REYNOLDS DEVOTES HIMSELF TO HELPING OLDER ADULTS LIVE WELL

BY SALLY ANN FLECKER
Charles F. Reynolds III is an affably serious man. He’s a lover of Roman history and of Latin, who long ago studied philosophy. He presents himself as mild mannered, although you don’t have to talk to him long before you understand exactly how sharp and penetrating his intellect is. But he’s ever congenial; he easily could be cast as a benevolent pastor. His once ash-brown hair, now that he’s 69, is mostly gray. He sports round wire-rim glasses and prefers a blue oxford-cloth shirt and dark-red tie when he knows he’s having his picture taken. His friends call him Chip.

And there’s a series of exercise videos that he “stars” in. This accolade is one he uses himself—with tongue firmly in cheek. In these videos, he stands behind a young trainer, following her example for an easy 10-minute workout. Dressed in a plain T-shirt and gym shorts, he marches in place, step-together-step-tap, and thrusts his arm as he does a leg kick. Some of the time, like many of us in an exercise class, he is in great form. Other times, again like many of us, he is a smidge out of step. He embellishes the march in place with enthusiastic arm movements. He stays unflustered.

Chip, as Reynolds is introduced simply in the video, is no generic volunteer. He is head of the Aging Institute of UPMC Senior Services and the University of Pittsburgh. The videos are produced by an Institute work group that is looking at lifestyle changes that may make a difference in cognitive fitness in the later years of life. The group would like to know, for instance, how much exercise it takes to stave off cognitive decline. Hence, the fitness videos with new routines sent out every week to participants in the study.

“They’ve been really popular with our clinical subjects,” says Pitt’s Judy Cameron, professor of psychiatry, who heads that work group and whose research looks at the neuroprotective effects of exercise on the brain. When the videos were played as part of a science outreach program at the tailgating party for Pitt’s homecoming game, Cameron says that 450 people “exercised with Chip.” She adds, “We teased him mercilessly.”

Healthy aging has been a career fascination for Reynolds, who is also founder and director of the National Institute of Mental Health (NIMH) funded Center of Excellence in Late Life Depression Prevention and Treatment at Pitt. He has devoted decades to understanding, easing, and preventing depression suffered by adults in later life. A roll call of his many appointments offers a glimpse into the breadth and depth of this 44-year exploration. Reynolds is a Distinguished Professor of Psychiatry and the UPMC Professor of Geriatric Psychiatry. He’s also editor in chief of the American Journal of Geriatric Psychiatry. His curriculum vitae is 78 pages long, He’s at the top of his field.

Heartache steered him toward this work.

Reynolds was a senior medical resident at the Western Psychiatric Institute and Clinic when his grandfather died. The first Charles F. Reynolds had enjoyed a good life. He was a successful cotton farmer, working the soil on a remote plantation in Mississippi, happily married to “Miz Naoma.” Then in the late 1970s, he suffered a stroke. In the aftermath, the 90-year-old became so deeply depressed that he took his own life.

“The experience of losing a loved one to suicide made my academic and scientific interest in depression in older adults very much deeper and more personal,” Reynolds recalls.

Reynolds had intended to spend the bulk of his days as a biological psychiatry researcher. But, he says, “I realized that the soul of psychiatry and its attraction for me was in treatment.”

Although Reynolds did not abandon research, he focused his studies on immediate interventions that might provide improved treatment choices for the patients and families he and other clinicians cared for in their practices. His grandfather was always with him—as a reminder both of how merciless depression can be, and of the need for more effective treatments.

He’s done a mountain of work to which geriatricians refer. (His publications have been cited more than 36,000 times.) Of particular note are three long-term trials on psychotherapeutic and pharmacologic interventions to keep depression at bay in older adults. Trial results were published in the New England Journal of Medicine, JAMA, and the Archives of General Psychiatry.

“Depression in older adults tends to be a chronic, relapsing illness,” Reynolds says. “I like to say to my patients and their families, We want to help you get well, but getting well is not enough. It’s staying well that counts.”

Because depression is also known to be a risk factor for
dementia, one of these studies included a long-term, controlled clinical trial to combine a maintenance antidepressant with a cognitive enhancer, donepezil.

“Our work suggests the possibility that by appropriate treatment of depression, and with the addition of cognitive enhancers, we may be able to slow the progression from depression with mild cognitive impairment to depression with frank dementia,” he says.

