

472 Major Changes in Glucose Metabolism, Including New-Onset Diabetes, Within 3 Months After Initiation of or Switch to Atypical Antipsychotic Medication in Patients With Schizophrenia and Schizoaffective Disorder.

480 A Randomized, Double-Blind, Placebo-Controlled Trial of Long-Acting Risperidone in Cocaine-Dependent Men.

# Clinical Trials and Tribulations: Perspectives on Research Career Development

**W**e created the *Journal's* "Focus on Early Career Psychiatrists" section to highlight work from investigators embarking on research careers for several reasons. Early career researchers face challenges unique to their career stage, and they often bring exciting and fresh ideas to important problems.

Lessons in career development can be as interesting as the research itself. We invited the authors of the articles in this section to comment on their own experiences and to share their stories. Each was invited to address topics along a suggested template, including how long they have had an interest in their topic of research, what sparked their interest, what were the most important factors in their career development, and what obstacles, hurdles, or unplanned problems they have overcome.

Ruud van Winkel, M.D., submitted a manuscript addressing the topic of metabolic effects of atypical antipsychotic medications, an area with important clinical ramifications for many patients. Tsafirir Loebel, M.D., completed a treatment study in the important area of substance abuse.

Dr. van Winkel generously shared the following:

I was—and still am—particularly interested in how the "mind" and the "brain" are related to each other, and how both are important in disorders such as psychosis and depression. The possibility to do research in this area was basically one of the reasons that I chose to do psychiatry. Although this interest in fundamental research was the starting point, it rapidly broadened to clinical research as well when I became a trainee in psychiatry at the Catholic University of Leuven (Belgium) and had to make all kinds of treatment decisions based on available evidence, which was sufficient in some, but insufficient in other cases.

This interest led me to try to get a Ph.D. project off the ground at the Catholic University of Leuven. However, for 2 years, there was no funding, no data, no data collection, and little support. Things started to come together only after Inez Myin-Germeys, Ph.D., with whom I coordinated the data collection for a large Maastricht University (The Netherlands) research project in our university hospital near Leuven, brought my case to the attention of Jim van Os, M.D., Ph.D., in Maastricht. In return for my help with the data collection of their research project, Maastricht University was willing to fund 2 years of research time on the condition that after these 2 years, my Ph.D. degree would be finished. In the same period that Maastricht University provided me with some funding to do research, Marc De Hert, M.D., Ph.D., had just started analyzing the data of the metabolic follow-up program at our hospital near Leuven and invited me to join this project. After 2 years of few research opportunities, an interesting cooperation between the Universities of Leuven and Maastricht was born, giving me the chance to go for a Ph.D. title.

Since that time some 2 years ago, we have been analyzing the data of our metabolic follow-up program, and although there was a lot of interest in the topic of metabolic disturbances in severe mental illness, there was very little information on the most basic clinical questions. How big actually is the problem? What is a good paradigm for screening patients treated with antipsy-

chotic medication? What can you do when metabolic abnormalities develop? What is the influence of particular medications, short term and in the long run? Are there differences between diagnostic groups? We hope that the data from our follow-up program can help clinicians make their treatment decisions, although a lot of questions remain unanswered still. It is our aim to continue working in this field, and I am particularly happy that after my Ph.D. defense in Maastricht in January this year, the cooperation between the Universities of Maastricht and Leuven will probably continue for the coming 4 years. How and where I can continue doing research after this period, in Leuven or in Maastricht, is of later concern for now. I have learned that in research, it is hard to make long-term plans, but that with some luck and persistence, you can achieve a lot.

Dr. Loebel wrote the following in response to our request:

Addiction research was an interest of mine from my first year of psychiatry residency. I think that what sparked my interest was the discrepancy in identifying addictions as a major Axis I disorder, as any of the other major psychiatric disorders, on the one hand, and the lack of available treatments from the therapeutic aspect on the other.

The opportunities of attending a research fellowship in an American program specializing in clinical research of addictions was one factor, while the funding provided by the National Institute on Drug Abuse (NIDA) through the INVEST (International Visiting Scientists and Technical Exchange Program) fellowship was the complementary factor.

The original mentor, who planned this project as a combined clinical trial with an imaging study, retired from the program a few months before my fellowship started. My new mentor, my colleagues, and I had to work our way through to complete the study as planned. The decision to combine an imaging paradigm within a clinical trial complicated the study, while it also limited its clinical power. The study procedures took longer than my then-planned 1-year fellowship, which was extended with the kind help of my mentor and NIDA.

Drs. van Winkel and Loebel generously shared parts of their career stories, which illustrate the dedication, persistence, and creativity that led to the work we are so proud to include in this section.

To see the criteria for submission to the "Focus on Early Career Psychiatrists" section, please visit our Web site at [PSYCHIATRIST.COM](http://PSYCHIATRIST.COM). I welcome your feedback and can be contacted by e-mail at [mfreeman@psychiatrist.com](mailto:mfreeman@psychiatrist.com).

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