

Health Research Board  
**Annual Report 2008**

Improving people's health through research and information





# Health Research Board Annual Report 2008

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## Board members in 2008



**Dr Reg Shaw (Chairman)**  
Perrysbridge Consultants Ltd



**Dr Conor M Burke**  
Consultant Respiratory Physician  
James Connolly Hospital and  
Mater Hospital



**Professor Catherine Godson**  
Professor of Molecular Medicine  
Director – UCD Diabetes  
Research Centre  
University College Dublin



**Mr Michael Griffith**  
Fighting Blindness



**Dr Tony Holohan**  
Chief Medical Officer  
Department of Health  
and Children



**Mr Brian Kearney**  
Co-founder  
Project Management Group



**Professor Michael J Kerin**  
Professor of Surgery  
University College Hospital,  
Galway



**Dr Ena Prosser**  
Partner  
Fountain Healthcare Partners



**Professor Frances Ruane**  
Director  
Economic and Social  
Research Institute



**Mr Brian Sweeney**  
Chairman  
Siemens Ireland



## Chairman and CEO: overview and outlook

As we progressed through 2008, it became clear that Ireland's economic outlook was not as bright as it had been in previous years and that the Government would have to make some tough decisions about where to allocate resources. The HRB would have to maximise the benefit derived from existing Department of Health and Children funding. It would also have to be smart, sharp and innovative in its approach to sourcing funding and building collaborations with others.

When we invest in health research, we invest in the future of Irish healthcare, and it is important that we don't lose sight of this. It was with this thought in mind that the HRB embarked on a review of future strategy, and began to examine in earnest how it could use the funding allocated to it in the best way possible to improve health and transform healthcare.

The strategic review was led by the HRB's new CEO, Enda Connolly, who was appointed in June. He brought to the organisation more than 30 years' experience of working in IDA Ireland, where he played a pivotal role in leading change, developing strategy, building stakeholder confidence and securing significant foreign direct investment.

Since taking up his appointment with the HRB, his main focus has been on getting to grips with the health research sector and also with Ireland's changing economic circumstances, while strategically positioning the HRB to deliver a step change in health research. Specifically, he aims to increase research capacity in the health services and create an environment that can absorb innovation, deliver better service and improve patient care.

In this way, he believes that not only can the HRB support the transformation of Irish healthcare, it can also create the perfect platform to attract healthcare industries to Ireland and in doing so further Irish economic development.

This report contains a summary of some of the HRB's achievements in 2008. However, it by no means captures the full extent of activity across the organisation, or the commitment of staff who have demonstrated patience, resolve and focus during a period of enormous change and while operating with increasingly difficult resource restraints. We would like to take this opportunity to thank them for their work ethic and for their resolve.

The Board have demonstrated solid leadership throughout the year, and have continued to drive new and better standards of corporate governance across all aspects of the HRB's business activities. We recognise the value of their contribution and we would like to express our genuine thanks for their support throughout the year.

We are committed to leading a step change in health research in Ireland and to bringing research and development to life.



Dr Reg Shaw  
Chairman



Mr Enda Connolly  
Chief Executive

# Funding research excellence

During 2008, the HRB invested almost €43 million in health research awards projects, bringing its total funding commitment across the Irish health research system to more than €155 million. This investment will help develop existing health research infrastructure and will underpin the development of research staff across Ireland's health services; it will also ensure that the HRB's research projects are of the highest quality, and will thus facilitate the delivery of improved health services and better health outcomes for people in Ireland.

As in previous years, all investments were made on the basis of stringent international peer-review processes. Of the 841 applications received during the year, a total of 343 were allocated funding support. A full breakdown of the funding awarded is set out in Appendix A. This illustrates the number and variety of new health professionals, as well as details of the type of infrastructure projects and research programmes supported in 2008.

Outlined below are examples of some of the major new research initiatives funded during the year.

