IN MEMORIAM
Juan José López-Ibor
By
Carlos R. Hojaij

JUAN JOSÉ LÓPEZ-IBOR
(17 December 1941 - 12 January 2015, Madrid, Spain)
In the contemporaneous psychiatric mosaic there are pieces no longer present, and due to their indisputable quality, cannot be replaced. In this way, empty spaces become vulnerable to mediocrity.
It has been two years now since a master psychiatrist, Juan José López-Ibor, passed away. His last public appearance was just one month before his death when already very much struck by disease, he found enough strength - a longstanding personal quality of his - to attend a ceremony at the Real Academy of Doctors of Spain to receive a special title. It was the 10th of December, 2014.

Considering the critical moment in which our civilisation is currently, it seems an opportune time to highlight a small sentence taken from his speech, which also demonstrates one of the pillars of Juan José’s culture: “In my opinion, we should return to our roots, the ones of Classic Greece, and recover the Logos, Reason, Verb, Thinking, and Word, to open the secrets still covering Man, and let the people be whom they are, for nobody should impose his Truth and use words against any Person.”

Juan José was a psychiatrist who lived the enormity of our world and its diversity. His thoughts, research, practice, lectures, and executive positions in world societies always reflected an enthusiasm, dedication, persistence and commitment characterised by a perspicacious capacity for analysis of information and a heightened sense of reality.

My first contact with Juan José, in a broad sense, was not with the man himself, but with a book, "Angustia Vital" (Vital Anguish), written by his father. It was a dense text concerning Anxiety published in the 1950s. Fifteen years later, I came to possess “La Psiquatria de Hoy” (Psychiatry Today), a well formulated response to the anti-psychiatric movement originated in the USA and was ravaging Europe and Latin America: a small, compact book, in which the main chapter is - in my opinion - related to the influence of politics and sociology on psychiatry. It was this book that motivated me to meet Juan José, the author, in Rio de Janeiro few years later. It was very impressive to discover that the knowledgeable person I had come to know through this book was still a young man.

After the death of his father, Juan José took over the direction of one of the leading psychiatric clinics in Europe. He also succeeded, with assistance of his brothers, to create a modern and innovative institution - the Fundación Juan José López-Ibor - which was to become a world-wide recognized center for students, researchers and clinicians in psychiatry.

Over the years, psychiatric congresses provided us opportunities for several encounters. Each of these encounters were filled with many pleasant moments, whether listening to his lectures or engaging in more personal conversations.

The 12 years in which he held executive positions in the World Psychiatric Association (WPA) was the most important and productive period of his life, during which he was involved with many societies in psychiatry from all over the world. This was thanks to his psychiatric knowledge, capacity for administration, political diplomacy and broad vision in approaching problems.
At the time in which I was the President of the World Federation of Societies of Biological Psychiatry (WFSBP), I received from Juan José an extensive and detailed comments on my proposal for a new Constitution, which, if implemented would have provided the organization a democratic functional structure.

Juan José was an indefatigable professional and a distinguished man. He made history, leaving his special mark in the numerous fields with which he had been involved. Psychiatry misses him. We miss him.

Carlos R. Hojaij

JUAN J. LOPEZ-IBOR ALIÑO
CURRICULUM VITAE
(English version prepared by himself)

Born in Madrid on December 17, 1941; died on January 12, 2015. Father of four children.

At the time of his death, he held the position of Full Professor of Psychiatry and Professor Emeritus at the Department of Psychiatry, Complutense University, of Madrid, Spain.

Full Member of the Royal Academy of Medicine.
Full Member of the Royal Academy of Doctors of Spain.
Member of the Royal Academy of Medicine of Zaragoza.
Honorary Member of the Spanish Medical Surgical Academy.
Honorary Member of the Royal Academy of Medicine of Valencia
Honorary Member of the Royal Academy of Medicine of Buenos Aires, Argentina
Honorary Member of the Institute of Chile. Chilean Academy of Medicine

Others:
• Member of the National Commission of Psychiatry
• Vice-President of the Health Council of Madrid
• Member of the National Commission for the Evaluation of Research Activity
• Member of the Board of Directors of the Agency for Education, Research and Medical Education of the Community of Madrid
• Counterpart from Spain for the WHO European Mental Health Program (from 1997 until 2004)
• Member of the Expert Advisory Panel on Mental Health, World Health Organization (1984-2011)
• Member of the WHO Advisory Group for the chapter on Mental Disorders of the 10th Edition of the International Classification of Diseases
• Member of the Advisory Council of the Working Group on "Coping with Stress and Depression-Related Problems in Europe"

