

# MOODS

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

## Mood Disorders at the Movies

Steven E. Hyler, MD, Clinical Professor of Psychiatry, Columbia University, Instructor of the American Psychiatric Association course "Teaching Psychiatry: Let Hollywood Help." June 3, 2008

Hollywood filmmakers have always been irresistibly drawn to disorders of the brain as sensational subject matter for the movies. And who can blame them? When it comes to dramatic themes, depression, mania and the other mental illnesses have it all: the exhilarating highs, the gloomy lows, the internal struggles, the intense personal relationships torn asunder.



Steven E. Hyler, MD

And don't forget those scary asylums. But does Hollywood get it right? "Most cinema depictions of mood disorders are dreadful—inaccurate, overly dramatic and worst of all, stigmatizing," says Steven E. Hyler, M.D., our June lecturer

Still, there is much to learn by looking at the way pop culture portrays mood disorders and psychiatry. Dr. Hyler, a renowned psychiatrist, professor, and film buff, is an expert on using film as a tool for teaching medical students about mental illness. Despite the generally dismal state of things cinematic, he says, there have been surprisingly accurate, and respectful portrayals: Timothy Hutton's performance in *Ordinary People* and Jimmy Stewart's in *Vertigo* are two high points for major depression; Richard Gere in *Mr. Jones* and Kevin Kline in *Sophie's Choice* are two for mania. At the other end of the spectrum are the exploitive

movies in the horror genre, from *Psycho* to the *Halloween* series. But perhaps most troubling of all are those that are somewhere in between. "Movies that just get some of it right can be worse," says Dr. Hyler. A *Beautiful Mind*, for example, offers a sympathetic but inaccurate view of mental illness as well as a potentially dangerous anti-psychiatry theme. "When directors create characters like Russell Crowe's, that people really sympathize or identify with, along with a strong, anti-medication bias, it could have disastrous effects."



Come hear Dr. Hyler's entertaining, controversial analysis of mood disorders on the silver screen. It's sure to be one of our most memorable lectures and box office boffo.

**Mood disorders and psychiatry onscreen (from top): *Vertigo*; *Girl, Interrupted*; *A Beautiful Mind*; *One Flew Over the Cuckoo's Nest*.**

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## In Memoriam

Kathryn Faughey, PhD, psychologist and friend of MDSG, died February 12 after being stabbed in her Manhattan office by the former patient of a psychiatrist with whom she shared office space. Dr. Faughey was a helpful supporter of our organization and a contributor to research conducted by some of our board members. She will be deeply missed professionally and personally by those of us who knew her, and we offer our heartfelt sympathy to her family and loved ones through this terrible tragedy.

### ***Have a question for one of our lecturers?***

**Email it in advance.** Our lecturers have always fielded questions from the audience, but now attendees can e-mail questions in advance. If you have a question for any of our lecturers, send it, in 50 words or less, to [lecture\\_questions@mdsg.org](mailto:lecture_questions@mdsg.org). Lecturers will answer as many questions as possible, pending time restrictions.

## Archived Lectures Available

Recordings of past lectures are available on CD through the mail. Recent lectures are listed below. Please see our website, [mdsg.org](http://mdsg.org), for a listing of earlier lectures.

- 74 Susan Palmgren, PhD: Managing Stress and Anxiety
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- 65 Christopher Muran, PhD: Impasse and Failure in Therapy
- 64 Sarah Lisanby, MD: Out of the Pillbox
- 63 Maria Oquendo, MD: Antidepressants for Bipolar Disorder

All lectures are \$13 each, \$25 for two, or \$35 for three (including postage and handling). To order, send your requested lecture numbers and a check payable to *MDSG Inc.* to: **Lecture Recordings, c/o MDSG, P.O. Box 30377, New York, NY 10011.**

Mood Disorders Support Group  
New York

### **MOODS**

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MDSG is affiliated with the Depression and Bipolar  
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P.O. Box 30377, New York, NY 10011

Phone: (212) 533-MDSG

Fax: (212) 675-0218

E-mail: [info@mdsg.org](mailto:info@mdsg.org)

Web: [www.mdsg.org](http://www.mdsg.org)

**Sarah Schmidt**  
Editor

**Betsy Naylor**  
Chair

**Ivan K. Goldberg, M.D.**  
Medical Advisor

**Michael Horowitz**  
Webmaster

All information in this newsletter is intended for general knowledge only and is not a substitute for medical or legal advice or treatment for a specific medical condition.

