



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

## Weekly Support Groups

Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

**Manhattan West Side on Wednesdays**  
St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

411 West 114th St (bet. Amsterdam and Morningside Aves.)

**Manhattan East Side on Fridays**  
Beth Israel Medical Center, Bernstein Pavilion, 2nd floor,

Nathan Perlman Place (bet. 15th & 16th Streets, First & Second Aves)

Support groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for:

- newcomers
- unipolar (depressive)
- bipolar (manic depressive)
- Under-30s
- family members and friends.

Groups meet simultaneously. Support groups are free for members, and \$5 for nonmembers.

**Find more resources online at MDSG.ORG**

## Upcoming Lectures of Note

### Spring 2011

### Memory, Cognition and Attention Impairments: New Insight and Avenues for Treatment in Mood Disorders

**Dan Iosifescu, MD**

*Associate Professor of Psychiatry and Neuroscience, Director of the Mood and Anxiety Disorders Program at Mount Sinai Medical School*

**Lecture: Tuesday, March 8**



So your mood swings have slowed, but frustrating memory and attention problems remain. Why? Why do we continue to struggle on the job, have trouble organizing our daily lives, and strain to

maintain positive social relationships even when we feel better? Until recently, cognitive deficits were considered symptoms of mood disorders, but new research suggests they may be a related but separate problem.

Dr. Dan Iosifescu hails from Harvard and Mass General, and is now leading an outstanding clinical and research program in mood disorders at Mount Sinai. You'll want to tie a string around your finger to remember to attend his talk on March 8, where he'll explain the relationship between cognitive problems and mood disorders, and the latest thinking on treatment.

Dr. Iosifescu will share a promising NIH-funded study that's underway at Mount Sinai to test a medication already approved for Alzheimers. He'll also outline specific psycho-pharmacological strategies, natural remedies and computer software programs that could go a long way toward improving our mental functioning right now.

### Foods That Can Trigger Mood Swings, Nutrients That Can Bring Relief

**Richard Carlton, M.D.**

*Complimentary and Alternative Psychiatrist*

**Lecture: Tuesday April 5**



Are you what you eat? Could what goes in your mouth come out in your moods? Dr. Richard Carlton believes that there are everyday foods that can trigger full-blown depression. His conviction comes from 35 years of working with Complimentary

Alternative Medicine (CAM) to help clients determine whether psychopharmacology, diet restrictions, nutritional remedies — or a combination of all three — will relieve mood swings.

**continued on page 5**

## Wellness: What is it and how do we get there?

### MDSG Facilitator Panel: Tues, May 3

Many of us are so used to coping with suffering that we forget what it means to be well. Does it mean having hope? Self-worth? Courage? Resilience? Purpose? Contentment? Being comfortable in our own skin? A sense of belonging?

How do we measure wellness? By dreams realized or altered? By spiritual awakening? Lives restored or transformed? For each of us, the concept is unique and personal.

On Tuesday, May 3, a panel of seasoned MDSG facilitators will share what they've learned about wellness from personal experience and from running support groups. They'll interact with us, sharing approaches and ideas, struggles and successes, so we can all gain a better understanding of what it means to be well and have a clearer idea of how to get where we want to be.

## Ask the Doctor Ivan K. Goldberg, M.D.

### When the response to treatment is less than total recovery from depression, what strategies can be used to improve results?

If the current medication is not at the maximally tolerated dose, the first course of action is to optimize it by adjusting the dose upwards. Once the optimal dose has been reached it should be maintained for 8-12 weeks before trying a different strategy.

If the response is still only partial recovery, it may be helpful to add another medication to 'potentiate' or increase the effectiveness of the first. Lithium is the most effective potentiating agent

for antidepressants, followed by T-3 (triiodothyronine/liothyronine). In some people using both lithium and T-3 works better to potentiate antidepressants than to use just one of the medications.

Less-researched potentiating agents include pindolol (Visken), buspirone (Buspar), bright light, and stimulants like methylphenidate (Ritalin) or dextroamphetamine (Dexedrine).

Sometimes combinations of antidepressants and atypical antipsychotics can be added to the original antidepressant to bring

about a more complete response.

