# On the application of neuroscience for the treatment of human disease



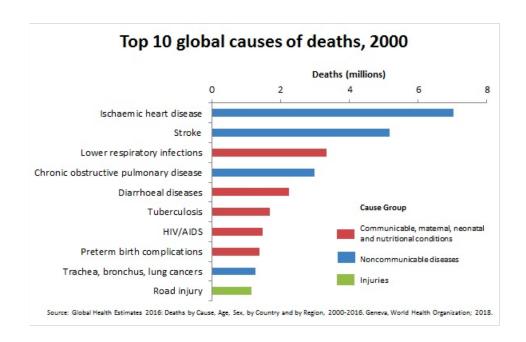
Vaishnav Krishnan MDPhD Assistant Professor of Neurology Baylor College of Medicine

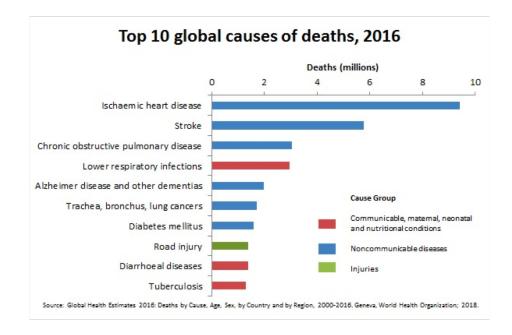
Brain Awareness Week 2019 Rice Neuroscience Society

# The burden of neuropsychiatric disease

- Approaches to medically oriented careers in neuroscience
- Challenge YOU!
- A bit about a new course offering at Rice Neuroscience

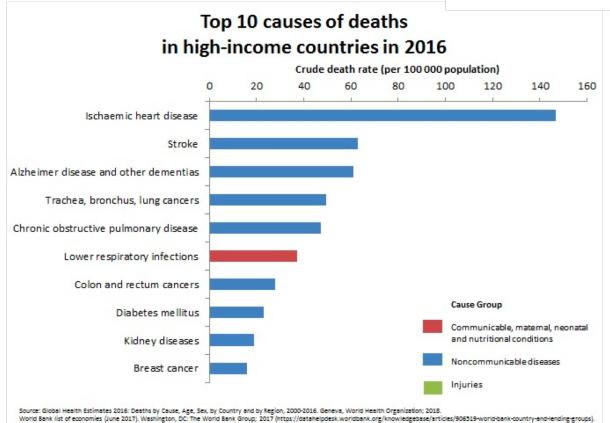
# Things that kill ..



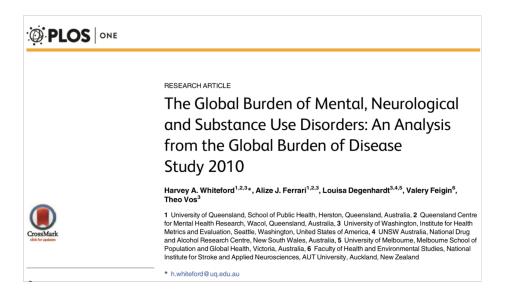








# Things that kill impair quality of life and impart disability



187 Countries, 21 world regions, both men and women, and about 20 different age groups Together: 10.4% of global DALYs, 2.3% of global YLLs and, 28.5% of global YLDs

YLD: Years lived with disability

YLL: Years lost to premature mortality

DALY: the TOTAL number of years lost to disability or early death

Disorders	Disability weights
Neurological disorders	
Alzheimer's disease	mild: 0.082 (0.055-0.117)
Parkinson's disease	mild: 0.011 (0.005-0.021)
Epilepsy	treated, seizure free:0.072 (0.211–0.445); untreated:
Multiple sclerosis	mild: 0.198 (0.137-0.278)
Migraine	0.433 (0.287-0.593)
Tension-type headache	0.04 (0.025-0.062)
Substance use disorders	
Alcohol dependence	mild: 0.25(90.176-0.359);
Opioid dependence	0.641 (0.459-0.803)
Cocaine dependence	0.376 (0.235-0.553)
Amphetamine dependence	0.353 (0.215-0.525)
Cannabis dependence	0.329 (0.223-0.455)
Mental disorders	
Major depressive disorder	mild: 0.159 (0.107-0.223)
Dysthymia	0.159 (0.107-0.223)
Bipolar disorder	manic: 0.480 (0.323-0.64 (0.021-0.055)
Schizophrenia	acute: 0.756 (0.571-0.894
Anxiety disorders	mild: 0.03 (0.017-0.048);
Eating disorders	Anorexia nervosa: 0.223 (
Autism	0.259 (0.177-0.362)
Asperger's syndrome	0.11 (0.073-0.157)
Attention-deficit hyperactivity disorder	0.049 (0.031–0.074)