1. Positions and offices held in the past:
Associate Professor of Psychiatry at the Universidad Complutense de Madrid. Associate Professor in Oviedo, Professor of Psychiatry at the University of Salamanca and of Alcalá de Henares and Head of the Department of Psychiatry at the Ramón y Cajal Hospital in Madrid.
Doctor Honoris Causa of the University Rey Juan Carlos. Universidad de Tecnología y Empresa.
Campus de Madrid

Director of the Institute of Psychiatry and Mental Health of the Hospital Clínico San Carlos and Director of the WHO Collaborating Centre for Research and Training in Mental Health in Madrid, until December 2012.

1. Scientific Societies:
President of the Spanish Society of Psychiatry, of the Spanish Society of Biological Psychiatry, of the Spanish Neuropsychopharmacological College, of the Committee for the Prevention and Treatment of Depression (PTD), of the World Psychiatric Association and of the International College of Psychosomatic Medicine.

Fellow, Honorary Fellow or Honorary Member of: Austrian Society of Psychiatry, The Royal College of Psychiatrists (UK), Society of Neurology, Psychiatry and Neurosurgery (Chile), Société


1. **Participation or membership in Editorial Boards of Scientific Journals:**


1. **Awards and prizes:**

- Cross to Police Merit (for patriotism or loyalty, prestige or usefulness services to the policy in the performance of duty or conduct for outstanding scientific work or studies useful for service or prestige of the police)
- Civil Order of Health (The Civil Order of Health is the greatest Spanish civil order granted as honor, distinction and public recognition to reward merits, behaviors, activities for relevant or exceptional services in the field of health)
- International Science and Research Award 2002 of the Cristobal Gabarrón Foundation
  Simon Bolivar Award by the Committee of Hispanic Psychiatrists of the American Psychiatric Association (2003)
- Grand Cross of Sanity of the Madrid Region of the year 2010 (highest existing award in the Madrid region to recognize the work and career of professionals and institutions that have contributed to raise the quality and prestige of health in the Madrid region)
- Kraepelin-Alzheimer Medal of the Department of Psychiatry, University of Munich, Germany
RESEARCH ACTIVITY

Publications:

Author, alone or in collaboration, of 53 books and 219 book chapters. He published more than 330 articles in scientific journals (most of them foreign) and has presented more than 1,500 papers and presentations at scientific meetings.

When he started his psychiatric training in the late 1960s, psychiatry was in a deep crisis characterized by three aspects:

a) It was isolated from providing daily care for patients in the community, which took place behind the walls of large mental hospitals located far away from urban areas, more often outside the healthcare circuits. They were closed worlds, totalitarian institutions, many of which had even in its spaces a cemetery because most of those who entered there did it for life. In Spain, they depended on the provincial councils under a charitable system, funded by income from pools and bullrings.

b) A disintegration into disparate and even conflicting schools, based on theoretical models incompatible with each other. For some, the origin of diseases had to be found in children's psychological trauma and its solution was in psychoanalysis and other psychotherapies, impossible to implement in a modern health system. For others, mental illnesses were the result of brain disorders, impossible to be identified with the means available at that times ("Schizophrenia is the cemetery of neuropathology" was the comment of neurologist Fred Plum during an International Congress of Neuropathology). For even others, mental patients were the result of social forces, if not political, from a segregation of irrational behaviors, but not morbid, intolerable in the world of modernity.

c) Psychiatry was about to disappear, at least as a medical discipline. Some psychiatrists proposed to abandon the diagnostics application ("no diagnosis at all" as asked by the famous Carl Menninger, who had been President of the American Psychiatric Association). Others left psychiatry in the hands of other disciplines such as neurology and clinical neurophysiology or brain research. A third group advocated anti-psychiatry and with it the closure of asylums and the end of medicalization by mental health professionals.

Since then great efforts have been made to correct the situation, to normalize the lives of those suffering from mental illness and to promote research in the field of psychiatry. They can be summarized under three headings:
a) Community psychiatry, which encouraged the deinstitutionalization of the mentally ill and created ambulatory assistive devices, with the aim of reinstating the sick in their communities.

b) General hospital psychiatry which advocated for the integration of psychiatric care into the overall care. It was not only to "normalize" their care, but also to extend it to many psychic pathologies that remained masked, which abounds in primary and specialized care, and to promote the understanding and treatment of mental aspects present in any patient.

c) The development of a research that would allow parting from neuroscience to explain not only the biological aspects of mental illness, but also the psychosocial and thereby contribute to the understanding of brain function in health and disease.

