IPA throughout its 25-year history is its strong role in bringing the most renowned psychogeriatric experts together to share their knowledge and experience at regional meetings and congresses. These meetings are a place for people to come together with like-minded individuals to examine how to approach treating mental health issues for the elderly.

They also serve as a beacon for practitioners who otherwise might not gain exposure to trends and advances in the field. Dr. Sadavoy reports, for example, that at the recent regional meeting in Istanbul, Turkey, a leading psychogeriatrician from Iran came forward and indicated that Iranian providers were interested in affiliating with IPA. They recognized IPA's high level of credibility on the global stage of psychogeriatrics and its ability to open windows to the world. Thus the regional meetings have allowed IPA to be seen as a force to which others can attach themselves to give them a greater degree of credibility and help them develop their service delivery and research efforts.

IPA's ability to bring people together has had a dramatic effect on public policy regarding psychogeriatric issues. This impact can especially be seen in its consensus conferences. These conferences, held around the world, bring together the top experts in the field to reach agreement on vital issues in psychogeriatrics. Recent consensus conferences, for example, discussed defining and measuring treatment benefits in dementia and designing therapeutic trials for agitation. In this way, IPA leads the field and the world by affecting how policy makers approach decisions. The organization brings together the top practitioners with those decision makers who need their expertise to make important policy decisions on service delivery.

IPA's task forces are another driver in policy and service delivery decision making. IPA task forces have tackled such issues as mood disorders; the economics of pharmacologic treatments, determining what works and what does not, what is cost effective and what is not, and so forth; defining and understanding individuals' testamentary capacity; and service delivery in the field.

Further, IPA has taken as its mandate to understand where the field has *not* developed, and how to advance in those areas. For example, IPA has established a continental-level initiative in the form of an African council of

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psychogeriatrics—a first for Africa and IPA. This is just another way that IPA brings people together toward the common goal of providing better mental health for older people.

The organization's membership comprises the true academic and clinical leaders in the world, representing a very large proportion of those in the field. This membership is an important strength of IPA. From the beginning, IPA's meetings achieved an unparalleled recognition for excellence, a level of accomplishment that remains today.

In addition, IPA has served as a catalyst for solidifying psychogeriatrics as a legitimate field of research and practice.

IPA Bulletin: Connecting Colleagues

As IPA was still finding its way as an organization in its first two years, its leaders recognized the importance of establishing a newsletter to provide a wider and more continuous means of disseminating research and applications while keeping members connected from meeting to meeting. That newsletter became the *IPA Bulletin*. With this important instrument, IPA was able to showcase its interdisciplinary focus and its international reach, helping to bring additional top psychogeriatricians into its membership. With many of the profession's most notable leaders now supporting one international organization, IPA began to flourish.

The *IPA Bulletin* is published quarterly and includes updates on IPA activities. It also serves as a vital vehicle for disseminating information about research and service development in the field. Today each *IPA Bulletin* features the President's Message and the Editor's Note, as well as a number of unique sections, including Recipes, Around the World, On the Web, Recent Advances, and Upcoming Meetings. In this way the *Bulletin* fulfills an integral part of its mission, sharing knowledge, ideas, and its high level of commitment to the community of elders and those who care for them.

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Peer-Reviewed Publication

IPA's aim to share information and promote international cooperation and understanding of old-age psychiatric diseases is supported further by its journal, *International Psychogeriatrics*, launched in 1989.

From its inception, this peer-reviewed journal, written for researchers, clinicians, and educators in the field of psychogeriatrics, has had a pronounced multidisciplinary focus and provides an essential venue for sharing information in all aspects of elderly mental health. For example, one article published in *International Psychogeriatrics* about educating and supporting caregivers of Alzheimer's disease patients as the result of IPA Award-winning research has led to changes in the approach to Alzheimer's care. Such collaboration is a cornerstone of the field and of IPA.

Additional publications include proceedings from IPA congresses and materials posted on the organization's Web site, www.ipa-online.org. These publications promote dialogue, meaningful exchange of practices, research into promising new avenues of disease treatment, and translation of research into application.

FROM RESEARCH TO APPLICATION

The science-service continuum in psychogeriatrics ensures that promising research efforts are being applied in the provision of care. IPA plays a crucial role in supporting that continuum.