0.236 (0.031-0.074)

Conduct disorder

disability

Idiopathic intellectual

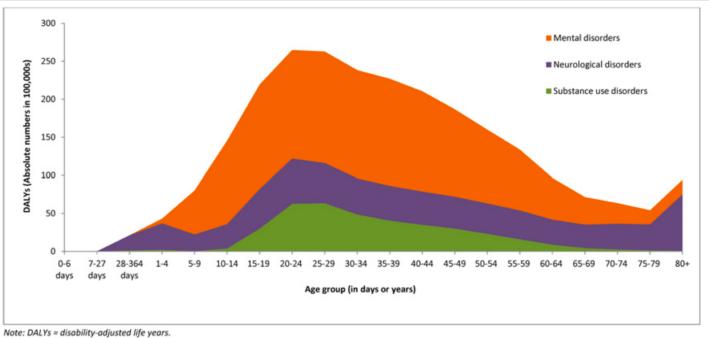
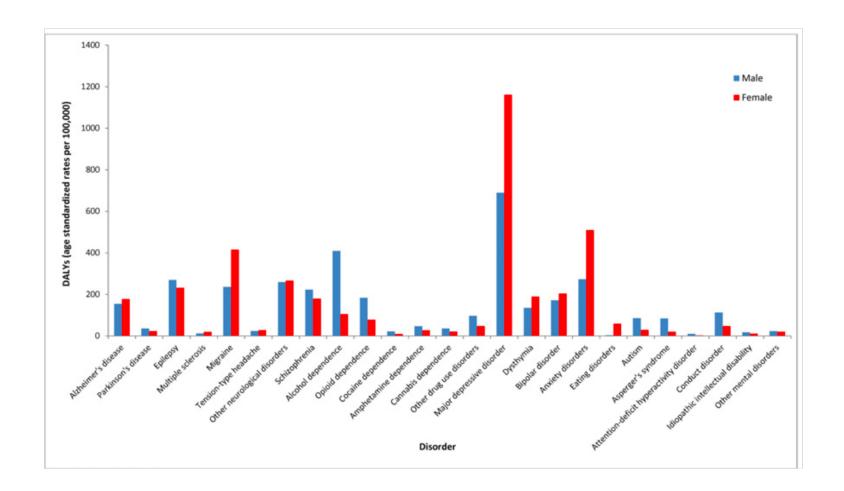
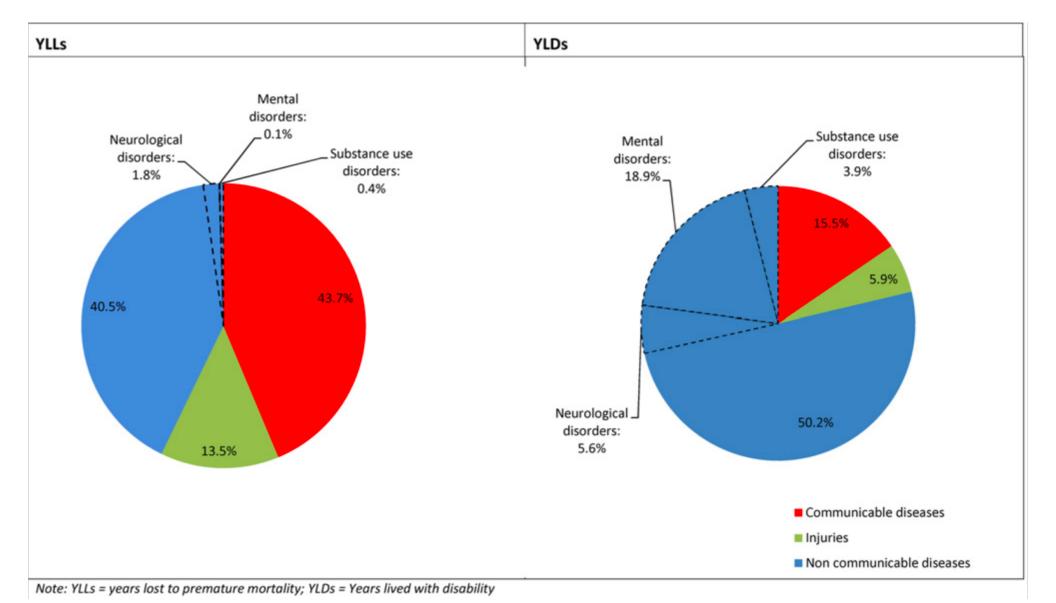


