

# Progress in Mind **Brand Guidelines 2016**

# Using the guide

## Be creative – be responsible

This guide covers the basics when you are working with Progress in Mind projects.

For more detailed information and source materials go to the online Brand guide.

Contact your Progress in Mind contact to get access.

Get more information and in-depth materials at:  
[www.brandguide.progress.im](http://www.brandguide.progress.im)

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# Corporate identity

Logo, colours & fonts



## Logo

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

## Logo variations on backgrounds

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

## For sub-branding

Various logos can be made by changing the part of the logo written in black.

The Progress in Mind has to be used.

PROGRESS  
IN MIND | **Brazil**  
Psychiatry & Neurology  
Resource Center

PROGRESS  
IN MIND | **Magazine**  
Congress Highlights

PROGRESS  
IN MIND | **MENA**  
Psychiatry & Neurology  
Resource Center

## Main Colours

The colours being used are Lundbeck Gold and black.

These can be used with varying tints.



### Lundbeck & PIM Gold

CMYK  
5 5 35 40

RGB  
165 160 123

HEX  
A5A07B



### Black

CMYK  
0 0 0 90

RGB  
65 64 66

HEX  
404041

\* For some printed materials it might be necessary to use 100% CMYK

## Fonts

The main type family is Plain  
(from foundry [www.optimo.ch](http://www.optimo.ch))

Chronicle Display is used for quotes and is  
a part of the Lundbeck brand package.  
(from foundry [www.typography.com](http://www.typography.com))

**Plain Bold**

Plain Regular

Plain Light

Plain Ultralight

Chronicle Display Light

## Fonts examples

Title 1  
Plain Ultralight

Title 2  
Plain Bold

# Tackling the cognitive **dysfunction**

Lead  
Plain Regular

Cognitive dysfunction is a core feature of depression that often persists in 'remitted' patients. Concerted efforts to better manage and study this aspect of depression are high on the agenda, as witnessed in the scientific programme for CINP 2016. We report highlights from a session entitled "Cognitive dysfunction in depression: enabling discovery and treatment development".

Body  
Plain Regular

Management and study of depression – with its strong focus on affect, mood and emotion – has for a long time underplayed the importance of cognitive dysfunction as a core feature of depression. At a 2016 CINP scientific session, the need for discovery, development and translation in the domain of cognitive dysfunction in depression was stressed by co-chair and presenter Professor Barbara Sahakian, Professor of Clinical Neuropsychology at the Department of Psychiatry, University of Cambridge, UK.

