

**BIOGRAPHICAL SKETCH**

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NAME Bruce D. Naliboff, Ph.D.	POSITION TITLE Clinical Professor		
eRA COMMONS USER NAME bbripi1			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of California, Los Angeles, CA	B.A.	1971	Psychology
California State University, San Jose, CA	M.A.	1972	Psychology
Bowling Green State University, Bowling Green, OH	Ph.D.	1979	Clinical Psychology
University of California, Los Angeles, CA	Intern	1977-1978	Clinical Psychology

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

- 1980 – 1994 Chief, Psychophysiology Research Laboratory and Director, Behavioral Medicine Clinic, Sepulveda VA Medical Center, California
- 1981 – 1990 Adjunct Associate Professor, Department of Anesthesiology, Pain Management Center, School of Medicine, University of California, Los Angeles.
- 1990 – Present Professor, Department of Psychiatry and Biobehavioral Sciences, School of Medicine, University of California, Los Angeles.
- 1994 – Present Chief, Psychophysiology Research Laboratory and Staff Psychologist VA GLA Healthcare System, Los Angeles
- 1998 – Present Director, Psychophysiology and Pain Assessment Core and Center Co-Director, Center for Neurovisceral Sciences and Women's Health, NIH - SCOR Center, University of California, Los Angeles

**B. Selected peer-reviewed publications (in chronological order). Selected from a total of 97 original manuscripts and 23 reviews and chapters.**

- Naliboff BD**, Cohen MJ, Schandler SL, Heinrich RL. Signal detection and threshold measures for chronic back pain patients, chronic illness patients, and cohort controls to radiant heat stimuli. *J Abnorm Psychol* 1981;90:271-274.
- Naliboff BD**, Goldstein IB, Shapiro D, Frank H. Mental and physical stress as moderators of the postural response in insulin dependent diabetic patients. *Health Psychol* 1988;7:499-514.
- Naliboff BD**, Benton D, Solomon GF, Morley JE, Fahey JL, Bloom ET, Makinodan T, Gilmore SL. Immunological changes in young and old adults during brief laboratory stress. *Psychosom Med* 1991;53:121-132.
- Mertz H, **Naliboff B**, Munakata J, Niazi N, Mayer EA. Altered rectal perception is a biological marker of patients with the irritable bowel syndrome. *Gastroenterology* 1995;109:40-52.
- Naliboff BD**, Solomon GF, Gilmore SL, Benton D, Fahey JL, Morley JE. The effects of the opiate antagonist naloxone on measures of cellular immunity during rest and brief psychological stress. *J Psychosom Res* 1995;39:345-359.
- Naliboff BD**, Solomon GF, Gilmore SL, Benton D, Fahey JL, Pine J. Rapid changes in cellular immunity following a confrontational role-play stressor. *Brain Behav Immun* 1995;9:207-219.
- Naliboff BD**, Munakata J, Fullerton S, Gracely R, Kodner A, Harraf F, Mayer EA. Evidence for two distinct perceptual alterations in irritable bowel syndrome. *Gut* 1997;41:505-512.
- Naliboff B**, Balice G, Mayer EA. Psychosocial moderators of quality of life in irritable bowel syndrome. *Eur J Surg (Suppl)* 583:57-59;1998.
- Naliboff BD**, Munakata J, Chang L, Mayer EA. Toward a biobehavioral model of visceral hypersensitivity in irritable bowel syndrome. *J Psychosom Res* 1998;45:485-492.