Fig 1. Absolute DALYs Attributable to Mental, Neurological, and Substance Use Disorders, by Age, 2010.

doi:10.1371/journal.pone.0116820.g001

36,400,000 48,700,000 mild: 0.031 (0.018-0.049); moderate:0.08 (0.053-0.114); severe:0.126 (0.085-0.176); 30,800,000 profound: 0.157 (0.107-0.221)





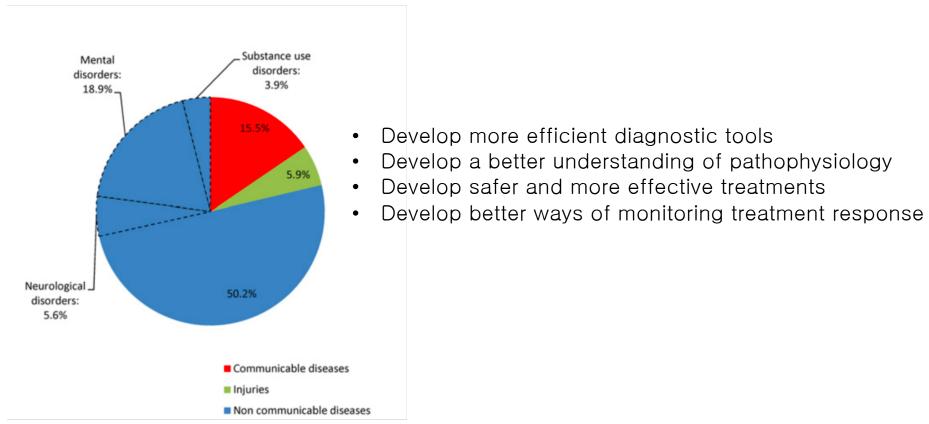
# WHY?

- · Neurons, glia and associated cellular populations (glia, neurovasculature) are incredibly complicated
- Neurons are for the most part POST mitotic
- · Brain, spinal cord and nerves are anatomically complicated
- We do not have a brain or spinal cord transplant program (yet)
- Many of these conditions are difficult to diagnose (misdiagnosis, underdiagnosis)
- · Many of these conditions are associated with incredible societal stigma

SO, do more research!

- The etiology or cause is often unknown
- If etiology is unknown, how do you make an animal model to test a treatment?
- If the gene is known, often mice do not recapitulate the symptoms of disease
- Some human neuropsychiatric symptoms are exquisitely human (and can not be studied in animals)

# Challenge to Future Neuroscientists



# Graduate school?

Medical School?

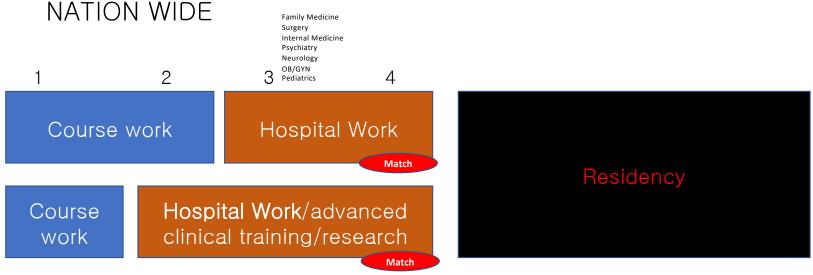


MDPhD? Yikes!

