Profile

Rachelle Doody: an appetite for variety

Rachelle Doody did not take the traditional focused career path of many neurologists. She considered, and even ventured down, a number of different tracks before settling into her role as director of the Alzheimer's Disease and Memory Disorders Center at Baylor College of Medicine, Houston, TX, USA. One of those tracks even led her deep into a jungle. The Thai jungle, to be precise.

As part of a PhD programme in cognitive anthropology, Doody was investigating the idea that literacy affects cognition. She thus needed an illiterate population to test and spent 6 weeks searching for the Karen Hill Tribe in the mountains of northwest Thailand. This was easier said than done, she explains: "No one knew where they were because if they knew where they were, they had already tried to convert them to Christianity and teach them to write."

Doody began her PhD just as she finished her residency and joined the faculty at Baylor College. She was busy seeing patients and setting up an Alzheimer's disease clinic, and had just had her first child. Why then would she take on a PhD in, of all things, cognitive anthropology? Her explanation is that "there's a theme to my career and that is not wanting to make the choice between the sciences and the humanities".

That reluctance to choose started long before Doody opted to juggle anthropology and Alzheimer's disease. While at middle school in Pittsburgh, PA, USA, Doody was attracted to both art and science and daydreamed that her ideal job would be to paint pictures of the things that she looked at down her microscope.

In college at Rice University, Houston, Doody maintained her balance between arts and sciences by taking courses in both. She then dabbled briefly in psychiatric research, taking a fellowship at Western Psychiatric Institute in Pittsburgh, before settling on medicine. "To me, medicine was the place where you could be informed by humanism but practise science", says Doody. "I'm always looking for that balance."

While going through her rotations at Baylor College of Medicine, Doody had no clear idea which specialty to choose. "I was thinking about subspecialties of medicine, like endocrinology and cardiology, and then the chief neurology resident just said, 'No no no, you should be doing neurology.' He was very enthusiastic." As she thought about it, neurology seemed like the right fit—a combination of intellectual interest and care that relies on direct patient assessment she says—and that was that.

After medical school, Doody took an internship in internal medicine, which required a year of training, before she started her neurology residency. "I wanted as different an experience as possible from what I was going to do in my residency", she explains. The residency was to be back at Baylor College in Houston, so she chose McGill University in Quebec, Canada.

"It was a beautiful city to live in, but it was very, very cold in the winter." As well as the different climate, there was also a different language to learn (Doody took French classes), a different culture to experience, and a different medical system to work within. "It's absolutely not a clear sense of one is better and one is worse", she says, comparing the Canadian publicly funded health system to the private US system, "but at this point in time, the US medical system is not working well at any level—from the most indigent to the most wealthy consumers", she says.

After soaking up all that Quebec had to offer, Doody headed home to Texas. Immediately after her residency at Baylor, she joined the faculty, started up an Alzheimer's disease clinic, and has been there ever since. During the early years, while studying for her PhD in cognitive anthropology, she worked fewer hours at the clinic. Since graduating in 1992, however, it has been full steam ahead, interrupted only by the births of her three other children.

Doody has single-handedly developed the Alzheimer's disease clinic from a staff of herself, a nurse, and a part-time secretary into the 30-strong team now housed in the Alzheimer's Disease and Memory Disorders Center. Staff at her centre work on everything from diagnosing and treating patients, to researching the molecular mechanisms of disease pathology, to undertaking clinical trials.

Doody is particularly excited about a recently completed 15-year study that assessed the predictability of disease progression in patients. "What struck me was that there was no understanding of what we should expect in someone's progression, just a sort of nihilistic view that they are going to get worse", says Doody. "But from treating people it is clear that they do not go through this disease the same way." Some people rapidly decline, others more slowly, and others slower still. The new study has revealed that how a patient will fare can be predicted from their initial assessments. As Doody puts it, "people come out of the gate in the different groups".

This finding should be borne in mind when designing new clinical trials, she says, adding that this understanding might someday inform doctors on how to tailor treatments to the needs of individual patients. After all, says Doody, "it is not just about understanding how Alzheimer's affects people, but also about trying to do something about it".

Ruth Williams

For more on **predicting progression of Alzheimer's disease** see *Alzheimers Res Ther* 2010; **2:** 2