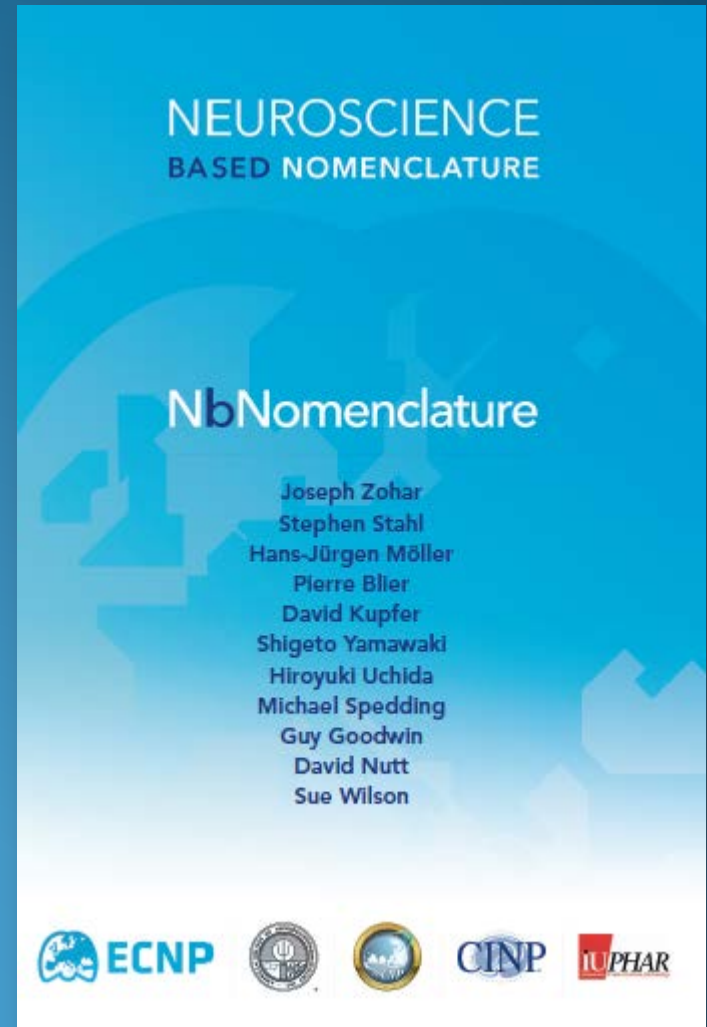


NbN

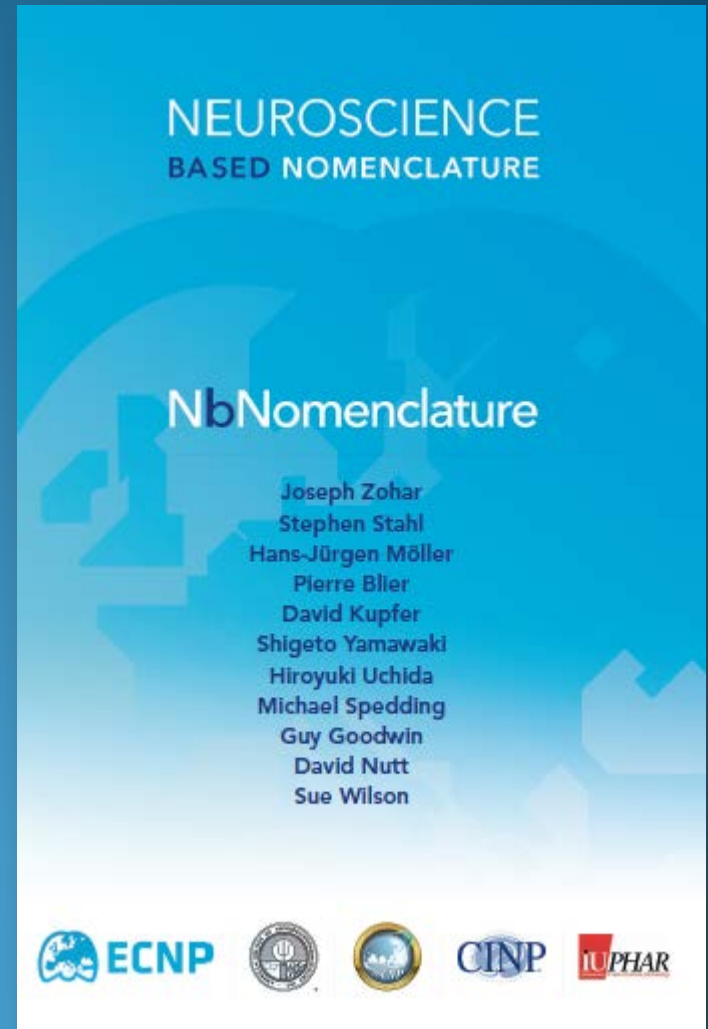
Neuroscience based Nomenclature




NbN

Neuroscience based Nomenclature

Joseph Zohar
Tel Aviv University,
Israel





**Could infusion of
neuroscience change an
outdated naming of
psychiatric medication ?**

The current nomenclature of psychiatric medications include ;

Antidepressant

Antipsychotic

Anxiolytic

Hypnotic

Mood stabilizer

Stimulant

Anti-dementia

Other

Very often we prescribe
“antidepressants” for anxiety disorders
or “second generation antipsychotics”
to depressed patients who show no
evidence of psychosis.