Subhead  
Plain Bold

### **Mental capital**

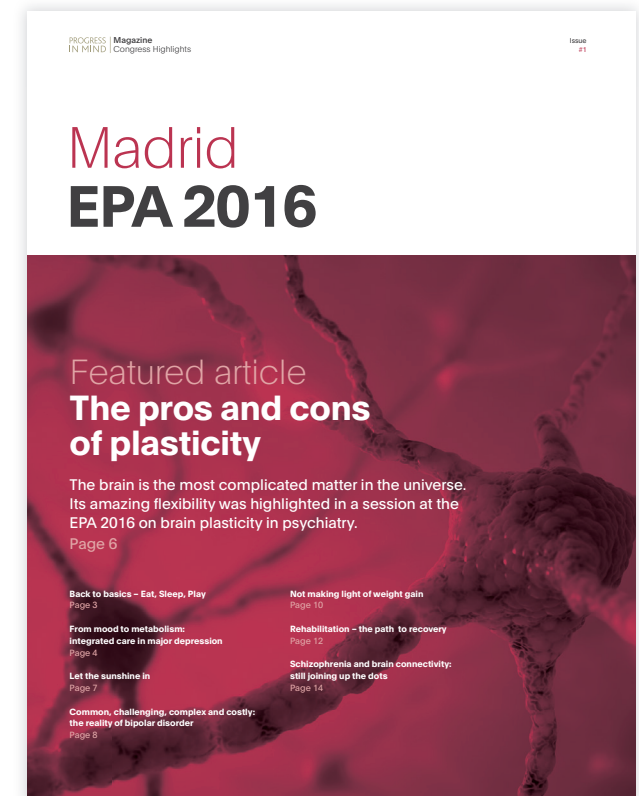
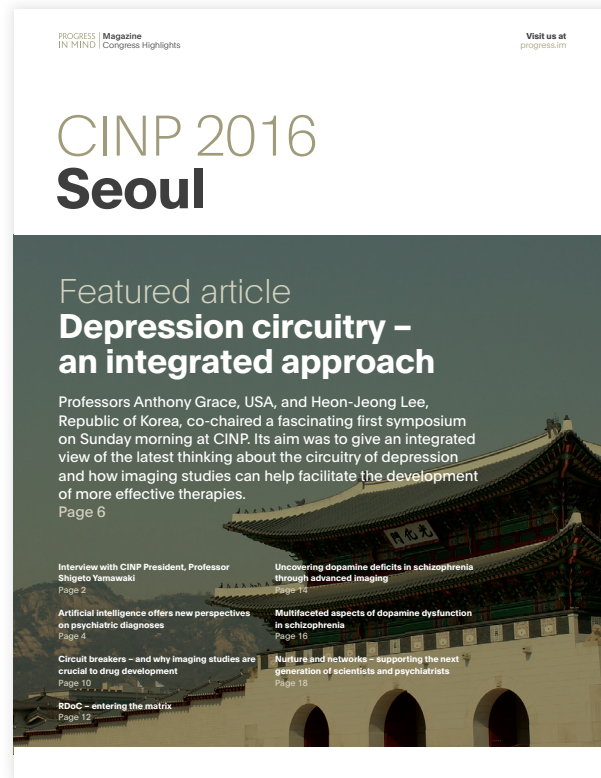
Cognitive deficits and dysfunction, she said, contribute greatly to the financial losses associated with depression, where both absenteeism and presenteeism contribute to loss of productivity.

Quote  
Chronicle Display Light

Cognitive deficits and dysfunction, she said, contribute greatly to the financial losses associated with depression, where both absenteeism and presenteeism contribute to loss of productivity.

## Printed material

### Frontpages & promos



Printed material  
Spreads

Congress Highlights

Interview with CINP President,  
Professor Shigeto Yamawaki

Interview  
Professor Shigeto Yamawaki, President of the CINP

At the 30th international CINP congress in Seoul, Korea, we were privileged to speak with Professor Shigeto Yamawaki, President of the CINP, about changes and developments in the field and the value of medical education and knowledge exchange in the future.



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The field of psychiatry is developing in a number of areas. Development of contemporary cognitive, affective and social neuroscience using neuroimaging are especially prominent.

Psychiatry is evolving as a profession. The number of patients with mental disorders in all life-cycle phases, from childhood to old age, is increasing all over the world and is responsible for enormous social and economic loss. The expectations for psychiatry as a profession are getting higher.

However, such complex and heterogeneous psychiatric disorders still cannot be classified and diagnosed precisely by diagnostic criteria such as DSM and ICD. Professor Yamawaki encourages us to establish objective diagnosis by utilizing findings of recent brain science research, and develop innovative treatments. If not, the expectation towards psychiatry may turn into disappointment.

The field of psychiatry is developing in a number of areas. Development of contemporary cognitive, affective and social neuroscience using neuroimaging are especially prominent. Molecular target data are being accumulated using genome and epigenome research and proteomics; however, issues such as reproducibility have arisen. In order to elucidate the pathophysiology of complex psychiatric disorders with variant, heterogeneous conditions, and to establish objective diagnosis, we need large cohort studies which have incorporated brain function and biomarker measurements, as well as clinical evaluation.

While there are many hurdles to achieving breakthroughs in our field, the theme of the 30th CINP congress is one to strive for - Innovation Integrated with Neuroscience for Mental Health.