**Personal commitment:**

In this historical context, certainly very particular for psychiatry, the fact of promoting knowledge and its technical and practical implementation has two facets. On the one hand, its involvement in a serious research activity able to counteract and overcome the dominant ideology, providing scientific data and verifiable facts. On the other, not lose sight of the ultimate goal of which is a specialty of medicine, which is the individual fate of people who have a disease, in this case mental diseases. Around them I have developed research, teaching and care activities.

**Research areas:**

**Neuroscience: Biological basis of mental disorders.**

The mainstay of a medical discipline is biomedical research, known as biological psychiatry in the field of psychiatry. Today, no one can deny that it is one of the most important aspects of neuroscience (in fact Prof. López-Ibor has been the director of the doctoral program at the Complutense University, one of the largest in the world, and was a member of the board of the CIEN Foundation of the Spanish Ministry of Health and Consumer, on which depends the network of the same name, devoted to research of neurological diseases and, in general, the nervous system).

Since his training as a neurologist and his initial experience with electroencephalography, he published a series of papers on epilepsy, but soon started to develop other lines. Biological research in
psychiatry gained momentum with psychopharmacology, since until recently research techniques available were too invasive to be applied to mental health patients.

**Therapeutic effects of clomipramine (a tricyclic antidepressant):**

He described its application in treatment resistant depressions and obsessive-compulsive disorder, administered intravenously. The original work is the first one that described a therapeutic effect of a psychotropic drug in a disease almost considered as incurable. Clomipramine is still today the reference treatment.

**Lithium salts in bipolar disorder:**

He led the fourth group interested in this drug and the first one that organized a specific Lithium clinic, together with R. Lafuente. After these studies Lithium Carbonate was marketed in Spain.

**Serotonin precursors (Tryptophan, Tp and 5-OH-tryptophan, 5-HTP):**

Parting from the hypothesis that the superiority of clomipramine over other antidepressants was due to a greater effect on the serotonin reuptake, he studied (together with JL Ayuso) the antidepressant effect of Tryptophan and 5-OH Tryptophan (5-HTP), isolated or in combination, at a time when only two other groups in the world defended the serotonin hypothesis of depression. The introduction in 1983 of selective serotonin reuptake inhibitors changed drastically this lack of interest.

**Serotonin Dysfunctions in several mental disorders:**

The determination of serotonin metabolites in cerebrospinal fluid and functional tests of serotonin stimulation that cause the release of hypothalamic factors responsible for the secretion of hormones, paved the way to go beyond the simple evaluation of therapeutic results. This allowed further research in depression, suicidal behavior, eating disorders, obsessive and, ultimately, impulsive behavior and personality disorders, initially in the Ramón y Cajal Hospital, with several colleagues, and then at the Clinical Hospital San Carlos with his staff there.

**Brain imaging:**

Initial studies of computerized axial tomography carried out by Prof. Juan J. López-Ibor and two of his brothers, together with the group of neuroradiology of La Salpêtrière (Messimy, France),
showed for the first time that atrophy of the frontal lobes, especially the left, in some people with schizophrenia is accompanied by a skull with an asymmetry and lack of development. This finding implies that the damage this brain might have suffered had occurred before the end of ossification of the skull bones, that’s to say, in the first weeks of life. This finding, confirmed in many subsequent studies, led to the so called "neurodevelopmental hypothesis of schizophrenia" by Weinberger and others, accepted nowadays.

With the use of functional neuroimaging techniques (SPECT and PET), the group of Cabranes JA, R. Montz, Maria Inés López-Ibor, B. Crespo and others were able to demonstrate that OCD has a very characteristic pattern and, if this was not present in other studies, it was due to not having checked the presence of associated depressive symptoms. Recent studies in magnetoencephalography (with the group of T. Ortiz) have revealed a very characteristic and very specific paroxysmal activity in obsessive pathology, depressive disorders and schizophrenia.

Alzheimer's disease:

In 1988, he organized the first international symposium dedicated exclusively to this disease before its interest became generalized. His research was directed to better describe the natural history (with Manzano and Ledesma) and early diagnosis, especially identifying those cases of mild cognitive disorder that can develop into a dementia. Techniques of evoked potentials (made with Tomas Ortiz and his team) have proven to be useful, as have the study of polymorphisms of the genes APOE, PS1, CHRNA4, AACT, SLC6A4 and DRD4 and the measurement of regional cerebral blood flow (studies conducted with Cabranes JA and his team). Recently, they found that antiandrogens are effective in the management of aggressiveness in Alzheimer's disease.