Current nomenclature and adherence

**Anxious
patients:**


“Why are you
giving me an
antidepressant
for my anxiety?”



**Depressed
patients:**

“Is my condition
so bad that you
are giving me an
antipsychotic?”





**The current naming
(nomenclature) of
psychiatric medications
confusing**

For **patients**, to be prescribed **antipsychotics** or **anticonvulsants** may carry the false implication that they have psychosis or epilepsy and, consequently, impact (decrease) **adherence**.



The current nomenclature of psychiatric medications include ;

Antidepressant

Antipsychotic

Anxiolytic

Hypnotic

Mood stabilizer

Stimulant

Anti-dementia

Other



For prescribers, it may limit the way they think about treatment alternatives and in some examples, influences choice through marketing techniques.

The problem

Current nomenclature does
not help the clinician to
make **informed**
choices .

Example from our colleagues:

- Treating hypertension –
 - nomenclature is based on mechanism

Example: Treating hypertension – nomenclature based on mechanism

- Diuretics
- Beta-receptor-blockers
- Calcium antagonists
- ACE inhibitors
- Angiotenin II antagonists

- Hence, the nomenclature could serve as a **tool** which helps the clinician to make **informed decisions**.
- e.g. Our colleagues in hypertension utilize the nomenclature to make an informed decision, i.e. **augmenting** (if needed) with medications that act on **different mechanisms**

The Problem:

- Existing Nomenclature does not
 - help the clinician to make
informed choices


Questions that are often raised;

Should

“second generation antipsychotics”

be used in MDD or PTSD or OCD ?

.



A **'second generation'**
drug sounds
like an advance on an
'old' drug.



'second generation'



Mobile customers are in for a treat from Samsung as the Galaxy S II smartphone hits the market. Building on the smashing success of the original Galaxy S, its second generation comes packed with more processing power, a better display and the latest version of Android.

- We also have 1st and 2nd generation mobile phones

LA 2008: 2010 Lexus RX 450h live unveiling

by **Sebastian Blanco** (RSS feed) on Nov 19th 2008 at 6:09PM



Click above for our high res gallery

Ten years after introducing the "car-based luxury utility vehicle segment," Lexus unveiled its latest hybrid, the 2010 RX 450h, today at the Los Angeles Auto Show. The second-gen RX 450h uses a 3.5 liter V6 gas engine (Atkinson cycle) and an upgraded inverter for a total of 255 hp in a luxury SOLEV package. It's so luxury you


- We also have 1st generation and 2nd generation cars

Current nomenclature and Marketing:

We have

- 1st generation
antipsychotics and
- 2nd generation
antipsychotics

| Former terminology | NbN | | Drugs |
|--|------------------------------------|--|--|
| Indication-based | (Pharmacological-based) | | |
| | Pharmacology | Mode of action MM; multimodal (e.g. more than one mode) | |
| Antipsychotics | Drugs for psychosis | | |
| (Typical (1st generation)) | dopamine | receptor antagonist (D2) | flupenthixol, fluphenazine, haloperidol, perphenazine, pimozide, pipotiazine, sulpiride, trifluoperazine, zuclopenthixol |
| | dopamine, serotonin | receptor antagonist (D2, 5-HT2) | chlorpromazine, thioridazine |
| Atypical (2nd generation) | dopamine | receptor antagonist (D2) | amisulpiride |
| | dopamine, serotonin | receptor antagonist (D2, 5-HT2) | iloperidone, loxapine, lurasidone, olanzapine, perospirone, sertindole, ziprasidone, zotepine |
| | dopamine, serotonin | receptor partial agonist (D2, 5-HT1A) | aripiprazole |
| | dopamine, serotonin, noradrenaline | receptor antagonist (D2, 5-HT2, NE alpha-2) | asenapine, clozapine, risperidone, paliperidone |
| MM; receptor antagonist (D2, 5-HT2) and reuptake inhibitor (NET)(metabolite) | | quetiapine | |



Nomenclature could (and should) serve as a **tool** which helps the clinician to make **informed** choices .