The CINP have made active efforts to accelerate the development of biomarker and objective diagnosis by precompetitive collaboration of public and private institutions - a collaboration of basic and clinical academia, pharmaceutical companies and regulatory agencies.

progress.im

CINP Seoul 2016

By applying every brain science approach such as genomics, proteomics and neuroimaging and data analysis techniques, he is confident that we will see breakthroughs in the future.

The full video interview with Professor Yamawaki will be posted on [www.progress.im](http://www.progress.im). Also, look out for our interview with Professor John Krystal, CINP President Elect, in which we hear about future plans for the CINP as he takes the position of CINP president.

PROGRESS | Psychiatry & Neurology  
IN MIND | Resource Center

Read about insights  
from CINP president  
elect John Krystal

➔ Go to [www.progress.im](http://www.progress.im)

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Issue #1

Congress Highlights

Schizophrenia  
Not making light of  
weight gain

The attention of the audience was captured when Philip Ward (University of New South Wales, Sydney, Australia) opened his presentation by stating that failure to prevent the physical deterioration of mental health patients is a major medical scandal of our times. As a consequence, the loss in life expectancy compared with the general population shows no signs of being reduced. But much can in fact be done to prevent treatment-associated weight gain and metabolic risks in young people with first episode psychosis.

People with severe mental health problems can expect to die twenty years earlier than those in the general population without psychiatric disorders. They suffer from what is in effect lethal discrimination, Philip Ward (University of New South Wales, Sydney, Australia) told the Madrid meeting.

Typically, a first episode psychosis (FEP) patient gains around 12 kg within the first two years of treatment with antipsychotics. This is as a big deal since it paves the way to metabolic disturbance and cardiovascular morbidity and mortality.

However, such weight gain is not inevitable. This has been shown in the Bondi suburb of Sydney through introduction of the pioneering Keeping the Body in Mind programme of intensive intervention to encourage exercise and healthy eating.

The community health centre which cares for FEP patients did not just talk the talk. It decided to use its kitchen to demonstrate healthy cooking; and it turned one of its rooms into a gym.

Where there's a will there's no weight  
In a controlled study, the intervention group (n=16) put on a mean of 1.8 kg over the initial twelve

weeks of study while FEP patients (n=12) who had standard care at another centre gained 7.8 kg. Waist circumference, which is a major marker of metabolic risk, increased by 0.1 cm compared with 7.1 cm in the two groups respectively. The proportion of intervention patients who experienced clinically significant weight gain was 13%, compared with 75% of the controls.

On all three endpoints, the differences were statistically as well as clinically significant. But could they be maintained?

The answer seems to be Yes.

Gaining ground against weight  
At two years, 12 of the initial 16 Bondi intervention patients could be followed up. Their average weight was 70.8 kg, only 1.3 kg more than at baseline. And their waistline had grown by a mere 0.1 cm.

Over the intervening period, patients continued to have access to the gym and they continued to have access to nutritional and other advice, but they had not been intensively encouraged to maintain their healthy diets and exercise.

Madrid EPA 2016

If we prescribe a medication which has consequences, it is our responsibility to address those consequences.

So it seems that once the seed is sown, it largely nurtures itself. But sowing the seed requires effort.

Young people with FEP had access to a nutritionist who did everything from accompanying them to buy food to supervising its cooking. Exercise physiology students helped out in the gym. Everything was tailored to the circumstances of the individual patient.

And they also had the encouragement of "peer wellness coaches" who had been through the experience of putting on weight with antipsychotics and then struggling to lose it. Preventing weight gain in the first place is probably the easier option.

And it means you never stop looking good on the beach.

For the future  
Much remains to be done on the lifestyle front. An as yet unfulfilled aim is to halve tobacco consumption among young people with FEP. But in terms of preventing weight gain, Keeping the Body in Mind has met its first target.