Letters to the editor, questions for Ask the Doctor or Ask the Lawyer, and other submissions are welcome and will be printed at the discretion of the newsletter editor. Send to:  
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P.O. Box 30377  
New York, NY 10011  
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# Ask the Doctor

Ivan K. Goldberg, MD, Psychopharmacologist



**If someone gets intolerable side effects from one of the SSRI's, will that person have the same side effects if he tries a different SSRI?**

Not necessarily. The various SSRI's are different enough from each other that many people who are unable to tolerate the side effects of one may be able to tolerate a different well enough to take a dose high enough to get a beneficial response.

**You hear so much about major depression, but what is minor depression?**

Minor depression is a proposed diagnosis for depression which is not severe enough to meet the criteria for major depression and has not lasted the two years necessary to be considered dysthymia. The most common symptoms are sad mood, irritability, anxiety, sadness which is clearly different from grief, problems with concentration, difficulty making decisions, pessimism, lack of involvement and a reduced capacity to experience

pleasure. Changes in sleep, appetite and weight are much less common in people with minor depression than in people with major depression. Oversleeping, appetite changes and suicidal thinking are also rarely reported. However, people with minor depression often have a history of having had episodes of major depression in the past and may have many relatives with a history of major depression.

**Is it possible to lose weight while taking lithium? Would I be able to lose weight more easily if I switch to Depakote?**

While it is hard to lose weight while taking lithium, it's not impossible. You should ask your doctor to check to make sure you don't have subtle hypothyroidism, but for people with normal thyroid function, cutting calories and exercising regularly will usually help in getting down to the desired weight. It's important to be sure that your salt intake remains constant, though, and to drink large amounts of liquids while dieting and exercising. Switching to Depakote (divalproex) is not likely to help. A study that looked at

weight gain in patients taking Depakote and lithium found that those taking Depakote actually gained significantly more weight than those on lithium.

**Is there any evidence that eating a lot of certain foods might help people get over their depression?**

It is known that a diet lacking in the amino acid tryptophan can induce depression in people who have a history of depressive episodes. Tryptophan has also been shown to enhance the effectiveness of various treatments including antidepressants, lithium, electroconvulsive therapy (ECT), sleep deprivation, and bright light for seasonal affect disorder. While a diet rich in tryptophan is unlikely to control depression by itself, it would still be prudent for people with depression to eat plenty of tryptophan-rich foods along with whatever treatments they are receiving. These include mushrooms, mustard greens, chicken, turkey, tofu, lamb, beef, calf's liver, shrimp, scallops, and many fish including cod, yellowfin tuna, snapper, halibut, and salmon.



## The Reader's Corner with Betsy Naylor

### Welcome to Your Brain: Why You Loose Your Car Keys But Never Forget How to Drive and Other Puzzles of Everyday Life

by Sandra Aamodt, PhD and Sam Wang, PhD  
220pp. Bloomsbury, 2008  
Hardcover, \$24.95.

So often, when we MDSG members take an interest in our brains, we only look through the prism of depression and bipolar disorder. The authors of *Welcome to Your Brain* have presented us with an entertaining primer that lays out the basics about this mysterious organ inside our skulls. Sandra Aamodt and Sam Wang are both neuroscientists, but they present loads of detailed information without being too complicated or technical. They even include cartoons to explain the brain and help us picture what goes on in there. We learn a little about neurons and synapses, parts of the brain, and how our every living action is generated by activities of our brain.