Does the term

“second generation antipsychotics”

**actually help us to make an
informed choices ?**



Does the term

“ Antidepressants ”

**actually help us to make an
informed choices ?**

NbN Glossary

| Former terminology | NbN | | Drugs |
|--------------------|---------------------------|--|--|
| Indication-based | (Pharmacological-based) | | |
| | Pharmacology | Mode of action MM; multimodal (e.g. more than one mode) | |
| Antidepressants | Drugs for depression | | |
| (TCA) | norepinephrine | reuptake inhibitor (NET) | desipramine |
| | norepinephrine, serotonin | reuptake inhibitor (NET and SERT) | protriptyline, lofepramine, amoxapine, nortriptyline |
| | serotonin, norepinephrine | reuptake inhibitor (SERT and NET) | imipramine, dosulepin, |
| | serotonin | reuptake inhibitor (SERT) | clomipramine |
| | serotonin, norepinephrine | MM; reuptake inhibitor (SERT and NET), 5-HT ₂ receptor antagonist | amitriptyline |
| | norepinephrine, serotonin | MM; reuptake inhibitor (NET and SERT), 5-HT ₂ receptor antagonist | doxepin |
| | serotonin, dopamine | receptor antagonist (5-HT ₂ and D ₂) | trimipramine |

* The glossary includes only the psychotropics relevant to former terminology. Newer medications or psychotropics not included here could be found in NbN by their name

| Former terminology | NbN | | Drugs |
|--------------------|---|--|---|
| Indication-based | (Pharmacological-based) | | |
| | Pharmacology | Mode of action MM; multimodal (e.g. more than one mode) | |
| Antidepressants | Drugs for depression | | |
| (MAOI) | serotonin, norepinephrine, dopamine | enzyme inhibitor (MAO-A and -B) | isocarboxazid, phenelzine |
| | | reversible enzyme inhibitor (MAO-A) | moclobemide |
| | | MM; enzyme inhibitor (MAO-A and -B), releaser (DAT, NET) | tranylcypromine |
| | dopamine, norepinephrine, serotonin | enzyme inhibitor (MAO-B and -A) | selegiline |
| (SSRI) | serotonin | reuptake inhibitor (SERT) | citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline |
| (SNRI) | serotonin, norepinephrine | reuptake inhibitor (SERT and NET) | venlafaxine, duloxetine |
| | norepinephrine, serotonin | reuptake inhibitor (NET and SERT) | milnacipran |

The problem

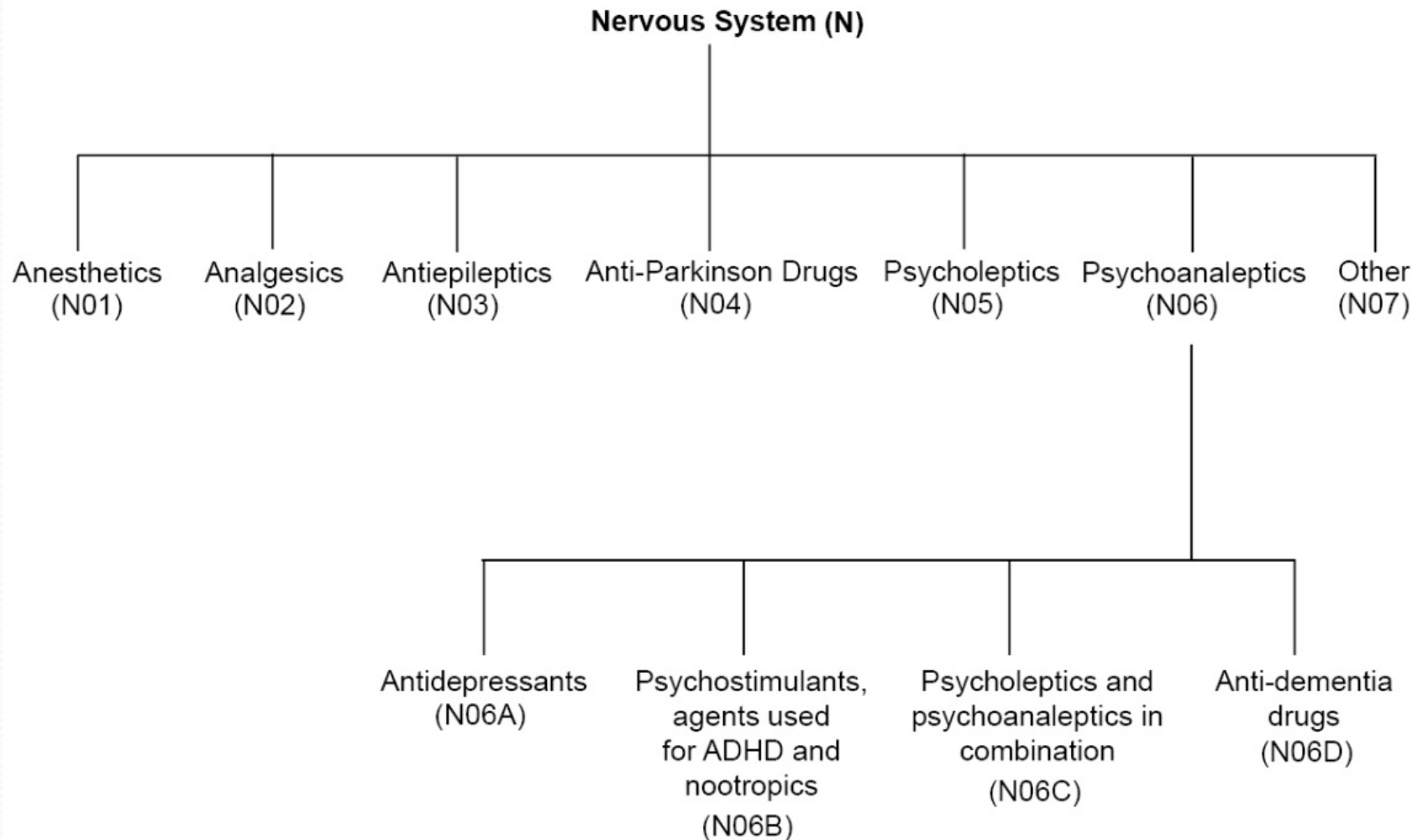
Current nomenclature does
not help the clinician to
make **informed**
choices .

