

Easing the Burden of Obsessive-Compulsive Disorder *New Hope for Spectrum of Disabling Conditions*

Emily's excessive fear of being harmed by chemicals suddenly appeared when she was 10, causing nighttime anxiety about contamination and compelling her to count the strokes while brushing her teeth. Still undiagnosed four years later, she identified her own symptoms while watching a *60 Minutes* episode about obsessive-compulsive disorder (OCD). "I recognized myself in that program," recalls Emily. "I suddenly understood how it all fit together."

OCD is characterized by repetitive and often disabling behaviors, such as excessive hand washing, repeating the same steps over and over or locking and unlocking doors. These rituals, which can usurp an hour or more each day, typically occur in response to intrusive and highly anxiety-producing thoughts (such as fear of germs, dirt or intruders) or images (for example, images of violence or hurting loved ones).

Obsessive-compulsive (OC) spectrum disorders are a group of conditions related to OCD. These disorders can take many forms, including:

- body dysmorphic disorder (BDD), or preoccupation with perceived flaws in one's physical appearance
- BDD by proxy, or being obsessed with perceived flaws in the physical appearance of another person, often a loved-one
- hoarding
- trichotillomania, or excessive hair-pulling
- olfactory reference syndrome, or obsession with one's body odors
- excoriation, or skin-picking disorder

Tourette Syndrome, not formally classified as an OC spectrum

disorder, is a related syndrome characterized by repetitive involuntary movements and vocalizations called tics.

OCD and OC spectrum disorders can begin in childhood or early adulthood. Most OC spectrum disorders are gender-neutral except for trichotillomania and skin picking, which are more common among women, and hoarding which is more common in men.



Michael A. Jenike, MD, founder, and Sabine Wilhelm, PhD, director, Obsessive-Compulsive and Related Disorders Program

About three million people in the U.S. currently suffer from OCD, about half of whom have severe symptoms. Nearly five million people – more than 1.5 percent of the U.S. population – have experienced OCD symptoms during their lifetime. These figures would be significantly higher if all OC spectrum disorders were included.

About three million people in the U.S. currently suffer from OCD. Nearly five million have experienced OCD symptoms during their lifetime.

Regardless of its onset or type, OCD and its spectrum disorders are often debilitating for the sufferer and distressing for loved ones and friends. These

challenges are compounded by the social stigma associated with the disorders' hallmark repetitive behaviors.

Unable to enjoy overnights with friends in her pre-teen and teenage years, Emily lost important social opportunities. Eventually, an obsession for exactness hindered her ability to complete writing assignments and interfered with schooling throughout high school and college.

As an adult, Emily would stay at work long past the time others left each day, feeling guilty that she wasn't working efficiently enough. Nearly 20 years after the first symptoms appeared, Emily

(Continued on page 6)

Message from the Chief

Earlier this year, following a meeting of the MGH Chiefs' Council where the hospital's new strategic plan was unveiled, I was walking down the hall of the Bulfinch building with our remarkable President, Peter Slavin, MD. "Remarkable" because during his leadership, Mass General has grown a Psychiatry Service second to none



and 700-faculty strong. Dr. Slavin stopped, beamed a smile and declared: "Jerry, can you imagine any other general hospital in the country coming out of a two-year strategic planning process and declaring substance use disorders as one of its top strategic priorities?"

Dr. Slavin's announcement to the hospital community on March 31, 2014 (p. 4), outlines the rationale and

implications of this extraordinary development: new clinical services, enhanced programs, more cutting-edge research and advanced training. Not new surgical services or expansion of the most remunerative medical procedures, but a Manhattan Project (actually a Boston Project) targeting substance use disorders. That's our MGH! Our department is poised with spectacular expertise, visionary leaders and innovative programs in place to serve as the foundation of this brave and bold effort.

This issue also features work in another area (cover story and p. 7) where psychiatric illnesses often hide in plain sight: obsessive-compulsive disorder (OCD) and PANDAS, the rare form of OCD in children that emerges seemingly "out of the blue." In the program that Michael Jenike, MD, founded and Sabine Wilhelm, PhD, now leads, our clinician-researchers are pioneering an array of treatments to alleviate a devastating, often baffling set of conditions that are frequently misunderstood and unrecognized.