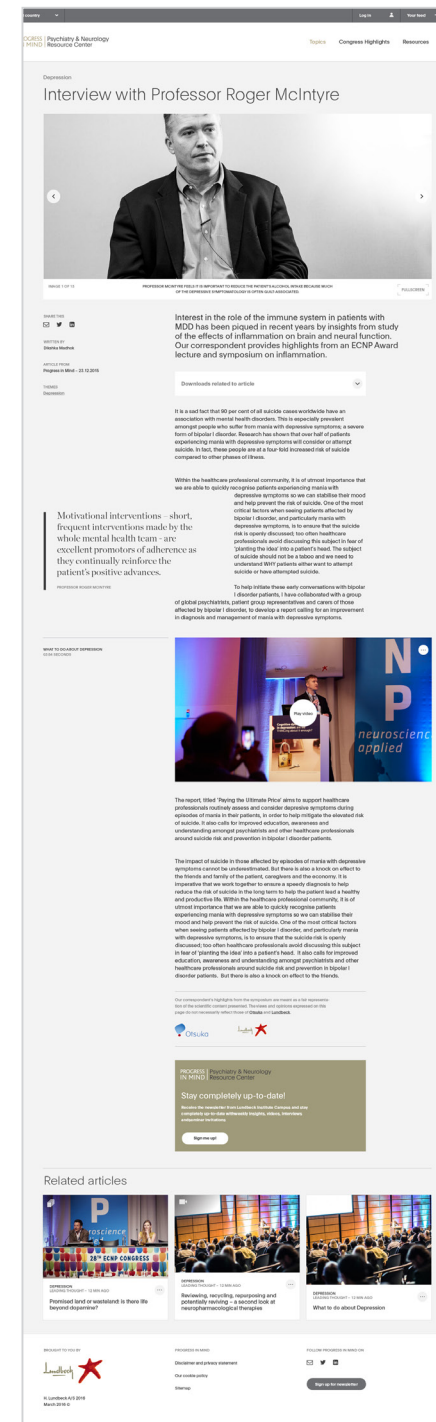
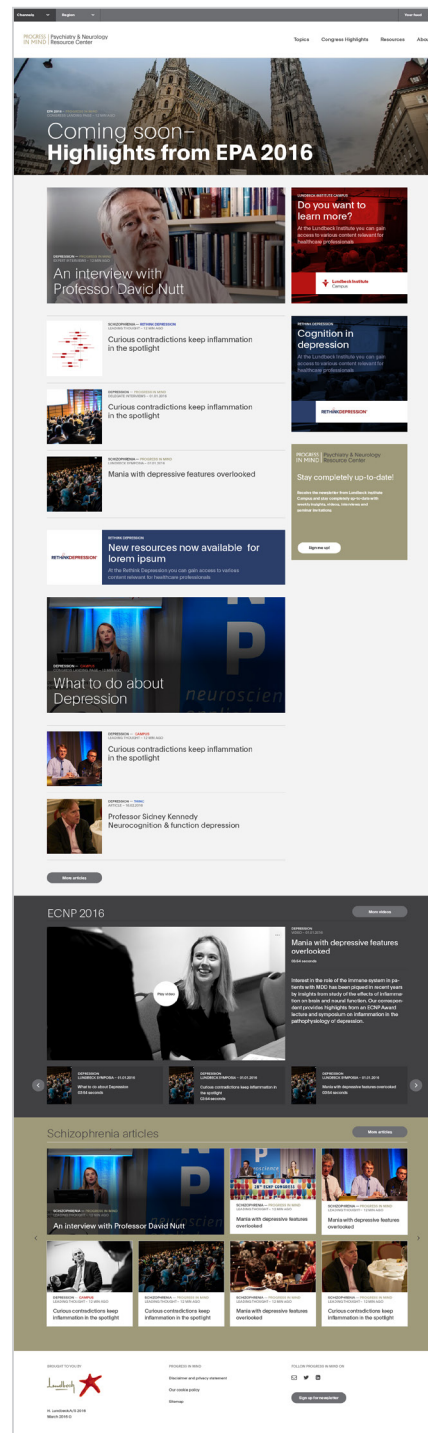
If we prescribe a medication which has consequences, it is our responsibility to address those consequences. And the Australian experience shows