Work in industry?

# The MD Route

- Four year program\*
- Requires the MCAT and a comprehensive application process
- Emphasis on well rounded candidates, but will at times substitute depth for breadth
- You will take the USMLE Step I, II (CS and CK)
- Provides a structured training program that is standardized

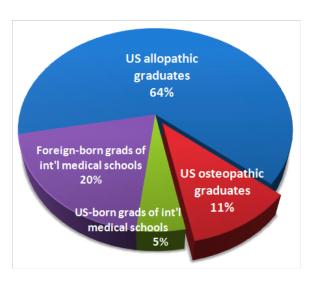


# Osteopathic Medicine (DO)

- Also a four year program
- Originated on techniques where joints and bones were manipulated to diagnose and treat illness ("osteo")
- Now more mainstream
- Traditionally, less competitive entrance than MD schools
- Traditionally, graduates have gone into primary care
- DO graduates do have more limited choices for subspecialty

#### NOTES:

- Highly competitive
- Expensive over four years (loans)
- Overall low risk
- Requires further post graduate medical training (RESIDENCY) and/or further post-POST-graduate medical training (FELLOWSHIP)



# RESIDENCY (in neuroscience-ish fields) Postgraduate Medical Education (PGY1-X)

Do you want to see patients in a clinic and talk to them and examine them and return their phone calls?

Do you want to be a surgeon? Do you enjoy the OR environment?

Do you prefer to work with a pediatric population or an adult population?

Would you be comfortable with a career where you never physically interact with patients?

Psychiatry

Neurology

Neurosurgery

Anesthesia and Pain Management

Neuroradiology

Neuropathology

# RESIDENCY

### Postgraduate Medical Education (PGY1-X)

#### Adult Psychiatry

- 4 year residency
- +/- fellowships

### Adult Neurology

- 1 year internship
- 3 year residency
- +/- fellowships

#### Neurosurgery

- 1 year internship
- 6 year residency
- +/- fellowships

# Child Psychiatry

- 3 or 4 year residency
- 2 year fellowship

## Child Neurology

- 2 year internship
- 3 year residency
- +/- fellowships

### Anesthesia and Pain Management

- 4 year residency
- +/- fellowships

#### Neuropathology

- 2 year residency in anatomic pathology
- 2 year fellowship in neuropathology

### Neuroradiology

- 1 year internship
- 4 year residency
- 1 year fellowship

# RESIDENCY

Postgraduate Medical Education (PGY1-X)

#### NOTES:

- Can be highly competitive
- SALARIED positions: PGY1 \$55K
- Primarily hospital or clinic or laboratory based (often multiple sites
- RIGOROUS and front-loaded(80h work week on average)
- Many enter into different residency programs mid-training
- Can be at academic or community medical centers
- Maybe protected time for research (at the end)

Rounds and team hierarchy

Morbidity and mortality

See One, Do One, Teach One

Attending physician



# Graduate school?

Medical School?

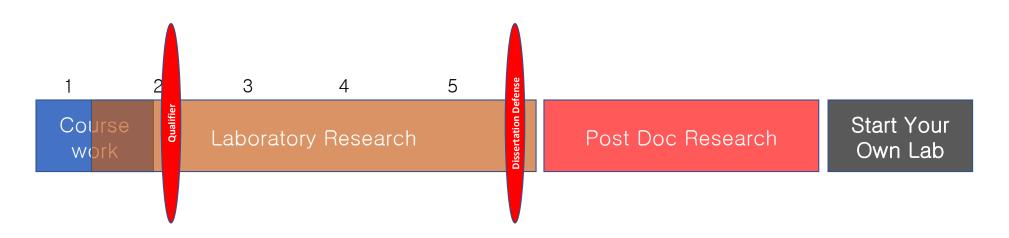


MDPhD? Yikes!