## *New clinical research facility, Cork*

In 2008, the HRB announced joint funding with the HSE of a new Clinical Research Facility (CRF) in Cork. The joint investment, totaling almost €11 million over five years, will cover construction-related costs, equipment and the commissioning of facilities, as well as supporting experts who will facilitate patient-focused studies.

The new facility will provide a way for clinicians, the healthcare industry and other key partners to test innovative therapies, technologies and products, and increase the speed at which scientific discoveries and innovations can be translated into better patient care. It will also make a real contribution to postgraduate research and to the training of health professionals.

The CRF will concentrate on patient-oriented research. Medical doctors and nurses will work with other scientists to improve our understanding of cancer, heart disease, bowel disease and nutrition. CRF researchers will develop new tests and will also provide patients with access to the latest advances in treatments to help tackle these diseases.

## *Innovative networks to co-ordinate research efforts*



At the launch of the HRB research networks Dr Mairead O'Driscoll, Director of Research Strategy and Funding, Minister Mary Harney, Prof Ivan Perry, Principal Investigator of the HRB Centre for Diet, Diabetes and Obesity.

During 2008, the HRB also launched two new research networks; these provide a focal point for research on a common health priority, which is conducted across a number of disciplines and institutions. The two networks comprise a virtual network of researchers, who work in a co-ordinated manner on different aspects of a common health priority. By concentrating their expertise and effort on particular issues, these research networks will help to achieve economies of scale and will encourage information sharing which, ultimately, will lead to improvements in patient care.

The first of these networks, the **HRB Centre for Primary Care Research**, is based at the Royal College of Surgeons in Ireland. This research team will undertake a programme of work that examines the quality of care provided to vulnerable patient groups – the elderly, children, pregnant women and drug users.

The second network, the **HRB Centre for Diet, Diabetes and Obesity**, will have its virtual base in University College Cork. The aim of the centre, which will be co-funded by the Department of Agriculture, Fisheries and Food, is to produce internationally competitive research which will contribute to the evidence base for public policy, health promotion and clinical practice on the prevention and management of obesity, diabetes and related metabolic disorders.

## *Joint HRB/HSE Fellowships*

In 2008, the HRB and the HSE launched a joint fellowship scheme which enables medical graduates to undergo the specialist training required to attain consultant status while simultaneously carrying out PhD research. Prior to the introduction of the scheme, a medical graduate had to step out of specialist training, or postpone entering specialist training, if he or she wished to do a PhD. Now, with the introduction of the joint fellowship scheme, this is no longer necessary. In addition, medical graduates have a new track for career development – one that integrates research as a central pillar of their specialist training.

# Generating information for policy

Sound evidence and high-quality information are central to good decision-making on health issues.

The HRB manages five national information systems which provide the most up-to-date evidence for service planning and decision-making on issues such as alcohol and drug use, mental health and disability. The real benefit of these information systems is that they can provide clear evidence about the areas where additional services are needed most. The information provided enables health service managers and policy-makers to make more effective decisions about services for the people who need them. A full list of the reports published by the HRB or published in journals is set out in Appendix B. The full text of HRB reports is available on the HRB website: [www.hrb.ie/publications](http://www.hrb.ie/publications).

## Initiatives completed during 2008

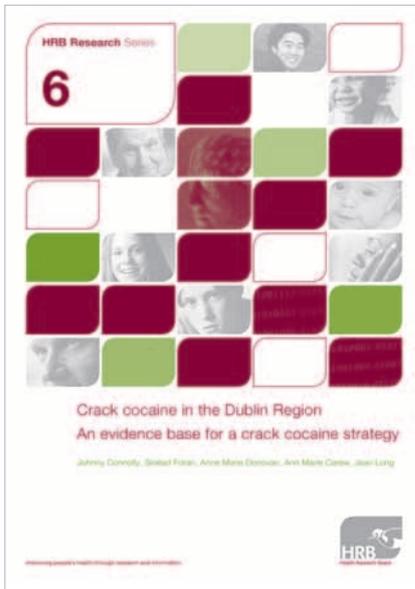
The sample case studies outlined below illustrate some of the other evidence-driven initiatives completed during 2008.