# Progress in Mind Website

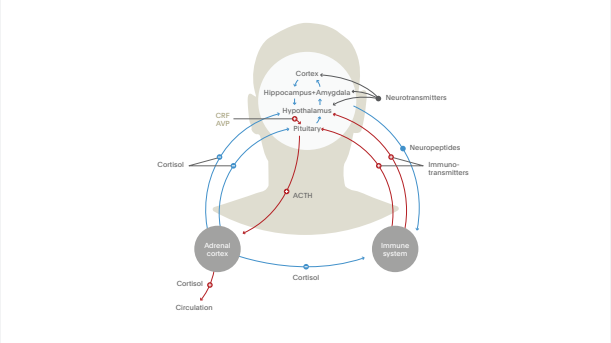
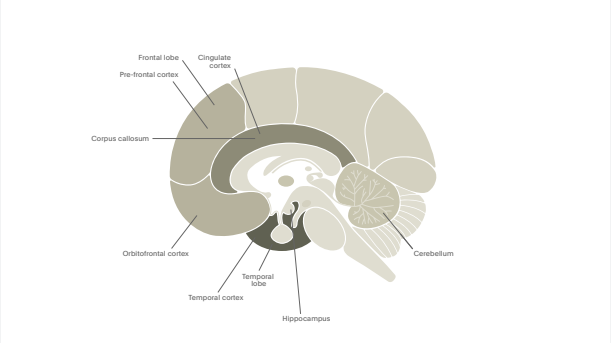
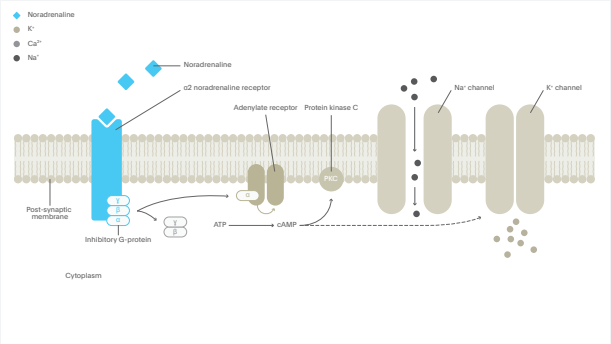
www.progress.im



# Visuals

Illustrations & graphics

Illustrations & graphs



+

Consistently present but not pronounced

++

A common marked characteristic

+++

A core, severe and virtually universal characteristic of the disorder

0

Indicates an intermediate magnitude of effect

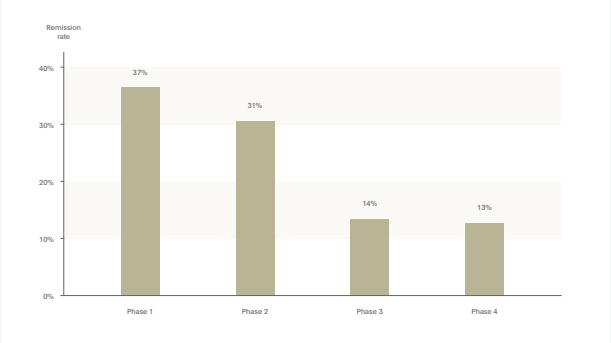
+

Increased

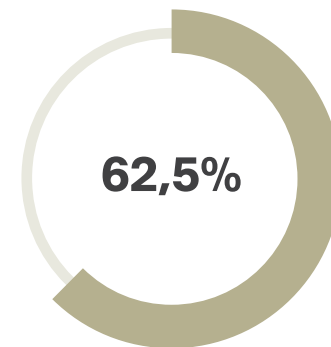
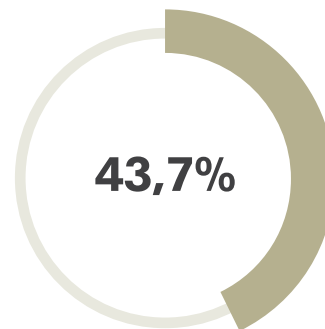
0/+