Assessment of psychopathology and nosology:

In this field, he devoted efforts to develop diagnostic and evaluation tools, such as the AMDP (Arbeitsgemeinschaft für Methodik und Dokumentation in der Psychiatrie) system, the largest one of those used in the world, and the Anticipatory Cognitive Questionnaire for Depression. These instruments, among others, are essential for the assessment of psychopathology to correlate with other findings (including biological) and therapeutic response.
Worthwhile to be emphasized was his participation in the development of the chapter on Mental and Behavioral Disorders of the 10th edition of the International Classification of Diseases of the WHO (ICD-10) and its various applications (everyday clinical practice, research, multiaxial, primary care, etc.). He participated in the development of its original version and led the formulation of the Spanish version, directing the field studies carried out in Spanish-speaking countries. Several hundred researchers participated in them (psychiatrists and primary care physicians). Research has focused on analyzing the inter-examiner reliability, validity and applicability and has used various methods, from analysis of cases recorded on video to quality circles. The original article bore the significant title of *Progress Toward Achieving a Common Language in Psychiatry* (Sartorius et al., 1993).

This title also defines his collaboration in the diffusion of other major international diagnostic systems, such as the fourth edition of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV), its harmonization with ICD-10, and his participation, initially, as one of the two non-US experts, on the Committee for the new edition of the DSM-V, that expanded lately, with several others, the strategy to achieve an equivalence between the DSM-V and ICD-11.

**Psychopathology:**

Psychopathology is the intimate, almost exclusive core of psychiatric research. It is what allows the recognition of the object of the discipline, in both its aspects: clinical and research. The three streams of psychiatry (psychodynamic, biological and social) mentioned above have anthropological roots that have a common element: a dualistic concept of human nature. This dualism, wrongly attributed to Descartes because its origin is in the widely recognized fact, much prior to him, that human beings have a body and a soul. As the body can be subjected to experimental science, Descartes perceived it a measurable substance, whereas psychic life he perceived as a reasoning substance. For a long period, dualism dominated brain research and research in psychopathology. This is no longer the case.

In this area, and especially parting from the study of body experience, he developed studies, initially with his father Juan J. López Ibor, based on input from phenomenological and existential philosophy (Heidegger, Sartre, Marcel, Merleau-Ponty, studies etc.), from neurology (studies of phantom limb pain, intoxication with hallucinogens, etc.) and from the psychiatric clinic (dysmorphophobia, anorexia nervosa, etc.), first published in 1972. There, the body experience or corporization was described as a unitary phenomenon and allowed a better delineation of the
aforementioned clinical conditions. These same psychopathological bases have been applied to many other clinical studies, especially to personality disorders. In this case, the correct delimitation of these disorders is important, especially the distinction between what are normal personality traits and what are the same traits in a personality disorder, which can be done simultaneously from the psychopathological and biological dimension. This has been proven by the analysis of platelet monoamine oxidase in studies of sensation-seeking behaviors and impulsivity in pathological gamblers, bullfighters and bomb disposal officers, and, more recently, with serotonergic tests in impulsivity.

**Other aspects of clinical psychiatry:**

He also studied depressions (masked, somatization), dysthymic disorder, suicidal behavior (prevention), panic disorder and social phobia. In 1980, he constricted the definition (diagnosis) of attention deficit disorder, then referred to as minimal brain dysfunction. His constriction of the diagnosis has remained accepted in clinical practice to-date.

**Psychological and psychopathological reactions to disasters and catastrophes:**

The experience of Nazi concentration camp survivors, based on a number of expert reports conducted around 1970, the toxic oil syndrome and, more recently, in the aftermath of 11-M terrorist attacks in Madrid, and others in other countries, led him to investigate the nature of the sequelae, the specificity and the strategy of evidence-based interventions. All this in an area in which research is facing major practical and ethical difficulties. This led to the creation of a European Disaster Intervention Group (Euro Act Dis), a working group of the World Psychiatric Association, and responses to consultations from several countries (the Ministry of Health and Consumers in Spain after 11-M, and recently Argentina) or relating to specific disasters (the recent tsunami in Asia) and the development of a Master's degree at the Universidad Complutense on these issues. At this time, he coordinated a network of Mediterranean countries to investigate what are the most effective intervention methods in childhood. One of the most important conclusions of this series of papers is that vulnerability to morbid psychological sequelae is more related to negative social variables, not to personality factors, which affect the planning of a response to a disaster.

