

website (www.wpanet.org). Each module is composed of a variety of educational materials, such as journal and chapter reprints, slide presentations, self-assessment multiple-choice questions, informative theoretical and clinical video links, and a comprehensive bibliography.

Another educational activity coordinated by the Section at the beginning of the COVID-19 pandemic was a lecture series for health care workers in China, delivered in Chinese and English, dealing with psychotherapeutic interventions for COVID-19-related stress, anxiety and mood disorders, burnout prevention and physician well-being. These lectures were given virtually over a period of three months in early 2020.

All leaders and many members of the Section's special interest groups presented at the First WPA Psychotherapy Conference held in Kuala Lumpur, Malaysia in July 2019. This conference, hosted by the Malaysian Psychiatric Association and co-sponsored by the World Association of Dynamic Psychiatry and the American Academy of Psychodynamic Psychiatry and Psychoanalysis, had almost 500 registrants from 20 countries. Given the success of this collaborative conference model, we

are planning to hold a second and a third conference during this triennium, hosted respectively by the Egyptian Association of Cognitive Behavioral Therapy and the Philippine Psychiatric Association. We are also developing ways to interface and liaise with the International Federation for Psychotherapy.

Cultural adaptation of psychotherapies takes into consideration values and belief systems, idioms of distress, health-seeking behaviors, and culture-specific understanding of disease processes and illness experiences⁹. Although some academics debate the merits of developing manualized cultural adaptations of evidence-based psychotherapies^{2,9,10}, the leadership of our Section agrees that, in clinical practice, all psychotherapists intuitively perform a cultural adaptation. Our Section contributed in 2021 a special issue of the journal *Asia-Pacific Psychiatry*⁹ addressing transcultural aspects of the delivery of psychotherapy services, with authors from 19 countries.

Further research areas are now emerging that are likely to enhance our field, such as exploring the biological underpinnings of the curative factors of psychotherapy, streamlining the delivery of Internet-assisted psychotherapies, and studying the effec-

tiveness of tele-therapy. The WPA Section on Psychotherapy welcomes all psychiatrists worldwide interested in developing their psychotherapeutic skills and affirming the place of psychotherapy in psychiatry.

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The Lifestyle Psychiatry project of the WPA Section on Medicine, Psychiatry and Primary Care

The importance of psychiatry and behavioral health in the delivery of overall health care and optimization of health is widely acknowledged. However, the stigma related to mental illness in society and the separation of psychiatric care from traditional medical settings has resulted in significant challenges in integrating all aspects of care necessary in maintaining optimal health and well-being.

The sub-specialty of consultation/liaison psychiatry has attempted to address this issue in the inpatient medical setting by providing psychiatric consultation to medical patients experiencing psychiatric symptoms and syndromes. Unfortunately, we have been less effective in creating integrated models of care, especially in the outpa-

tient setting. Compounding this problem is the lack of psychiatrists internationally, with very few formally trained in integrated care models.

The COVID-19 pandemic has produced unprecedented challenges, while generating unique opportunities for education and novel clinical care models. The need for interdisciplinary collaborative models of care, integrating public health, public policy and public education, in concert with mental health and primary care provision, has never been so significant.

The WPA Section on Medicine, Psychiatry and Primary Care has restructured to address these issues, with a focus on expanding collaboration with other WPA Scientific Sections and by reaching out to interpro-

fessional colleagues and health care professional organizations. The Section leadership has created projects to focus on various aspects of this new strategy. One of these is the Lifestyle Psychiatry project. We see this as a true opportunity for collaboration between many WPA Scientific Sections with related interests, along with non-psychiatric stakeholders. The WPA leadership has endorsed the concept and is supporting the growth of this model. Any WPA member or Section Chair is warmly invited to contact our Section to discuss additional collaborations.

