MOODS

Serving people with depression and manic depression, their families and friends since 1981

Lecture: The Very Latest in Treatments for Mood Disorders
Dennis Charney, MD
Dean of research, psychiatry, neuroscience, pharmacology and biochemistry
Mt. Sinai School of Medicine. Author of The Peace of Mind Prescription.
May 2, 2006

Depression and manic depression can be difficult to treat, but the good news is, there’s always hope. New treatments are constantly being discovered. Not only that, doctors are learning how to dose and combine existing medications more effectively. The more you know about what’s available, the better able you’ll be to discuss the options with your own doctor. Arm yourself with the very latest information. Dr. Charney is one of the world’s foremost authorities on psychopharmacology and his lecture will cover some of the most important scientific information available. He’ll present the latest and answer many questions from the audience.

Dennis Charney

Lecture: Lincoln’s Melancholy
How Depression Challenged a President and Fueled His Greatness
Joshua Wolf Shenk
Author of the best-selling book of the same name
March 7, 2006
8 pm (special time!)

The Republican National Convention, 1860: Abraham Lincoln has just been introduced as a presidential candidate and the crowd is going wild. Spectators are cheering and applauding wildly and throwing their hats in the air in celebration, but Lincoln himself doesn’t seem nearly so happy. In fact, one observer described him as “the worst plagued man I ever saw.” The next day a colleague saw him sitting in a corner with his head bowed. “I am not well,” he said. Lincoln’s depressed mood that week was not an anomaly. In fact, the 16th president battled serious depression.

Joshua Wolf Shenk

Roundtable: Coping with Depression and Bipolar Disorder
Advice from the Experts
Panel of MDSG facilitators
April 4, 2006

As everyone suffering from a mood disorder eventually learns, it’s not only a matter of staying with the right meds. Managing all the symptoms of your illness requires clever skills that most people would never discover on their own. How can you get yourself going on days when you feel you can’t even leave the house? Is it smart to talk to your friends and co-workers about...

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his entire life. Come hear Joshua Wolf Shenk, author of the new book, *Lincoln’s Melancholy*, discuss this fascinating topic. Shenk spent seven years carefully researching Lincoln’s life and he argues that depression actually contributed toward making Lincoln the great man he was. He’ll talk in depth about how depressive episodes affected Lincoln’s life’s work. Shenk is a truly original thinker with many new insights about the meaning and effects (not all bad) about depressive illness. His ideas may even change the way you think about depression itself. Don’t miss this provocative discussion. *Note: This lecture will begin at 8 pm. Doors will open at 7:30.*

Read a review of Shenk’s book, in this issue’s Reader’s Corner on page 5.

your moods? How do you ride out particularly low periods? Can you gain better control over insomnia, anger, procrastination, hopelessness and isolation?

The trained volunteer facilitators who lead our support groups have been discussing these issues with bipolar and depressed people for years, in some cases decades. They’ve heard it all and are ready to share their wealth of knowledge. This roundtable is all about practical advice for getting by. Feel free to bring your questions.
**Q:** Will Prozac improve memory in patients who are depressed and complain of memory problems?

**A:** It is quite common for people, when depressed, to have disturbances in attention, concentration, memory, and other cognitive functions. These cognitive changes improve with treatment. A recent study showed that fluoxetine (Prozac) and desipramine (Norpramin) were equal in their antidepressant effects, and that the patients taking fluoxetine had a greater improvement in memory than those taking desipramine.

**Q:** In people with a history of episodes of recurrent depression, what is the best way to prevent further episodes?

**A:** There is good evidence that the best way to prevent future episodes of recurrent depression is to continue full therapeutic doses of antidepressants. All too often, when a person with a depressive episode responds to antidepressant therapy, the dose of antidepressants is reduced to a “maintenance dose.” Unfortunately, such reduced doses do not offer much protection against future episodes of depression. To have the best chance of preventing future episodes, the dose of antidepressants should not be reduced below that dose which successfully controlled the depressive episode.

**Q:** We’ve been hearing a lot of news about suicide risk in adolescents who use antidepressants, but what about side effects? Do side effects hit younger patients differently?