The book answers questions we did not know we have. Three pounds, the size of a cabbage, our brain makes us what we are. It determines how we respond to the five senses, and regulates emotions and memory. Its genetic makeup sets parameters for our lives such as how high our intelligence can go, while our environment influences who we become. The book also covers how the brain's mechanisms influence our states of mind and wide variations in energy levels, from the over-excited state of mania to slowed down one of depression. Our brain holds so many unstudied mysteries.

So, why do you loose your car keys but never forget how to drive? It's actually pretty simple, our authors tell us. Each behavior is seated in different parts of the brain, which don't necessarily communicate that well with one another when you are trying to get out of the house on your way to work. Many myths are also nicely corrected: People use only 10 percent of their brain? Not so. Brain scans have shown researchers that the whole brain is always on. Blind people hear better than the sighted? Nope. Hearing test of sighted and blind people have proven that hearing accuracy is the same no matter how much you see. The authors also tackle the mis-

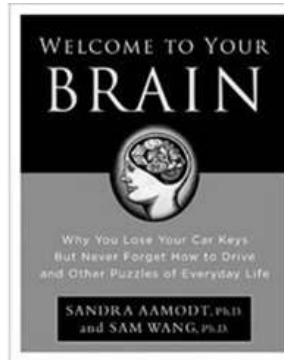
information about brain damage so often propagated by pop culture and film. *Finding Nemo* gets a gold star because the character Dory looses memory of recent events and feels loss. Matt Damon's amnesia in *The Bourne Identity*, we are told, is off the wall. (Amnesia is a favorite theme, but almost never accurate.) We may or may not gain valuable insights from movie plots, but the real life examples are always enlightening. Like this one: A 43-year-old man recovered his sight, thanks to a corneal transplant. He did *not* live happily ever after because certain pathways in his brain had never been used and could never work. Lacking depth of field and motion detection, he thought he was going to ski right into a building (really a shadow).

Sometimes, the brain is equated to a computer, where logical actions follow an overall plan, but the book offers another comparison:

"The brain works more like a busy ... restaurant:

it's crowded and chaotic, and people are running to no apparent purpose, but somehow everything gets done in the end." In order to take care of your brain, the authors advocate the same lifestyle that prevents heart disease, with particular emphasis on physical exercise. Aged people's brains shrink because individual neurons get smaller. Cells do not die. Deficits in functioning happen to everyone, especially older adults. It made me unhappy to read that memory begins to deteriorate in one's 30's. Use it or loose it.

I was expecting a sort of textbook, but *Welcome to Your Brain* is not overly scholarly, even though it was written by scholars. It kept me eagerly turning pages for the next fascinating tidbit: a fun cartoon, another myth debunked, a new chapter on something interesting. For anyone wanting to learn a little more about what makes us all tick, it's highly recommended.



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## Ask the Lawyer

### By Marc A. Strauss, Esq.



*Getting benefits for mental health can be difficult even when you seem clearly eligible. Our new columnist will help readers understand their rights and get what they're entitled to. Marc A. Strauss, a partner at Pyrros and Serres, LLP in New York, is a top lawyer in this field. In future columns, he will answer your questions. Here, he gives the top five things you need to know about mental health benefits.*

**Consider SSI.** If you do not meet the earnings requirements for Social Security Disability benefits (SSDB), you may be eligible for Supplemental Security Income (SSI). You might also qualify for SSI if you did not pay into Social Security while working, or did not pay enough or never worked. Though the disability standard for both is the same, for SSI you must prove the need for benefits based on household income.

**List physical conditions, too.** The Social Security Administration (SSA) considers a combination of impairments when determining whether you have the ability to work. SSA will also consider physical conditions in addition to mental illness. It is important to list *all* of your medical impairments in your

application, no matter how insignificant they may seem to you. Some examples of conditions that are overlooked are diabetes and asthma.