The Problem:

- Existing Nomenclature does not

reflect the current
scientific knowledge

Current nomenclature for psychotropic drugs under the WHO system (adapted from Guidelines for ATC classification and DDD assignment 2015)

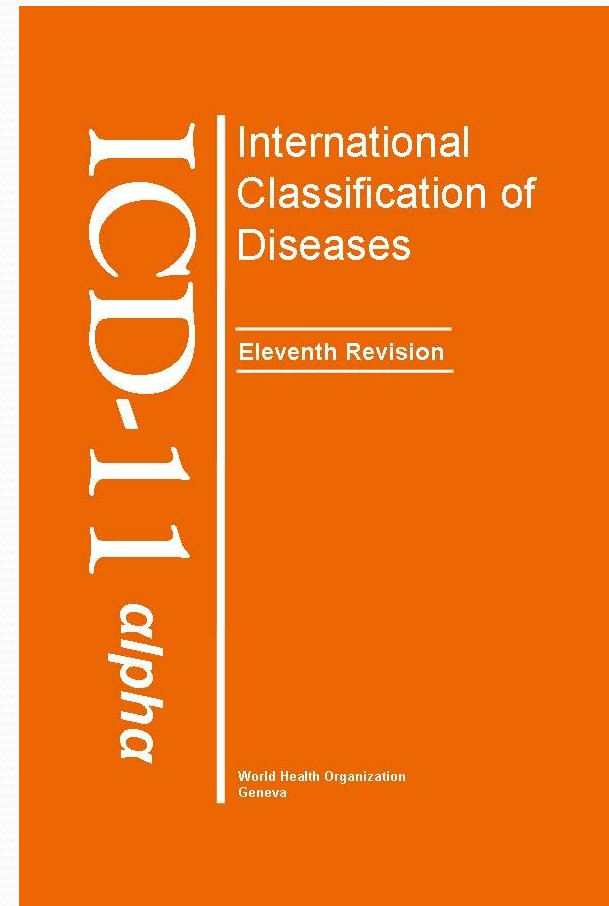
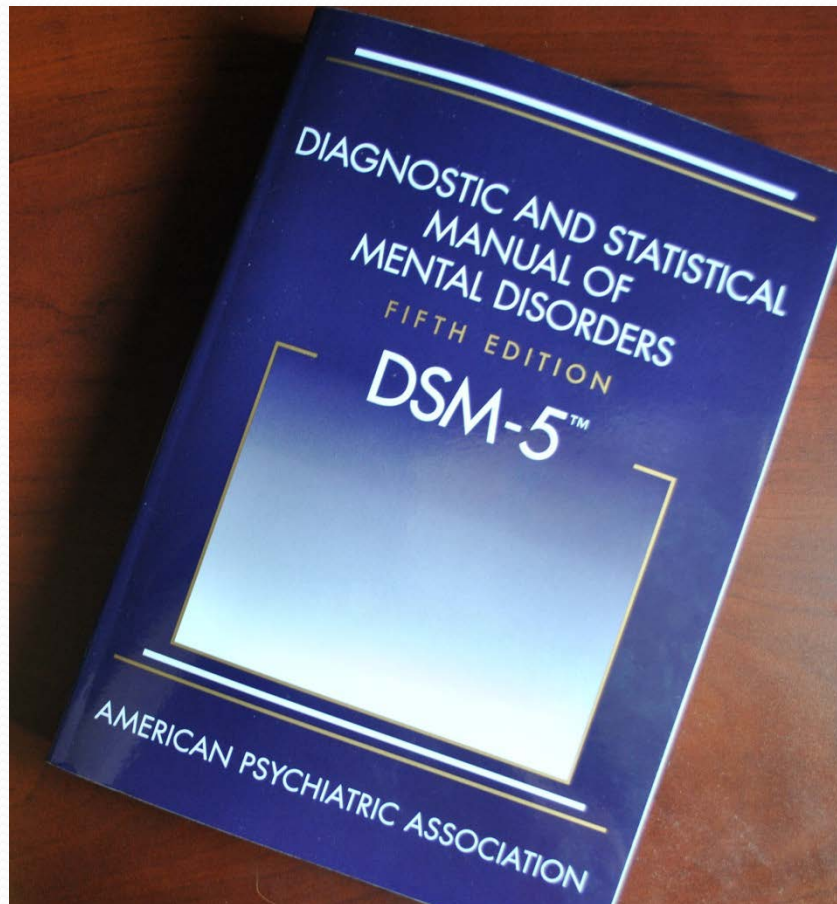


Current antidepressant nomenclature under the WHO system (adapted from Guidelines for ATC classification and DDD assignment 2015).