Behavioral and Psychological Symptoms of Dementia

IPA's landmark behavioral and psychological symptoms of dementia (BPSD) educational modules not only formalized a multidisciplinary approach to treating dementia but are also a standard for bringing research into practical application.

BPSD marked a sea change in treatment of dementia patients. Its development opened up the field to recognize that the *disease* is the problem, not the individual with the disease. The documentation of these educational modules helped legitimate the subspecialty as an area of research so that others would deem it a worthy topic on which to publish.

BPSD is one example of an IPA program that helps practitioners in psychogeriatrics to apply what the field knows.

EXPANDING THE IPA NETWORK

As IPA grew, it remained committed to reaching geriatric mental health professionals in every corner of the world. With the explosion of travel and communication, more people than ever could participate in events and receive the latest innovations in care. But some areas of the world, for political, economic, social, or other reasons, would remain out of touch if not for the efforts of IPA.

Transcending the Iron Curtain

Early on in IPA's history, the organization demonstrated that it would not be constrained by political borders. Sanford Finkel, IPA's first secretary-treasurer and later its president, in the keynote lecture at the first congress, set those expectations for the membership: "We serve a nation of older people who are united by their age and by the commonality of the psychopathology which can ravage older people and their families. . . . In the future, we need to travel to countries around the globe without consideration for their political implications. . . . They are all united in our eyes as long as they have a population of older people who suffer from mental disorders and/or who have the potential for psychological, social, and spiritual growth in old age."

True to this vision, IPA held its 1988 meeting in Budapest, Hungary, which was at that time part of the communist bloc in eastern Europe. The meeting

was, as other IPA gatherings, scientifically excellent and served to help IPA establish greater credibility with leaders in the field.

Such meetings also underscore another positive aspect of IPA's truly international reach: its democratic framework. Bringing a democratically operated organization such as IPA to nondemocratic nations serves to introduce all members to the function, process, and benefits of democracy. IPA functions democratically in that it elects its leaders and promotes dialogue from all perspectives. Thus IPA members in nondemocratic countries get exposed to democracy for perhaps the first time when establishing IPA affiliates in their country.

IPA is transcending other seemingly daunting borders as well: As we saw earlier in regard to our Iranian colleagues, IPA is currently in early development of making contact with other colleagues in the Middle East to help that region advance the field.

Regional Initiatives and Membership

Membership in IPA from developing countries began to mushroom in the 1990s, reflecting the astonishing growth of the elderly population worldwide and the need to access international knowledge and practice to treat them. To support this increase, IPA launched the Latin American Initiative, the goal of which is "to help cross the barriers of accessibility, language, and culture in order to facilitate interest and activity in psychogeriatrics in the region," as explained by Raymond Levy, former president of IPA, in his President's Report of 1997. As part of that initiative, IPA held a meeting in São Paulo, Brazil, entitled "Ageing and Mental Health in Latin America: The Challenge of the 21st Century." The meeting closed with a roundtable discussion of the mental health needs in Latin America and featured panelists from Argentina, Mexico, and Brazil.

With the success of the Latin American Initiative assured, the IPA Board of Directors approved the Southeast Asian Initiative in 2001, with its official kickoff at the Hong Kong regional meeting in October/November 2002. Since that time, additional regional initiatives continue to be considered. Such efforts allow networking within a region that has similarities; they stimulate growth in that region's national organizations. Multidisciplinarity is also expanded.

The educational component of the initiatives is fruitful as well: Education is a two-way street. Certainly, developing countries learn techniques and new knowledge from the developed nations. In addition, those practicing in less wealthy or advanced countries are creative in stretching resources and can teach innovations to those in developed countries.

True to its team- and community-oriented approach, IPA recognizes that membership to the organization may be out of reach for some practitioners and researchers in these and other developing regions. It strives to bridge that gap by instituting affiliate-level memberships, whereby groups within countries become members of IPA affiliate organizations, thus spreading the opportunity for access to IPA's wealth of resources to more people.

COLLABORATION WITH INDUSTRY

The key to advancing the field is bringing in new people with different perspectives.