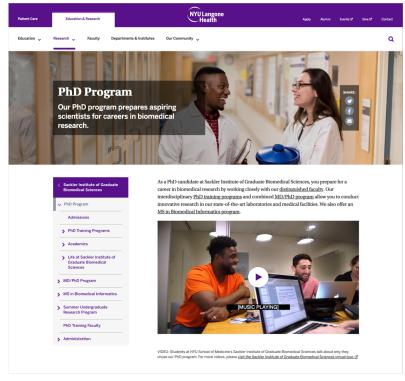
Work in industry?

# Graduate School: PhD

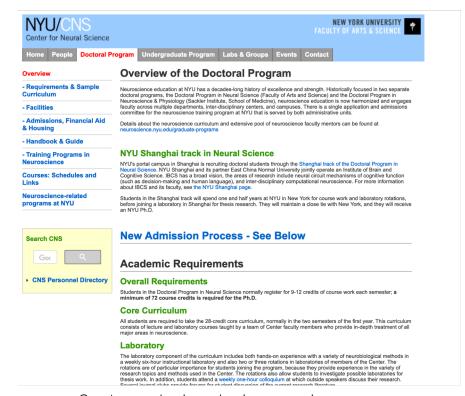
- Lasts 4–X years
- Stipended (G1 earn about ~\$30K)
- Poorly standardized, often structured based on historical norms
- Formal introduction into the scientific method: Observation, Hypothesis, Experimentation
- Publication Requirements (some)
- All students assign a THESIS COMMITTEE



# PhD at a Medical School?

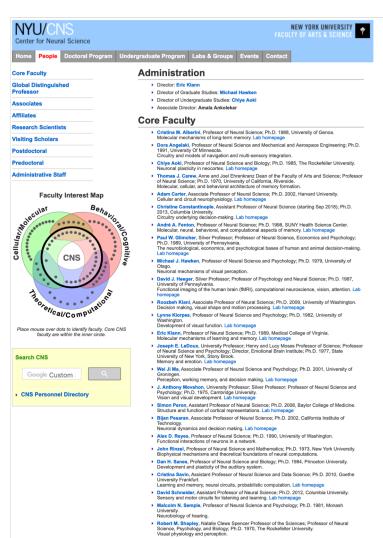


- Greater emphasis on disease models or studying disease tissue
- Many of your collaborators will be MDs or MDPhDs
- Potentially more interactions with members of scientific/pharma industry



- Greater emphasis on basic neuroscience
- More TA responsibilities
- Closer ties to departments like engineering or physics or mathematics

# lt's about the people



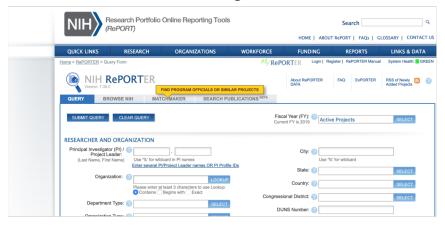
 Eero P. Simoncelli, Silver Professor, Professor of Neural Science, Mathematics, Data Science and Psychology, Investigator, Howard Hughes Medical Institute; Ph.D. 1993, Massachusetts Institute of Technology, Computational neuroscience, visual/auditory perception, statistical image and signal processing.

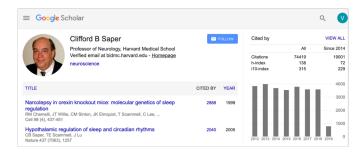
#### How do you evaluate a potential PhD mentor?

- Talk to them and their lab members
- Read their work
- · Appreciate their publication record



Understand their funding





# Medical Scientist Training Programs (MSTP)

MDPhD

### The goal

- To train an elite force of physician-scientists



bedside



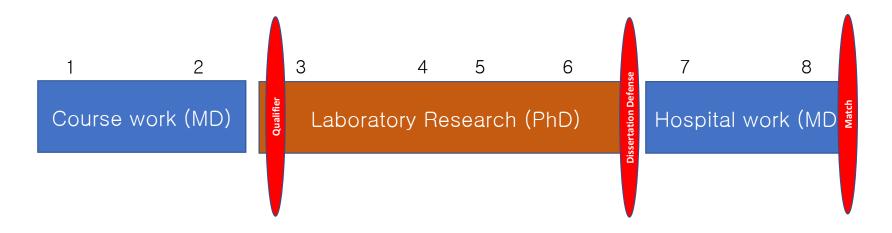
Medical Scientist Training Program (MSTP) Institutions