### *First comprehensive report on drug-related deaths*

In 2005, the HRB was requested to develop a National Drug-Related Deaths Index, which would provide a more accurate mechanism for recording both drug-related deaths and deaths among drug users. In 2008, the HRB reported the first findings, which show that over the eight-year period 1998 to 2005, a total of 2,442 people died either directly or indirectly from drug use. In all, 1,553 deaths were directly linked to the consumption of drugs, either on their own or combined with other substances (poisoning); 889 deaths were indirectly attributed to drug use (non-poisoning).

The report contains a detailed breakdown of cause of death, in addition to information on the associated drug use and socio-economic background of those who died from poisonings. Overall, the evidence gathered indicates that the most significant response needed relates to overdose. It is essential to establish what the root causes are in relation to overdose and develop actions to deal with potential overdose cases in a more proactive manner.

## *New evidence base to tackle crack cocaine*



While the crack cocaine market has not taken hold in Ireland to the extent that it has in other countries, the HRB was asked to gather evidence and information on this market, in order to inform practice and ensure that this situation doesn't change. The report prepared by the HRB provides a very clear picture of the nature and extent of crack cocaine use in Ireland and the consequences of such use for users, families and society. The report will be central to the development of a timely, strategic response to the crack cocaine market, to be outlined in the new National Drugs Strategy which is being developed for the period 2009–2016.

## *Needs of children aged 0-5 years with intellectual disability*



The HRB reviewed and reported on the service needs of children aged 0-5 years who have an intellectual disability. The main finding reported was the importance of carrying out a needs assessment on these children early on in their development.

The evidence gathered by the HRB points to the importance of continued investment in, and expansion of, services for this age group – particularly for services such as speech and language therapy and occupational therapy. The highest levels of unmet need are linked to the provision of home support and respite care. Many children who are already receiving day services require changes to be made to the type of services they are currently provided with.

### *Use of the Internet to investigate mental health problems*

An HRB report published in 2008 sought to establish the socio-economic breakdown of people who use the Internet to find out more about health and mental health issues that are of particular relevance to them. The report showed that more than one in four Irish adults had used the Internet to search for information about health issues, and 60% of Internet users who reported mental health problems had used the Internet as a source of information about health issues.

#### **The report highlights two important points:**

1. In Ireland there is still a major digital divide between those who use the Internet (younger people in employment with higher levels of education) and those who don't (older adults and people with lower educational levels, or those who are unemployed). Evidence would suggest that it is important to develop and extend current ICT initiatives in order to reduce inequalities in Internet availability and usage.
2. People who use information sourced on the Internet for health-related decision-making purposes without seeking expert advice run the risk of this having a negative impact on their health. Evidence would suggest that if use of the Internet is to be encouraged as a source of health information, it is critical that the information available on Irish websites is evaluated and assessed by experts, so that it is possible to guide people towards information that is correct, credible and practical from an Irish perspective.

# Health Research: making an impact

Each year the HRB monitors the impact of research projects that have been completed. Impact is measured under the following category headings: health benefits; economic benefits; knowledge production; capacity building and informing policy and practice. Set out below are some illustrative examples of the type of impact that this research has created.

## Impact Category: HEALTH BENEFITS

Improved health, cost reduction in delivering existing services, qualitative improvements in the process of delivery, improved equity in service delivery.

- 1,000 patients took part in randomised control trials which examined the effectiveness of new healthcare interventions
- 969 patients were recruited to participate in cancer clinical trials
- Seven treatments for different diseases are in development
- Four diagnostic systems are in development (e.g. biomarkers for disease)
- One new patient booklet, which is distributed to pharmacies
- One website for adolescents reporting sexual abuse
- Development of a three-phase plan for rare disorders (information website, family support service, national centre for rare disorders)
- Three grants identified potential cost efficiencies to the health system.

