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

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.

Annual membership is $45 for individuals, $65 for families. Your membership card is a free ticket to support groups and most lectures. Contributions are tax deductible.

<table>
<thead>
<tr>
<th>Annual Membership</th>
<th>Additional Contribution to MDSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>To: MDSG, Inc., P.O. Box 30377,</td>
<td>To: MDSG, Inc., P.O. Box 30377,</td>
</tr>
<tr>
<td>New York, NY 10011</td>
<td>New York, NY 10011</td>
</tr>
<tr>
<td>I enclose: $45 Individual Annual</td>
<td>I enclose: $500 Patron</td>
</tr>
<tr>
<td>Membership</td>
<td>$250 Benefactor</td>
</tr>
<tr>
<td>$65 Family Annual Membership</td>
<td>$100 Donor</td>
</tr>
<tr>
<td>Is this a renewal? Yes No</td>
<td>$ 50 Friend</td>
</tr>
<tr>
<td>Name___________________________</td>
<td>Other</td>
</tr>
<tr>
<td>Address________________________</td>
<td>Make check payable to “MDSG, Inc.”</td>
</tr>
<tr>
<td>E-mail__________________________</td>
<td>Make check payable to “MDSG, Inc.”</td>
</tr>
</tbody>
</table>

Binge drinking. Drug use. Overeating. All too often self-destructive behaviors like these accompany mood disorders—but it doesn’t have to be that way.

“People sometimes think that the two go hand in hand, that if you’re depressed, that’s just part of the territory. But self-destructive behavior is something that should sometimes be addressed as an issue on its own,” says Dr. Richard O’Connor, our September lecturer and renowned author of *Undoing Depression* and *Undoing Perpetual Stress*.

While certain acts involve an obvious element of self-harm, other behaviors are more subtle. “There’s active self-destruction, when you know something’s bad for you and you go out and do it as a form of rebellion, but there’s also a form of self-destruction that’s passive, and that largely comes because of the lack of energy and focus that comes with depression,” says Dr. O’Connor. Examples include staying home and watching too much television, avoiding exercise, and eating poorly.

But whatever form it takes, self-destructive behavior can be avoided if we recognize the motivation behind it.

“On some level people see these things as a way to bring some fun into their lives. Most of the time we play by the rules and color inside the lines, but we all have a little 4-year-old inside of us who wants to stick out his tongue and say, ‘You’re not the boss of me,’”

(continued, next page)
(Continued from page 1.)
even when we're really our own bosses," says O'Connor.

Find out how to recognize harmful patterns and hear about healthy ways to combat these self-destructive urges. Dr. O'Connor is an MDSG favorite and is back by popular demand. Don't miss this dynamic speaker!

And be sure to catch the other first-class lectures in our fall series, too:

October—What is Standard Care, Best Care for Bipolar Disorder; Review and Update of the American Psychiatric Association Guidelines.
In light of recent research on the efficacy of anti-psychotic drugs in treating bipolar disease, the APA has updated its treatment guidelines. James C.-Y. Chou, MD a researcher and clinician on the faculty and NYU School of Medicine and a leading expert on pharmacological treatment for bipolar disorder will discuss these important changes.

November—Talk Therapy for Mood Disorders: Many Different Types. Which is Best for You?
Confused about the variety of talk therapy approaches out there? John F. Clarkin, PhD, president of the Society for Psychotherapy Research, professor at Cornell University, and one of the top professionals in the field, will clue you in on the details.

For lecture dates, times and locations, see page 5.

Letters to the editor and other submissions are welcome and will be printed at the discretion of the newsletter editor. Contributions sent via mail go to: Newsletter Contributions, MDSG-NY PO Box 30377 New York, NY 10011. E-mails should be sent to newsletter@mdsg.org

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.

