

BIOGRAPHICAL SKETCH

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NAME: Brent P. Forester, MD, MSc.

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

POSITION TITLE: Chief, Division of Geriatric Psychiatry, McLean Hospital; Director, Geriatric Mood Disorders Research Program, McLean Hospital; Associate Professor of Psychiatry, Harvard Medical School; Medical Director-Behavioral Health, Center for Population Health, Partners HealthCare

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 Date MM/YYYY	FIELD OF STUDY
Dartmouth College	BA	06/1988	Psychology
Dartmouth Medical School (Geisel School of Medicine at Dartmouth)	MD	06/1992	Medicine
Harvard University-M.I.T. HST Program	MSc.	06/2009	Masters of Medical Science

A. Personal Statement

My clinical research experience has involved psychopharmacology trials in bipolar disorder, geriatric depression, disease modifying therapeutics in Mild Cognitive Impairment and Alzheimer's Dementia and the management of agitation in patients with dementia. I have also collaborated with the McLean Hospital Brain Imaging Center to use magnetic resonance spectroscopy (MRS) to study biomarkers of disease state, symptom severity and predictors of treatment in late life depression and bipolar disorder. I received funding in 2009 for a 5-year career development award (K23) from the NIMH. I previously served for five years as Medical Director of the Geriatric Neuropsychiatry Unit (GNU) at McLean Hospital engaged in clinical work and administrative oversight of this 18-bed, locked-inpatient unit dedicated to the diagnosis and treatment of older adults with dementia complicated by behavioral disturbances. I developed clinical research studies stemming from clinical observations treating patients with dementia and behavioral disturbances. I am currently PI of two NIA funded R01 grants studying the safety and efficacy of novel interventions (dronabinol and electroconvulsive therapy) for agitation in patients with Alzheimer's type dementia (AD). My research has also aimed to better understand the neurobiological causes of cognition and mood changes in older adults, and focuses on translating these findings into effective, safe, and targeted treatments.

B. Positions and Honors**Positions and Employment:**

1992 – 1993 **Intern**, Internal Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, MA

1993 – 1996 **Resident in Psychiatry**, McLean Hospital, Harvard Medical School, Belmont, MA

1996 – 1997 **Fellow in Geriatric Psychiatry**, Dartmouth Hitchcock Medical Center, Lebanon, NH

1996 – 2002 **Assistant Professor**, Department of Psychiatry, Dartmouth Medical School, Hanover, NH.
Department Chair: Peter Silberfarb M.D.; Section Chief: Thomas Oxman, M.D.

1997 – 2002 **Clinical Director** of Geriatric Psychiatry, Mental Health Center of Greater Manchester, NH.
Medical Director: Tom Fox, M.D.; Dan Potenza, M.D.

2002 – 2008 **Instructor**, Department of Psychiatry, Harvard Medical School, Boston, MA

2008 – 2018 **Assistant Professor**, Department of Psychiatry, Harvard Medical School, Boston, MA
 2018 – Present **Associate Professor**, Department of Psychiatry, Harvard Medical School, Boston, MA
 2002 – 2007 **Medical Director**, Geriatric Neuropsychiatry Unit, McLean Hospital, Belmont, MA
 2005 – 2015 **Director**, Geriatric Mood Disorders Research Program, McLean Hospital, Belmont, MA
 2007 – 2015 **Site Director**, Harvard Medical School Psychiatry Clerkship, McLean Hospital, Belmont, MA.
 President, McLean Hospital: Scott Rauch, M.D.; Section Chief: Jim Ellison, M.D.
 2015-Present **Chief**, Division of Geriatric Psychiatry, McLean Hospital
 2015-Present **Director**, Geriatric Psychiatry Research Program, McLean Hospital, Belmont, MA
 2015-Present **Medical Director**, Behavioral Health, Center for Population Health, Partners HealthCare
 2018-Present **Medical Director**, Evaluation and Research, Center for Population Health, Partners HealthCare

Other Experience and Professional Memberships:

1993-1997; Member of Massachusetts Medical Society
 2002-Present
 1994-1997 Member of American Medical Association
 1994-present Member of American Psychiatric Association
 1996-present Member of American Association for Geriatric Psychiatry
 1997-2002 Member of New Hampshire Medical Society
 2001-Present Member, Teaching and Training Committee, American Association for Geriatric Psychiatry
 2002-2009 Chair, Undergraduate Education Subcommittee, American Association for Geriatric Psychiatry
 2009-2012 Co-Chair, Teaching and Training Committee, American Association for Geriatric Psychiatry
 2012-2015 Chair, Teaching and Training Committee, American Association for Geriatric Psychiatry
 2012-2013 Chair, Nominating Committee, American Association for Geriatric Psychiatry
 2009-2016 Member, Board of Directors, Alzheimer’s Association of Massachusetts and New Hampshire
 2010-2017 Member, Board of Directors, American Association for Geriatric Psychiatry
 2010-2012 Member, Nominations Committee, Massachusetts Psychiatric Society
 2010-Present Member, Council on Geriatric Psychiatry, American Psychiatric Association
 2012-2013 Chair, Council on Aging, American Psychiatric Association
 2014-2015 Member, Board of Directors, Geriatric Mental Health Foundation
 2015-2017 Secretary/Treasurer, American Association for Geriatric Psychiatry
 2019-Present President-Elect, American Association for Geriatric Psychiatry

Honors:

1992 Alpha Omega Alpha, Dartmouth Medical School
 1992 Rock Sleyster Memorial National Psychiatry Scholarship Award, Dartmouth Medical School
 1996 American Association of Directors of Psychiatry Residency Training: George Ginsberg-AADPRT/Charter Fellowship
 1996 National Institutes of Mental Health/American Association of Geriatric Psychiatry: Summer Research Institute
 2003 NAMI Annual Exemplary Psychiatry Award – Honorable Mention
 2004 National Institutes of Mental Health/American Association of Geriatric Psychiatry: Summer Research Institute
 2004 Partners in Excellence Award, McLean Hospital, Belmont MA
 2007 Partners in Excellence Award, McLean Hospital, Belmont, MA
 2008 ACNP Meeting Travel Award Recipient. Scottsdale, AZ
 2009 Psychopharmacology Teaching Award. MGH-McLean Adult Psychiatry Training Program
 2011 Distinguished Fellow, American Psychiatric Association

C. Contributions to Science

My contributions have been in the area of geriatric psychiatry and, specifically, in studying neurobiological and psychosocial treatments for psychiatric illness in later life. I also have designed and led studies to explore the neurobiological etiology associated with depression and cognitive impairment in older adults with mood disorders. Finally, I have contributed to our understanding of novel therapies, such as ECT and dronabinol, for the treatment of agitation and aggression in patients with dementia.