*Example:* An HRB-funded randomised control trial, which examined a GP-based intervention aimed at the prevention of secondary heart disease (SPHERE), recruited over 900 patients and found that patients who received the intervention were less likely to be admitted to hospital than control patients.

*Example:* Pre-clinical development and validation of a novel gene therapy for common eye diseases, such as retinitis pigmentosa, which lead to blindness in those who are affected.

*Example:* A new form of treatment for cancer which is now ready to test in clinical trials.

*Example:* One research grant led to the production of a patient information booklet entitled *Let's talk Medication Safety*. The booklet is designed to address a gap in patients' knowledge concerning the basis and safety of some medicines.

## Impact Category: ECONOMIC BENEFITS

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Wider economic benefits from the commercial exploitation of innovations arising from R&D; economic benefits as a result of having a healthy workforce and a reduction in working days lost.

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- Five patents (two awarded, one filed, two innovation disclosures)
- One licence agreement with industry
- One spin-out campus company in development
- Five industry-academia collaborations established
- 12 grant holders secured additional funding from overseas agencies

*Example:* Several patent applications have been submitted by one HRB research group, including a patent application for a new method of biosensor manufacture. The group also have four licence agreements involving biosensors; the agreements, which are valued at over €150,000, are with Solvay Pharmaceuticals in the Netherlands. In addition, funding from Enterprise Ireland has enabled the research group to develop a spin-out campus company to capitalise on this technology.

*Example:* One principal investigator secured a European Research Council fellowship grant of €1 million as a result of their HRB project. Securing this grant was a major success, given the competitive nature of such awards.

## Impact Category: KNOWLEDGE PRODUCTION

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Journal articles, conference presentations, books, book chapters, research reports.

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### Outputs:

- 310 peer-reviewed publications
- 20 book chapters
- 21 non-scientific reports, letters and bulletins
- Representation at national and international conferences
  - 52 keynote talks
  - 343 oral presentations
  - 302 poster presentations

## Impact Category: CAPACITY-BUILDING

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Development of research skills, personnel and overall research capacity; staff development and educational benefits

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### Outputs:

- **Higher degrees:** 40 PhDs; three MDs, three Masters
- **New international collaborations formed:** 125
- **Additional research personnel:** 61 post-doctoral researchers; 29 research assistants; 10 research nurses/clinical researchers; six project managers or technicians; two Cochrane Fellows
- **Researchers retained in national research system:** 19 out of a total of 48 postgraduate students (i.e. 40% retention rate); 64 out of a total of 106 other personnel such as postdoctoral students (i.e. 60% retention rate)
- **New researchers recruited from overseas to work on grants:** eight out of 48 postgraduate students (i.e. 17%); 18 out of 106 'other' personnel (i.e. 17%)
- **Number of grants leveraged from HRB funding (reported by 46% of grant holders):** 50 national grants, 12 international grants (e.g. Wellcome Trust €300,000)
- Use of research techniques by group: new to research group (32% of grant holders); new to Ireland (20% of grant holders); new to field worldwide (8% of grant holders)
- Establishment of new databases (reported by 3% of grant holders)

*Example:* Researcher developed a more effective methodology to improve the analysis and interpretation of PET scans.

*Examples:* A prostate cancer information system and the WISDOM mental health information system

## Impact Category: INFORMING POLICY AND PRACTICE

Improved information bases for political and executive decisions, developing pharmaceutical products and therapeutic techniques

- One in ten grant holders reported generating evidence or cost-effectiveness data to support policy development or health service provision.
- One in five grant holders reported contributions to clinical practice and health service delivery through the development of new treatments, interventions or clinical guidelines.
- Dissemination of research to 'users' such as policy-makers:
  - three meetings with research 'users'
  - four publications in HSE newsletters
  - three 'grey literature' reports
  - three training manuals for health professionals
- Eight grant holders reported that they had established an advisory role to policy-makers or central government on health-related issues