<table>
<thead>
<tr>
<th>Type #</th>
<th>Date</th>
<th>Presenter</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>6/13/05</td>
<td>Peter Kramer, MD</td>
<td>At Last—Confronting Depression* NEW!</td>
</tr>
<tr>
<td>47</td>
<td>5/2/05</td>
<td>Lois Kroplick, MD</td>
<td>Fresh Insights into Mood Disorders in Women*</td>
</tr>
<tr>
<td>45</td>
<td>4/6/05</td>
<td>Issie Greenberg, PhD</td>
<td>Obesity, Weight Control, and Psychiatric Meds*</td>
</tr>
<tr>
<td>43</td>
<td>3/7/05</td>
<td>Jack M. Gorman, MD</td>
<td>New Meds, Best Meds and What's in the Pipeline</td>
</tr>
<tr>
<td>41</td>
<td>1/10/05</td>
<td>Michael Terman, PhD</td>
<td>Light and Negative Air Therapy for SAD, sub-SAD, Depression</td>
</tr>
<tr>
<td>39</td>
<td>12/6/04</td>
<td>Joseph Nieder, MD (moderator)</td>
<td>Panel: Antidepressant Medications for Children and Adolescents</td>
</tr>
<tr>
<td>37</td>
<td>1/13/04</td>
<td>Richard Rosenthal, MD</td>
<td>Mood Disorders and Substance Abuse</td>
</tr>
<tr>
<td>35</td>
<td>10/4/04</td>
<td>Frank M. Mondimore, MD</td>
<td>Bipolar and Unipolar Depression: Same or Different</td>
</tr>
<tr>
<td>33</td>
<td>9/13/04</td>
<td>Jon Freeman, PhD</td>
<td>Sleep Disorders and Mood Disorders</td>
</tr>
<tr>
<td>31</td>
<td>6/7/04</td>
<td>Richard O'Connor, PhD</td>
<td>The Perpetual Stress Response</td>
</tr>
<tr>
<td>29</td>
<td>5/3/04</td>
<td>Ivan Goldberg, MD</td>
<td>Ask the Doctor; The Latest Research Findings</td>
</tr>
<tr>
<td>27</td>
<td>4/12/04</td>
<td>Paul H. Wender MD</td>
<td>ADHD and Its Impact on Mood Disorders</td>
</tr>
<tr>
<td>25</td>
<td>3/1/04</td>
<td>David P. Bernstein PhD</td>
<td>What's Personality Got To Do With It?</td>
</tr>
<tr>
<td>23</td>
<td>2/2/04</td>
<td>Anne Sheffield</td>
<td>Subject; Love, Sex, Relationships and Mood Disorders.</td>
</tr>
<tr>
<td>21</td>
<td>1/5/04</td>
<td>Donald F. Klein MD</td>
<td>What's Typical About Atypical Depression?</td>
</tr>
<tr>
<td>19</td>
<td>12/1/03</td>
<td>Panel of Employment Lawyers</td>
<td>Working the Workforce</td>
</tr>
<tr>
<td>17</td>
<td>11/3/03</td>
<td>Heidi Wehring Pharm D</td>
<td>Medications: Getting the Full Effect, Losing the Side Effects</td>
</tr>
<tr>
<td>15</td>
<td>10/13/03</td>
<td>Francis Mas MD</td>
<td>Identification and Treatment of Mixed States</td>
</tr>
<tr>
<td>13</td>
<td>9/8/03</td>
<td>Stephen J. Donovan MD</td>
<td>Anger, Irritability and Mood Disorders</td>
</tr>
<tr>
<td>11</td>
<td>6/2/03</td>
<td>Michael Craig Miller MD</td>
<td>The Latest in Mood Disorders</td>
</tr>
<tr>
<td>9</td>
<td>5/5/03</td>
<td>James J. Fyfe, PhD</td>
<td>Confrontations Between the Police and the Mentally Ill</td>
</tr>
<tr>
<td>7</td>
<td>4/7/03</td>
<td>David Hellerstein, MD</td>
<td>Ask the Psychiatrist Anything</td>
</tr>
<tr>
<td>5</td>
<td>3/3/03</td>
<td>Sarah H. Lisanby, MD</td>
<td>Transcranial Magnetic Stimulation and Mood Disorders</td>
</tr>
<tr>
<td>3</td>
<td>2/3/03</td>
<td>David J. Miklowitz, PhD</td>
<td>Can You Survive Bipolar Disorder?</td>
</tr>
<tr>
<td>1</td>
<td>1/6/03</td>
<td>Robert Cancro, MD</td>
<td>Different Types of Depression &amp; Their Treatments</td>
</tr>
</tbody>
</table>

All lectures are available for $13 each (including postage and handling) or $25 for two, $35 for three.