benchside

# Medical Scientist Training Programs (MSTP) MDPhD

#### Notes:

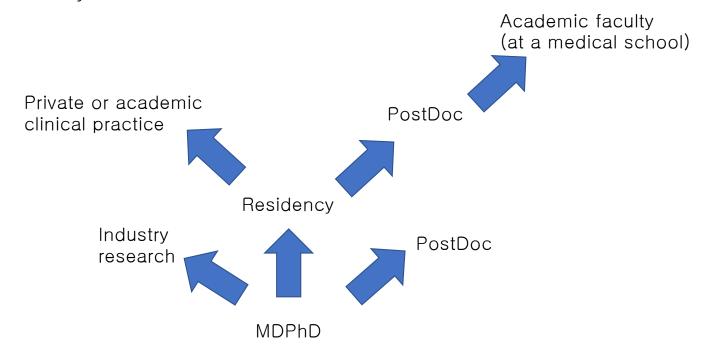
- MSTP Vs MDPhD programs?
- Accelerated Combined Degree Program
- Stipended from start to finish (MSTP1 ~\$30K) NO LOANS
- Somewhat standardized across institutions
- No concessions for either degree\*



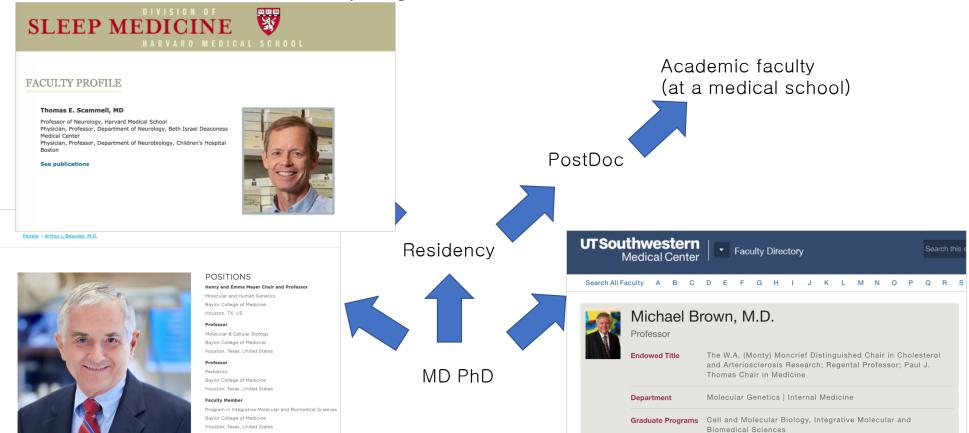
# Medical Scientist Training Programs (MSTP) MDPhD

#### Notes:

- Most graduates go on to residency training, typically nonsurgical specialties
- Outcomes are tracked by the NIH



# IMPORTANT: You do not need to be an MDPHD To function as a physician-scientist



- Introduction to myself and my own unique journey
- The burden of neuropsychiatric disease
- Pathways towards medically oriented careers in neuroscience
- A bit about a new course offering at Rice Neuroscience

Advanced Research Seminar in Translational Neuroscience

#### 3 Credits

Fall 2019

Course Director: Vaishnav Krishnan MDPhD (Baylor Neurology, Rice ECE\*)

#### **EMPHASIS:**

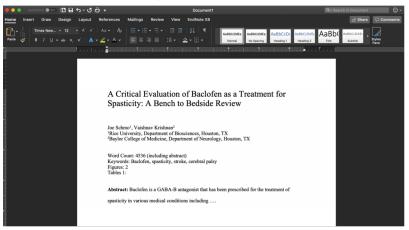
- Identifying a neuropsychiatric disease or a symptom that suffers from a treatment gap (i.e., where existing treatments are insufficient)
- Review existing theories on the pathophysiology of this problem
- Critically evaluate preclinical models in which to study this disease or symptom
- Examine how candidate treatments have been tested in those models
- Explore the barriers to implementing those treatments in humans



#### Seek Counsel



#### Write a manuscript (review)



#### Submit a manuscript (review)