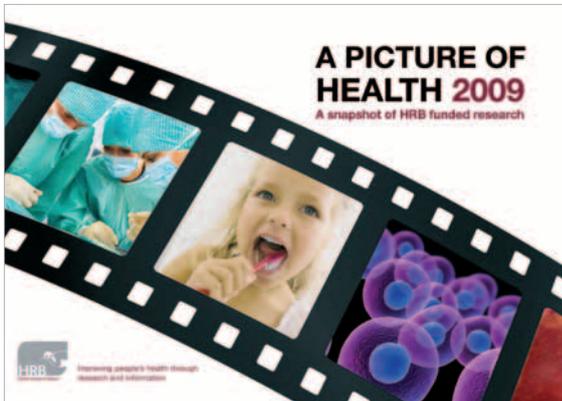
**Example:** Data generated from an HRB Programme on Healthy Ageing was used for policy development by the Cardiovascular Health Policy Group (2007/2008). The principal investigator on this HRB programme is acting as Chair of the new ten-year national cardiovascular policy which was launched in late 2008 by the Department of Health and Children.

**Example:** A researcher who carried out a Cochrane systematic review on the prevention of intravascular catheter-related infections was invited to join a Committee (Health Protection Surveillance Centre) that is currently developing guidelines for the prevention of such infections in Ireland.

**Example:** One research group study resulted in the production of a training manual for health professionals entitled *Supporting persons with intellectual disability and advanced dementia: Fusing Horizons of care. An Introductory Education and Training programme. Trainer's Manual*: Trinity College Dublin.

**Example:** On the basis of evidence generated as part of their HRB research programme, two researchers were asked to provide advice to key HSE personnel, and also provide input on quality of life and quality of care issues for Irish patients in relation to the formulation of the HSE Heart Failure Action Plan 2008–2011.

## Picture of Health



The HRB's *Picture of Health* publication encompasses a wide variety of key outcomes and impacts of health research projects and programmes completed during the year. This publication is available online at [www.hrb.ie/publications](http://www.hrb.ie/publications)