1. **Efficacy and safety of novel treatment interventions for reducing agitation and aggressive behavior that accompanies Alzheimer's Disease and related Major Neurocognitive Disorders.** Our initial study examined the efficacy and safety of divalproex monotherapy and combination treatment with an atypical antipsychotic medication for agitation in dementia on an inpatient unit at McLean Hospital and community based assisted living facilities. We also explored the efficacy of a synthetic THC compound, dronabinol, for reducing agitation in patients with dementia. Finally, over the 12 years, we have studied the efficacy and safety of electroconvulsive therapy (ECT) for severe agitation and aggression in hospitalized patients with dementia. The initial study was a retrospective chart review at McLean Hospital. The second ECT study was a prospective, open-label trial of ECT completed in collaboration with colleagues from Pine Rest Christian Mental Health Services in Grand Rapids Michigan and the Mayo Clinic. Our primary finding from the latter two studies is that ECT is well tolerated and shows evidence for reduction in agitation and aggression symptoms over the course of 6-9 ECT treatments. I served as the Principal Investigator in these studies.
 - a. Ujkaj M, Davidoff DA, Seiner SJ, Ellison JM, Harper DG, **Forester BP**. Safety and Efficacy of Electroconvulsive therapy for the Treatment of Agitation and Aggression in Patients with Dementia. *American Journal of Geriatric Psychiatry*. 2012. 20(1):61-72. PMID: 22143072
 - b. Acharya D, Harper DG, Achtyes ED, Seiner SJ, Mahdasian JA, Nykamp LJ, Adkison L, Van der Schuur White L, McClintock SM, Ujkaj M, Davidoff DA, **Forester BP**. Safety and utility of acute electroconvulsive therapy for agitation and aggression in dementia. *Int J Geriatr Psychiatry*. 2015 Mar;30(3):265-273.
 - c. Zhang QE, Sha S, Ungvari GS, Chiu HF, Ng CH, He HB, **Forester BP**, Xiang YT. Demographic and clinical profile of patients with dementia receiving electroconvulsive therapy: A case-control study. *J ECT*. 2016;32(3):183-186.
 - d. Glass OM, **Forester BP**, Hermida AP. Electroconvulsive therapy (ECT) for treating agitation in dementia (major neurocognitive disorder) – a promising option. *Int Psychogeriatr*. 2017 May;29(5):717-726.
2. **Geriatric mental health services.** Earlier work focused on interventions designed to help older adults with severe and persistent mental illness learn the skills needed to access preventative medical care and function more independently in community settings. We studied the effectiveness of a nurse care manager who coordinated psychiatric and medical care and led groups aimed at social skills development. My responsibility in these studies was to assess psychiatric patients with mental illness for their inclusion into the study and to supervise the nurse care managers in terms of clinical assessment and adherence with the intervention model. This work demonstrated the efficacy of a health care education and social skills training intervention to improve quality of life, lower health care costs and reduce behavioral disturbances for older adults with severe and persistent mental illnesses. I served as co-investigator in these studies.
 - a. Bartels B, **Forester BP**, Miles K, Joyce T. Service Utilization in a Community Sample of Elderly patients with Bipolar Disorder and Unipolar Major Depression. *American Journal of Geriatric Psychiatry*, Spring, 2000.
 - b. Bartels, S. J., **Forester, B.**, Mueser, K. T., Miles, K. M., Dums, A. R., Pratt, S. I., Sengupta, A., Littlefield, C., O'Hurley, S., White, P., & Perkins, L. Enhanced skills training and health care management for older persons with severe mental illness. *Community Mental Health Journal*, 40(1), 75-90, 2004.
 - c. Bartels, S. J., Miles, K. M., Van Citters, A. D., **Forester, B.**, Cohen, M. J., & Xie, H. Improving mental health assessment and service planning practices for older adults: a controlled comparison study. *Mental Health Services Research*, 7(4): 213-222. 2005. PMID: 16320104.
 - d. Mueser KT, Pratt SI, Bartels SJ, Swain K, **Forester B**, Cather C, Feldman J. Randomized Trial of Social Rehabilitation and Integrated Health Care for Older People With Severe Mental Illness. *Journal of Consulting and Clinical Psychology*. 2010; 78(4): 561–573. PMID: 20658812
3. **Neurobiology of Geriatric Bipolar Disorder and Major Depression utilizing brain neuroimaging techniques including magnetic resonance spectroscopy. Focus on Mitochondrial Energy Metabolism.** In collaboration with Drs. Perry Renshaw and Bruce Cohen at Mclean Hospital, I designed studies that explored the evidence base for bioenergetic dysfunction in older adults with Bipolar Disorder

and Major Depression. We then tested specific pharmacological interventions for their impact on bioenergetic metabolism as measured by the neuroimaging modality, Magnetic Resonance Spectroscopy. Our central finding has been that older adults with depression (both bipolar depression and unipolar depression) demonstrate changes in bioenergetic metabolism as measured by the high-energy phosphate metabolites adenosine triphosphate (ATP), Phosphocreatine (PCr) and inorganic phosphate (Pi). Our pilot data suggests that the compound CoEnzymeQ10 changes energy metabolism in older adults with bipolar depression and has antidepressant effects. We also examined the relationship between brain and serum levels of lithium to reveal important clinical aspects of assessing subtle lithium related side effects of cognitive impairment and changes in mood in older adults. I served as Principal Investigator or Co-Investigator for these studies.