**Record keeping is important.** You can qualify for SSDB or SSI based on mental impairment alone, but you must be able to support your case with medical records from a cooperative psychiatrist and/or therapist. You must see your doctor regularly since gaps in time of medical records can hurt your case. In my experience, the more favorable documentation you can present, like legible office notes, test results, assessment forms and reports, the greater the chance of receiving a good outcome.

**Children and adolescents can also qualify.** Minors under 18 years old can be eligible for SSI payments for a mental impairment, including ADHD and ADD. SSA would consider the child's condition under a special listing of childhood impairments and would also consider the household income for financial need.

**The wheels of justice grind slowly.** It can take an incredibly long time to receive any notices from SSA, due to the system's cur-

rent backlog and since claimants applying for benefits are increasing. I know that no one wants to hear this, but you should expect to wait *at least* six to eight months for an initial application decision, and then keep in mind that most claims are denied at this application level even if they are ultimately accepted. If you are denied, though, don't be discouraged. You can request a hearing, which will then take *at least* another twelve to eighteen months to be scheduled. People are often confused by the term "twenty day letter" at this stage. This phrase means that a notification letter will arrive at least twenty days before your hearing, not that a hearing will be scheduled within twenty days. After the hearing, the administrative law judge will usually decide the case days or even weeks later. Sometimes the record is held open even longer so that additional evidence can be obtained. Finally, the judge will make a written decision. Even then the decision goes into "hearing write-up" in which it will be typed and edited. Hang in there. Getting to this point takes patience, but easing your financial burden is worth it.



Send your questions to [newsletter@mdsg.org](mailto:newsletter@mdsg.org).

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### SUFFERING FROM MAJOR DEPRESSIVE DISORDER (UNIPOLAR TYPE)?

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Annually renewed IRB approval currently valid through 11/17/08 (#AAAB7625). Not a treatment study.

## Lecture Notes

## Personalized Psychopharmacology

### Can Genetic Testing Help Doctors Decide What to Prescribe?

By Lisa Cimasky, PhD

One of the biggest challenges in treating mental illness is finding the best treatment for a particular patient. Dr. Richard A. Friedman, M.D., Professor of Clinical Psychiatry and Director of the Psychopharmacology Clinic at Weill Cornell Medical College, delivered a lecture hosted by MDSG on April 1 on personalizing medical treatment of psychiatric disorders based on an individual's unique genetic makeup.

“Personalized psychopharmacology” is receiving a great deal of attention recently, and Dr. Friedman presented an overview of the science behind it, its future, and how this will all play out in the doctor's office soon. Our DNA holds the code for building the proteins that make up the circuitry of the brain, which then affects our behavior, he explained. The smallest variation in DNA is at a level known as a single nucleotide polymorphism, or SNP (pronounced “snip”). A tiny difference at this level can have profound effects. For example, one particular variation may determine whether or not someone will respond to antidepressants like Prozac and other SSRIs. Ge-

netic variations can also impact the severity of medication side effects. People with different versions of certain liver enzymes, for instance, will break down drugs at different rates.

Dr. Friedman also discussed a controversial genetic test aimed at detecting the likelihood for bipolar disorder that is already on the market. This test, from a company called Psynomics founded by Dr. John Kelsoe, looks for a genetic

**“The science [for at-home diagnostic tests] is not ten years away, but it's definitely not ten weeks away.”**

variant that is present in three percent of people with bipolar disorder and only one percent of the normal population. Dr. Friedman urges caution with this and other tests that may be entering the market over the upcoming months. “Right now the science is pretty weak...It's not ready yet for prime time.” When does Dr. Friedman expect it be ready? “It's not 10 years away, but it's definitely not 10 weeks away.”