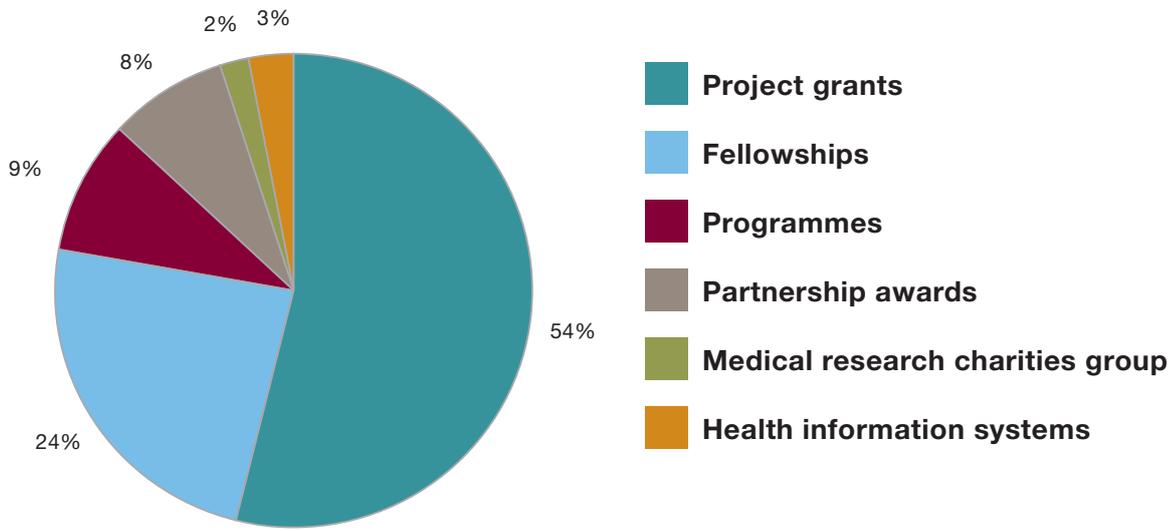
## Making an impact report



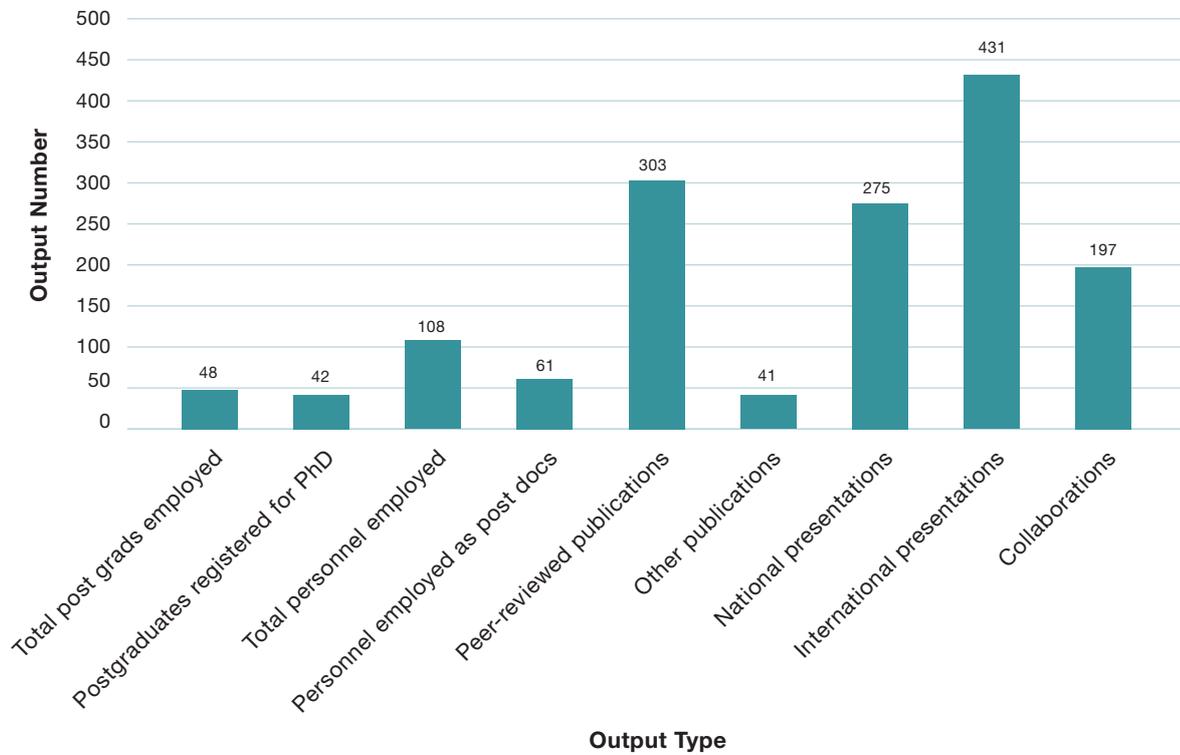
During 2008, the HRB published a report *Health Research - Making an impact: the economic and social benefits of HRB-funded research*. This assessed the cumulative outcomes of a selection of HRB funded research projects over time to demonstrate the impact that HRB funding is having on people's health and the Irish economy. It is the first Irish study of its kind. Using a pioneering approach called the 'Payback Framework', the HRB worked with the Health Economics Research Group in Brunel University and RAND Europe to identify and assess these benefits. The findings of the report are published online at [www.hrb.ie/publications](http://www.hrb.ie/publications)