Poorly documented

	Attention/Vigilance	Working memory	Executive function	Episodic memory	Semantic memory
Major depression	+(+)	++	++	++	+
Bipolar disorder	++(+)	++	++	++	+
Schizophrenia	+++	+++	+++	+++	++
Autism spectrum disorder	+++	+	+++	++	+
Attention deficit hyperactivity disorder	+++	++	+++	0/+	+
OCD	+++(!)	+(+)	++	+	0/+
PTSD	+++(!)	+(+)	+(+)	++	+
Panic disorder	+++(!)	+	0/+	+	0/+
GAD	+	+	0	0	+
Parkinson's disease	++	++(+)	++	+	0/+
Alzheimer's disease	+(+)	+(+)	+(+)	+++	+++








## Illustrations & graphs





## Illustration colour & icon explanation (Key)












### Mode of action

-  Transporter
-  Receptor
-  Enzyme
-  Ion channel
-  Multimodal

### Mechanism

-  Neurotransmitter releaser
-  Uptake inhibitor
-  Receptor agonist
-  Receptor partial agonist
-  Receptor antagonist
-  Enzyme inhibitor
-  Channel blocker
-  Channel blocker
-  Channel blocker

### Target

-  Serotonin
-  Dopamine
-  Noradrenaline
-  GABA
-  Acetylcholine
-  Ca<sup>+</sup> Ion channel
-  Na<sup>+</sup> Ion channel
-  Opioid
-  Glutamate
-  Melatonin
-  Histamine

## Video visuals

For more information go to the Progress in Mind brandguide page online.



# Pictures

Examples & treatments



## Pictures General

Pictures taken at the various conferences  
where Progress in Mind is present.

Pictures to be taken from the venue, the  
talks and of individuals being interviewed.





# Pictures

## Congress brand images

A picture of the city where the congress is being held.



## Pictures

### Effects & treatment

Multiply effect with specific colours.

#### General

Black Multiply layer in 30% opacity.