In its early years, IPA recognized the need to support other organizations that have similar goals. As IPA was gauging its viability in the context of World Psychiatric Association's General Psychiatry Section, IPA's leaders reached out to the WPA to support the field of psychogeriatrics however it could.

With this history of collaboration, it is no surprise that IPA continues to seek out partnerships with a variety of industry and association entities to promote elderly mental health.

Tapping Industry to Promote Excellence

IPA understood that in order to disseminate knowledge of psychogeriatrics, it had to establish a mechanism to facilitate and reward excellence in research. It also understood that it would need a partner to support the effort. The IPA Research Award was born in 1989, and industry giant Bayer AG signed on to sponsor it. Bayer continues to support IPA's research award.

Pfizer was also important to IPA with its sponsored research award. While the award was presented only once, its impact was far reaching. The Pfizer award was presented to Yu Xin, an associate professor of psychiatry at the Institute of Mental Health at Peking University. His receipt of the award led to the opening up of China to IPA, and China benefited by introducing new university faculty positions to teach psychogeriatrics.

IPA FOR TODAY AND TOMORROW

An early interest for IPA was to get young people involved in the organization and in the field. That goal has paid dividends for IPA by helping to ensure that a strong leadership lineage and member base is perpetuated.

Other initiatives are driving IPA's course into the future, including new business models to maintain viability and advanced use of technology to promote learning.

New Business Approach

IPA saw a significant shift in its approach to its organizational administration as it looked toward 2003. Running a member association was increasingly becoming a business, and, with possible bankruptcy looming, IPA's leadership recognized the signs that mandated a new course in management.

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Without sacrificing its commitment to disseminating the best research and practices to an ever-growing multidisciplinary membership, Alistair Burns, upon being named president of IPA, put out a call to “true action” for its leadership and its members.

The IPA Board of Directors took a number of innovative steps to ensure IPA was keeping pace with the field and indeed staying ahead of the curve: It broadened the scope of regional initiatives, wrote and approved new congress and regional meeting guidelines, and developed a government consulting task force.

Administratively, the Board of Directors developed and approved leadership guidelines, added to the secretariat team, established an organizational financial reserve, implemented an election process for officers, changed auditors and enhanced financial processes, and approved an organizational prioritization team.

Work groups and committees were also asked to step up. All committees, task forces, and initiatives were requested to review their work plans and identify goals for future activities and bring their groups into compliance with the new leadership guidelines.

The experience of operating in crisis mode, as Dr. Sadavoy indicates, brought beneficial results to IPA. For example, the organization started reexamining how it relates to its essential funders. Rather than approach potential corporate sponsors on a project-by-project basis, IPA now seeks areas of common ground with potential sponsors to form unrestricted partnerships based on those common interests.

Projects of mutual interest with corporate partners create synergy to advance the field and solidify the sense of a community effort. Such projects include

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examining current practices in treatment as they relate to public policy. One such partnership was recently formed with Myriad Pharmaceuticals in Salt Lake City, Utah. Myriad supports the Art & Alzheimer's initiative, which promotes art exhibitions and scientific lectures related to elder mental health issues.

Spanning a Worldwide Gap

IPA is becoming increasingly concerned with the enormous global divide between scientific advances and the policies and services in place in addressing the mental health needs of the elderly. IPA's key mission is to use its base, developed over the past 25 years, to define what these gaps are on behalf of the elderly and tackle them in a way that is culturally informed and sensitive.

The future of IPA is rooted in its use of technology to expand that platform. The organization is unsurpassed in its network of communications. One of its tasks for the future is to make communications easier for those who cannot travel to meetings.

So IPA developed the IPA Learning Portal, which offers many opportunities to advance knowledge to those who are unable to meet face to face regularly. The Learning Portal uses the Internet, CD-ROMs and DVDs, and other technological advances to provide convenient learning experiences. It consists of three parts: educational products; the Knowledge Bank; and live, interactive broadcasts.

The interactive broadcasts were launched in March 2006 to great anticipation and resounding success. The inaugural broadcast, "Clinical Dilemmas: Behavioral and Psychological Symptoms of Dementia—BPSD," sponsored by Eli Lilly and Company, boasted 450 participants from five countries: Argentina, Brazil, Canada, Ireland, and Romania. Participants heard from

internationally known experts and interacted with one another at their sites plus colleagues at the other sites.

