

1026 Varenicline Augmentation  
in Depressed Smokers:

1032 Correlates of Historical  
Suicide Attempt in  
Rapid-Cycling Bipolar Disorder:  
A Cross-Sectional Assessment.

1041 Are Weight Gain and  
Metabolic Side Effects of  
Atypical Antipsychotics  
Dose Dependent?  
A Literature Review.

1051 Commentary:  
Three (Ancient) Questions  
for the Academic Psychiatrist.

## Location, Location, Location: The Role of Place in Career Development

**T**here are many differences between institutions, communities, and regions that can impact career development; obvious and subtle differences can shape the process. Importantly, academic institutions vary in terms of opportunities for mentorship and collaboration, emphasis on clinical care and research, and formal training opportunities. Location also impacts how psychiatry is practiced. Geographic locations differ in terms of local resources for mental health care, number of psychiatrists per capita, access to affordable health insurance, and percentage of the population that is uninsured.

Many institutions are more family friendly than others in their policies and resources, which is important to career development for many individuals. Some institutions offer maternity and/or paternity leave, while others do not; on-site child care may also be offered. Cost-of-living expenses vary widely from place to place, as do salaries. Tenure clocks tick faster at some locations, while others have no time limits, and availability of tenure-track positions differs between institutions. On a more personal level, proximity to social supports and opportunities for significant others may also influence career decisions.

Clearly, environment plays an important role in career development. Our featured authors of this issue's Early Career Psychiatrists section have generously shared their perspectives of such influences on their career trajectories. Their essays emphasize the importance of mentorship on career development as a crucial aspect of their environment.

### Noah S. Philip, M.D., writes:

This project was conceived, conducted, and completed during my residency training. Simply put, there is no way I could have done this work without the generous support from my mentors and department.

First and foremost, having dynamic mentors was critical. Good mentorship transformed this project from clinical observation to completed trial. Good mentorship brought me through the multiple revisions needed to get the project published, and good mentorship pushed me to think about where next to take this project. I cannot thank Lawrence H. Price, M.D.; Linda L. Carpenter, M.D.; and Audrey R. Tyrka, M.D., Ph.D., enough for their measured critiques and relentless enthusiasm.

The attitude of the institution is critical. At Brown University, Providence, R.I., there is a group of young, internally trained investigators doing fantastic work, advised by our chair, Martin B. Keller, M.D. Such a robust group clearly demonstrated the department's commitment to young faculty. Additionally, having local T32 fellowships ensured the opportunity to continue research done during residency and to continue to nurture budding relationships within the department.

Not to be remiss, but the nonspecific factors merit attention as well. Quality of life in the academic area, access to the outdoors, vibrant local culture, and being close to friends and family served to maximize my own personal development, providing key supports outside the office walls. In short, working with fantastic mentors within a supportive yet rigorous academic department helped me bring this project to fruition. It is going to be a pleasure to stay on as a T32 research fellow at Brown.

### Keming Gao, M.D., Ph.D.'s perspective:

Curiosity led me into psychiatric research, but the passion to find a better treatment for those who are suffering from bipolar disorder with comorbidities inspires me to continue this path. My career goal is to become an independent investigator in the

area of bipolar disorder with comorbid anxiety disorders with or without a substance use disorder and to find the best treatment for this underserved and understudied population.

My interest in psychiatric research was a continuation of my curiosity about the functions of the brain. As a basic neuroscientist, I was fascinated by the complexity of the structure and function of single neurons. During my residency training, I learned that there are a lot of unknowns in psychiatry and became interested in psychiatric research. I had some exposure to psychiatric research during my residency, but gradually, I realized that some kind of research training was necessary in order to be competitive and successful if I chose a research career.