10. Rosenthal MJ, Fajardo M, Gilmore S, Morley JE, **Naliboff BD**. Hospitalization and mortality of diabetes in older adults. A 3-year prospective study. *Diabetes Care* 1998;21:231-235.
11. Gralnek IM, Hays RD, Kilbourne A, **Naliboff B**, Mayer EA. The impact of irritable bowel syndrome on health-related quality of life. *Gastroenterology* 2000;119:654-660.
12. Lembo T, **Naliboff BD**, Matin K, Munakata J, Parker R, Gracely R, Mayer EA. Irritable bowel syndrome patients show altered sensitivity to exogenous opioid. *Pain* 2000;87:137-147.
13. Davis P, Reeves J, Hastie B, Graff-Radford, SB., **Naliboff BD**. Depression determines illness conviction and pain impact: a structural equation modeling analysis. *Pain Medicine* 2000;1:238-246.
14. Mayer EA, Derbyshire S, **Naliboff BD**. Cerebral activation in irritable bowel syndrome. *Gastroenterology* 2000;119:1418-1420.
15. Chang L, Mayer EA, FitzGerald L, **Naliboff BD**. Differences in somatic perception in female IBS patients with and without fibromyalgia. *Pain* 2000;84:297-307.
16. **Naliboff BD**, Chang L, Munakata J, Mayer EA. Towards an integrative model of irritable bowel syndrome. *Prog Brain Res* 2000;122:413-423.
17. **Naliboff BD**, Derbyshire SWG, Munakata J, Berman S, Mandelkern M, Chang L, Mayer EA. Cerebral activation in irritable bowel syndrome patients and control subjects during rectosigmoid distension. *Psychosom Med* 2001;63:365-375.
18. Lee OY, Mayer EA, Schmulson M, Chang L, **Naliboff B**. Gender-related differences in IBS symptoms. *Am J Gastroenterol* 2001;96:2184-2193.
19. Cole SW, **Naliboff BN**, Kemeny ME, Griswold MP, Fahey JL, Zack JA. Impaired response to HAART in HIV-infected individuals with high autonomic nervous system activity. *Proc Natl Acad Sci USA* 2001;98:12695-12700.
20. Mayer EA, Berman S, Derbyshire SW, Suyenobu B, Chang L, FitzGerald L, Mandelkern M, Hamm L, Vogt B, **Naliboff BD**. The effect of the 5-HT<sub>3</sub> receptor antagonist, alosetron, on brain responses to visceral stimulation in irritable bowel syndrome patients. *Aliment Pharmacol Ther* 2002;16:1357-1366.
21. Berman S, Chang L, Suyenobu B, Derbyshire SW, FitzGerald L, Mandelkern M, Hamm L, Vogt B, **Naliboff BD**, Mayer EA. Condition-specific deactivation of brain regions by 5-HT<sub>3</sub> receptor antagonist alosetron. *Gastroenterology* 2002;123:969-977.
22. Dickhaus B, Mayer EA, Firooz N, Stains J, Conde F, Olivas TI, Fass R, Chang L, Mayer M, **Naliboff BD**. Irritable bowel syndrome patients show enhanced modulation of visceral perception by auditory stress. *Am J Gastroenterol* 2003;98:135-43.
23. **Naliboff BD**, Berman S, Chang L, Derbyshire SW, Suyenobu B, Vogt BA, Mandelkern M, Mayer EA. Sex-related differences in IBS patients: Central processing of visceral stimuli. *Gastroenterology* 2003;124:1738-47.
24. Cole SW, Kemeny ME, Fahey JL, Zack JA, **Naliboff BN**. Psychological risk factors for HIV pathogenesis: Mediation by the autonomic nervous system. *Biol Psychiatry* 2003;54:1444-1456.
25. Hazlett-Stevens H, Craske MG, Mayer EA, Chang L, **Naliboff BD**. Prevalence of irritable bowel syndrome among university students: The roles of worry, neuroticism, anxiety sensitivity, and visceral anxiety. *J Psychosom Res* 2003;55:501-505.
26. **Naliboff BD**. Choosing outcome variables: Global assessment and diaries. *Gastroenterology* 2004;126:S129-S134.
27. **Naliboff BD**, Mayer M, Fass R, FitzGerald LZ, Chang L, Bolus R, Mayer EA. The effect of life stress on symptoms of heartburn. *Psychosom Med* 2004;66:426-434.
28. Tsao JC, Dobalian A, **Naliboff BD**. Panic disorder in a national sample of persons living with HIV. *Pain* 2004;109:172-180.
29. Labus JS, Bolus R, Chang L, Wiklund I, Naesdal J, Mayer EA, **Naliboff BD**. The Visceral Sensitivity Index: Development and validation of a gastrointestinal symptom-specific anxiety scale. *Aliment Pharmacol Ther* 2004;20:89-97.
30. Spiegel BM, Gralnek IM, Bolus R, Chang L, Dulai GS, Mayer EA, **Naliboff B**. Clinical determinants of health-related quality of life in patients with irritable bowel syndrome. *Arch Intern Med* 2004;164:1773-1780.
31. Mayer EA, Berman S, Chang L, **Naliboff BD**. Sex-based differences in gastrointestinal pain. *Eur J Pain* 2004;8:451-463.