## Summary of outputs from grants completed in 2008

Output Type	2007	2008
<b>Number of 'end of grant' reports received:</b>	<b>55</b>	<b>93</b>
Project grants	36	49
Fellowships	17	22
Programmes	2	8
Partnership awards		7
Medical Research Charities Group		2
Health information systems		3
Ireland-Northern Ireland		
Cooperation Research Project Grants		2
<b>Total number of post-graduate students funded</b>	<b>42</b>	<b>48</b>
Total number of these postgraduates who are PhD students	31	42
<b>Total number of personnel funded</b>	<b>45</b>	<b>108</b>
Number of these personnel who are post-doctoral researchers	31	61
Number of these personnel who are 'other' e.g. research nurses	14	47
<b>Total number of peer-reviewed publications</b>	<b>134</b>	<b>303</b>
Average number of peer-reviewed publications per grant	2.4	3.3
<b>Number of international presentations delivered</b>	<b>216</b>	<b>431</b>
Average number of peer-reviewed publications per grant	3.9	4.6
<b>Number of new collaborations formed from grant</b>	<b>98</b>	<b>197</b>
National	39	72
International	59	125
<b>Number of patent applications filed/intend to file</b>	<b>2</b>	<b>5</b>



**Figure 1** Types of grants completed in 2008



**Figure 2** Outputs from grants completed in 2008

# Appendix A

## Award Schemes 2008

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### Career support schemes and capacity building

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	Applicants	Awards
Cochrane fellowships	15	5
Summer student scholarship	147	50
NCI summer curriculum (Cancer Consortium)	14	14
Post-doctoral research fellowships	40	8
Clinical research training fellowships	32	4
Health services research fellowships	18	4*
Health economics fellowships	10	2
Clinical fellowships in nursing and midwifery	21	3
Cancer prevention fellowship (Cancer Consortium)	0	0
Clinical scientists awards	12	4
	<b>309</b>	<b>94</b>

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\* Includes one palliative care fellowship co-funded by the Irish Hospice Foundation

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*Appendix A Award schemes 2008 continued overleaf.*

# Appendix A

## Award Schemes 2008 *(continued)*

### Research grants

	Applicants	Awards
Building partnerships for a healthier society awards	31	6
Global health networking awards	13	11
Project grants	260	45
Joint research project on cancer	7	2
	<b>311</b>	<b>64</b>

### Infrastructure grants

	Applicants	Awards
Methodology support centre	2	1
	<b>2</b>	<b>1</b>

### Training and workshops

	Applicants	Awards
HRB scientific writing workshops	104	80
Cochrane two-day course on systematic reviews	55	44
Half-day 'Introduction to Cochrane' collaboration	60	60
Nursing clinical trials training (Cancer Consortium)	0	0
	<b>219</b>	<b>184</b>

# Appendix B

## List of publications

Alcohol and Drug Research Unit (2008) *Drugnet Ireland*. Issue 25, Spring. Dublin: Health Research Board.

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Daly A (2008) *National Psychiatric In-Patient Reporting System (NPIRS) HSE Dublin Mid-Leinster Bulletin 2007*. Dublin: Health Research Board.

Daly A (2008) *National Psychiatric In-Patient Reporting System (NPIRS) HSE Dublin North East Bulletin 2007*. Dublin: Health Research Board.

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Health Research Board (2008) *A picture of health – a selection of Irish health research 2008*. Dublin: Health Research Board

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Health Research Board (2008) *Data Protection Acts 1988 and 2003: Some implications for health and medical research*. Dublin: Health Research Board

Kelly F, Kelly C and Craig S (2008) *Annual Report of the National Intellectual Disability Database Committee 2008*. HRB Statistics Series 6. Dublin: Health Research Board.

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Lyons S, Lynn E, Walsh S and Long J (2008) *Trends in drug-related deaths and deaths among drug users 1998 – 2005*. HRB Trends Series 4. Dublin: Health Research Board

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Walsh D (2008) *Suicide, attempted suicide and prevention in Ireland and elsewhere*. Overview 7. Dublin: Health Research Board.

## Journal publications

Chen Q, Wang X, O'Neill FA, Walsh D, Kendler KS and Chen X (2008) Is the histidine triad nucleotide-binding protein 1 (HINT1) gene a candidate for schizophrenia? *Schizophrenia Research*, 106 (2-3): 200-7.