When an antidepressant has been totally ineffectual in bringing about improvement, a switch to an antidepressant from a different pharmacological class is indicated.

### Why is it important to continue to treat individuals until their depression is fully controlled?

The probability of additional episodes of Major Depression is much greater in people whose symptoms have only partially remitted. People who have reached total remission of all depressive symptoms are more likely to remain well.

## What Do You Know About the DSM?

The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the main tool mental health professionals use to diagnose Bipolar Disorder (and other mental health problems).

Take this quiz to find out how much you know about this important manual. *Answers are on page 5.*

### TRUE or FALSE?

1. The DSM focuses on the underlying causes of most mental disorders.
2. Some symptoms for Bipolar Disorder appear on the checklists for other disorders.
3. The number of diagnoses listed in the DSM increased over 200% between the first and fourth versions.
4. The DSM is used world-

wide.

5. The research review conferences held in preparation for producing the DSM-5 were funded by pharmaceutical companies.
6. All the people on the DSM-5 Task Force are either psychologists or psychiatrists.
7. The DSM contains no information at all about how to treat a particular disorder.
8. There are over 500 different disorders listed in the DSM.

See the book review of *What is Mental Illness?* on page 3 for more information on the DSM.

Mood Disorders Support Group  
New York  
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MDSG is affiliated with the Depression and Bipolar Support Alliance.

P.O. Box 30377, NY, NY 10011  
Phone: (212) 533-MDSG  
Fax: (212) 675-0218

info@mdsg.org www.mdsg.org

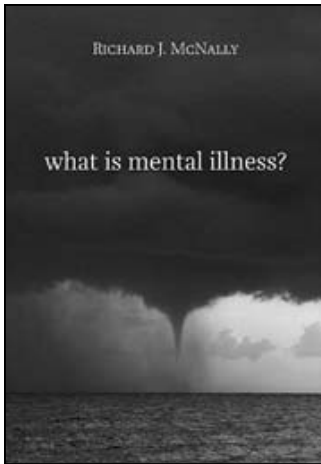
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## The Reader's Corner Betsy Naylor

### What is Mental Illness?

by Richard J. McNally  
Belknap Press of Harvard  
University Press. 2011



If you have ever been labeled mentally ill, the question of what that means suddenly looms large. The line between deep – but normal – unhappiness and a pathological disorder is hard to define. How do you (or your doctor) know the difference? There is no definitive test to distinguish major depression from the ordinary angst of life.

Dr. Richard McNally takes on this thorny topic in *What is Mental Illness?* A clinical psychologist and an experimental psychopathologist, Dr. McNally teaches and does research at Harvard. His book explores psychiatric history and how our current labels have evolved.

Diseases existed before there were labels. Labels have their place: during and after WWII, when psychiatrists had to evaluate a huge number of soldiers, they needed to communi-

cate their findings with consistency and accuracy. To help with this, the military produced a guidebook. That guidebook became the basis for the first Diagnostic and Statistical Manual for Mental Disorders (DSM) in 1952.

The DSM was revised in 1968, in 1987, and 1994. The labels within it have changed with time, so that what was formerly known as shell-shock is now post traumatic stress disorder (PTSD), homosexuality was eliminated, and some disorders have been subdivided. What was once anxiety has bloomed to social anxiety, agoraphobia, and panic disorder. Despite these changes, the advantages – and disadvantages – of using checklists as a diagnostic tool remain.

The main advantage is a degree of consistency in defining the general shape of that amoeba-like thing we call disease. The disadvantage is that disease can't be defined entirely by a checklist. Many of the factors that come into play in a diagnosis go beyond symptoms. For example, there's the matter of genetics: Mental illness is highly heritable. Then there are social values which affect how we think and feel. Our gotta-be-thin culture affects eating disorders. PTSD follows earthly horrors. Diagnosis is not as clear-cut as we'd like to think.