**A:** Suicidal ideation, even gestures or acts have received a great deal of media attention and the FDA has responded by adding a special warning to the prescribing information for doctors and patients, but there are a number of side effects related to antidepressant use in children and adolescents, other than an increase in suicidal ideation. Common side effects of antidepressants, especially SRI (serotonin reuptake inhibitors), include indigestion, nausea, diarrhea, headache, rash, loss of appetite with possible weight loss early in the treatment, possible increase of appetite over time, with possible weight gain. Early in the treatment one can see activation, or even agitation, and this can also be related to difficulty falling asleep, staying asleep, or an increase in dreaming, especially very vivid and colorful dreams, sometimes even having a nightmare-like quality.

The side effects of the SRI’s are less than the older tricyclic antidepressants, such as Tofranil or Elavil, so the newer SRI’s are more commonly prescribed now. Another type of antidepressant is Wellbutrin, which has a different side effect profile. It is a more stimulating antidepressant and thus has stimulant like side effects, including activation, agitation, loss of appetite and weight loss, headache and difficulty sleeping. It is not sedating as the SRI’s might be.

It’s important to note that, while the antidepressants all have possible side effects, this is true for all types of medications, including aspirin, Tylenol, Advil etc. Recently several of the most popular medications worldwide have been taken off the market because of side effects, even after years of extensive use. There will always be a need to weigh the benefit of the medication against the risk or side effects of the medication.
Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness
by Joshua Wolf Shenk
350 pages.
Houghton Mifflin Company $25.

How could Abraham Lincoln become one of our most important presidents despite his lifelong depression? Lincoln's Melancholy argues that his depression fueled his path to greatness. But how could depression fuel anything but misery?

Until recently, historians had largely lost interest about the melancholic aspect of Lincoln's character, but author Joshua Wolf Shenk, who himself suffers from depression, delved into this subject and through his considerable research, tells the story behind his paradoxical title. I was concerned that the book might be a sort of psycho-biography with the author making all the kinds of diagnoses and analyses I couldn't trust. But Shenk does not make assumptions, which was a breath of fresh air. In his introduction, he states his purpose is simply "to see what we can learn about Lincoln by looking at him through the lens of his melancholy, and to see what we can learn about melancholy by looking at it in light of Lincoln's experience."

The book examines Lincoln’s lifelong struggle with depression. He suffered two suicidal episodes, one at 25, another five years later when he was starting out as a lawyer in Springfield, Illinois. Friends took away knives and scissors. They feared for his sanity, and Lincoln likely underwent barbaric treatments available at the time: blood-letting, painful mustard rubs and even ingestion of mercury. It was during the second episode that he wrote these startling words: "I am now the most miserable man living . . . I must die or be better."

As he got better, though, Lincoln must have decided that he wanted to live. He wanted to be a consequential person who did something important and good. Strong ambitions had always been a part of Lincoln’s character, and his path to political office involved a devotion to the issues of his day. He became intensely absorbed in opposition to slavery. His conviction led him to the work "he felt made to do." Even still, eyewitness writings indicate that his melancholy went on, uninterupted and that he took no pleasure from his accomplishments. Invariably, people who met Lincoln could not miss the deep sadness in his eyes. And though he was known for a sense of humor that could break his isolation, cut the tension when people disagreed, and give him short respites from his sadness, he always returned to melancholy. Slowly he must have come to the calm resignation, that his depression would never go away, and that the world was a difficult place.

Shenk argues that Lincoln's greatness at the time our country could have dissolved stemmed from ways he learned to cope with depression. Not only could he look at the worst rationally and empathetically, he had also developed a dogged persistence to get through bad times. And while optimistic people may perceive the world as sunny, they can miss the dark side. Shenk tells us that Lincoln saw it all.

Regardless of how Lincoln’s depression may have contributed to his greatness, though, I think the important thing to take away from his story is how he was able to transcend that depression. Some phrases from the dictionary definition of transcend caught my eye: "to go beyond the limits of; surpass; excel; to be separate from or beyond." Lincoln was able to focus on what he had to do. Other intangibles must have played a role: Honest and fair, clear-eyed and rational, he took the high road asked others to do the same.

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Mood Disorders Support Groups and Lectures
Spring 2006

Support Groups

Manhattan – West Side/Carnegie Hall
Every Wednesday*

Doors open at 7:00pm, groups begin at 7:30pm
Jewish Board of Family and Children Services,
Third floor, 120 West 57th Street
(between 6th and 7th Avenues, east of Carnegie Hall)

Manhattan – East Side/Downtown
Every Friday

Doors open at 7:00pm, groups begin at 7:30pm,
Beth Israel Medical Center, Bernstein Pavilion,
2nd floor, Enter on Nathan Perlman Place
(between 15th & 16th Sts and 1st & 2nd Avenues)

Support groups enable participants to share personal experiences, thoughts, and feelings in small confidential gatherings. Separate groups are available for newcomers, unipolar (depressive), bipolar (manic depressive), family members, and friends. At both locations, all groups meet at the same time, including the Under-30 Group. The support groups are free for members. A $5 contribution is suggested for non-members. *no groups will meet April 12 due to the Passover schedule.