Chen X, Wang X, Chen Q, Williamson V, van den Oord E, Maher BS, O'Neill FA, Walsh D and Kendler KS (2008) MEGF10 association with schizophrenia. *Biological Psychiatry*, 1; 63 (5): 441-8.

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# Revenue Income and Expenditure Account

for the year ended 31 December 2008

	2008	2007
	€	€
<b>INCOME</b>		
Department of Health and Children Revenue Grant	<b>36,884,529</b>	36,085,000
Other Research Funding	<b>2,856,861</b>	3,033,254
Interest Receivable	<b>55,164</b>	35,188
Rental Income	-	37,552
Proceeds from Insurance Claim	<b>42,500</b>	-
Transfer to Capital Reserves of Amount Allocated to Fund Fixed Assets	-	(55,679)
	<b>39,839,054</b>	39,135,315
<b>EXPENDITURE</b>		
Research Strategy and Funding Directorate	<b>32,886,411</b>	32,004,323
Health Information Systems and In-House Research Directorate	<b>3,942,935</b>	3,650,086
Corporate Function Directorate	<b>3,138,340</b>	3,400,850
Pensions Paid to Retired Members of Staff	<b>(135,169)</b>	69,892
	<b>39,832,517</b>	39,125,151
<b>SURPLUS FOR THE YEAR</b>	<b>6,537</b>	10,164
Revenue reserve at 1 January	<b>42,660</b>	32,496
<b>REVENUE RESERVES AT 31 DECEMBER</b>	<b>49,197</b>	42,660

# Capital Income and Expenditure Account

for the year ended 31 December 2008

	2008	2007
	€	€
<b>INCOME</b>		
Department of Health and Children Capital Grant	<b>12,439,199</b>	10,406,696
Amortisation of Capital Fund Account	<b>155,578</b>	119,497
Contribution to Fund Fixed Assets	<b>(158,683)</b>	(30,238)
	<b>12,436,094</b>	10,495,955
<b>EXPENDITURE</b>		
Equipment Grants and Start-Up Funding	<b>155,171</b>	595,103
Clinician Scientist Awards	<b>2,479,348</b>	2,212,205
Imaging Awards	<b>1,086,153</b>	1,552,433
Health Services R&D Awards	<b>1,616,005</b>	1,620,805
PhD Scholars Programme	<b>2,579,085</b>	1,456,899
Translational Research Awards	<b>2,959,444</b>	2,337,515
Methodology Support Centre Award	<b>599,330</b>	-
Clinical Research Facilities	<b>315,000</b>	200,000
Commissioned Research	<b>101,247</b>	127,372
ICT Development	<b>344,703</b>	274,126
Refurbishment Costs	<b>45,030</b>	-
Depreciation	<b>116,240</b>	109,303
Loss on Disposal of Fixed Assets	<b>39,338</b>	10,194
	<b>12,436,094</b>	10,495,955
<b>(DEFICIT)/SURPLUS FOR THE YEAR</b>	<b>-</b>	<b>-</b>

# Balance Sheet

for the year ended 31 December 2008

	2008	2007
	€	€
<b>FIXED ASSETS</b>		
Tangible assets	<b>323,649</b>	320,544
<b>CURRENT ASSETS</b>		
Debtors	<b>436,933</b>	550,196
Investments	<b>641</b>	641
Cash at bank and on hand	<b>500</b>	400
	<b>438,074</b>	551,237
<b>CURRENT LIABILITIES</b>		
<i>Amounts falling due within one year:</i>		
Bank	<b>11,569</b>	17,807
Creditors	<b>377,308</b>	490,770
	<b>388,877</b>	508,577
<b>NET CURRENT ASSETS</b>	<b>49,197</b>	42,660
<b>NET ASSETS</b>	<b>372,846</b>	363,204
<b>RESERVES</b>		
Accumulated surplus on		
Income and expenditure account	<b>49,197</b>	42,660
Capital fund	<b>323,649</b>	320,544
	<b>372,846</b>	363,204



