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MOODS

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

There's More to You Than Your Mood Disorder: Confronting Your Other Demons

Ira Moses, Ph.D.

Clinical Director of the William Alanson White Institute and Practicing Therapist

June 5, 2007

Where does your personality start and your diagnosis end? For anyone who suffers from depression or bipolar disorder, this can be a tough question to answer. "Everyone has a personality within which a mood disorder exists," says Ira Moses, Ph.D., clinical director of the William Alanson White Institute and our June lecturer. "After a while, though, the line can become blurred." It doesn't have to be this way, though. With some guidance, it's possible to gain insight into how long-standing personality issues can interact with mood disorders.

Dr. Moses, who is also a practicing therapist, will talk about how to recognize the difference between your symptoms and your self and discuss how psychotherapy can complement medical treatment to identify personal shortcomings—as well as strengths. "The key is not to hide behind your diagnosis," he says.

Be sure to attend this valuable lecture.

Nobel Prize-winner Eric Kandel to Lecture on the Neuroscience of Mood Disorders this Fall

MDSG is proud to announce that Dr. Kandel will be speaking in October as part of our fall lecture series.

See page 5, and stay tuned for more details.

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entific evidence that exposure to such substances as mercury, lead, and other chemicals adversely affect the brain in utero, in children, and in adolescents, and it often takes many years for these effects to be clearly understood.

Bipolar disorder is also being overdiagnosed, especially in much younger children. To cite a tragic example, a 4-year-old girl was recently killed after her parents administered an intentional overdose of her medication. She was being treated for bipolar disorder, a diagnosis made when she was just 2 years old, which involved a treatment regimen of multiple medications, including mood stabilizers and antipsychotic medications. Two is a very young age to diagnose bipolar disorder, and one must be cautious with the use of some potent medications that have not been well-studied and may have potentially serious side effects in very young children.

Attention: There will be no Wednesday-night groups on July 4th.

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New York
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Ask the Doctors

Ivan K. Goldberg, M.D., Psychopharmacologist

There have been reports in newspapers and on television that a recently completed study showed antidepressants are not good for people with bipolar disorder who are depressed. I am bipolar and take antidepressants and mood stabilizers to control my depression. Does this mean I should stop my antidepressants?

The media is reporting on an article in the April 27 issue of *The New England Journal of Medicine*. In the study, researchers treated 179 people with bipolar depression with a mood stabilizer and an antidepressant, and treated 187 such people with a mood stabilizer and a placebo. The group receiving both the mood stabilizer and the antidepressant saw a *slightly smaller* percentage of people respond effectively than the group treated with just a mood stabilizer and a placebo. However, because of the small number of subjects in the study, this difference is not statistically significant. If the investigators had adequately powered the study by including a larger number of people, it is possible the results would have reached statistical significance.

It's also important to note the percentage of subjects who stopped medications because of adverse events. A slightly *smaller* percentage of those whose treatment included an antidepressant stopped medications than those taking a mood stabilizer with a placebo. The bottom line is, there is no evidence that antidepressants are harmful for people with bipolar disorder who are taking mood stabilizers. It would be foolish for anyone to discontinue their medication solely based on the results of this study.

Joe M. Nieder, M.D., Pediatric Psychiatrist

There has been a great deal of media attention regarding the dramatic increase in the number of children and adolescents diagnosed with attention deficit hyperactivity disorder (ADHD) and a similar increase in the number of children and adolescents being diagnosed with and being treated for bipolar disorder, even at a very young age. Why are these disorders occurring so often now?

There is no simple explanation for this dramatic increase in the incidence or diagnosis of these disorders. The answer is not likely to be genetic, as such a dramatic rise is not likely within a single generation. One might think it could be because there is much better diagnosis of these disorders now, but the diagnosis of ADHD has been clear for many years.

Another suggested explanation has been that as medications have become available to treat conditions, ADHD for example, the drug companies have been promoting the treatments, making the population and doctors more aware of these disorders. The number of prescriptions for Ritalin and other stimulants, for example, has risen dramatically over the past 15 years.

Another factor I believe is that academic pressure has increased at all levels of school, down to grade school. The resultant increase in stress could have enough impact to effect rates of both ADHD and bipolar disorder. There is also the possibility that environmental toxins that affecting children's development. There is strong sci-

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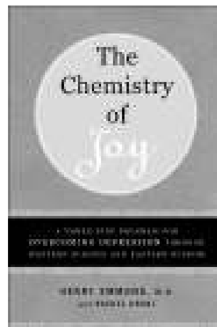
The Reader's Corner with Betsy Naylor

The Chemistry of Joy: A Three-Step Program for Overcoming Depression through Western Science and Eastern Wisdom
by Henry Emmons, M.D.
Fireside
$14 paperback

MDSG advocates medication as the first and most important line of defense for treating mood disorders, with therapy and support groups playing essential roles as well. At our meetings, we usually see those who are acutely suffering. Alternative methods, we find, are not usually strong enough nor precise enough to help people as well as prescribed medications can.
Henry Emmons, M.D., author of *The Chemistry of Joy*, is unenthusiastic about giving people prescribed medications, so I approached his book with caution. I hoped there would still be some useful information, in his discussion of how nutrition, exercise, supplements, and mind-body techniques might play a role in treating mood disorders.



