

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Shelton, Richard		POSITION TITLE Professor	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
East Tennessee State University, Johnson City TN	B.S.	1975	Biology
University of Louisville School of Medicine, KY	M.D.	1979	Medicine

A. Positions and Honors**Positions and Employment**

1985-1994 Assistant Professor, Department of Psychiatry, Vanderbilt University School of Medicine
 1987-1994 Assistant Professor, Department of Pharmacology, Vanderbilt University School of Medicine
 1994-1999 Associate Professor, Department of Psychiatry, Vanderbilt University School of Medicine
 1994-pres Associate Professor, Department of Pharmacology, Vanderbilt University School of Medicine
 1999-pres Professor, Department of Psychiatry, Vanderbilt University School of Medicine

Honors and Awards

1994 Exemplary Psychiatrist Award, National Alliance for the Mentally Ill
 1995-pres Advisory Committee, General Clinical Research Center, Vanderbilt University Medical Center (Chairman, 1996-1999)
 1997-pres Co-director, Stanley Foundation Research Training Program, Department of Psychiatry, Vanderbilt University Medical Center
 1997-pres Director, Adult Psychiatry Division, Department of Psychiatry, Vanderbilt University Medical Center
 1998-pres Member, Part I Committee, American Board of Psychiatry and Neurology

B. Selected Peer-reviewed Publications

Hollon, S. D., Shelton, R. C., Davis, D. D. (1993). Cognitive therapy for depression: Conceptual issues and clinical efficacy. *J Consulting Clin Psychology*, 61, 270-275.
 Shelton, R. C., Manier, D. H., Sulser, F. (1994). Beta receptor-stimulated protein kinase: A activity in depression. *Neuropsychopharmacology*, 10, 18S.
 Carter, M. M., Hollon, S. D., Shelton, R. C. (1995). Safety signals: the reduction of fear and catastrophic cognitions in panic disorder. *J Consult Clin Psychology*, 104, 156-163.
 Manier, D. H., Eiring, A., Shelton, R. C., Sulser, F. (1996). Beta adrenoceptor-linked protein kinase a (PKA) activity in human fibroblasts from normal subjects and from patients with major depression. *Neuropsychopharmacology*, 15, 555-561.
 Shelton, R. C., Manier, D. H., Sulser, F. (1996). Cyclic AMP-dependent protein kinase a (PKA) activity in human fibroblasts from normal subjects and from patients with major depression. *Am J Psychiatry*, 153, 1037-1042.
 Keck, P. E., Bates, E., Brown, J. B., Cohen, L. J., Gilfillan, S., Glazer, W., Shelton, R. C., Viale, G. L. (1997). The use of generic mood stabilizers. *J Clin Psychiatry (Monograph Series)*, 15, 1-37.
 Kocsis, J. H., Davidson, J., Zisook, S., Halbreich, U., Hellerstein, D. J., Shelton, R. C. (1997). Double-blind comparison of sertraline, imipramine, and placebo in the treatment of dysthymia: Psychosocial outcomes. *Am. J. Psychiatry*, 154, 390-395.
 Shelton, R. C., Davidson, J., Yonkers, K., Koran, L., Thase, M. E., Pearlstein, T., Halbreich, U. (1997). The undertreatment of dysthymia. *J Clin Psychiatry*, 58, 59-65.
 Shelton, R. C., Thase, M. E., Kowatch, R., Baldassarini, R. J. (1998). Update on the management of bipolar illness. *J Clin Psychiatry*, 59, 484-495.
 Shelton, R. C. (1999). Treatment options for refractory depression. *J Clin Psychiatry*, 60(Suppl 4), 57-61 (discussion 62-63).
 Manier, D. H., Shelton, R. C., Ellis, T., Peterson, C. S., Eiring, A., Sulser, F. (2000). Human fibroblasts as a relevant model to study signal transduction in affective disorders. *J Affective Disorders*, 61, 51-58.