To order, write a letter requesting any lecture by number, make check out to MDSG Inc. and send to:
Lecture Recordings c/o MDSG PO Box 30377, New York, NY 10011

* available on cd
**Ask the Doctors with Dr. Ivan Goldberg, Psychopharmacologist...**

**Q:** Since antidepressants have the ability to cause mania or hypomania in some people with bipolar disorder, does this mean that someone with bipolar disorder should never take antidepressants?

**A:** Various studies have found that antidepressants cause mania or hypomania in about 17 percent of people with bipolar disorder who are taking mood stabilizers, and may play a role in rapid cycling. Despite this risk, many people with bipolar disorder who are severely depressed require antidepressants to recover from an episode of depression. When antidepressants are taken by people with bipolar disorder, they should be taken with a mood stabilizer and should be taken in as low a dose as possible.

That said, patients taking long-term antidepressants have been shown to have about half of the rate of relapses of depression as patients who stopped antidepressants after feeling well and some people will require long-term treatment with an antidepressant to remain depression-free.

Furthermore, lithium has been found to protect against antidepressant-induced mania/hypomania better than other mood stabilizers, while Wellbutrin (buproprion) and the MAO inhibitors are the antidepressants least likely to cause a switch into mania.

Unfortunately, there are still many psychiatrists who refuse to prescribe antidepressants to their patients with bipolar disorder who are depressed. This leads to unnecessary suffering and even to suicide in some cases.

It’s worth noting that bipolar depression can also often be controlled by the use of the antidepressant mood stabilizer Lamictal (lamotrigine), which has an even lower risk of inducing mania or rapid cycling than antidepressants.

**Q:** My 11-year-old nephew has been having behavioral problems for several years now. He threatens other children, gets into fistfights, breaks windows and has been caught starting fires in the environment where you live. He also has a history of depression.

**A:** For an 11 year old with behavior problems, I would first get a complete history. I would be interested in knowing any family problems or issues that might be related to the behavior. Children can develop behavior problems without any family issues, but events such as divorce, separation, death or loss of a pet can trigger these problems.

If there were no family events, I would look for changes in the school, loss of friends, academic problems, or anything else that could help.

**Q:** What are your thoughts on antidepressants for children?

**A:** Although studies have shown that antidepressants have the ability to cause mania or hypomania in about 17 percent of people with bipolar disorder who are taking mood stabilizers, and may play a role in rapid cycling, despite this risk, many people with bipolar disorder who are severely depressed require antidepressants to recover from an episode of depression. When antidepressants are taken by people with bipolar disorder, they should be taken with a mood stabilizer and should be taken in as low a dose as possible.

That said, patients taking long-term antidepressants have been shown to have about half of the rate of relapses of depression as patients who stopped antidepressants after feeling well and some people will require long-term treatment with an antidepressant to remain depression-free.

Furthermore, lithium has been found to protect against antidepressant-induced mania/hypomania better than other mood stabilizers, while Wellbutrin (buproprion) and the MAO inhibitors are the antidepressants least likely to cause a switch into mania.

Unfortunately, there are still many psychiatrists who refuse to prescribe antidepressants to their patients with bipolar disorder who are depressed. This leads to unnecessary suffering and even to suicide in some cases.

It’s worth noting that bipolar depression can also often be controlled by the use of the antidepressant mood stabilizer Lamictal (lamotrigine), which has an even lower risk of inducing mania or rapid cycling than antidepressants.

...and Dr. Joe Nieder, Pediatric Psychiatrist

---

**Tell It Like It Is Support Group Advice from The Folks in the Know**

By Dena Croog

Want to know the secret to a great support group experience? Just listen to what some of our facilitators have to say.

“I always get the most out of the groups when I’m focused on simply listening to others. The thoughtfulness and courage individuals display weekly at the support groups is a constant inspiration.” –Paul

“Speak up for yourself and listen to others. This is the MDSG 1-2 punch. See you in the ring, I mean circle.” –Carl

“Don’t ‘Dear Abby.’” –Max

“My most meaningful groups take place when members are willing to risk telling us their experiences from deep inside. They share their shame, their fear, their self-hatred. Not finding the judgment or ridicule usual in the non-MDSG world, group members offer identification and support and warmth. Such openness can lead to getting better.” –Betsy

And keep these ten guidelines in mind when attending an MDSG support group:

1. Groups provide a safe environment where you can share thoughts and feelings.
2. Everything is confidential—what’s said in the group stays in the group.
3. Always remember to display kindness, courtesy and consideration for your fellow group members.
4. Don’t interrupt when others are speaking.
5. Give everyone a chance to talk.
6. Shut off all cell phones and pagers during the group.
7. No one is an expert.
8. Speak in reference to yourself; i.e. “what works for me.”
9. Steer away from trying to solve other people’s issues.
10. Support each other by sharing experiences.