Lifestyle psychiatry refers to the application of lifestyle medicine principles to support individuals in managing psychiatric disorders and cultivating brain health¹. It

includes studies on the impact of lifestyle behaviors on the prevalence of psychiatric symptoms or disorders in general populations, the impact of lifestyle behaviors on symptoms among people at risk for psychiatric disorders, the impact of lifestyle interventions on severity of symptoms among people with a psychiatric disorder, the neuroscience of brain response to lifestyle behaviors, and the science of lifestyle behavior change². The domains of lifestyle behaviors include physical exercise, diet and nutrition, meditation, mind-body practices, sleep, and social relationships^{1,2}.

There is now an impressive body of literature on the neuroscience of physical exercise suggesting an upregulation of neurotransmitters associated with positive mood and neurotrophic factors that support neuronal vitality. Neurotrophins promote neurogenesis and synaptic proliferation associated with increases in regional brain volume and connectivity and enhanced cognitive function³. Sustained exercise leads to epigenetic upregulation of brain-derived neurotrophic factor (BDNF) synthesis, promoting brain health over a lifetime⁴. These regulatory interactions have been correlated with the evolutionary steps allowing early hominids to thrive in a hunter-gather lifestyle⁵. There is a similarly impressive literature demonstrating robust brain functional and volumetric responses to meditation and sleep⁶.

We also know that lifestyle factors are powerfully correlated with the prevalence, onset and perpetuation of psychiatric symptoms and syndromes. Sedentary behavior has been correlated with risk for suicidal behavior, depression, cognitive decline of aging, and psychosis, while physical exercise has been correlated with improve-

ments in mood, motivation and cognition⁷. Sleeping less than 6 hours nightly is correlated with risk for major neurocognitive disorders. Mindfulness practices have been associated with improvements in anxiety and treatment-resistant depression. A Mediterranean style diet has been correlated with improvements in depression, and omega-3 fatty acids and N-acetylcysteine appear to have neuroprotective effects⁸.

However, our societies continue to shape human behavior in unhealthy directions. Sedentary time continues to rise in parallel to increases in substance abuse, suicide and emergency room visits for mental health care. Traditional diets are being progressively displaced by processed foods. Twenty-four hour virtual experiences constrain sleep opportunity, and social interaction is increasingly impersonal⁹. Global health care systems are stressed by escalating rates of lifestyle-related disorders such as diabetes mellitus type 2, cardiovascular disease, cancer and psychiatric disorders.

Lifestyle Psychiatry offers a unique opportunity for psychiatrists to join and lead other medical disciplines in promoting attention to the impact of lifestyle on health and disease. When clearly identified, the potential dual benefit for mental and physical health may enhance motivation to adhere to positive lifestyle changes. Psychiatrists also bring expertise in effective behavior change strategies. Lifestyle interventions may be useful for primary prevention, first-line therapy, multimodal therapy, augmentation, precision therapy and relapse prevention.

There is an urgent need for psychiatry to step forward to assist governments, employers, corporations and health care systems

to effectively position health-promoting lifestyle practices to address the rising tide of distress, disability and loss of life flowing from modern cultural trends in a global society.

We must articulate the strength of the current evidence on the impact of lifestyle behaviors on mental and physical health outcomes, while identifying areas where further evidence is needed to offset the influences of globalization and corporate interest on human and societal health.

The WPA Section on Medicine, Psychiatry and Primary Care aims to develop awareness and expand consideration of Lifestyle Psychiatry as a vital component in improving the health and well-being of people around the world.

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Loneliness and abuse as risk factors for suicide in older adults: new developments and the contribution of the WPA Section on Old Age Psychiatry

Suicide is a major public health problem, with 817,000 cases worldwide in 2016. The incidence is highest in those aged 70 years or older, among both men and women, in almost all regions of the world¹.

Effective interventions that mitigate identified risk factors and sustain protective factors are relevant across all age groups, but research specifically focused on suicide prevention in older adults is still in its early

stages. The evidence on the effectiveness of suicide prevention interventions for older adults remains limited. The International Association for Suicide Prevention Interest Group on Suicide in Old Age² recommend-