Lectures
(now on Tuesdays)

March 7, 2006
Tuesday
8:00 p.m. (special time!)

Joshua Wolf Shenk
Acclaimed author and Abraham Lincoln expert

Lincoln's Melancholy: How Depression Challenged a President and Fueled His Greatness
Shenk, who spent seven years researching Abraham Lincoln’s lifelong depression, will discuss how that depression affected Lincoln’s life’s work.

April 4, 2006
Tuesday
7:30 p.m.

MDSG Facilitator Panel
Trained volunteers with a wealth of knowledge

Coping with Depression and Bipolar Disorder: Advice from Those Who Know
The panel will share tips and coping strategies for dealing with mood disorders. Ask questions or just listen in.

May 2, 2006
Tuesday
7:30 p.m.

Dennis Charney, MD
Author of The Peace of Mind Prescription; Dean of Research, Mt. Sinai School of Medicine

The Very Latest in Treatments for Mood Disorders*
Not only are new drugs being developed every day, but doctors are learning how to combine and dose them more effectively. Come hear the most recent developments!

Lectures are usually held on Tuesdays (call and listen to message for last minute changes). Doors open at 7:00 pm; lectures begin at 7:30 p.m. in Podell Auditorium, Dazion Pavilion, Beth Israel Medical Center (enter at northwest corner of 1st Avenue and 16th Street). Lectures are free for members. A $5 contribution is suggested for non-members.

*Fundraiser: $10 non-members, $6 members.

Contact us for more information and a copy of our newsletter.
THE MOOD DISORDERS SUPPORT GROUP, INC.
(212) 533-MDSG
P.O. Box 30377, New York, NY 10011    FAX (212) 675-0218
e-mail: info@mdsg.org    web site: www.mdsg.org
Are you, or is someone close to you, currently depressed?

If you or someone you love is depressed and between the ages 18-65, you may be eligible for a state-of-the-art brain imaging study. We will provide up to 6 months of outpatient treatment for Unipolar and Bipolar Depression at no cost to the patient, if eligible. Inpatient treatment is also available.

For more information, please call:
Sarah - (212) 543-5834

New York State Psychiatric Institute
Department of Neuroscience

Picture This—Our Movie Title Contest

Most people would agree that our culture has come along way in de-stigmatizing mood disorders. Celebrities like Jane Pauley, Terry Bradshaw, and Brooke Shields openly share their struggles, and even Tony Soprano has been in therapy. But still, wouldn’t it be great if Hollywood presented a major motion picture that could forever change the way people think about depressive illness—something that would do for depressed and bipolar people what “Brokeback Mountain” did for gay people?

With that in mind, here’s our latest contest. Put yourself in the director’s chair and try to think up a movie title that’s sure to be a blockbuster (at least in the humor category). Your submission should be funny and creative and should spoof an existing title.

Here are some examples (but we know you can do better):

The Chronicles of Neurontin
King Klonopin
Harry Potter and the Goblet of Self-Medication
Pride and Paxil
The Bipolar Express
SSRiana
Touch of Elavil
Gunfight at the I’m OK You’re OK Corral
The Manic Who Knew Too Much
You’ve Got Mania!
Gentleman Prefer Buspar
Annie Haldol
Around the World in 80 Mood Swings

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Archived Lectures Available by Mail

Did you miss a lecture of great interest to you? Recordings of past lectures are available through the mail. The most recent lectures (beginning with #47) are on cd; previous lectures are on cassette tape.

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Lecture Recordings c/o MDSG PO Box 30377, New York, NY 10011

* available on cd

Good luck!
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**MDSG** provides award-winning services to thousands of New Yorkers—over 600 individual support groups a year, the distinguished lecture series, our telephone information service, our website, this newsletter. And all at the lowest possible cost, through volunteers.

The $5 contribution for meetings doesn’t cover all our expenses. We need your help to pay the phone bill, print the newsletter, promote MDSG in the media, and meet other needs.

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