THE NEXT 25 YEARS

While there is a sense of completion and success as we celebrate the first 25 years of the International Psychogeriatric Association, we recognize that the organization is poised to do much more: reach out to more regions of the world, collaborate with new industry and corporate partners, introduce additional modes of exciting new technology for continuous learning, propel the field in bringing research findings to service delivery, provide connections with professionals and clinicians throughout the world.

IPA has existed for 25 years knowing that there is a pandemic of older people in the world. It was unique in that stance, but now governments are beginning to see that they can no longer ignore the situation. That emerging awareness means that IPA's next 25 years will be a remarkable time.

IPA is now well positioned to influence nations' public policy around the world. IPA will continue to be a collaborator, a committed partner in care for the global elderly community, and a catalyst to improve mental health. The future will see IPA grow in its leadership role and truly become a unifying force for even greater awareness.

As IPA moves into its next quarter-century and beyond, the ideals behind IPA's bywords—collaboration, community, commitment, catalyst—will be met by the dedication of the field to fulfill IPA's mission, to ensure better mental health for older people. IPA has demonstrated in its first 25 years that it can cross borders to help the global nation of older people. What new barriers will IPA transcend in its second 25 years?

[SIDEBAR 1]

IPA Mission and Vision

Mission

The mission of IPA is to improve the mental health of older people everywhere through education, research, professional development, advocacy, health promotion, and service development.

Vision

Multidisciplinary Links: IPA will focus on its commitment to linking and working with all professionals involved in improving the mental health care of the elderly.

Regional Representation: IPA will work towards increasing the regional representation of its membership and its leadership, as well as increasing the dissemination of needed information to all regions of the world.

Consultancy: Recognizing that the members of IPA are among the most knowledgeable of the issues, and are the opinion leaders in the field, IPA will develop consultancy programs for governments, caregiver groups, consumer groups, universities, and others.

Dissemination of Information: IPA will continue to increase its work to disseminate knowledge and information about mental health care issues for the elderly around the world. The projects will take many different forms—from distance learning to face-to-face learning, and in the form of train-the-trainer programs.

Technologies: IPA will focus on the use of technology to disseminate information, increase the interaction between professionals in the field, and provide educational programs.

Internal/Operating Issues: The leadership of IPA will continue to focus on operating issues to ensure the management of the organization is streamlined, responsive, and fiscally sound.

Service Provisions/Guidelines: IPA will focus on providing the healthcare community

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with the service provisions and guidelines to enhance the mental healthcare of the elderly.

Links with Patients and Caregivers: IPA will focus on providing information and assistance to patients and caregivers.

[SIDEBAR 2]

IPA AT A GLANCE

IPA represents an unparalleled array of worldwide scientific resources and geographic reach to work with industry in development of strategic projects and accomplishment of mutual goals.

- Founded in 1982, IPA has over 1,500 members in approximately 70 countries—and is growing
- Multidisciplinary membership includes psychiatrists, neurologists, internists, geriatricians, general practitioners, primary care providers, family physicians, nurses, psychologists, psychopharmacologists, social workers, and other specialists
- Affords access to renowned international experts in issues related to mental health of the elderly
- Presents high quality scientific meetings, which attract the world's opinion leaders in psychogeriatrics
- Convenes special "experts" meetings focusing on international consensus building and exchanges of information
- Distinguished Board of Directors and active Committee and Task Force participants
- Regional Initiatives in Latin America, Southeast Asia, Eastern Europe, Sub-Saharan Africa. The goals of these Initiatives include:
 - assisting in strengthening basic infrastructures in underdeveloped health systems;
 - advising on public policy goals related to the mentally ill elderly;
 - fostering improved communication between psychogeriatric professionals in the region;
 - creating a network of psychogeriatricians willing to help educate others about the field;
 - distributing important educational materials to professionals lacking access to such information;
 - fostering multi-center research to address problems of the mentally ill elderly in these regions
- Liaison relationships with national and international organizations, including:

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- World Health Organization (WHO)
- World Psychiatric Association (WPA)
- International Federation on Aging (IFA)
- International Association of Gerontology (IAG)
- World Federation of Neurology (WFN), and others
- Growing base of affiliated organizations interested in working together to achieve shared goals, promote global cooperation, and focus world attention on elderly mental health issues. Organizations affiliated to IPA include the American Association for Geriatric Psychiatry, the Argentine Society of GerontoNeuroPsychiatry, the Hong Kong Psychogeriatric Association, the Japan Psychogeriatric Society, the Latin American Psychogeriatric and Psychogerontologic Association, and the Mexican Association for Psychogeriatrics

[SIDEBAR 3]

IPA MEETING HISTORY

The International Psychogeriatric Association has held important scientific meetings and workshops in cities around the world since its first Congress in Cairo in 1982. A complete list of past IPA meetings is available upon request. Recent meetings have included:

- 1995** **SEVENTH CONGRESS: "Spirit in Aging," Sydney, Australia**
In addition to covering recent advances in the field, Congress topics included healthy aging, end-of-life decisions, spirituality, and cultural issues. Attendance: approximately 1,300 delegates.
- 1996** **Regional Meeting: "Special Initiative for Southeast Asia on Psychogeriatrics and Care for Elderly," New Delhi, India**
IPA's first meeting in Southeast Asia was convened at the prestigious All India Institute of Medical Sciences in New Delhi. Principal focus: the emergence of psychogeriatrics in the region.
- Regional Meeting: "The Decade of the Brain: Mid-point Review," Reykjavik, Iceland**
Joint meeting with NorAge, the Nordic Society for Research in Brain Aging. Presentations and discussions focused on the scientific and clinical explosion associated with "The Decade of the Brain" activities. Attendance: 270 delegates.
- 1997** **Regional Meeting: "Aging and Mental Health in Latin America: The Challenge of the 21st Century," São Paulo, Brazil**
IPA's second event in Latin America in three years (following a meeting in Cancun, Mexico, in 1994) underscored the organization's commitment to facilitate interest in psychogeriatrics in the region. Attendance: 425 delegates.
- EIGHTH CONGRESS: "Aging in a World of Change," Jerusalem, Israel**

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Emphasizing the importance of a multidisciplinary approach to issues of elderly mental health, presentations included 45 member-sponsored symposia, each with six speakers; 10 industry-sponsored symposia, each with five speakers; and 14 free paper presentations, each with six speakers, as well as the presentation of 100 posters. Attendance: 800 delegates.

1998 Regional Meeting: “Epidemiological and Cultural Studies of Depression and Dementia in the Elderly,” Istanbul, Turkey

Joint meeting with the Turkish Society of Psychogeriatrics, characterized by a wide-ranging scientific program, impacted the region by contributing to advancing knowledge of the field among colleagues in Turkey and among government policy makers. Attendance: 450 participants, including 200 from Turkey.

Regional Meeting: “Aging 2000,” Munich, Germany

Joint meeting with the European Association of Geriatric Psychiatry, Deutsche Gesellschaft für Geriatrie, Deutsche Gesellschaft für Gerontopsychiatrie und Psychotherapie, Deutsche Gesellschaft für Gerontologie und Geriatrie, and Hirnliga, offering a rich and diverse scientific program of plenaries and symposia covering existing knowledge in many areas of psychogeriatrics. Attendance: 500 delegates.

1999 Regional Meeting: “Dementia, Depression, Psychopharmacology in the Elderly, and Community Care for the Mentally Ill Elderly,” Beijing, China

Joint meeting with the Institute of Mental Health Beijing Medical University. This was IPA’s first meeting in China. Programs explored systems of care that will be needed to meet the mental health needs of the growing elderly populations of Southeast Asia, and contributed to raising the level of knowledge within the professional community as well as among government agencies. Attendance: 485 delegates, including 340 from China.

NINTH CONGRESS: "Challenges for the New Millennium: Professional, Cultural, and Regional Diversity," Vancouver, Canada

Joint meeting with the Canadian Academy of Geriatric Psychiatry and the University of British Columbia. IPA's Ninth Congress was characterized by multicultural, multidisciplinary scientific presentations in plenaries, symposia, debates, and poster presentations. Abstracts and Poster were published online (www.ipa-online.org) and as a supplement to *International Psychogeriatrics* (1999). Successful on-site Media Office facilitated outstanding coverage by print, TV, and radio journalists from Canada and around the world, by providing access to renowned presenters. Attendance: 1800 delegates, making this the largest gathering of psychogeriatric professionals ever assembled.