For 80 years, MGH Psychiatry has been integrated into the mainstream of medicine at the hospital. The Affordable Care Act, together with increased recognition of the connection between mind and body, will catalyze even deeper links between psychiatry and medicine in the coming years. With the appointment of our new adult residency training director, Felicia Smith, MD (p. 2), we are actively preparing our next generation of medical residents to become leaders in an environment that is fertile with new possibilities for psychiatry. Thank you for your confidence in our work. You – patients, families and supporters – continue to inspire.

A handwritten signature in black ink that reads "Jerrold F. Rosenbaum".

Jerrold F. Rosenbaum, MD
Psychiatrist-in-Chief

Alumna Felicia Smith, MD, Named Director of Adult Residency Training

Felicia A. Smith, MD, completed her psychiatry training with the MGH/McLean Hospital Adult Residency Training Program, Class of 2004. Following a one-year fellowship at Mass General, she served in successive psychiatry leadership positions, most recently as director of the Acute Psychiatry Service in the MGH Emergency Department.

Now Dr. Smith has come full circle. She has been named director of the program in which she trained. "We are thrilled that Felicia has accepted this role, and proud to have one of our own assume the mantle of preparing the next generation," remarks MGH Psychiatrist-in-Chief, Jerrold F. Rosenbaum, MD.

HIGHLY COMPETITIVE PROGRAM

The four-year Adult Residency Training Program is one of the most competitive in the country. Last year, more than 900 talented applicants vied for the program's 16 coveted spots. "It's remarkable how the number and quality of applicants has been steadily increasing over the past five years," notes Dr. Smith.

In addition to training residents to care for patients with the full gamut of psychiatric conditions, the program offers an unusually broad range of clinical and research experiences. For example, residents can work with seriously mentally ill patients in a homeless shelter; learn to specialize in treating substance use disorders; do a rotation in a psychiatric hospital in Africa; study the applications of psychiatry in the legal arena; focus on mind body medicine; or learn the fundamentals of psychodynamic psychotherapy, to name a few possibilities.



Felicia A. Smith, MD,
director, MGH/McLean
Adult Psychiatry Residency
Training Program

"We are thrilled that Felicia has accepted this role, and proud to have one of our own assume the mantle of preparing the next generation."

Jerrold F. Rosenbaum, MD

CURRICULUM FOR THE 21ST CENTURY

Because of the Affordable Care Act, psychiatrists will be called upon to play an increasingly important role in medicine, as mental health care becomes more integral to overall patient care. "One of the biggest challenges we face is preparing our residents for the way psychiatry is going to be practiced in the future, and keeping them in the vanguard of evolving practice," says Dr. Smith. "We are constantly evaluating how to improve our teaching, and how to find new and exciting ways to prepare our residents to become 21st century psychiatrists."

Faculty News



Jerrold F. Rosenbaum, MD, MGH psychiatrist-in-chief, received the 2014 Outstanding Research Award from the Massachusetts Psychiatric Society.



Theo C. Manschreck, MD, a senior psychiatrist in the Psychopharmacology Unit, received the 2013 Outstanding Research Award from the Massachusetts Psychiatric Society.



Andrew A. Nierenberg, MD (left), director of the Bipolar Clinic and Research Program (with Herbert Pardes, MD, president, Scientific Council, Brain & Behavior Research Foundation), was awarded the Brain & Behavior Research Foundation's 2013 Colvin Prize for Outstanding Achievement in Mood Disorders Research.



Paula K. Rauch, MD (left), and Cynthia W. Moore, PhD, founder/director and assistant director, respectively, of the Marjorie E. Korff Parenting at a Challenging Time (PACT) Program, were awarded a grant from the Patriots' Day Project of Fidelity Investments' employees. The purpose is to assess adult concerns about children's emotional reactions to the Boston Marathon bombings, and to understand what supports parents needed at that time. Results are being publicized in collaboration with The MGH Clay Center for Young Healthy Minds.

Helen Riess, MD, director of the Empathy and Relational Science Program, in collaboration with Aine Lorie, PhD, and Lidia Schapira, MD, received an Arnold P. Gold Foundation Research Award for a study entitled "Cross Cultural Differences in Non-verbal Empathic Communication: A Systematic Review." Dr. Riess also received the Dr. Robert Gilbert Humanism in Medicine Award from Upstate Medical University in New York.



