BIOGRAPHICAL SKETCH

**DO NOT EXCEED FIVE PAGES**.

NAME: Noordsy, Douglas Louis

eRA COMMONS USER NAME (credential, e.g., agency login): DLNOORDSY

POSITION TITLE: Associate Chair and Clinical Professor of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE(if applicable) | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
| St. Lawrence University, Canton, NY | B.S | 05/1981 | Chemistry |
| Washington University School of Medicine, St. Louis MO | M.D. | 05/1985 | Medicine  |
| Dartmouth Hitchcock Medical Center, Lebanon, NH | Residency | 06/1989 | Psychiatry |
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1. **Personal Statement**

The proposed research aims to investigate the neurobiologic signature of schizophrenia spectrum and bipolar disorders. As investigator, my roles in this project will include study design, implementation, recruitment and clinical ratings, as well as participation in interpretation of data and manuscript preparation. I have extensive expertise in clinical care of patients with prodromal and active bipolar and schizophrenia spectrum disorders. I also have extensive experience in supervising and training research assistants in implementing research protocols with high fidelity. I maintain connections with clinicians throughout the region that have led to referrals of participants for prior studies. I have extensive experience conducting research among individuals with schizophrenia and bipolar disorder and have participated in data analysis and manuscript preparation for numerous prior projects. In sum, I have contributed to the successful implementation of a series of studies over the past 30 years that lay the groundwork for the current proposal, and bring a set of skills, clinical networks and wisdom to the current proposal that can help to ensure its’ integrity and successful completion.

1. Duncan L, Shen H, Ballon JS, Hardy KV, **Noordsy DL**. Genetic correlation analysis reveals trans-diagnostic effects, which apparently underlie phenotypic comorbidity between schizophrenia and immune, weight-related, and other phenotypes. *Schizophrenia Bulletin*, ePub ahead of print, 27 December 2017
2. **Noordsy DL**, Glynn SM, Sugar CA, O’Keefe CD, Marder SR. Risperidone versus olanzapine among patients with schizophrenia participating in supported employment: Eighteen-month outcomes. *Journal of Psychiatric Research*, 95:299-307, 2017
3. Ballon JS, Ashfaq H, **Noordsy DL**. Clozapine titration for people with early psychosis: A chart review and treatment guideline. Journal of Clinical Psychopharmacology, 38(3):234-238, 2018
4. Hardy KV, **Noordsy DL,\*** Ballon JS, McGovern MP, Solomon C, Wiltsey-Stirman S. Impact of age of onset of psychosis and engagement in higher education on duration of untreated psychosis. Journal of Mental Health, ePub ahead of print, 28 April, 2018, doi: 10.1080/09638237.2018.1466047
5. **Positions and Honors**

# Positions and Employment

1989-2015 Research Associate, Dartmouth Psychiatric Research Center, Lebanon, NH

1990-1992 Adjunct Assistant Professor of Clinical Psychiatry, Dartmouth Medical School

1990-1994 Medical Director, West Central Community Support Services-South, Claremont, NH

* 1. Assistant Professor of Psychiatry, Dartmouth Medical School

1994-1996 Medical Director, West Central Community Support Services-North, Lebanon, NH

1997-2001 Medical Director, The Mental Health Center of Greater Manchester, Manchester, NH

1997-present Associate Director of Education and Training, Department of Psychiatry, Geisel School of Medicine at Dartmouth

1999-2005 Chief, Clinical Research Department, The Mental Health Center of Greater Manchester, Manchester, NH

2000-2015 Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

2003-2015 Attending Psychiatrist, Dartmouth Hitchcock Medical Center

2004-2015 Investigator, Dartmouth Psychopharmacology Research Group

2009-2015 Director of Psychosis Services, Department of Psychiatry, Geisel School of Medicine at Dartmouth

2011-2015 Executive Council and Vice President, New Hampshire Psychiatric Society

2013-2015 Director of Grand Rounds, Department of Psychiatry, Geisel School of Medicine at Dartmouth

2015 Professor of Psychiatry, Geisel School of Medicine at Dartmouth

2015-Present Clinical Professor of Psychiatry, Stanford University School of Medicine

2015-Present Director of Sports Psychiatry, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

2015-Present INSPIRE clinic early psychosis team psychiatrist, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

2016-Present Associate Chair for Clinical Integration and Coordination, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine

2017-Present Faculty Affiliate, Stanford Neurosciences Institute

## Other Experience

2008 NIMH Scientific Review Group, Special Emphasis Panel, ad hoc reviewer

2010-2014 Associate Editor, Journal of Dual Diagnosis

2011-Present Editorial Board, American Medical Athletic Association Journal

2011-Present Editorial Board, Case Reports in Psychiatry

2012-Present Editorial Board, Community Mental Health Journal

2013-2016 DSMB member, Cognitive benefits of interactive mental and physical exercise for MCI, NIA grant 1R15AG042109-01A1, Cay Anderson-Hanley, PI

2015-Present DSMB member, PRELAPSE: Effectiveness of long-acting injectable aripiprazole compared to TAU in early psychosis. Vanguard Research Group, Hillside Hospital, funded by Otsuka, John Kane, PI

2016-Present Steering, Treatment, Technical Assistance & Lived Experience committees, Prodrome and Early Psychosis Program Network (PEPPNET)

2016-Present Editorial Board, Clinical Schizophrenia & Related Psychoses

2017-Present DSMB member, The interactive Physical and Cognitive Exercise System (iPACES), NIA grant 1R41AG053120-01, Cay Anderson-Hanley, PI

**Honors**

1979 Phi Beta Kappa

1980 Beta Beta Beta Biology Honors Society

1980 Chymist Chemistry Honors Society

1980 Sigma Chi Scholarship Grant

1980 Buckby Medical Grant

1988 Resident Teacher of the Year Award, Dartmouth Medical School

1990 Diplomate in Psychiatry, The American Board of Psychiatry and Neurology

2001 Exemplary Psychiatrist Award, National Alliance for the Mentally Ill

2005, 2006 Excellence in Teaching Award Nominee, Dartmouth Medical School

2014 Teacher of the Year, Department of Psychiatry, Geisel School of Medicine at Dartmouth

1. **Contributions to Science (relevant to current application)**
2. **Integrated Dual-Disorder Treatment**: In the wake of deinstitutionalization, substance abuse emerged as a major complication in community-based care for people with severe mental illness. Our team at Dartmouth demonstrated that integrating care for both disorders into an ACT team with a single point of responsibility improved outcomes for both disorders and led to response rates similar to those for people with a single disorder. These findings have set the standard for the delivery of care for people with co-occurring disorders worldwide. My roles included direct clinical care and team leadership, model development, implementation and training, study design, data collection, analysis, manuscript preparation, and dissemination.
	1. **Noordsy DL**, Drake RE, Teague GB, Osher FC, Hurlbut SC, Beaudett MS & Paskus TS. Subjective experiences related to alcohol use among schizophrenics. *Journal of Nervous and Mental Disease*, 179:410-414, 1991
	2. Drake RE, **Noordsy DL** & McHugo GJ. A pilot study of outpatient treatment of alcoholism in schizophrenia: Four-year outcomes*. American Journal of Psychiatry*, 150:328-329, 1993
	3. **Noordsy DL**, Drake RE, Biesanz JC, McHugo GJ: Family history of alcoholism among individuals with schizophrenia. *Journal of Nervous and Mental Disease*, 182:651-655,1994
	4. Mueser KT, **Noordsy DL**, Drake RE & Fox M. *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Publications, 2003
3. **Neurobiology of co-occurring schizophrenia and substance use disorders**: People with schizophrenia have markedly higher rates of substance use disorders than the general population or people with most other psychiatric disorders. Our team at Dartmouth demonstrated that people with schizophrenia experience reward deficiency, which is partially reversed by substance use, and that certain antipsychotic medications may reduce their use of substances. These findings are advancing the neurobiologic understanding of vulnerability to addiction and clinical treatment of people with co-occurring disorders. My roles included direct clinical care, study design, implementation, coordination and training, data collection, analysis, manuscript preparation, and dissemination.
4. **Noordsy DL**, Green AI. Pharmacotherapy for people with schizophrenia and substance use disorders. *Current Psychiatry Reports*, 5:340-346, 2003
5. Green, AI, Drake RE, Brunette MF, **Noordsy DL**. Treatment in Psychiatry: Schizophrenia and co-occurring substance use disorder. *The American Journal of Psychiatry*, 164:402-408, 2007
6. Brunette MF, [Dawson](http://www.tandfonline.com/action/doSearch?action=runSearch&type=advanced&result=true&prevSearch=%2Bauthorsfield%3A(Dawson%2C+Ree)) R, [O’Keefe](http://www.tandfonline.com/action/doSearch?action=runSearch&type=advanced&result=true&prevSearch=%2Bauthorsfield%3A(O%E2%80%99Keefe%2C+Christopher+D.)) CD, [Narasimhan](http://www.tandfonline.com/action/doSearch?action=runSearch&type=advanced&result=true&prevSearch=%2Bauthorsfield%3A(Narasimhan%2C+Meera)) M, [**Noordsy**](http://www.tandfonline.com/action/doSearch?action=runSearch&type=advanced&result=true&prevSearch=%2Bauthorsfield%3A(Noordsy%2C+Douglas+L.)) **DL**, [Wojcik](http://www.tandfonline.com/action/doSearch?action=runSearch&type=advanced&result=true&prevSearch=%2Bauthorsfield%3A(Wojcik%2C+Joanne)) J, Green AI.. A randomized trial of clozapine versus other antipsychotics for cannabis use disorder in patients with schizophrenia. *The Journal of Dual Diagnosis*, 7:50-63, 2011
7. Green AI, Brunette MF, Dawson R, Buckley P, Wallace AE, Hafez, H, Herz M, Narasimhan M, **Noordsy DL**, O’Keefe C, Sommi RW, Steinbook RM, Weeks M. Long-acting Injectable vs. Oral Risperidone for Schizophrenia and