Antidepressants (N06A)

| | |
|--|---|
| | Non-selective monoamine reuptake inhibitors (N06AA) e.g. imipramine, amitriptyline, clomipramine, dosulepin, doxepin, lofepramine, trimipramine, amoxapine, protriptyline (TCAs), desipramine, nortriptyline, maprotiline (NRIs) |
| | Selective serotonin reuptake inhibitors (N06AB) e.g. Zimeldine, fluvoxamine, fluoxetine, paroxetine, sertraline, citalopram, escitalopram |
| | Monoamine oxidase inhibitors, non-selective (N06AF) e.g. Phenelzine, isocarboxazid, tranylcypromine |
| | Monoamine oxidase A inhibitors (N06AG) e.g. Moclobemide, toboxatone |
| | Other antidepressants (N06AX) e.g. reboxetine (NRIs) venlafaxine, milnacipran, duloxetine (SNRIs) nomifensine, bupropion (NDRIs) mirtazapine (NaSSAs) trazodone, nefazodone (SARIs) agomeiatine (MT receptor antagonist/5-HT _{2c} antagonist) gepirone (5-HT _{1A} partial agonist) |


Diagnosis updates going on (DSM 5, ICD 11th)



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- (a) Be based on contemporary knowledge.
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- (c) Provide a system that does not conflict with the use of medications.
- (d) Be future proof and to accommodate new types of compounds

None of them are true for the current nomenclature



The current naming
(nomenclature) of
psychiatric medications
confused and confusing

Introduction

It has become clear that the current nomenclature of psychotropic medications **does not reflect contemporary knowledge**, nor does it **appropriately inform the clinician about rational neuroscience-based prescribing.**

The taskforce

Five major international neuropsychopharmacological scientific organizations joined forces together to create this nomenclature.

These organizations are:

ECNP - European College of Neuropsychopharmacology

ACNP - American College of Neuropsychopharmacology

AsCNP - Asian College of Neuropsychopharmacology

CINP - International College of Neuropsychopharmacology

IUPHAR - International Union of Basic and Clinical Pharmacology

The composition of the taskforce is:

Chair: Joseph Zohar, European College of Neuropsychopharmacology

Stephen Stahl, International College of Neuropsychopharmacology

Hans-Jürgen Möller, International College of Neuropsychopharmacology

Pierre Blier, American College of Neuropsychopharmacology

David Kupfer, American College of Neuropsychopharmacology

Shigeto Yamawaki, Asian College of Neuropsychopharmacology

Hiroyuki Uchida, Asian College of Neuropsychopharmacology

Michael Spedding, International Union of Basic and Clinical Pharmacology

Guy Goodwin, European College of Neuropsychopharmacology

David Nutt, European College of Neuropsychopharmacology

Coordinator: Sue Wilson, Imperial College of London

The mission

- To help **clinicians** to make informed choices when they are trying to figure out what would be the next "pharmacological step."



The mission

- To **decrease stigma** and **enhance adherence** by a naming system that lays out the rationale for selecting a specific psychotropic.




All the expenses related to developing this nomenclature were covered by **ECNP**. Throughout the entire process there was **no** direct or indirect support from any pharmacological company or other organization.



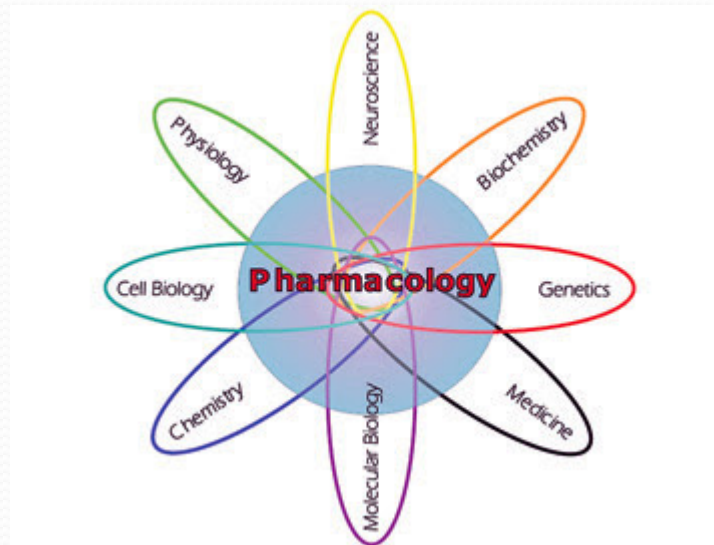
The proposal

-.



**A proposal for an
updated naming
(nomenclature) of
psychiatric
medications**

- **Pharmacologically-driven** (rather than **indication-based**) nomenclature that embeds contemporary neuroscience understanding of how medicines act.