Joshua L. Roffman, MD, MMSc, director of Brain Genomics Research, recently received one of the first MQ Fellows Awards from the UK-based charity MQ: Transforming Mental Health. With his MQ Fellowship, Dr. Roffman will investigate whether folic acid exposure in the womb is a critical factor that influences brain markers of schizophrenia risk. Dr. Roffman has also been granted an

Independent Investigator Award for 2014-2016 from the Brain & Behavior Research Foundation to study how genes expressed in prenatal life influence brain markers of schizophrenia vulnerability.

Luke E. Stoeckel, PhD, director of Clinical Neuroscience and Staff Training at the MGH Center for Addiction Medicine, was recently selected as a Global Foundation for Eating Disorders Scholar. Grant funding from this foundation will allow Dr. Stoeckel to study the use of brain imaging and behavioral data to predict weight outcomes in patients undergoing weight loss surgery.



Amy Yule, MD (left), assistant in Psychiatry in the MGH Center for Addiction Medicine, and **Andrea E. Spencer, MD** (below), assistant in Psychiatry in the Pediatric Psychopharmacology Program, were recently named the Department of Psychiatry's inaugural Louis V. Gerstner III Research Scholars.

Funded by The Gerstner Family Foundation and other donors in memory of the late Louis V. Gerstner III, the award program provides two-year competitive grants to MD- and PhD-level junior faculty.



Dr. Yule will study whether attention-deficit/hyperactivity disorder (ADHD) increases the likelihood of drug overdose in treatment-seeking adolescents and young adults with substance use disorders. Dr. Spencer will assess screening tools for identifying ADHD among young children in the primary care setting in the MGH Chelsea HealthCare Center.

Mass General Identifies Substance Use Disorders as a Top Priority

The following announcement was sent to all hospital employees by President Peter L. Slavin, MD, on March 31, 2014.

SUBSTANCE USE DISORDERS: A COORDINATED, COMPREHENSIVE, ONGOING APPROACH TO CARE

Over the past few months, newspaper headlines have regularly documented the alarming devastation and rising death toll related to untreated addiction, particularly opiate addiction. The combination of the recent tragic death of actor Philip Seymour Hoffman and rising rates of heroin overdose deaths in our region has resulted in renewed discussion about what must be done to address this epidemic of addiction. Indeed, just last week, Gov. Deval Patrick, citing the troubling increase in opiate use, declared a health emergency in our state and announced several initiatives to help address the epidemic.

“A review of MGH inpatient data found that hospitalized patients with substance use disorders cost more and have higher readmission rates than other patients.”

— Peter L. Slavin, MD

While the recent spike in overdose deaths certainly demands this high level of attention, the medical, psychosocial and economic impact of addiction has been a longstanding and unfortunate reality. Substance use disorders, including use of alcohol, drugs and nicotine, affect more than 40 million Americans, or nearly 16 percent of the population – more than heart conditions, diabetes or cancer. National data indicate that 22 percent of hospitalized general medical patients have an active alcohol- or drug-use disorder. Closer to home, a 2011 study found the rate of emergency room visits for heroin use in the Boston metro area to be the highest in the country – almost four times the national average.

The communities MGH serves, including Revere, Chelsea and Charlestown, have consistently had higher rates than the state average for substance-related hospital discharges and substance-related mortality. Not surprisingly, a community health needs assessment for these three communities identified substance use as the single most important issue. In addition, a review of MGH inpatient data found that hospitalized patients with substance use disorders cost more and have higher readmission rates than other patients.

As we rethink care across the spectrum and shift toward a population health management framework, our approach to caring for a number of chronic diseases is also changing. We have seen, through diseases such as diabetes and congestive heart failure, how a multipronged effort that spans the inpatient and outpatient setting, incorporates primary care and specialty care, and delivers the highest quality of evidence-based treatment tailored to the specific needs of the individual is necessary and effective. Substance use disorders are really no different and have been shown to respond to similar approaches.