>Co-Occurring Alcohol Disorder: A Randomized TrialLong-acting injectable risperidone vs. oral risperidone for schizophrenia and co-occurring alcohol use disorder: A randomized trial. *The Journal of Clinical Psychiatry*, 76(10):1359-65, 2015
8. **Recovery-oriented care for people with severe mental illness:** People with psychiatric disorders commonly experience frustration with treatment that may not be consistent with their goals. I have led efforts at Dartmouth and Stanford to define recovery and integrate a recovery orientation into clinical care systems. We find that using shared decision-making and focusing on improving functional outcomes enhances investment in care and provides an anchor for attention away from psychosis. This work is changing the design of modern care systems for people with sever mental illness. My roles in this work include direct clinical care, training, study design, implementation, data collection, analysis, manuscript preparation, dissemination and mentoring junior faculty and trainees.
	1. **Noordsy DL**, Torrey WC, Mead S, Brunette M, Potenza D, Copeland, ME. Recovery-oriented pharmacology: Redefining the goals of antipsychotic treatment. *Journal of Clinical Psychiatry*, 61(suppl 3):22-29, 2000
	2. **Noordsy DL**, Torrey WC, Mueser KT, Mead S, O’Keefe CD, Fox M. Recovery from severe mental illness: An intrapersonal and functional outcome definition*. International Review of Psychiatry*, 14:318-326, 2002
	3. Glynn SM, Marder SR, **Noordsy DL**, O’Keefe C, Becker DR, Drake RE, Sugar CA. An RCT Evaluating the Effects of Skills Training and Medication Type on Work Outcomes Among Patients With Schizophrenia. *Psychiatric Services*, 68(3):271-277, 2017
	4. **Noordsy DL**. Ethical issues in the care of people with schizophrenia. *Focus: The Journal of Lifelong Learning in Psychiatry,* 14(3):349-353, 2016
9. **Early intervention in psychosis**: Outcomes for people with schizophrenia remain modest and delayed treatment is correlated with greater functional impairment. After leading a study on first-episode treatment at Dartmouth, I helped to build an early psychosis team at Stanford that leads a national network of early psychosis programs and is studying interventions to improve outcomes for people in early stages of psychosis. We found that people within their first year of onset of schizophrenia have exquisite response to very low doses of clozapine, but those with later initiation require moderate or higher doses to achieve response. Early clozapine appears to prevent progression of negative symptoms but not to impact cannabis use. We conducted a nationwide survey, which found that people in early psychosis and their families identify stigma and lack of access as barriers to early intervention. This work is supporting the emergence of high-fidelity early psychosis treatment teams throughout the US. My roles in this work include direct clinical care and team leadership, leading PEPPNET workgroups, training, study design, implementation, data collection, analysis, manuscript preparation, dissemination and mentoring junior faculty and trainees.
	1. **Noordsy DL**, Smith JN, Green AI. Clozapine vs. risperidone for people with first episode schizophrenia and co-occurring cannabis use disorder. 2nd Biennial Schizophrenia International Research Society Conference. *Schizophrenia Research*, 117(2):165-166, 2010
	2. Hardy KV, Adelsheim SA, Srihari VH, **Noordsy DL**. PEPPNET: A national network to support coordinated early psychosis service development (Symposium Session 11). 10th International Early Psychosis Association meeting. *Early Intervention in Psychiatry*, 10(Supplement S1):23-24, 2016
	3. **Noordsy DL**, Ashfaq H, Ballon JS. Ultra-low dose clozapine for people with early psychosis: Development of tailored treatment guidelines. 10th International Early Psychosis Association meeting. *Early Intervention in Psychiatry*, 10(Supplement S1):177-178, 2016
10. **Physical exercise among people with schizophrenia**: Onset of psychosis is associated with deterioration in mood, cognition and motivation as well as regional brain volumes. Physical exercise can improve all of these domains as well as cardiometabolic health. My work has demonstrated that a subpopulation of people with schizophrenia exercise regularly in response to mainstream motivators, and they identify benefits for cognition, motivation, mood and well-being immediately following exercise sessions. We also find that schizophrenia is genetically correlated with lower BMI and positive body morphology, suggesting that people with schizophrenia are not inherently physically disadvantaged. I aim to greatly enhance use of exercise as a neurotrophic and neurogenic intervention for people with schizophrenia, and explore its potential for stabilization of early psychosis. My roles in this work include model development, study design, implementation, data collection, analysis, manuscript preparation, dissemination and mentoring junior faculty and trainees. I have organized a research collaborative at Stanford to focus on this work.
	1. **Noordsy DL,** Burgess J,Hardy KV, Yudofsky LM, Ballon JS. Therapeutic potential of physical exercise in early psychosis. *The American Journal of Psychiatry*, 175(3):209-214, 2018
	2. Dahle DN, **Noordsy DL**. Factors Motivating Spontaneous Exercise in Individuals with Schizophrenia-Spectrum Disorders. *Schizophrenia Research*, ePub ahead of print, 12 April, 2018 doi: 10.1016/jschres.2018.03.022
11. **Additional Information: Research Support and/or Scholastic Performance**