Shelton, R. C. (2000). Cellular mechanisms in the vulnerability to depression and response to antidepressants. *Psychiatr Clin North Am*, 23, 713-729.

Shelton R C. (2000). Cellular mechanisms of antidepressant drug action. *Harvard Rev Psychiatry*, 8, 161-174.

Hollon, S. D., Shelton, R. C. (2001). Practice guidelines in the treatment of major depressive disorder. *Behavior Therapy*, 32, 235-258.

Manier, D. H., Shelton, R. C., Sulser, F. (2001). Cross-talk between PKA and PKC in human fibroblasts: What are the pharmacotherapeutic implications? *J Affective Disord*, 65, 275-279.

Orth, D. E., Shelton, R. C., Loosen, P. T., Nicholson, W. E. (2001). Nocturnal plasma hormone concentrations during and responses to hypothalamic releasing hormones after sleep deprivation in major depressive disorder. *Arch Gen Psychiatry*, 58, 77-83.

Shelton, R. C., Keller, M. B., Gelenberg, A., Dunner, D. L., Hirschfeld, R. M. A., Thase, M. E., Russell, J., Lydiard, R. B., Crits-Cristoph, P., Gallop, R., Todd, L., Hellerstein, D., Goodnick, P., Keitner, G., Stahl, S. M., Halbreich, R. U. (2001). The effectiveness of St. John's Wort in major depression: A multicenter, randomized placebo-controlled trial. *JAMA*, 285, 1978-1986.

Shelton, R., Tollefson, G. D., Tohen, M., Buras, W., Jacobs, T., Stahl, S. (2001). A novel augmentation strategy for treatment-resistant major depression. *Am J Psychiatry*, 158, 131-134.

Liang, S., Rossby, S. P., Liang, P., Shelton, R. C., Manier, D. H., Chakrabarti, A., Sulser, F. (in press). Detection of an mRNA polymorphism by differential display. *Molecular Biotechnology*.

Manier, D. H., Shelton, R. C., Sulser, F. (in press). Noradrenergic antidepressants: Does chronic treatment increase or decrease nuclear CREB-P? *J Neural Transmission*.

C. Research Support

Ongoing Support

K24MH01741 – Shelton (PI)

08/01/99 – 07/31/04

NIMH

The Molecular Neurobiology of Depression

This is an award for five years of salary support via the Midcareer Investigator Award in Patient-Oriented Research. This award will allow me to 1) develop further expertise in basic molecular biological methods; 2) develop new projects in the molecular area oriented to new funding opportunities; and 3) continue to mentor the next generation of investigators.

Role: PI

0600B-100469 – Shelton (PI)

10/16/00 – 01/31/04

Wyeth-Ayerst Labs

An Acute and Continuation Phase Study of Comparative Efficacy of Venlafaxine ER (Effexor SR) and Fluoxetine (Prozac) in Achieving and Sustaining Remission (Wellness) in Patients with Recurrent Unipolar Major Depression; Followed by Long-Term Randomized, Placebo-Controlled Maintenance Treatment Study in Patients Treated Initially with Effexor XR

This project will study the comparative efficacy of Venlafaxine ER (Effexor SR) and Fluoxetine (Prozac) in achieving and sustaining remission (wellness) in patients with recurrent unipolar major depression; to be followed by a maintenance treatment study in patients treated initially with Effexor XR.

Role: PI

N01MH90003 – Rush, Hollon, & Shelton (PIs)

04/01/01 – 06/30/06

NIMH

*Sequenced Treatment Alternatives to Relieve Depression (STAR*D)*

This clinical trial will focus on understanding what interventions (pharmacologic and psychosocial) provide the best outcomes (both symptomatic and functional) for people who do not remit to an initial treatment for major depression. In addition, it will address the impact of other factors on the delivery of and compliance with treatment interventions. Data from the study should be able to inform the provision of care in broad categories of people with treatment resistant depression in the community and provide an estimate of the cost-effectiveness of such treatment.