With a bold new substance use disorder initiative proposed and supported through the strategic planning process, MGH will soon

undertake a comprehensive and innovative approach to these disorders. The plan calls for addressing substance use disorders through an evidence-based system of care that starts with community-based prevention and then builds strong connections and linkages among inpatient, outpatient and community-based services throughout Greater Boston, improving access to treatment, smoothing transitions among care levels, and reducing relapse and readmissions. Patients and families will benefit from a multipronged approach to substance use disorders, which includes:

- a dedicated multidisciplinary, multispecialty addiction medicine consult team
- community-based recovery coaches who will serve as addiction-focused community health workers to remove barriers to treatment and serve as navigators and guides for patients with substance use disorders
- enhanced substance use disorder treatment within the health centers at Charlestown, Chelsea, Revere, as well as in the Boston Health Care for the Homeless program
- a discharge clinic to deliver post-hospitalization addiction treatment and stabilization
- strengthened partnerships with community treatment providers already delivering effective care



Department of Psychiatry Substance Use Disorders Strategy leadership team: Timothy E. Wilens, MD, director, Center for Addiction Medicine; Joy B. Rosen, vice president, Department of Psychiatry and Community Health Initiatives; and Martha T. Kane, PhD, clinical director, Center for Addiction Medicine and associate director, Ambulatory Psychiatry

Since 1811, the MGH's mandate has been to ensure that the highest-quality, innovative care reaches those most in need. Addressing substance use disorders has been identified as the number one priority for our communities as well as a significant focus for our state. The MGH is committed to bringing together the expertise, talent, knowledge and compassion of many to confront this complicated issue from many angles in a unified and ongoing way. Our ultimate goal is to implement a model of care that will strengthen and improve the diagnosis, treatment and prevention of substance use disorders. We will keep you updated as this important effort continues to move forward.

MGH Psychiatry Out and About



Mary Davidson, Dr. Lee S. Cohen



Mary Gilbane, Dr. Maurizio Fava



Sheila Fine,
Dr. John B. Herman



Ann Jones, Fred Jones, Pam Stocks, Jeff Stocks



Michele Kessler, Dr. Jerrold F. Rosenbaum,
Carroll Carpenter



Alisa Musa, Jennifer Kessler, Tami Babij



John Koch, Gary Lickle



Walter Rubin, Lucille Rubin



Dr. Judith G. Edersheim,
Dr. Bruce H. Price



Hillie Mahoney, Dr. John F. Kelly

8th Annual Leadership Council for Psychiatry Seminar
Research Advances and Treatment Innovations in Mental Health
 Hosted by Michele and Howard Kessler
 February 27, 2014, Palm Beach, FL

WAYS TO GIVE

For information about ways to support the clinical care, research, teaching and community health activities of the MGH Department of Psychiatry, please contact Carol Taylor at 617.724.8799 or cwtaylor@partners.org or Karen Blumenfeld at 617.724.6439 or kblumenfeld@partners.org.
giving.massgeneral.org



MINDSCAPES

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— *Easing the Burden of Obsessive-Compulsive Disorder*

(Continued from page 1)

acknowledged that OCD was impeding her professional advancement. That's when she sought help at Mass General.

EVIDENCE-BASED CARE

"Our research agenda aims to uncover the causes of OCD and establish effective treatments, and it underlies all the care we provide to our patients" states Sabine Wilhelm, PhD, director of Mass General's OCD and Related Disorders Program since 2007 and professor of Psychology at Harvard Medical School.

"OCD often runs in families, but we don't know why some people develop it. Studies have found that several parts of the brain are involved in the disorder," she explains, "but it is likely caused by multiple factors."

Founded in 1982 by Michael A. Jenike, MD, the MGH OCD program is among the largest in the world, with robust patient care, research and training programs. As the program has grown, so has philanthropic support, which now accounts for 40 percent of the program's expenditures.

"The message we want OCD sufferers and their loved ones to hear is that there are effective treatments, and that there is hope."

Sabine Wilhelm, PhD

The clinical team bases its treatment recommendations on each patient's history, struggles and concerns, and uses the latest cognitive behavior therapy techniques, including mindfulness-based interventions, to address patients' self-defeating thoughts and increase their tolerance for anxiety-producing situations. Medication also plays a significant role in this personalized approach to treatment.

The team also serves young patients through its Pediatric OCD and Tic Disorder Program, founded in 1992 by Daniel A. Geller, MD. A Pediatric Neuropsychiatry and Immunology Clinic was recently launched within the OCD and Related Disorders Program to treat young patients who have a sudden-onset form of OCD called Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infections, or PANDAS (p. 7). This specialty clinic is directed by Kyle Williams, MD.