**Scholarly Activity**

CME Development Grant Noordsy (Course Director) 9/1/16-3/31/17

Stanford Center for Continuing Medical Education

Identifying early signs of psychosis in adolescents and young adults

This on-line CME program will train pediatricians and family practitioners in identifying early signs and symptoms of psychosis, communicating with patients about psychosis, and referring for specialty care.

Role: Course Director

**Ongoing Research Support**

R092670SCH3013 Noordsy (Site-PI) 11/20/16-6/30/19

Janssen Pharmaceutical

A Prospective, Randomized, Matched Control, Open-Label, Rater-Blinded, Flexible-Dose Study in Subjects with Recent-Onset Schizophrenia or Schizophreniform Disorder to Compare Disease Progression and Disease Interception Following Treatment with Paliperidone Palmitate Long-Acting Injection or Oral Antipsychotics

This multi-site industry-sponsored study evaluates the effect of oral vs LAI antipsychotic medication on time to relapse and on cognitive and social functioning among people within 2-years of onset of schizophrenia.

Role: Site PI

**Completed Research Support**

R01 DA026799 Green (PI) 08/01/09 – 07/31/12

NIDA

Cannabis and Schizophrenia: Self-Medication and Agonist Treatment?

This “proof of concept” study seeks to determine whether a brain reward circuit deficiency in patients with schizophrenia and cannabis use disorder will be normalized when patients are given cannabis or the cannabinoid agonist dronabinol, and whether dronabinol has limiting effects on cannabis use in these patients.

Role: Co-Investigator

R21 AA019534 Green (PI) 04/01/11 – 03/31/13

NIAAA

Alcoholism and Schizophrenia: A Translational Approach to Treatment

The major goal of this clinical trial is to begin to assess whether risperidone in combination with desipramine will limit alcohol use in patients with schizophrenia and alcohol use disorder.

Role: Co-Investigator

R01DA032533 Green (PI) 07/15/12 – 05/31/16

NIDA

Clozapine for cannabis use disorder in schizophrenia

This study aims primarily to determine the comparative ability of clozapine and risperidone to decrease cannabis use in patients with schizophrenia and cannabis use disorder. Other subsidiary aims will determine the comparative effects of these medications on psychiatric symptoms, neuropsychological functioning, and quality of life. Lastly, the study will explore whether patients with the val/val genotype at the COMT val158met locus are more likely to respond to clozapine than are those with the met/met or the val/met genotype.

Role: Co-Investigator