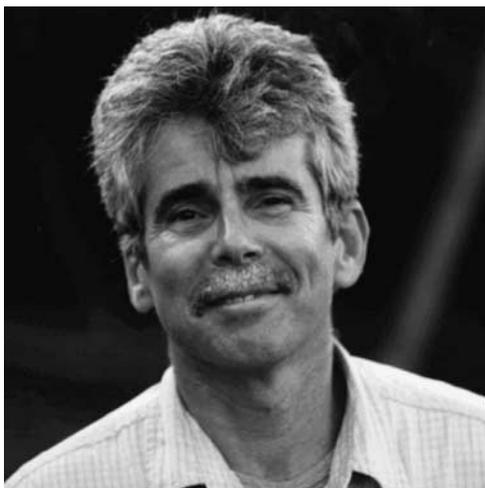


Obituary

Wayne Fenton, 1953–2006

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Over the 2006 Labor Day weekend, American psychiatry lost one of its most passionate and effective leaders. Dr Wayne Fenton, age 53, was found dead in his office shortly after seeing a patient. Although Fenton was not a member of the College, he worked with many of the members and his death is a devastating loss to the College as well as to families with schizophrenia.

Wayne Fenton may be best known for his classic follow-up studies of schizophrenia (Fenton and McGlashan, 1991, 1991). These studies, co-authored with his mentor and colleague Tom McGlashan, demonstrated the dismal long-term outcomes that characterize too many patients with chronic schizophrenia. But Fenton's most important contribution may be from his 'behind the scenes' efforts at NIMH to transform clinical research. Arriving at NIMH in 1999, he worked in various positions during the past 7 years to enhance the Institute's focus on the most disabling mental illnesses and, in particular, on the most disabling aspects of these illnesses.

Recognizing that the cognitive deficits in schizophrenia are, for many patients, the largest source of disability (Hyman and Fenton, 2003), he led landmark NIMH efforts targeting cognitive impairments for people with schizophrenia. Bringing together colleagues from academia, industry, and the FDA, Fenton helped to launch the Measurement Assessment of Treatment Research in Cognition and Schizophrenia (MATRICS) and Treatment Units for Research on Neurocognition and Schizophrenia (TURNS) initiatives. These initiatives catalyzed a new effort to develop both consensus measures and novel treatments for cognitive deficits.

Fenton also served as the first director of the NIMH Division of Adult Translational Research. This new Division, with more than \$200 million in funding, allowed Fenton to promote studies of biomarkers, pathophysiology, and treatment development for the most disabling mental illnesses. As with MATRICS and TURNS, he used the Division to help create public-private partnerships, such as the national Collaborative Drug Development Groups (CDDG), encouraging academic investigators to work with biotechnology and pharmaceutical partners in high-risk early clinical studies of novel therapeutics. And he created the NIMH Centers for Intervention Development and Applied Research (CIDAR) program to provide a mechanism and framework for multidisciplinary teams to discover and validate biomarkers and predictors of differential treatment response to psychiatric therapeutics.

To all of these efforts, Fenton brought a sense of urgency. He believed that schizophrenia was a brain disease with devastating consequences for patients, families, and society. Based on his own clinical experience, he reminded us that current medications were primitive and insufficient. He stressed repeatedly the critical importance of psychosocial treatments, from family psychoeducation to ACT teams (Fenton and Schooler, 2000). In his own practice, which he pursued evenings and weekends, he recognized that caring for someone with schizophrenia involved helping in many ways, from printing out post-it reminders to compensate for a patient's cognitive deficits to working with the local NAMI chapter to work for better social services. He viewed the needs of those with mental illness as a civil rights issue, noting that no one was fighting for this disenfranchised group and that people with these illnesses could not fight for themselves. Whether working with an individual patient or developing a new multi-million dollar research center program, Fenton brought the same practical, passionate energy of Robert Kennedy, who often quoted George Bernard Shaw's famous line, 'You see things; and you say, 'Why?' But I dream things that never were; and I say, 'Why not?'

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