Scholarship from many disciplines contributes to Dr. McNally's thought process,

and he explains many points of view. I enjoyed his digression into genetics and evolution, in which he explores why mental illness has not been eradicated by natural selection. (He points out that genetic health problems are like being dealt a hand of cards: you get some good cards and some you don't need or want. And he adds that other health problems – heart disease, allergies, cancer – haven't gone away either.) The book is well-written, and because of that I was able to understand some things my psychopharmacologist probably thinks about when I am not there.

The fifth revision to the DMS will be published in 2013. Based on the number of vigorously-held and opposing views of mental illness I have learned about in *What is Mental Illness?*, the DSM writing team is in for some heavy-duty conflict. And with each DSM getting longer, McNally wonders if anyone is any smarter with more and more diagnoses. He doesn't think so.

MDSG has a selection of helpful books on mood disorders available for purchase at our weekly meeting sites and monthly lectures.

Going to buy the book?  
Go to [MDSG.org](http://MDSG.org) and click on the Amazon.com icon:



You'll be taken to the Amazon site – and MDSG will get a commission on everything you purchase.

# The Mood Disorders Support Group

## Upcoming Lectures – Spring 2011

Held at the Podell Auditorium, Bernstein Pavilion, Beth Israel Medical Center  
Enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th Street  
Doors open at 7:00 p.m., lectures begin at 7:30 p.m. \$4 for members, \$8 for non-members.

**March 5  
Tuesday  
7:30 p.m.**

**Dan Iosifescu, MD**  
*Associate Professor of Psychiatry and Neuroscience, Director of the Mood and Anxiety Disorders Program at Mount Sinai Medical School*

**Memory, Cognition and Attention Impairments** The latest research on the relationship between cognitive problems and mood disorders, and what you can do to improve mental function.

**April 5  
Tuesday  
7:30 p.m.**

**Richard Carlton, M.D.**  
*Complimentary and Alternative Psychiatrist*

**Foods That Can Trigger Mood Swings, Nutrients That Can Bring Relief** Learn how what you eat can help – or worsen – your symptoms.

**May 3  
Tuesday  
7:30 p.m.**

**Panel of MDSG Facilitators**  
*Wise and experienced group leaders offer insight and answer your questions*

**Wellness: What is it and how do we get there?** An exploration of what being well means and how to get there.

## Weekly Support Groups

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Fridays**  
Beth Israel Medical Center, Bernstein  
Pavilion, 2nd floor

Nathan Perlman Place (bet. 15th & 16th  
streets, First & Second Aves)

### MDSG Membership

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\_\_\_\_\_ \$45 Individual Annual Membership      \_\_\_\_\_ \$65 Family Annual Membership  
Is this a renewal?      Yes      No

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Your contributions are tax-deductible. Thanks for your support.

Membership in MDSG gives you FREE admission to support groups and a discount on all lectures

## April Lecture cont'd...

On April 5, Dr. Carlton will serve up a nourishing lecture on trigger foods that may be in our diets, and explain how these may be inducing the inflammatory responses seen in the brains of depressed patients. He'll discuss the scientific rationale for augmenting prescription medications with nutrients to treat depression, Bipolar illness, anxiety disorders, insomnia, substance abuse and schizophrenia. Come find out how we can enhance our moods the natural way, and the right way to go about it.

## Answers to DSM Quiz on p.2

- 1. False.** The DSM focuses on symptoms; little is known about why most disorders occur.
- 2. True.** There is often overlap of symptoms between disorders, and it's the grouping of symptoms that tends to point toward one diagnosis over another.
- 3. True.** The main reason is an increase in the number of sub-categories, and more specific definitions.
- 4. True and False.** In other parts of the world the ICD-10 (published by the World Health Organization) is used more frequently for clinical diagnosis, but the DSM (published by the American Psychiatric Association) is more valued as a standard for research.
- 5. False.** Funding came from a \$1.1 million cooperative agreement grant between the NIMH, the National Institute on Drug Abuse (NIDA), and the National Institute on Alcoholism and Alcohol Abuse (NIAAA).
- 6. False.** The Task Force is made up of 27 members, including research scientists, clinical care providers, and consumer and family advocates. Every member of the Task Force has been screened for conflicts of interest with the pharmaceutical industry, to avoid the problems that plagued the DSM-IV.
- 7. True.** Disorders may have different causes and require different treatments, and the manual is designed solely to help professionals diagnose illnesses.
- 8. False.** There are currently 297 disorders listed.