Remember this advice and we’re sure you’ll have a more rewarding experience. As Carl says, “See you in the ring!”

(continued from page 4)

because it means that we are moving closer to a more complete picture of this terrible disease. The more we know about it, the better we will be able to treat it—so we have good reason to believe that untreated depression will one day be a rare thing. As Dr. Kramer concludes his book, “How glorious it will be to free ourselves of depression.”

Dr. Peter Kramer can be heard on the National Public Radio program, The Infinite Mind, Sundays at 7 a.m. on WNYC 820 AM. A recording of his June lecture for MDSG “At Last—Confronting Depression,” is available by mail. For details, see page 7.
The Reader’s Corner with Betsy Naylor

Against Depression
by Peter Kramer, M.D.
358 pp. Viking $25.95

Isn’t everyone against depression? If we were, argues Peter Kramer, then wouldn’t we want to wipe it out like smallpox or polio? Or at least fully treat all depressed people? Kramer, famous for his book Listening to Prozac, has written another provocative book. He says that if we really understood the price we pay for depression, we would want to eradicate it.

But instead, Kramer points out, our society has grown accustomed to depression and even holds some values which contribute to its current status: widespread and under-treated. For example, depression is taken to be part of human nature. Some depressive traits (like quietness) are considered attractive, and some men are drawn to depressed women. It’s even become common to view depression as a component of an artistic temperament.

But Kramer debunks the popular idea that depressed people are inherently creative. Rather, he claims people are creative despite of, not because of, their illness. In Kramer’s view there is actually no redeeming value in depression.

And in fact, there is quite a bit of danger associated with a depressed state, even without factoring in the risk of suicide. As Kramer points out, the physical consequences cannot be ignored. Long bouts of depression and stress cause the body’s fight or flight switch to stay on. Stress hormones pour out in quantities that are harmful. In this state the body is ready to be wounded. Blood platelets get sticky, preparing to clot. The heart beats too fast for too long. Over time, bones lose calcium. Dr. Kramer even describes some alarming studies which show that depression causes shrinking of two parts of the brain: the hippocampus and part of the prefrontal lobes.

“Depression in the brain looks eerily like depression in the person. It is fragility, brittleness, lack of resilience, a failure to heal. Depression is chronic and progressive, with each episode—perhaps each day!—leaving damage in its wake.” But the news isn’t all bleak. All of this recent research has an upside (continued, page 6).

Book Bits
My Depression: A Picture Book
by Elizabeth Swados
Hyperion $16.95

You are not alone. In her new book, Elizabeth Swados draws and writes about emotional states we can all identify with. Each page has a cartoon with captions and sometimes cartoonish comments in a bubble. Some pages are laugh out loud funny, some speak our feelings, and some do both.

What Swados has her characters think and say (especially her own) is so true to the reality of being depressed. Nowhere else have I seen such accuracy. When her anxiety turns to rage, she kicks a taxi. Look for the tiny name of the cab company (Gremlin). On the next page, she is watching a Lew and Order marathon, trying to lie flat on a chair. Her posture illustrates the caption: “The truth is much more dull.”

The way she presents her depressed, acting out self, you would never guess how successful she is, a Broadway playwright, composer and so on. Despite her accomplishment and fame, she writes in one caption, “I avoid friends by telling them how successful and busy I am. Then in fact the idea of work terrifies me.” Give this book to a friend in the hospital. Give it to your misunderstanding family. And give it to yourself. You will find your own feelings in the words and pictures.

Detour: My Bipolar Road Trip
by Lizzie Simon
Adobe $13 paperback

An accomplished young woman hits the road to find herself and figure out how to live with her disease. Detours ensue. Recommended especially for 20-somethings.

Down Came the Rain
By Brooke Shields
Hyperion $25.95

This public woman shows her private self in a personal account of post-partum depression, a form of depression that is misunderstood, but very common.