- a. **Forester B**, Streeter CC, Berlow YA, Tian H, Wardrop M, Finn CT, Harper D, F. RP, Moore CM: Brain Lithium Levels and Effects on Cognition and Mood in Geriatric Bipolar Disorder. *American Journal of Geriatric Psychiatry*. 2009;17(1):13-23. PMID: 18626002
- b. **Forester BP**, Harper DG, Jensen JE, Ravichandran C, Jordan B, Renshaw PF, Cohen BM. 31Phosphorus Magnetic Resonance Spectroscopy Study of Tissue Specific Changes in High Energy Phosphates Before and After Sertraline Treatment of Geriatric Depression. *International Journal of Geriatric Psychiatry*. 2009; 24(8):788-97. PMID: 19382284
- c. **Forester BP**, Berlow YA, Jensen JE, Cooper TM, Iosifescu DV, Lukas SE, Renshaw PF, Cohen BM. Age-related changes in brain energetics and phospholipid metabolism. *NMR in Biomedicine*. 2010; 23(3): 242-50. PMID: 19908224
- d. **Forester BP**, Zuo CS, Ravichandran C, Harper DG, Du F, Kim S, Jensen JE, Cohen BM, Renshaw PF. CoEnzyme Q10 effects on Creatine Kinase Activity and Mood in Geriatric Bipolar Depression. *Journal of Geriatric Psychiatry and Neurology*. 2012. 25(1):43-50. PMID: 22467846

Link to MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/10AvS6n86aHQm/bibliography/48096715/public/?sort=date&direction=ascending>

D. Additional Information: Research Support and/or Scholastic Performance

Ongoing Research Support

1R01AG061100-01 Forester/Petrides (Multi-PI) 09/30/2018 - 05/31/2023
A Randomized Controlled Trial of Electroconvulsive Therapy plus Usual Care versus Simulated-ECT plus Usual Care for the Acute Management of Severe Agitation in Alzheimer's Dementia (ECT-AD)
The goal is to determine the safety and efficacy of ECT for severe agitation and aggression in AD.
Role: PI

Eli Lilly and Company Forester (PI) 02/08/2018 - 02/07/2023
CTA: Assessment of Safety, Tolerability and Efficacy of LY3002813 in Early Symptomatic Alzheimer's Disease
The goal is to determine the safety and efficacy of LY3002813, an anti-amyloid antibody, in Early Symptomatic Alzheimer's Disease.
Role: PI

Biogen MA Inc. Forester (PI) 05/08/2018 - 05/07/2023
CTA: Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Assess the Safety, Tolerability, and Efficacy of BII092 in Subjects with Mild Cognitive Impairment due to Alzheimer's Disease or with Mild Alzheimer's Disease
The goal is to determine the safety and efficacy of BII092, an anti-tau antibody, in Early Symptomatic Alzheimer's Disease.
Role: PI

221AD302 Forester (PI) 11/20/2015 - 11/19/2019
A Phase 3 Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group Study to Evaluate the Efficacy and Safety of Aducanumab (BII037) in Subjects with Early Alzheimer's Disease.

The goal is to study the efficacy and safety of a monoclonal antibody, administered by a monthly infusion, compared with placebo for the treatment of mild Alzheimer's Disease and mild neurocognitive impairment.
Role: Site PI

5R01AG047146-03 Devanand (PI) 2/16/2016 – 1/31/2020
Lithium Treatment of Agitation in Alzheimer's Dementia
The goal is to determine the safety and efficacy of lithium treatment for agitation in community-dwelling patients with Alzheimer's dementia.
Role: Site PI

R01 AG050515-01A1 Forester/Rosenberg (Multi-PI) 9/1/2016-5/31/2021
Pilot Trial of Dronabinol Adjunctive Treatment of Agitation in Alzheimer's Disease
3 week randomized, double-blind, placebo-controlled trial of 160 subjects with Alzheimer's Dementia (AD) complicated by agitation. The study aims to assess the efficacy and safety of dronabinol, a synthetic THC product, at a dose of 10 mg per day, to reduce agitation in patients with AD
Role: PI

The Roger's Family Foundation Forester (PI) 7/1/2019-6/30/2021
Geriatric Mood Disorders Longitudinal Studies
The goal is to collect clinical, neuroimaging (MRI, MRS, DTI resting state fMRI), and neuropsychological data in older adults with depression and bipolar disorder. Studies include a pilot trial of Low Frequency Magnetic Stimulation (LFMS) for geriatric bipolar depression and anxiety in collaboration with Dr. Michael Rohan.
Role: PI