### The Winners of Our Wine Lingo Contest

By Howard Smith

If you can't laugh at least a little bit, then you're probably way too depressed to call your doctor to report just how depressing your depression has become. Maybe this will help brighten your mood. Here are the results of our “Days of Wine and Mood Swings” contest that was announced in the last issue of our newsletter. The challenge was to describe depression using the same kind of peculiar lingo that wine snobs use when describing what they're drinking—like “flavors that open quaintly on the palette” or “the fruity roundness that ended in a cloudlike finish.” The winners are:

The sommelier of doom pulls the cork from a bottle of vintage melancholy. While he pours, my thrilling mood shifts cadence into a sordid rainbow of blacks and grays and shabby blues, coming to rest in a shallow lagoon of failure. My tongue thickens as I wait for someone to punch my ticket. — R.T. Ruben

He suffered from a smooth satisfying neurosis, un-

touched by the subtle range of delicate psychiatric interventions so elegantly described in the DSM IV.

— Jill Peterson

I'll tell you what it's like to drink of depression: It's the fall-down beyond the come-down, the inside of the backside, a deep decline beneath the bottom. Then comes the aftertaste, past the shameful dregs of all night TV, a vast twilight of embarrassing dullness.

—Sarah Thomas

As quickly as a clear liquid poured from a crystal decanter, my mood changed dramatically macabre, my affect plunged from translucent to opaque, my speech rattles with doubt, my life, now joyless, was once bright and hopeful. -Talia Meary

In the beginning I noticed hypomania. Then a bitter taste of moroseness characteristic of mature Mixed-State Bipolar 1, usually enjoyed by pennystock day-traders and people addicted to Atlantic City slot machines.

— Peter Sanford



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# Mood Disorders Support Groups and Lectures Summer 2008

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## Support Groups

**Manhattan – West Side/Columbus Circle**  
Every Wednesday

**Manhattan – East Side/Downtown**  
Every Friday

Doors open at 7:00 p.m., and groups begin at 7:30 p.m.  
**St. Luke's/Roosevelt Adult Outpatient Psychiatric Clinic**  
910 Ninth Avenue (between 58th and 59th streets)

Doors open at 7:00 p.m., and groups begin at 7:30 p.m.  
**Beth Israel Medical Center**, Bernstein Pavilion  
2nd floor, Enter on Nathan Perlman Place  
(between 15th & 16th streets, First & Second 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, groups meet at the same time, including the under-30 group. Support groups are free for members, and a \$5 contribution is suggested for nonmembers.

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## Upcoming Lectures

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

**Steven E. Hyler, MD**  
Clinical Professor of Psychiatry, Columbia University; instructor of the APA course, "Teaching Psychiatry? Let Hollywood Help."

**Mood Disorders at the Movies** Depression, mania and psychiatry have always played starring roles on the silver screen. But does Hollywood ever get it right? Come hear Dr. Hyler analyze the best and the worst at what's sure to be one of our most entertaining lectures.

**September 9**  
**Tuesday**  
7:30 p.m.

**Katherine Burdick, PhD**  
Neuropsychologist, Zucker Hillside Hospital; Assistant Professor, Albert Einstein College of Medicine

**Cognitive Problems in Bipolar Disorder: Are They Real? Can They Be Treated?** Are those mysterious troubles with memory, problem solving and concentration symptoms bipolar disorder? Medication side effects? Both? Come find out.

**October 7**  
**Tuesday**  
7:30 p.m.

**David Hellerstein, MD**  
Cutting edge researcher and top psychopharmacologist, Associate Professor of Clinical Psychiatry, Columbia University

**Help! My Medication's Not Working** Hear the latest on new drugs, combinations, and techniques for refining treatment for mood disorders so you can help your doctor get it right.

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Lectures are usually held on **Tuesdays** (call and listen to message for last-minute changes). Doors open at 7:00 p.m., lectures begin at 7:30 p.m. in Podell Auditorium, **Bernstein Pavilion**, Beth Israel Medical Center (enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th Street).

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: www.mdsg.org

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## We Get By with a Little Help from our Friends . . .

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

Our annual membership is \$45 for individuals and \$65 for families. Your membership card is a free ticket to support groups and most lectures, and your contributions are tax-deductible. Thanks for your support.

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