#### Progress in Mind

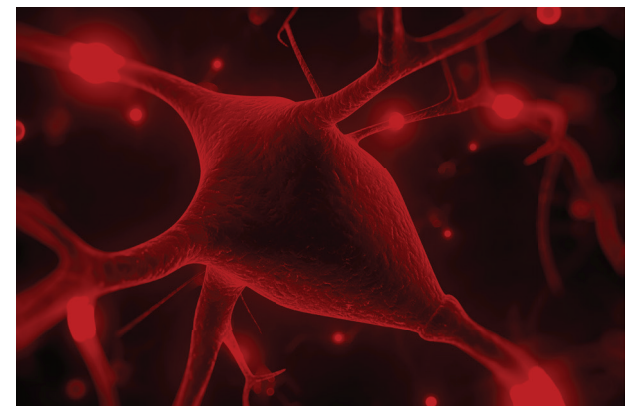
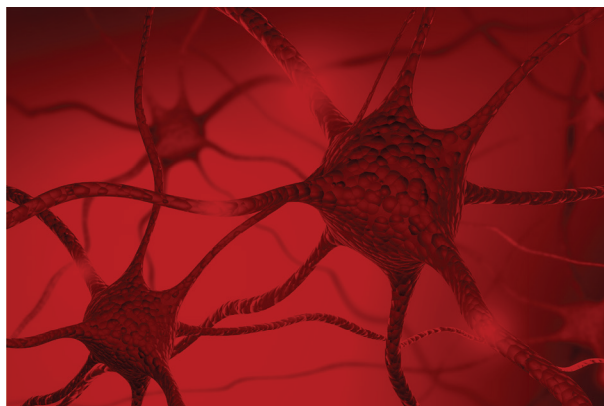
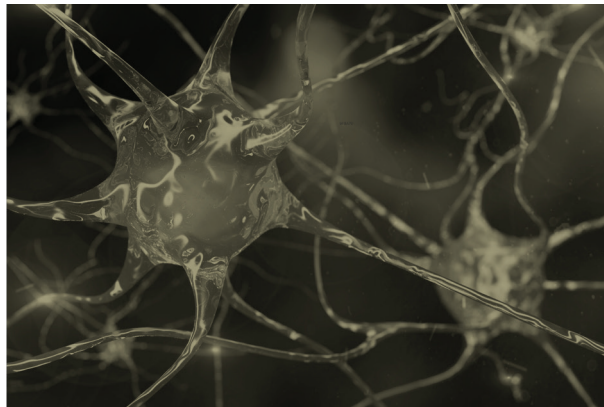
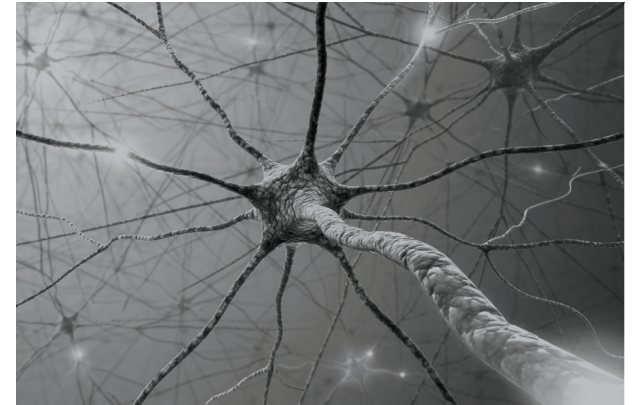
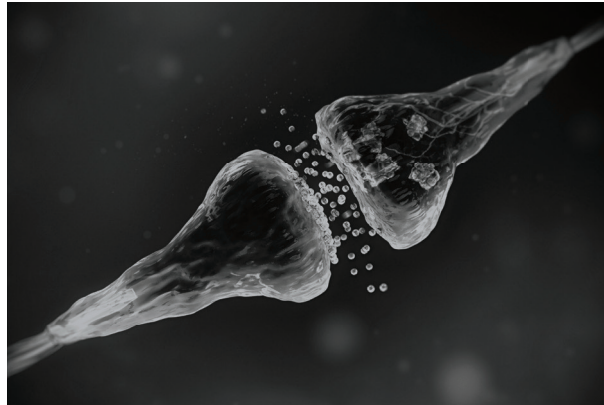
Use the defined Gold colour.

#### For specific HUB's

Use the chosen HUB colour.

#### Example

The red multiply displayed here is an example from Lundbeck Institute Campus.

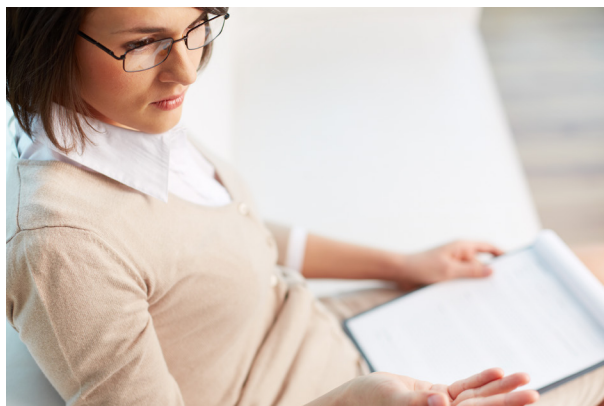




## Pictures

### What to avoid in stock photos

Try avoiding pictures that seem very cliché and/or overly staged.



# Sub brands & HUB's

Example

## Lundbeck Institute Campus

The various HUB's are made using the Progress in Mind template and adding a unique colour scheme.



# Lundbeck Institute Campus



### Lundbeck Institute Campus

CMYK  
16 97 100 7

RGB  
181 20 18

HEX  
b51412

# Lundbeck Institute Campus online HUB

The Lundbeck Institute Campus colour added to the online HUB template.