2000 Regional Meeting: "Non-Alzheimer's Cognitive Impairment," Newcastle upon Tyne, UK

Joint Meeting with the Faculty of Old Age of the Royal College of Psychiatrists. Topics addressed in the scientific program included age-related cognitive decline and its relationship to dementia, diagnostic criteria for vascular dementia, neuroimaging in non-Alzheimer dementia, prion dementias, and recent advances in genetics. Attendance: over 450 delegates.

Regional Meeting: "Mental Health in the Elderly: Transcultural Perspectives," Pôrto Alegre, Brazil

Joint meeting with the Brazilian Association of Geriatric Neuropsychiatry

2001 Regional Meeting: "Treatment, Care, and Outcomes in Psychogeriatrics," Lorne Australia

Joint meeting with the Royal Australian and New Zealand College of Psychiatrists, Section of Psychiatry of Old Age

2002 **TENTH CONGRESS: "Bridging the Gap Between Brain and Mind,"
Nice, France**

Joint meeting with the French Society of Psychogeriatrics, the Psychiatry and Medical Psychology Clinic, and the Memory Center at the University of Nice-Sophia Antipolis

Regional Meeting: "The Qualities of Aging," Rome, Italy

European and Mediterranean Regional Meeting
of the International Psychogeriatric Association

**Regional Meeting: "Dementia, Depression and Suicide in the
Elderly: Cultural and Clinical Aspects," Hong Kong**

International Psychogeriatric Association in cooperation with the Hong Kong Psychogeriatric Association, Department of Psychiatry at the Chinese University of Hong Kong, and the Hong Kong College of Psychiatrists

**ELEVENTH CONGRESS: "Enhancing the Human Connection in
the Age of New Technologies: Implications and Opportunities
for the Aging," Chicago, USA**

2003 **Regional Meeting: "Cognition, Behavioral and Social
Performances in the Elderly," Geneva, Switzerland**

European Regional Meeting of the International Psychogeriatric Association in cooperation with the University Hospital of Geneva University School of Medicine

[SIDEBAR 4]

IPA Presidents

Manfred Bergener, Germany, Founding President (1982–1987)

Gösta Bucht, Sweden (1987–1989)

Kazuo Hasegawa, Japan (1989–1991)

Sanford I. Finkel, United States (1991–1993, 1994–1995)

Bertil Steen, Sweden (1993–1994)

Raymond Levy, England, United Kingdom (1995–1997)

Barry Reisberg, United States (1997–1999)

Edmond Chiu, Australia (1999–2001)

Alistair Burns, England, United Kingdom (2001–2003)

George Grossberg, United States (2003–2005)

Joel Sadavoy, Canada (2005–2007)

Helen Fung-kum Chiu, Hong Kong, SAR PR China (president-elect for 2007–2009)

[SIDEBAR 5]

IPA's Uniqueness as a Professional Association

IPA's past presidents were recently asked, "What makes IPA special or unique from other professional associations you have joined?" Here are some of their responses.

Manfred Bergener: "The personal understanding and friendships gained in spite of special scientific languages, and the research projects conducted all over the world."

Alistair Burns: "Friendly."

Sanford Finkel: "Collegiality; unity of focus on furthering the well-being of older people; and transcendence of religious, national or geographic issues in order to achieve our mutual goals."

George Grossberg: "The camaraderie, IPA's interdisciplinary approach, its multinational base, and the opportunity to travel and to take the IPA mission to the far corners of the globe."

Kazuo Hasegawa: "The multidisciplinary approach, which is a practical clinical stance, and especially IPA's very important meaning for the community-based orientation in psychogeriatrics."

Raymond Levy: "The multidisciplinary nature of the organization and the friendliness of members."

Barry Reisberg: "The extraordinary worldwide professional camaraderie, which presents unparalleled opportunities for scientific and medical contributions to worldwide mental health and the well-being of the aged everywhere."