UNDERSTANDING MECHANISMS

The OCD research program has a wide range of adult and pediatric clinical studies in progress. "We started out researching OCD, and then added trichotillomania, skin-picking and BDD. Now we're doing a lot of work in hoarding, Tourette's Disorder, tic disorders and BDD by proxy, and plan to add to that range in the next few years," says Dr. Wilhelm.

"We're very excited about our research into the causes of OCD and OC spectrum disorders, as well as our work on predictors and mechanisms of treatment," explains Dr. Wilhelm. For example, Nancy Keuthen, PhD, co-founder and director of the MGH Trichotillomania Clinic and Research Unit, has been instrumental in developing a

trichotillomania genetic biobank at the National Institute of Mental Health to explore the genetic underpinnings of this condition.

Another innovative area of research includes the use of an antibiotic, d-cycloserine, to enhance response to cognitive behavioral therapy. The team is also planning to study the use of a relatively new technology, called transcranial magnetic stimulation, to treat patients with OCD.

"Our growing understanding of OCD and OC spectrum disorders will ultimately allow us to identify the people most vulnerable to developing these conditions and to define more effective, personalized and preventive treatments," Dr. Wilhelm explains.



Aisha Usmani, PhD, assistant in psychology, with Emily

PATIENT AND FAMILY EDUCATION

As part of its educational mission, the OCD program team provides support to patients and families through resources such as its mghocd.org and ocdandfamilies.org websites. Created by Lee Baer, PhD, with the support of philanthropy, the ocdandfamilies.org website sensitively guides patients and their family members through common challenges faced by those affected by OCD.

Drs. Wilhelm, Baer, Keuthen and other members of the team have written a number of self-help books. "The message we want OCD sufferers and their loved ones to hear is that there are effective treatments, and that there is hope," Dr. Wilhelm explains.

In the meantime, specialized cognitive behavioral therapy provided by program psychologist Aisha Usmani, PhD, helped Emily identify her more than 20 OCD-driven behaviors. Boiling them down to a single concept – intolerance of uncertainty – has freed Emily from the burdens of her OCD, allowing her to be comfortable with uncertainty for the first time in two decades.

"It's a huge relief," says Emily, now a young adult. "My OCD is smaller and more manageable, and I can do things I couldn't do before.

"But I could not have done this alone."

Clinic Opens to Treat Children with Sudden-Onset OCD

A new clinic staffed by a multidisciplinary team of experts at Massachusetts General Hospital is tackling the relationship between immune system dysfunction and a form of pediatric obsessive-compulsive disorder (OCD) called PANDAS. The Pediatric Neuropsychiatry and Immunology Clinic opened its doors in January 2014, and is one of the first clinics in the country to combine the disciplines of psychiatry, immunology and infectious disease in the treatment of PANDAS.

[PANDAS] is a serious medical condition characterized by the explosive appearance or worsening of OCD symptoms often beginning six to 12 weeks after a bout of strep throat.

SUDDEN-ONSET OCD SYMPTOMS

“PANDAS” stands for Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infections. It is a serious medical condition characterized by the explosive appearance or worsening of OCD symptoms often beginning six to 12 weeks after a bout of strep throat. Though poorly understood, PANDAS is thought to result from the body’s immune reaction to a strep infection; this immune reaction is hypothesized to interfere with brain networks, resulting in OCD symptoms.



Kyle A. Williams, MD (left), director, Pediatric Neuropsychiatry and Immunology Clinic and Daniel A. Geller, MD, director, Pediatric OCD and Tic Disorder Program

Children with PANDAS may have some of the following symptoms: motor or vocal tics, obsessions and/or compulsions, irritability or moodiness, unexplained rages, or age-inappropriate clinginess to loved ones.

Diagnosing PANDAS is challenging, as is finding the right combination of treatments. Children with PANDAS often arrive at Mass General with their families in distress, having spent months in search of help and having endured the frustration of inadequate diagnosis and treatment while watching the deterioration of their child’s functioning.

MULTI-DISCIPLINARY CARE TEAM

Housed in the OCD and Related Disorders Program, the new clinic is directed by Kyle Williams, MD. Unique in its multidisciplinary approach, the clinic is also staffed by Daniel A. Geller, MD, founder of the MGH Pediatric OCD Program; Jan Walter, MD, PhD, director of the Pediatric Immunodeficiency Program; and Mark Pasternack, MD, director of the MGH Pediatric Infectious Disease Program, both at MassGeneral Hospital *for Children*.