NbN is pharmacological driven
nomenclature focusing on

Pharmacology and

mode of action – Reflects current
knowledge and understanding about the
targeted neurotransmitter/ molecule /
system being modified +
mode / mechanism of action

The Nomenclature



Pharmacology



Mode of Action

Pharmacological domains

| | |
|----|----------------|
| 1 | Acetylcholine |
| 2 | Dopamine |
| 3 | GABA |
| 4 | Glutamate |
| 5 | Histamine |
| 6 | Ion Channel |
| 7 | Melatonin |
| 8 | Norepinephrine |
| 9 | Opioid |
| 10 | Serotonin |

Modes / mechanisms of actions (MoA)

| | |
|----|--|
| 1 | Receptor agonist |
| 2 | Receptor partial agonist |
| 3 | Receptor antagonist |
| 4 | Reuptake inhibitor |
| 5 | Reuptake inhibitor and releaser |
| 6 | Reuptake inhibitor and receptor antagonist |
| 7 | Enzyme inhibitor |
| 8 | Ion channel blocker |
| 9 | Positive allosteric modulator (PAM) |
| 10 | Enzyme modulator |



Expanding our vocabulary.

The current nomenclature of psychiatric medications include ;

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Developing new language




NbN clarify the rational for
choosing a certain
medication

NbN and adherence

Depressed patients:

I am recruiting also the dopaminergic system to help you to get out of your depression





NbN provide a strategy for naming novel drugs, yet to be discovered, that target novel pharmacological domains or novel mechanism of action.

Our expectations from a psychotropic nomenclature are that it should:

- (a) Be based on contemporary knowledge.
- (b) Help clinicians to make informed choices when working out the next "pharmacological step."
- (c) Provide a system that does not conflict with the use of medications.
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All of them are true for the NbN



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A proposal for an updated neuropsychopharmacological nomenclature



Joseph Zohar^{a,*}, David J. Nutt^b, David J. Kupfer^c,
Hans-Jurgen Moller^d, Shigeto Yamawaki^e, Michael Spedding^{f,1},
Stephen M. Stahl^{g,h}



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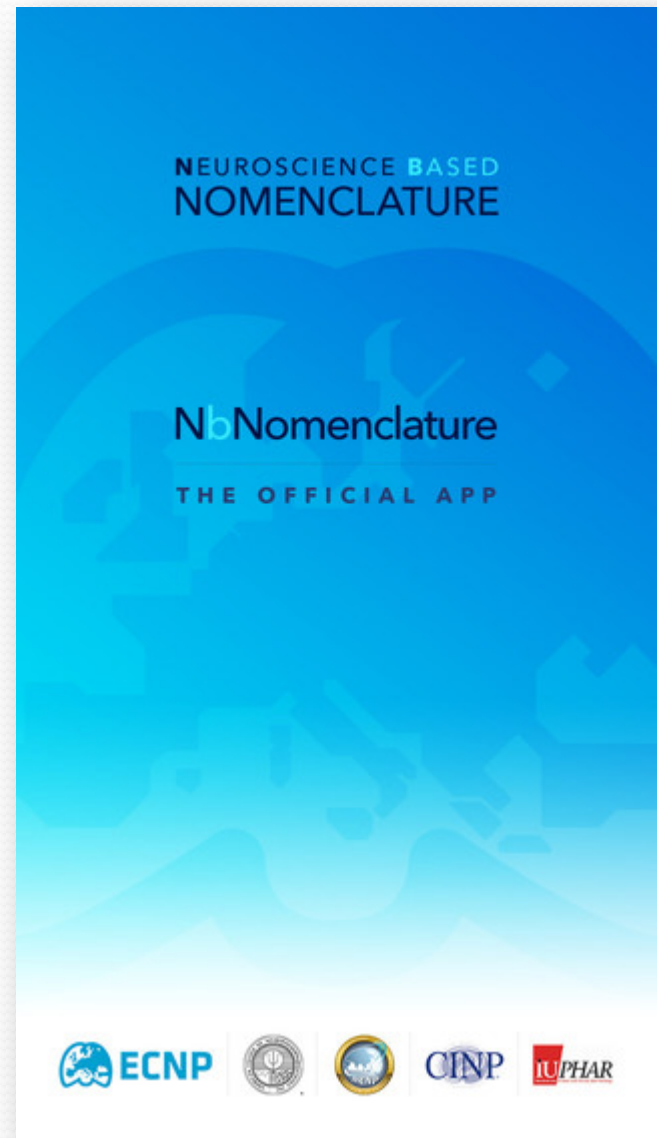


A review of the current nomenclature for psychotropic agents and an introduction to the Neuroscience-based Nomenclature



Joseph Zohar^{a,*}, Stephen Stahl^b, Hans-Jurgen Moller^c,
Pierre Blier^d, David Kupfer^e, Shigeto Yamawaki^f,
Hiroyuki Uchida^g, Michael Spedding^h, Guy M. Goodwinⁱ,
David Nutt^j