## C. Research Support

### Ongoing Research Support

RO1 AR46122 Chang (PI) 07/01/99 – 06/30/04 (no cost extension)

NIH/NIAR

Neuroendocrine Alterations in Fibromyalgia and IBS

The purpose of this study are to: 1) compare the visceral and somatic pain thresholds before and after a noxious conditioning stimulus in irritable bowel syndrome (IBS) and fibromyalgia (FM); 2) to characterize alterations in specific antinociceptive systems by using pharmacological manipulations of these systems; 3) to test the responsiveness of the hypothalamic-pituitary-adrenal (HPA) axis in IBS and FM; and 4) compare brain activation in regions of antinociception with PET brain imaging during visceral and somatic stimuli before and after the conditioning stimulus.

Role: Co-Investigator

RO1 DK48351 Mayer (PI) 07/01/01 – 06/30/06

NIH/NIDDK

Perception and Modulation of Visceral Sensations

The major goals of this project are: 1) Compare rectal sensitivity in patients with IBS, inflammatory bowel disease and controls. 2) Compare rectal and esophageal sensitivity in IBS patients. 3) Using PET imaging, examine the brain regions associated with rectal and esophageal stimulation in patients with IBS, inflammatory bowel disease, and controls. 4) Examine opioid mechanisms of visceral sensitivity using naloxone challenge.

Role: Co-Investigator

RO1 NR007768 Naliboff (PI) 07/01/02 – 06/30/07

NIH/NINR

Treatment of Pain and Fear in Irritable Bowel Syndrome

The major goals of this randomized clinical trial are: 1) To compare symptom and Quality of Life responses in IBS patients to three treatment conditions: a novel behavioral treatment using exposure and directed attention, a stress management treatment, and an educational intervention. 2) To compare the treatments on visceral sensitivity, hypervigilance and autonomic responses, and 3) To compare the treatments on central responses to visceral related stimuli using functional brain imaging.

Role: PI

P50 DK64539-01 Mayer (PI) 09/30/02 – 08/31/07

NIH

Sex Differences in Central Stress Circuit Responsiveness in IBS and IC Patients

The goals of this project are: 1) To identify factors which underlie the greater vulnerability of women to develop a range of stress-related chronic pain disorders. 2) To determine sex-related differences in the responsiveness of central stress circuits in terms of HPA axis, autonomic output and pain modulation in healthy control subjects, patients with IBS and patients with interstitial cystitis.

Role: Co-Investigator, Project 1, Center Co-Director

1 R24 AT002681 Mayer (PI) 09/15/04 – 07/31/09

NIH/NCCAM

Mind/Brain/Body Interactions in Stress-Related Disorders

The goal of this infrastructure grant is to develop 4 research cores (Health Outcomes, Neuroimaging, Animal Models, Psychophysiology and Pain Assessment) to provide novel, cutting edge expertise and technologies to UCLA investigators interested in the study of mind brain body interactions. After the full build up of the cores, there will be a Pilot and Feasibility program for years 3-5 of the grant with 4 annual awards. These projects will utilize the resources of the cores as well as the expertise of the involved faculty. In addition, a career development program in form of a Named New Investigator award is included, as well as several developmental and public infrastructure components.

Role: Center Co-Director

VA Merit Review Naliboff (PI)

2004-2009

Department of Veteran's Affairs Medical Research

Biobehavioral Studies of Symptom Anxiety in Irritable Bowel Syndrome

The major goals of this grant are to: 1) Evaluate cognitive and neurophysiological measures of symptom anxiety in IBS patients and controls. 2) To compare measures of symptom specific anxiety with measures of visceral and somatic pain perception.

Role: PI

**Completed Research Support**

NR04881-03 Naliboff (PI)

08/15/98 – 07/31/01 (no cost extension to 07/31/03)

NIH/NINR

Gender related differences in visceral sensitivity in IBS

The major goals of this project are: 1) Compare symptoms, visceral sensitivity and regional brain activation using PET in male and female patients with IBS, 2) Compare symptoms, visceral sensitivity and regional brain activation in female patients with IBS at two time points during the menstrual cycle.

Role: PI

IIR-98149-2 Naliboff (PI)

10/01/00 – 9/30/04

Department of Veteran's Affairs, Health Services Research and Development

Health Outcomes from Opiate Therapy for Chronic Pain

The major goals of this project are: 1) Compare two distinct clinical guidelines for management of chronic pain with narcotic medications over a 12 month period, 2) Examine medical and psychological predictors of treatment outcome, addiction potential, and healthcare use in patients treated with chronic opiate therapy.

Role: PI