Role: Co-PI

Carpenter (PI)
NIH

07/01/00 – 06/30/04

Venlafaxine for Hot Flashes following Breast Cancer

This is a study to examine the effectiveness and toxicity of subtherapeutic dosages subtherapeutic dosages A secondary aim of the study is to examine the impact of hot flashes on psychological, behavioral, and physical outcomes.

Role: Investigator

R01MH60713 – Hollon (PI)
NIMH

07/01/00 – 06/30/05

Prevention of Recurrence in Depression with Drugs and CT

This project involves the combination of antidepressant medications and psychotherapy for the treatment of depression, which we believe will be more effective than either treatment alone.

Role: Investigator

Completed Support

F1D-MC-HGHZ – Shelton (PI)
Eli Lilly & Co.

09/15/99 – 09/14/02

Clinical Trial: The Combination of Olanzapine and Fluoxetine in Treatment Resistant Depression without Psychotic Features

This study will evaluate the effectiveness of combined olanzapine and fluoxetine in patients with major depressive disorder without psychotic features who are refractory to SSRI and NSRI antidepressants retrospectively, as well as prospective treatment with the tricyclic nortriptyline. Subjects will receive a prospective, 6 week run-in with nortriptyline. Non-responders will be randomly assigned to fluoxetine plus placebo, olanzapine plus placebo, and combined olanzapine plus fluoxetine for an 8 week treatment period. Continuation treatment will follow.

Role: PI

R01MH52339 – Shelton (PI)
NIMH

12/01/99 – 11/30/02

Depression: Psychopathology Beyond the Receptors

This study is an extension of our previous R01 by the same name. We have confirmed that persons with melancholic major depression have a significant reduction in the beta-adrenoceptor B linked PKA activity relative to normal volunteer controls. We will attempt to determine potential causes and consequences of this finding. We seek to confirm our pilot data indicating that there is a reduction in cyclic AMP B binding to the regulatory subunit of PKA, that there is a concomitant reduction in endogenous CREB phosphorylation, and an alteration in specific gene expression via differential display reverse transcriptase polymerase chain reaction with competitive PCR.

Role: PI

0600B-100250 – Shelton (PI)
Wyeth-Ayerst Laboratories

02/15/01 – 06/30/02

Open-Label Study of Venlafaxine XR vs. Paroxetine on Positive and Negative Affectivity in Major Depression

The goals of this study are to the relative effects of paroxetine and venlafaxine XR on changes in positive and negative affect over a 12-week treatment period in a sample of 48 persons with major depression. Also, it is to compare the impact of paroxetine and venlafaxine XR on corrugator and zygomatic facial electromyographic (EMG) activity and the eyeblink reflex after exposure to affect-inducing slides.

Role: PI

R10MH55875 – Hollon (PI)
NIMH

09/30/96 – 08/31/01

Cognitive Therapy and Antidepressants in Major Depression

This study will contrast cognitive behavioral psychotherapy against paroxetine pharmacotherapy and placebo in persons with moderate to severe major depression. After an acute treatment period of 16 weeks (eight weeks for placebo patients), subjects will be followed for two years. This is a two-site collaborative study with Drs. Robert DeRubeis and Jay Amsterdam at the University of Pennsylvania.

Role: Co-Investigator

A1281026-1003 – Shelton (PI)

04/01/01 – 03/31/02

Principal Investigator/Program Director (*Last, first, middle*): _____

Pfizer, Inc

The Addition of Ziprasidone to Sertraline in Treatment Resistant Depression Without Psychotic Features

Ziprasidone is being studied for possible use as add-on therapy in treatment resistant major depression. The primary objective is to determine if treatment with a combination of the drugs ziprasidone and sertraline is more effective than treatment with sertraline alone for major depression without psychotic features.

Role: PI