Dr. Emmons is not completely against medication, but he considers an integrated approach valuable. His take is that Western medicine, or prescriptions, treat mental illness with biochemistry alone while ignoring many parts of the human condition. He suggests to think of a person who is depressed as one who is out of balance and posits that there are many potential paths to restoring balance. Patients should try these paths along with their medication, he says, and guidance in nutrition, spirituality and other nondrug approaches could help us live to our healthiest advantage.

In his approach to treatment, Dr. Emmons categorizes depression into three types: anxious, agitated, and sluggish. Different chapters lead readers to self-diagnosis, and Emmons gives a plan detailing for each his specific recommendations for nutrition, exercise, and supplements.

The book includes a detailed chapter on dietary supplements based both on Emmons's work with his own patients as well as some studies. How do omega-3s work? Why should bipolars avoid SAM-e and St. John's wort? Why is B-12 considered the most important vitamin? Dr. Emmons describes each substance's relation to depression and discusses how it can help. (Of course, it's important to note that before trying any new substances, you should check with your doctor. As most experts point out, even "natural" products can be harmful.)

The food we eat also plays a role, Dr. Emmons says. While I hoped this would mean I would read about tasty food and get permission to indulge in sugar, especially chocolate, Dr. Emmons's recommendations, based on a combination of his own patients' experiences and nutrition research, are similar to the kind of healthy diet nutritionists recommend to almost anyone, whether or not they have a mood disorder: complex carbohydrates, whole grains, and leafy vegetables.

Dr. Emmons also spends much of his book describing how Buddhist philosophy can help a person find the inner strength to cope with depression. I've also heard some MDSG members say on occasion that spirituality has helped them and that they have become more spiritual than they were before they were depressed. Some have found that meditation, something that Dr. Emmons also suggests, alleviates their depression.

As with any approach, readers may take what they like from this book and leave the rest. *The Chemistry of Joy* opens new possibilities for alleviating depression. I do not agree with Dr. Emmons' view that medication is a last resort, but seeing things from a new perspective might offer more hope to some people who are suffering .

Mood Disorders Support Groups and Lectures Summer 2007

Support Groups

Manhattan – West Side/Columbus Circle
Every Wednesday*
(*No Meeting July 4th.)

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), NYC

Manhattan – East Side/Downtown
Every Friday

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.

Tuesday Lectures

June 5, 2007
Tuesday
7:30 p.m.

Ira Moses, Ph.D.
Director of Clinical Services, William Alanson White Institute

There's More to You than Your Mood Disorder: Confronting Your Other Demons. Where does your personality start and your diagnosis begin? Dr. Moses will explore this fascinating topic.

September 11, 2007
Tuesday
7:30 p.m.

Roundtable Discussion
Panel of MDSG Group Facilitators

Ask the Facilitators. The trained volunteers who lead our groups each week have a wealth of knowledge to share about coping with depression and bipolar disorder. Bring questions or just listen in.

October 2, 2007
Tuesday
7:30 p.m.

Eric Kandel, M.D.*
Nobel Prize-winner and Luminary in the Field of Neuroscience

The Neuroscience of Mood Disorders. Dr. Kandel is not only a brilliant scientist, but also an eloquent writer and speaker. Don't miss this exciting opportunity to hear him address mood disorders.

Lectures are *usually* held on **Tuesdays** (call and listen to message for last-minute changes). Doors open at 7:00 p.m., and lectures begin at 7:30 p.m. in Podell Auditorium, Dazian Pavilion, Beth Israel Medical Center (enter at northwest corner of First Avenue and 16th Street). Lectures are free for members, and a $5 contribution is suggested for nonmembers.
**Fundraiser lecture: $10 for nonmembers and $6 for members*

Contact us for more information and a copy of our newsletter.
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Spotlight on Cognitive Behavioral Therapy

By Deborah Perlick, Ph.D., and Lauren N. Manning

This article is part of an ongoing series describing different forms of psychotherapy that are useful in helping people with mood disorders achieve better outcomes than with medication alone.

Cognitive Behavioral Therapy (CBT) is an effective treatment option used for a range of mood disorders, including unipolar depression and bipolar disorder. The CBT approach is based on the idea that people who have a predisposition for mood disorders respond to life events in such a way that exacerbates the overly negative (depressive) or overly positive (manic) feelings they have regarding themselves.

All people experience automatic thoughts in response to positive and negative events in their lives, but for people who are depressed, these automatic thoughts are often fueled by maladaptive beliefs and a distorted self-image. For example, a person who is depressed may automatically interpret even a minor negative event—such as a cancellation of a date—to mean that he or she is unintelligent, unattractive, or unlikable, based on an already established belief that these negative self-attributes are true.

CBT has been found to be extremely effective in helping people conquer negative feelings and move forward with a more positive and realistic outlook.