**The stigma of schizophrenia:**

In 1996, he launched, within the World Psychiatric Association, a program to combat the stigma of schizophrenia, which has already been implemented in 25 countries. The challenge of the research is
to identify which are the most appropriate strategies for doing so. For this reason, the program coordinated by him has conducted a series of investigations on knowledge and attitudes of the general population and specific population groups (patients, families, health professionals, journalists, etc.) and intervention techniques to modify stigma and discrimination. For the first time it has been shown that this is possible and points to what are the most effective interventions.

**Other important aspects of research and support for it:**

A valid research able to be transferred to clinical practice requires a context, perhaps even more in the field of psychiatry than in any other medical field. Therefore, he was involved in a number of other activities as well.

**Knowledge and homogenization in the way mental health care is practiced in different countries:**

The problems of psychiatry mentioned above have not been unique to Spain. He, therefore, sought to collaborate with WHO, and the result of this collaboration was the creation in the Clinical Hospital of San Carlos of a Collaborating Center of WHO for Research and Training in Mental Health; he was an Adviser to this group for many years and the representative of Spain to the European Regional Office. Among many other activities, it should be noted that the World Health Organization devoted the year 2001 to Mental Health. Prof. López-Ibor had the opportunity to deliver a lecture during the World Health Day and to conduct meetings and seminars during the World Health Assembly, which brings together all the ministers of health of the world. On two occasions, he had the opportunity to present recommendations in Conferences of the European Union, organized in collaboration with WHO.

It became necessary for Prof. López-Ibor to participate in international scientific societies such as the International College of Psychosomatic Medicine (during his term as President, the society received a significant boost in liaison and general hospital psychiatry, overcoming old psychoanalytic theories, many of them without clear scientific foundations) and the World Psychiatric Association. During the 13 years he was part of the WPA Executive Committee (General Secretary, President and President-Elect), the organization grew (from 80,000 psychiatrists from 82 member societies to 180,000 from 120 member societies), its scientific activity multiplied (scientific sections increased from 24 to 52), congresses were increased (one world congress every six years and one regional symposium two or three times a year; to a world congress every three years; and to between 20 and 30
scientific meetings per year). When he left the presidency after three years, more than 50,000 psychiatrists had attended these scientific meetings. Further; from publishing nothing, the WPA proceeded to publish 10 volumes a year and a magazine, "World Psychiatry," that is distributed to more than 50,000 psychiatrists worldwide in several languages and which currently has an impact factor of 8.974; the basis was set for a clear definition of the ethical principles of the profession, which integrate the Madrid Declaration adopted in 1996. In this year a World Congress was held under the theme One World, One Language, that intended to point out that the former dispersion of psychiatry and its traditional isolation was coming to an end.

**Teaching:**

One cannot research without knowing and spread knowledge. An old psychiatrist once gave him a tip: if you don’t know something you want to know, write a book. Therefore, he wrote in 1980, together with his colleagues Prof. Ruiz-Ogara and Prof. Barcia, a treaty of psychiatry in three volumes. Most recently, he published, with Michael Gelder and Nancy Andreasen, the Oxford Textbook of Psychiatry in two volumes (three in its Spanish translation), considered as being the best treaty existing in psychiatry. He wrote chapters in other treaties (Psychiatrie der Gegenwart, Treaty of Internal Medicine by Rodes et al., Psychiatry and Psychosomatic by Machtleid et al., Etc.) and a text on Medical Psychology (with Tomas Ortiz and Maria Inés López-Ibor) that combines the humanistic aspects of the discipline and the contribution of neuroscience to the knowledge of how the human psyche functions in health and disease.

With Prof. Ruiz-Ogara, he organized a series of workshops in the late 1970s to develop a teaching program in psychiatry for undergraduate and postgraduate students, which has since been the main source for the design of programs for candidates for professorships in all Spanish public examinations. I opened this same experience to the rest of the world, organizing international workshops that have defined the basis of a minimum program for this discipline, both for pre- and postgraduate students, which have been accepted in many universities and even recommended by the WHO to Asian countries. All this work was done in collaboration with the International Society for Medical Education.

Prof. López-Ibor was a member of the editorial board of a large number of psychiatric journals, which allowed him to contribute to the development of editorial lines capable of promoting the dissemination of scientific advances. He was the editor of Actas Españolas de Psiquiatría, founded by
his father Juan J. López Ibor in 1940. It is the only Spanish journal with an impact factor (0.589 in the year 2011) and only L'Encephale (0493 years 2012) has a slightly higher impact among those journals not published in English.