Initially, I was very interested in neuroimaging. After my previous chairman, Robert T. Segraves, M.D., Ph.D., told me that there is a bipolar disorder research center in the Mood Disorders Program at Case Western Reserve University, Cleveland, Ohio, I decided to explore the opportunity for research training. I met the director of the Mood Disorders Program, Joseph R. Calabrese, M.D., but did not hear from him for a couple of months. After I affirmed my seriousness about research in psychiatry, he offered me a 2-year bipolar disorder research fellowship.

I did not know much about bipolar disorder at that time. Under the direction of Dr. Calabrese, I quickly found my scientific focus, comorbid anxiety and substance use disorders in bipolar disorder: phenomenology and impact. Over the years, Dr. Calabrese had accumulated cross-sectional data of more than 500 patients with rapid-cycling bipolar disorder. He allowed me to use this exiting dataset to do post hoc analyses and to pilot future studies. The data management unit of his research infrastructure helped me to carry out statistical analyses. The article that appears in this issue is a part of a series of post hoc analyses.

Through post hoc analyses, I have gained insights into the complexity of bipolar disorder and its comorbidity. Writing review articles in the treatment of bipolar disorder enriched my knowledge in the state of the intervention in bipolar disorder. The treatment of comorbidity in bipolar disorder was, and still is, an urgent unmet need. I wrote the first research protocol during my fellowship training. A study of the safety and efficacy of quetiapine extended release in the treatment of bipolar depression with generalized anxiety disorder with or without a substance use disorder was funded by the National Alliance for Research on Schizophrenia and Depression.

The fellowship training gave me a unique experience in psychiatric research, including grant writing, study design, publishing strategies, and statistical methodologies. After the fellowship, I joined the faculty of the Department of Psychiatry

at Case Western Reserve University/University Hospitals Case Medical Center. I have continued receiving support from Dr. Calabrese and our research infrastructure to carry out my research projects, which is essential to achieve my career goal.

**Viktoría Simon, M.D., writes:**

I am working as a psychiatrist in the Department of Psychiatry and Psychotherapy at Semmelweis University Budapest. During 2007 and 2008, I received the opportunity to visit Leuven Catholic University, Sint Jozef Psychiatry Center in Kortenberg, Belgium, for 6 months. Originally, my research field was the epidemiology of adult attention-deficit/hyperactivity disorder (ADHD). During the Fall of 2007, a new adult ADHD outpatient service was started in Kortenberg. My role with this program gave me experience in establishing an adult ADHD outpatient service, while also providing the opportunity to improve my insight and abilities in scientific research and to gather international experience. Since I was preparing to complete my Ph.D., it was also important to finish the work at Kortenberg with successful publication experience.

During my stay in Kortenberg, Marc De Hert, M.D., Ph.D., and his research group greatly influenced my interest to turn toward 2 topics in the field of schizophrenia research: (1) the lack of insight and (2) metabolic syndrome among patients with schizophrenia. I found both areas motivating for research, since both topics are of great importance in a psychiatrist's everyday clinical practice all over the world. Metabolic syndrome, especially since second-generation antipsychotics turned out to have a certain potential to increase the risk for this condition, became a focus of scientific research. However, there have been no reviews or meta-analyses published on whether the metabolic effects of these agents are related to their dose. I believe that publishing a review article in this field might make available important information to clinicians in the everyday clinical practice of psychiatry and also might facilitate future research on this topic that is clearly needed. I am pleased and honored that I have the possibility to publish my work in the Early Career Psychiatrists section of *The Journal of Clinical Psychiatry*.

*Please join us in congratulating the authors of our Early Career Psychiatrists section on their featured articles. For feedback on the section, please contact me at [mfreeman@psychiatrist.com](mailto:mfreeman@psychiatrist.com). To obtain guidelines for authorship and submission for the Early Career Psychiatrists section, please visit [psychiatrist.com](http://psychiatrist.com).*

**Marlene P. Freeman, M.D.**

Vice-Editor in Chief

© Copyright 2009 Physicians Postgraduate Press, Inc.