UNDERSTANDING CAUSES, DEVELOPING TREATMENTS

In addition to caring for patients, the team will intensively study PANDAS. “Our objective is to provide the highest quality care for children and families affected by PANDAS, while advancing our ability to diagnose, understand and treat the causes of PANDAS,” says Dr. Williams. “The clinic marries the infectious disease field with pediatrics, psychiatry, and immunology,” adds Dr. Geller. “To study PANDAS, we require input from all these areas.”

FORTHCOMING SEMINARS FOR PATIENTS AND FAMILIES

SAVE THE DATES

NOVEL APPROACHES IN THE TREATMENT OF DEPRESSION

Saturday, June 14, 2014

Maurizio Fava, MD,

David Mischoulon, MD, PhD,
and colleagues

IDENTIFYING NEW TREATMENTS IN ACUTE PSYCHOLOGICAL TRAUMA AND PTSD

Saturday, September 6, 2014

Naomi Simon, MD, MSc,
and colleagues

12TH ANNUAL SCHIZOPHRENIA EDUCATION DAY

Saturday, November 8, 2014

David Henderson, MD,
and colleagues

Each seminar will include remarks by a panel of patients and family members who will share stories of their mental health journeys.

To be notified of each of these programs, visit www.mghpatientfamily.org and use the email sign-up link at the top of the Educational Programs box or call 866-644-7792.

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MINDSCAPES • SPRING 2014

John F. Kelly, PhD, Named Incumbent of Harvard's First Endowed Professorship for Addiction Medicine

John F. Kelly, PhD, associate director of the MGH Center for Addiction Medicine and program director of the Addiction Recovery Management Service, has been named the inaugural incumbent of the Elizabeth R. Spallin Professorship in Psychiatry in the Field of Addiction Medicine at Harvard Medical School (HMS). Named in memory of Dr. Kelly's mother, the professorship was made possible by the generosity of anonymous donors.

"[Dr. Kelly] is a deserving recipient of this professorship. He has focused his research on improving the quality and effectiveness of addiction care, while also serving as an exceptional mentor to the next generation of mental health professionals-in-training."

Peter L. Slavin, MD

"John is a deserving recipient of this professorship. He has focused his research on improving the quality and effectiveness of addiction care, while also serving as an exceptional mentor to the next generation of mental health professionals-in-training," said MGH President Peter L. Slavin, MD, during a Jan. 24 ceremony.

In October 2013, Dr. Kelly launched the Recovery Research Institute in the MGH Department of Psychiatry's Center for Addiction Medicine. Under Dr. Kelly's leadership, the Recovery Research Institute conducts innovative research to improve addiction treatment and services and to promote long-term recovery. The Institute's website, www.recoveryanswers.org, serves as a repository for up-to-date and reliable information on addiction treatment and recovery for affected individuals and their loved ones.

Dr. Kelly is internationally recognized for his work in addiction care. He serves as a consultant to the White House Office of National Drug Control Policy, the U.S. Substance Abuse and Mental Health Services Administration Center for Substance

Abuse Treatment, the U.S. Department of Education and the National Institutes of Health, as well as foreign governments.

"I'm deeply honored to be the inaugural incumbent of the first professorship at HMS in Addiction Medicine," Dr. Kelly said. "This will facilitate continuous dedicated efforts in research, practice, teaching and training in addiction. It also sends a message that underscores the importance of addiction in medicine at the highest academic level."



Peter L. Slavin, MD, MGH president; Jeffrey S. Flier, MD, dean, Harvard Medical School; John F. Kelly, PhD, associate director, MGH Center for Addiction Medicine; and Jerrold F. Rosenbaum, MD, MGH psychiatrist-in-chief

During the ceremony, Dr. Slavin welcomed members of Dr. Kelly's family and expressed thanks to the anonymous donors who made the professorship possible, remarking on the importance of endowed professorship support for clinician-researchers like Dr. Kelly. Other speakers included MGH Psychiatrist-in-Chief Jerrold F. Rosenbaum, MD, who noted that this professorship – the first of its kind – will advance research and create a legacy in the area of addiction medicine.

Adapted from MGH Hotline, Feb. 7, 2014