The NbN



4 additional dimensions

| | | |
|----------|----------------------------------|--|
| 1 | Approved indications | Based on the recommendations of major regulatory bodies (e.g. FDA, EMA, etc.) |
| 2 | Efficacy and side effects | <p>Aimed to highlight the situations where the compound fell short of approval for a formal indication, although there is evidence to support its use, for example, in expert guidelines.</p> <p>In the side effects part, only prevalent or life-threatening side-effects are included.</p> |
| 3 | “Practical note” | Summarizes the clinical knowledge that has been "filtered" through the taskforce "sieve". |
| 4 | Neurobiology | Derived from empirical data and divided into preclinical and clinical sections, with an emphasis on the latter. |

It also includes **4 additional dimensions:**

1. Approved indications –

Is based on the recommendations of major regulatory bodies (e.g. FDA, EMA, etc.)

2. Efficacy and side effects –

aimed to highlight the situations where the compound fell short of approval for a formal indication, although there is evidence to support its use, for example, in expert guidelines.

In the side effects part, only prevalent or life-threatening side-effects are included.

3. **“Practical note”**

summarizes the clinical knowledge that has been prioritized by "filtering" through the taskforce's "opinion sieve".

4. **Neurobiology** –

is derived from empirical data and divided into preclinical and clinical sections, with an emphasis on the latter.

4 Additional Dimensions



Approved Indication



Efficacy & Side Effect



Practical Notes



Neurobiology

For those who would like to know more about the pharmacology, there is a direct link to the relevant site of **IUPHAR** – our collaborator in this endeavor.



Psychotropics included



In this first edition of the NbN, we included **108 compounds** which cover the vast majority of psychotropics used worldwide. We did not include formulations which combine medications.

Pharmacological domains

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The Nomenclature



Pharmacology



Mode of Action

4 Additional Dimensions



Approved Indication



Efficacy & Side Effect

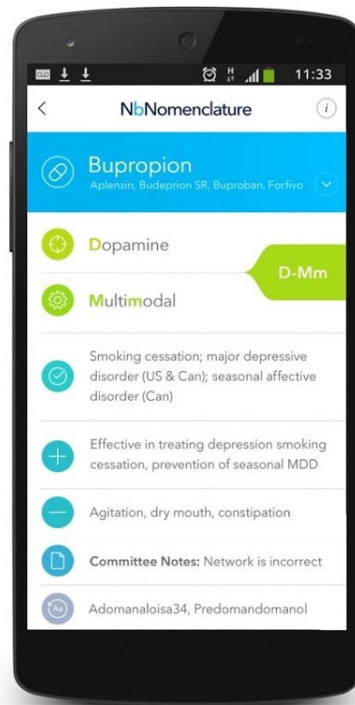


Practical Notes



Neurobiology

NbN App



To download the App,
search for ***NbNomenclature***
on Google Play and iTunes App Store





Conclusions



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Antipsychotic

Anxiolytic

Hypnotic

Mood stabilizer


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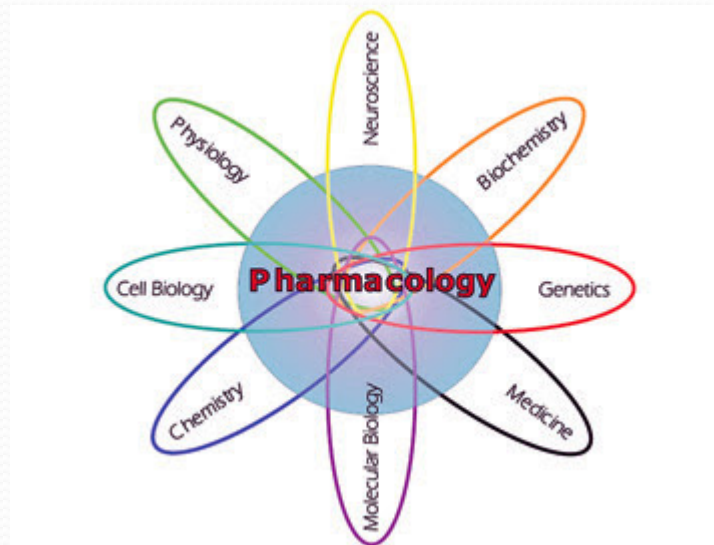
reflect the current
scientific knowledge

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The Nomenclature



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The Nomenclature



Pharmacology



Mode of Action

4 Additional Dimensions



Approved Indication



Efficacy & Side Effect



Practical Notes



Neurobiology

To download the App, search for *NbNomenclature* on Google Play and iTunes App Store





NbN

2016

NbN Updates

Translations

Japanese



Spanish



Korean



Chinese



Russian



NbN Updates

*Journals participating
in the “first wave”*



Biological Psychiatry

British Journal of Pharmacology

Neuropsychopharmacology

Int. J. Neuropsychopharmacology

World Journal of Biological Psychiatry

European Psychiatry

J Psychopharmacology

CNS Spectrums

**European Archives of Psychiatry and Clinical
Neuroscience**

Chinese Journal of Psychiatry

Clinical Psychopharmacology and Neuroscience,

Japanese Journal of Neuropsychopharmacology

Korean Journal of Psychiatry

European Neuropsychopharmacology (ENP)

NbN Updates

**John Krystal of
Biological Psychiatry:**



Feedbacks

“We applaud the effort to develop a clearer nomenclature for psychopharmacology. We, the editors, are pleased that Biological Psychiatry and Biological Psychiatry: Cognitive Neuroscience and Neuroimaging will participate in this initiative.”