And, he adds: “If depression is a risk factor for dementia, then does preventing depression or treating depression delay, prevent, or attenuate the clinical expression of Alzheimer’s dementia or vascular dementia? That’s the big question. We think that it does [those things], but we don’t yet have the data.”

Through the years, Reynolds has directed other intriguing investigations. For instance, he developed evidence-based treatments for depression that can be carried out successfully in primary care settings that are rural or urban, inner city or suburban.

This is important because, as he puts it, “Most older adults don’t want to see guys like me. They want to see primary care docs. My grandfather had not had access to mental health services. He was on a remote farm in Mississippi, a thousand miles away.”

In an eight-year follow-up to the primary care study, Reynolds’s team made the unexpected observation that patients in the intervention arm had a 24 percent better survival rate during the follow-up period than those who received usual care without the intervention. When Reynolds’s team looked into the causes of death in the other group, they expected to see conditions like heart attack and stroke. Instead, the excess mortality was related to deaths from all kinds of cancer.

“We were puzzled by the finding. Could it be biologically plausible? Or is it just a chance finding?” he wonders aloud.

At first, they approached the question from a behavioral perspective, i.e., if your depression is getting treated, maybe you’re more motivated to follow up with good medical care (which can translate to early detection of cancer or other conditions and adherence to prescribed medications). Maybe you’ll be more likely to adopt a healthy lifestyle—start to exercise, cut back on smoking, eat better.

Discussing the finding with University of Pittsburgh Cancer Institute colleagues gave Reynolds more food for thought. It was plausible, they told him, that cellular and subcellular aging could explain the unexpected observation.

“We knew that chronic stress, as in depression, is associated with measures of accelerated cellular aging—for example, as exemplified by accelerated shortening of telomeres at the end of the chromosome,” Reynolds explains.

“And so we’ve gotten very interested in delving into a number of areas related to the biology of aging—abnormal protein expression, abnormal metabolism expression, oxidative stress, decreased support for nerve cells, and blood vessel health.”

In October, the 2016 Pardes Humanitarian Prize in Mental Health was awarded to Reynolds “for pioneering work in geriatric psychiatry and the prevention and treatment of late-life depression.” The award was shared by his colleague Vikram Patel at Sangath, an NGO in Goa, India, “for transformative work in advancing mental health care in resource-poor countries.”

Reynolds has been collaborating with Patel on a trial studying the prevention of depression in late life. The trial, which explores the use of lay health counselors to provide early intervention in depression, is near and dear to Reynolds’s heart both for its prevention of depression as well as its outreach to underserved adults.

The Pardes prize comes with a $300,000 cash award. Reynolds plans to donate his share entirely to Sangath. He wants the NGO to be able to further research on mental illness across the life cycle, which Patel and others there are pursuing.

Several times in our discussion, Reynolds emphasizes that his most gratifying work comes from collaborations. (The gushing comes from the other side of those collaborations, too.)

“It’s been a wonderful journey,” says Reynolds, “with great colleagues. Not only the medical school, but the other schools of the health sciences are really collaborative. People around here love to work with each other. We live much less in silos than do my colleagues and friends in other institutions.”

Reynolds has tried to pay forward the mentoring and support he received from David Kupfer, Distinguished Professor Emeritus of Psychiatry, and Thomas Detre, the late senior vice chancellor for health sciences, who lured him here from Yale decades ago.

“I’ve devoted a lot of my own career now to mentoring younger scientists. In my NIMH center, since 1995, we have mentored and sponsored more than 25 NIH research career development awardees. We’ve been very successful in growing the next generations, plural, of investigators, PhDs and physician investigators in geriatric mental health research (from basic and translational science to applied and health services research). That’s a part of my own legacy that I’m particularly proud of.”

But another part of his legacy these days resides in Maine. Reynolds and his wife, Ellen Detlefsen (associate professor emeritus of library and information science), have pulled up their Pittsburgh roots to be nearer to one of their sons and his family.

Reynolds isn’t ready to use the word “retirement” yet. In fact, he’s planning to continue with his academic appointment through 2017 and with his role as coinvestigator on a number of projects around the country and in India. This is more of a recalibration, he says, of the balance between his professional life, family, and personal interests. Speaking of which, Reynolds is looking forward to spending lots of time with his grandchildren—Maggie, 4, and Kip, 7, who’s “already skiing!” says Reynolds. He’s all set for Kip to teach him the sport. “I’ve stayed in good shape. I’m pretty flexible for a guy in his 70th year.”

This much is clear: You’re not going to catch Reynolds standing still.

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