

Obituary

Gary Tollefson

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Gary Tollefson, MD, PhD—an accomplished translational neuroscientist and psychopharmacologist who made seminal contributions to the development of fluoxetine, olanzapine, and duloxetine and was an inventor of atomoxetine for the treatment of ADHD—died on 31 March 2009, in Indianapolis, Indiana, after a gallant battle with leukemia. He was 58 years old.

Born in Minnesota on 1 February 1951, Gary received a bachelor's degree in psychology, a medical degree, and a doctorate in psychopharmacology from the University of Minnesota. Following an internship and residency training in psychiatry at the University of Minnesota, he quickly climbed the academic ladder, becoming head of the section of psychiatry research and chairman of the department of psychiatry at St Paul-Ramsey Medical Center, one of the University of Minnesota's major teaching hospitals.

During his academic career, Gary's work focused primarily on antidepressants and anxiolytic drugs. He contributed important research on the interaction of antidepressants and other psychotropic drugs with muscarinic-cholinergic receptors, predicting their propensity to produce anticholinergic side effects. He also carried out important clinical research on the use of benzodiazepines for various anxiety disorders.

In 1991, Gary left his tenured academic position at the University of Minnesota and joined Eli Lilly and Company where his career and scientific contributions continued to grow and expand. I followed his career in psychiatry and psychopharmacology for more than 25 years, and I also had the very good fortune to work closely with him at Lilly for well over a decade.

His early work at Lilly on fluoxetine was instrumental in establishing the medicine's efficacy and safety in major depression/melancholia, agitated depression, obsessive-compulsive disorder, geriatric depression, and panic/anxiety disorder. Importantly, Gary and his colleagues

systematically examined the purported relationship of treatment with antidepressants (including selective serotonin reuptake inhibitors) and the emergence of suicidal ideation. They used data generated from controlled clinical trials and large pharmacovigilance databases. These studies were all the more significant because they were carried out in a climate of (and in spite of) repeated attacks on our field by groups and individuals who reject the use of psychotropic medicines, even for the most severely ill patients.

Gary next assembled and led a large team to pursue the development and registration of olanzapine. Those pivotal phase II and phase III studies established the efficacy and safety of olanzapine in schizophrenia and supported the importance of atypical antipsychotic agents, including olanzapine to treat both the positive and negative symptoms of the disorder.

In addition, Gary was instrumental in designing and executing studies to explore the effects of olanzapine on the mood and cognitive symptoms of the schizophrenia syndrome. His substantial work in this area was published in highly respected journals and, in my opinion, collectively represents one of the finest examples of clinical psychopharmacology research in the modern era of psychiatric drugs.

After retiring from Lilly as vice president and distinguished Lilly research scholar in 2004, Gary became chief executive officer of Orexigen Therapeutics Inc., in San Diego, California. Under Gary's leadership, Orexigen, a biopharmaceutical company focused on the treatment of obesity, grew from a start-up to a publicly traded company with several drugs now in the late-stage clinical trials.

Gary was quite simply the best 'drug developer' I have ever met. He was also a masterful communicator of complex clinical data with regulators, physicians, the public, and especially patients. Whether working in academia or the biopharmaceutical industry, Gary was an exceptional mentor. He endeavored to share not only his experience and knowledge but also his commitment to restoring hope for patients suffering from some of the world's most devastating and disabling conditions.

He is survived by his wife, Karin Tollefson, PharmD; three daughters, Elizabeth, Theresa, and Tina Tollefson; and a stepson Cal Graffeo.

Gary's work made an enormous difference for literally millions of patients around the world. He was a deeply passionate neuroscientist and physician, intensely focused on the needs of patients suffering from serious psychiatric and neurological conditions. His courage and leadership in educating those who attempted to stigmatize patients with serious mental illness were also legendary. He will be deeply missed by many, especially those in our field and the patients we serve...

Steven M Paul¹

¹Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, Indiana, USA