Studies of depressed people have shown such negative self-attributions occur even when there is a viable alternate explanation, such as illness or bad weather, in the case of the cancelled date. The main idea is that people with depression tend to interpret the actions of others in ways that are consistent with the way they already feel about themselves, thus reinforcing their already-formed distorted beliefs. The theory behind CBT also applies to people who experience mania; the only difference is that the automatic thoughts are positive and self-aggrandizing as opposed to negative and self-deprecating. In bipolar disorder, a person's automatic thoughts, assumptions, and mindset might be at the extreme positive or the negative end of the spectrum, depending on whether he or she is depressed or manic.

To illustrate how CBT works, consider a hypothetical person we will call Sally, who has depressed moods: she doesn't want to get out of bed, she's stopped finding pleasure in her usual activities, and she's feeling hopeless about her future. Sally's CBT therapist will work on exploring the unrealistically negative thoughts and beliefs that are leading to her depressive feelings. To elicit these negative cognitions, Sally's therapist will encourage her to keep a diary of her thoughts when she's feeling down. Then, Sally and her therapist can look back through the diary and identify negative thought patterns and cognitions and begin to challenge them. For example, they may find from Sally's diary that her feelings of hopelessness about her future tend to come up whenever she's leaving for work in the morning, or that she feels particularly hopeless after talking to her parents on the phone. These feelings may be tied to low self-esteem or feelings of worthlessness that arise in these situations that Sally automatically views as evidence that she is worthless or unlikable. Once Sally has recognized and understood these maladaptive processes, her therapist will begin to challenge her assumptions of worthlessness by encouraging Sally to consider alternative explanations for a comment her boss made or something her mother said. Perhaps her

continued, next page

mother made the comment not because Sally is worthless but because her mother is having a bad day. Or maybe the remark from her boss was not a personal attack but constructive criticism intended to help Sally improve her work. By identifying and challenging the negative/depressive cognitive distortions that Sally has, the therapist will help her to stop automatically relying on her negative thoughts, eventually eliminating them altogether.

CBT is a very popular form of psychotherapy and has been studied by researchers at great length. It has been found to be extremely effective in helping people conquer their negative feelings and move forward with a more positive and realistic outlook on life. In addition, CBT is generally considered to be most helpful in conjunction with medication, as it is difficult for severely depressed individuals to participate fully in treatment. To benefit fully from CBT, it is important that you find a therapist who is right for you. We recommend that you try out different therapists to make sure you find the person with whom you feel most comfortable.

Deborah Perlick is a clinical psychologist, associate professor of psychiatry at Mount Sinai School of Medicine, and researcher affiliate at Yale University School of Medicine. Lauren Manning is senior clinical research assistant at the Neuroimaging Center at McLean Hospital, Harvard Medical School.

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.

Lecture #	Date	Presenter	Subject
66	5/1/07	Ronald Fieve, M.D.	Bipolar II: What I've Learned From Treating 8,000 Cases
65	4/10/07	J. Christopher Muran, Ph.D.	A Consumer's Guide to Impasse and Failure in Psychotherapy
64	3/13/07	Sarah Lisanby, M.D.	Out of the Pillbox: Brain Stimulation for Medication-Resistant Disorders
63	2/6/07	Maria Oquendo, M.D.	Antidepressants for Bipolar Disorder
62	1/9/07	Dennis Charney, M.D.	Advances in the Diagnosis and Treatment of Depression
61	12/5/06	Gianni Faedda, M.D.	Mood Disorders and Development: From Childhood to Adulthood
60	11/7/06	Jeffrey Borenstein, M.D.	Dual Diagnosis: Alcohol, Drugs, and Mood Disorders
59	10/10/06	Richard O'Connor, Ph.D.	Making the Best of Depression
58	9/12/06	David Hellerstein, M.D.	Healing Your Brain
57	6/6/06	Psychologist Panel	Therapists Discuss Therapy
55	4/4/06	Facilitator Panel	Coping with Depression and Bipolar Disorder: Expert Advice
54	3/7/06	Joshua Wolf Shenk	Lincoln's Melancholy
53	12/6/05	Ivan Goldberg, M.D.	Ask the Doctor: All Your Questions Answered
52	11/7/05	John F. Clarkin, Ph.D.	Talk Therapy for Mood Disorders
51	10/10/05	James C.-Y. Chou, M.D.	What is Standard Care, Best Care for Bipolar Disease
50	9/12/05	Richard O'Connor, Ph.D.	Self Destructive Behavior, Mood Disorders, and Stress
49	6/13/05	Peter Kramer, M.D.	At Last—Confronting Depression
48	5/2/05	Lois Kroplick, M.D.	Fresh Insights into Mood Disorders in Women
47	4/4/05	Issie Greenberg, Ph.D.	Obesity, Weight Control, and Psychiatric Meds
46	3/7/05	Jack M. Gorman, M.D.	New Meds, Best Meds and What's in the Pipeline
45	1/10/05	Michael Terman, Ph.D.	Light and Negative Air Ion Therapy for SAD, sub-SAD, Depression
44	12/6/04	Joseph Nieder, M.D. (moderator)	Panel: Antidepressant Medications for Children and Adolescents
43	11/1/04	Richard Rosenthal, M.D.	Mood Disorders and Substance Abuse

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