

The Donald Klein Lifetime Achievement Awardee



Interview with Dr. Jenessa Johnston

Each year, the American Society of Clinical Psychopharmacology (ASCP) presents the Donald Klein Lifetime Achievement Award to a researcher who has made outstanding contributions to the field of clinical psychopharmacology. In 2024, ASCP is honored to present this award to Dr. Ross J. Baldessarini, M.D., D.Sc. (hon), founding Director of the International Consortium for Bipolar & Psychotic Disorders Research at the Mailman Research Center of McLean Hospital in Boston. Dr. Baldessarini has had an incredibly fruitful career, with over 3400 publications that include major contributions to better understanding of the underlying actions of mood stabilizers and antipsychotic medicines as well as clarifying their optimal clinical use.

Ross J. Baldessarini, M.D.
Harvard Medical School
2024 Donald Klein
Lifetime Achievement
Awardee



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After starting off with an undergraduate plan to train as an industrial organic chemist, his entry into the world of neuroscience started at the Johns Hopkins University School of Medicine and in a research fellowship in neuropharmacology at the National Institutes of Health. At Hopkins, Dr. Baldessarini earned the M.D. degree in 1963 and later returned for residency training in psychiatry. The world of clinical psychopharmacology is thankful for this career shift. In his early career, he studied the finer details of neuronal storage and release of neurotransmitters. He noted how basic laboratory skills have influenced his clinical work and vice versa.

“I’ve spent most of my life working in labs and kept up a vigorous consulting practice. ...Having a laboratory background has been helpful in understanding clinical problems from a pharmacological and physiological perspective. I’ve spent a lot of time on adverse effects of psychotropic drugs, such as tardive dyskinesia, trying to understand it clinically and pharmacologically.”

However, as we are aware, in psychopharmacology success in the laboratory does not always translate to clinical practice.

After 60 years, it's been disappointing not seeing a hoped-for biological revolution in psychiatry. We can get satisfying technical results, like a new assay that works well, but applying laboratory findings to better understanding and improved treatment of disease hasn't worked out so well.”

He also cautions against the field jumping ahead in neuropharmacological drug discovery based primarily on biological mechanisms, emphasizing the need for setting strong clinical as well as scientific foundations.

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“In a lot of the projects I've been involved in over the years, I've become increasingly concerned about some of the fundamental descriptive diagnostic aspects of psychiatric disorders, such as the course and natural history of illnesses. There's a lot to learn at that level to clarify what continues to be confusing and still not adequately studied.”

In addition, Dr. Baldessarini notes that it is important to be aware of how various aspects of the environment can influence manifestations of psychiatric illnesses and their responses to treatment. His group's primary focus when moving from Johns Hopkins to Massachusetts General Hospital in the late 1960s was in psychotic illnesses. However, soon after moving his laboratory to the new Mailman Research Center at McLean Hospital in the late 1970s, he encountered some unexpected differences – “...at McLean, in contrast to experiences with inner-city patients, we found few cases of schizophrenia but many cases of psychotic affective disorders. This reality led us to focus more on bipolar disorder and severe depression. The social and economic dimensions of life significantly influence whom you see and how they present clinically.”

He also mentioned how changes in diagnostic criteria over the years have influenced research frameworks, particularly in bipolar disorder. For example, recent policy changes in parts of Australia would abandon the distinction of types I and II bipolar disorder. “In the US, bipolar II disorder was first described in the 1970s, and continues to be accepted in official international diagnostic manuals, with the view that there are important clinical differences in how bipolar I and II are treated and how they respond to treatment.” However, he does have some concern about the US approach as well: “...maybe we're doing too much hair-splitting about small differences, subtypes, and sub-syndromes, and maybe it is all just manic-depressive illness as Emil Kraepelin proposed a century ago.”

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Though he is not fully convinced of either perspective, the age-old debate over specific syndromal categories versus continua between psychiatric disorders remains of great importance in the field today as it was at the beginning of Dr. Baldessarini's career. Such policy debates and changes influence not only diagnosis, but also the treatment of mood and psychotic disorders and will continue to impact the field of psychopharmacology.

Dr. Baldessarini and his prolific career exemplify the mission of ASCP, involving work in basic neuroscience laboratories in addition to his work on clinical problems and the training of young clinicians and investigators. In talking with him, the breadth of his knowledge across basic and clinical aspects of psychopharmacology makes it easy to understand the significant impact he has had on the field of neuropsychopharmacology. Nevertheless, he himself is humbler about his contributions – “I'm honored to receive the Klein Award for clinical psychopharmacology, especially as someone who spent most of his professional life in a laboratory.”

We thank Dr. Baldessarini for his time and congratulate him on his well-deserved reception of the Donald Klein Lifetime Achievement Award.

Jenessa Johnston, Ph.D

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