MDSG offers weekly support groups for friends and family of people with mood disorders.

## Lecture Review: Self-Coaching

By Tory Masters

On November 9<sup>th</sup>, Dr. Joseph Luciani gave a dynamite talk based on his best-selling series of books, *Self Coaching: The Powerful Program to Beat Depression and Anxiety*. Dr. Luciani believes anxiety and depression are habits fueled by insecurity which wind up depleting our brain chemistry. He also believes that like all habits, these habits can be broken.

Dr. Luciani shared his three-step technique to replace self-destructive thinking with truth-based, factual thinking. He told us that perceptions like "I'm unlovable", "I'll never succeed", and "I'm a loser" are based on distorted and false thinking driven by a child's view of ourselves that have gone unchallenged into adulthood. If we want to free ourselves from worrisome

thoughts, panic, depression, phobias and compulsions, we must stop fueling these distorted thoughts.

How do we "self-talk" our way to healthy thinking? Dr. Luciani recommends practicing these three steps:

- 1. Separate fact from fiction.** If your boss tells you he is unhappy with a memo you sent, that is a fact; telling yourself that your boss doesn't like you because of the memo you wrote is distorted thinking, or fiction.
- 2. Stop reflexive, negative thinking in its tracks with "stop" and "drop".** Suppose you ruminate that you are going to get fired because of the memo you wrote. You can choose to refuse to let that thought percolate, saying to yourself, "STOP. There is no evidence of this". Then add, "DROP that thought!"

**3. Let go of what you cannot control and learn to live more in the present.** The memo has been written, and it's out of your hands now. Instead of obsessing over it and imagining what *might* happen, schedule a meeting with your boss and see what does happen.

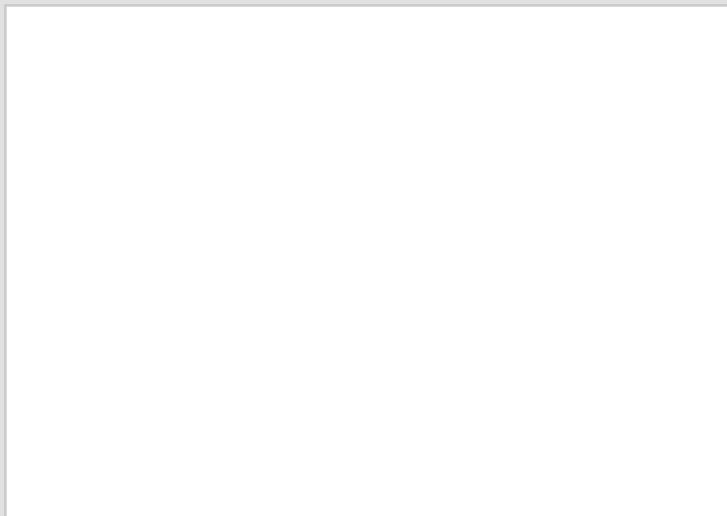
Dr. Luciani's books are available at our meeting sites and through Amazon.com.

### A Lecture CD Worth its Weight in Gold

Dr. Joseph Goldberg's December 7th lecture on Side Effects was fabulous. He knocked it out of the park with a two-hour discussion on how to deal with everything from weight gain to sexual dysfunction to tremors and cognition problems. If you're dealing with unwanted side effects, this CD is a must-purchase.

You can buy recordings of most of our lectures at our meeting sites or by mail. Check the lectures page at MDSG.org for prices and information.

**MDSG, Inc.**  
**PO Box 30377**  
**NEW YORK, NY 10011**



**STAY HEALTHY, KEEP MDSG HEALTHY**

We all know it takes a huge amount of work to keep ourselves stable and healthy. MDSG plays a key role in supporting us in those efforts. The cost of membership and lecture admission doesn't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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What lies  
behind us,  
and what lies  
before us are tiny  
matters compared  
to what lies  
within us.

Ralph Waldo Emerson