NbN Updates

Lynn Wecker, one of the author of "Brody's Human Pharmacology":



Feedbacks

"It is about time!!! Thanks so much. I have been teaching this information to medical students and residents for years according to mechanisms and am thrilled that you all have taken on this wonderful project. As a matter-of-fact, I plan on redoing the CNS section of my textbook (Brody's Human Pharmacology) in this way for our new edition. Thanks again."

NbN Updates

*Users and distribution
(before launching!)*



Downloads:

iPhone 5774

Android 4217

iPhone
Total
5774

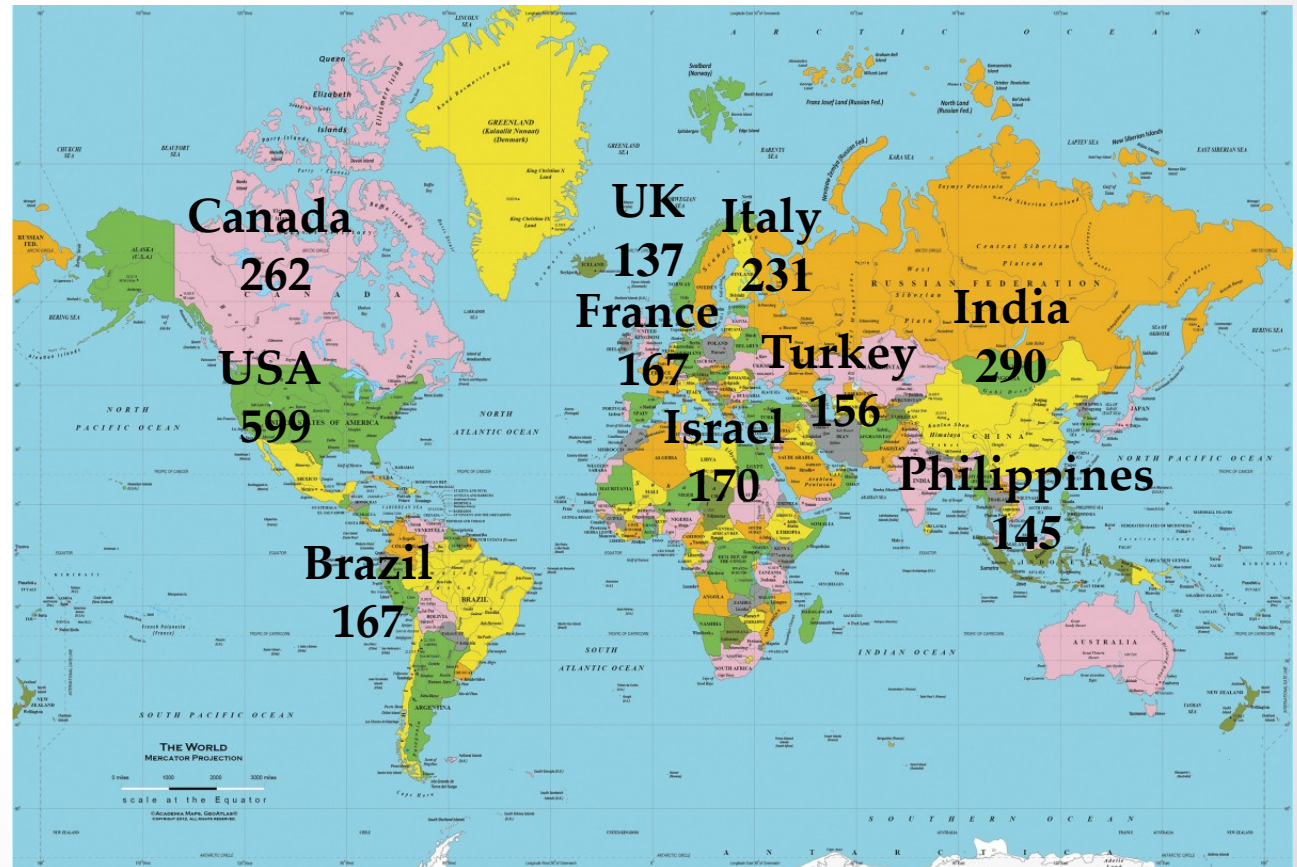


App users and distribution (before launching!)



App users and distribution (before launching!)

Android Total 4217



Top 10 countries



To download the App,
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Thank you

NbN

Neuroscience based Nomenclature

Joseph Zohar
Tel Aviv University,
Israel

