MOODS

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

Lecture: Mood Disorders and Development—From Childhood to Adulthood Gianni Faedda, MD.

Top psychopharmacologist and author of *Parenting a Bipolar Child*December 5, 2006



Over the course of a lifetime, people change—and so do the symptoms of depression and bipolar disorder. "A mood disorder expresses itself much differently in childhood and adolescence than it does in adulthood," says Gianni Faeda, our December lecturer. "On many different levels, what hap-

pens at an early age affects the entire course of the disease." Whether you're a parent looking for practical advice about your child or someone looking for insight into your own illness, this lecture will provide a wealth of valuable information on the lifespan of mood disorders. Dr. Faedda is a top researcher in this field as well as a practicing psychopharmacologist. Don't miss him.

Lecture: Advances in the Diagnosis and Treatment of Depression Dennis Charney, MD

Dean of academic and scientific affairs, Mt. Sinai School of Medicine; author of The Peace of Mind Prescription January 9, 2007



It seems like every day that goes by, a new medication or new approach for treating mood disorders emerges. And that's great news. The only problem is trying to keep up with it all. Our January lecture is the perfect way to get up to

speed. Dennis Charney is one of the foremost authorities on psychopharmacology. He'll present the latest information on new meds and the most effective combos and answer questions from the audience. Be sure to attend so you'll be fully prepared to discuss all the options with your doctor.

Lecture: Antidepressants for Bipolar Disorder— Are They Helpful? Are They Safe? Maria Oquendo, MD

Professor of clinical psychiatry, Columbia University, top researcher and practicing psychiatrist February 6, 2007



When it comes to treating bipolar disorder, antidepressants can be a double-edged sword. In many cases, they can trigger mood instability and more frequent episodes, although without them patients may often be doomed to suffer through particularly acute depressive episodes. "Most bipolar patients do receive some kind of antidepressant, but

there is much debate about whether they might actually make them worse," says Maria Oquendo, our February lecturer. Finding the exact medication balance is difficult, but the evidence now emerging can bring about better outcomes. Are antidepressants for bipolars making a comeback? Come hear the latest thinking on this controversial issue. Dr. Oquendo is a leading expert on this subject and she'll speak as both a researcher and a clinician.

~~25th Anniversary~~

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Face it, watching the ball drop really isn't that fun. As 2006 comes to a close, what better way is there to celebrate than to support MDSG? Your money will help fund our invaluable support groups, top-notch lecture series, informative website and this very newsletter. Don't put it off any longer. Until the end of the year, anything you give will go even further thanks to the board's special matching gift. For every three dollars you give (up to \$25,000 total), the board will give another dollar. Finally, a New Year's tradition that will leave you feeling better in the morning!

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

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MDSG-NY

PO Box 30377 New York,

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E-mails should be sent to

newsletter@mdsg.org

Ask the Doctors Ivan Goldberg, Psychopharmacologist



Do patients with borderline personality disorder who are free of any di-

agnosable mood disorders respond to mood stabilizers?

In a recent study, patients with borderline personality disorder but no diagnosable mood disorder were treated with Lamictal (lamotragine), up to 300 milligrams per day, after they had not responded to antidepressants and other mood stabilizers. These patients had a history of suicidal behavior, hostile depression and/or labile (rapidly shifting) moods,

stimulant and alcohol abuse, and multiple unprotected sexual encounters. Over fifty percent of the patients responded. Impulsive sexuality, drug taking and suicidal behaviors disappeared and those who responded no longer met the criteria for borderline personality disorder.

In people with bipolar disorder, does treatment with a mood stabilizer reduce any substance abuse problems they may have?

Substance abusing individuals with bipolar disorder who are treated

with a mood stabilizer show not only an improvement in mood, but also in the substance abuse. However, specific treatments of substance abuse may be required in addition to mood stabilizers.

Is there any evidence that a deficiency of vitamin B-12 causes depression?

Vitamin B-12 deficiency has been linked to depression. In one study, individuals with this deficiency were seventy percent more likely to be diagnosed with major depression than those without it.

Joe Nieder, Pediatric Psychiatrist

My 16-year-old son takes Ritalin for ADHD. I suspect he is drinking and smoking marijuana with his friends. How might alcohol and marijuana interfere with his treatment?

Adolescents treated with Ritalin for ADHD should avoid alcohol and marijuana. Because all three act on the brain, there can be additive or interfering effects. If the teenager does drink at night, hopefully a morning or daytime dose of Ritalin will be out of his system before he consumes alcohol. The situation is somewhat more complicated if the teen is being treated with a time release methylphenidate such as Concerta, which has an effect for 12 hours, but is still in the system

after the therapeutic effect wears off.

There is also an issue in a teen who takes a dose of short acting Ritalin to study in the evening, and then might go out drinking with friends while the Ritalin is still having an effect. This would be like driving a car with the brake on since the two different substances effect the brain in different and opposing ways. I am concerned about the short term effects of alcohol, as well, such as on the possibility of a seizure with severe binge drinking,

The situation is more complex in regard to marijuana because there are hundreds of active compounds in marijuana. The major active agent is called THC. Because this substance is used so widely by teens and college stu-

dents, one would hope that the interaction had been widely studied for harmful effects. I have spoken to a number of pharmaceutical companies about this, but they all say they cannot study an illegal substance. Unfortunately there is little scientific data about the interaction of marijuana with Ritalin or methylphenidate.

I encourage my teen patients not to experiment with either alcohol or marijuana. Marijuana presents a special concern because of the fact that marijuana stays in the body for up to a month, and the sedation and cognitive effects can counteract the effects of Ritalin on alertness and attention and concentration

The Reader's Corner with Betsy Naylor

Taking Out Your Mental Trash:
A Consumer's Guide to Cognitive
Restructuring Therapy
by Rian E. McMullin, Ph.D
320 pages
Norton Paperback Original, \$27.50

as negative thinking got you down? Do your emotions sometimes take over? Are you unable to do anything about these out-of-control moments of fear or anger or hopelessness? Even if you already take

medication, the same triggers can hurt every time.

Dr. Rian McMullin has created a variety of cognitive therapy called cognitive restructuring therapy which emphasizes basic values and beliefs and has much in common with cognitive behavioral therapy. He has been developing the concepts he outlines in this book during thirty

years of therapy practice. Having tested out many ways to help, he now writes of the methods that really work.

This guide may help chip away at our pain. (Of course this can be a lifelong process.) First we have to identify our basic beliefs, values, attitudes, assumptions and conclusions about life. The most obvious and accessible ones are about ourselves, for instance, "Strong people don't ask for help," or "I need to be sure to decide," or "The world ought to be fair," or, "If someone criticizes me, I must have done something wrong."

During the early exercises in the book, you begin a list of core beliefs—those judgments and conclusions you have drawn about yourself and the world. Later, McMullin directs us to refine our statements and throw some of them away. It may take a while to make the connection between beliefs and extreme upset, because the trouble lies in the brain, where everything can

get sliced and diced and twisted into a distortion of what has actually happened. This self-help book contains steps and exercises for gaining some understanding of why we react as we do.

Most often we find fault with someone or something outside of ourselves. ("The dog ate my homework.") To obtain any level of learning about oneself, it takes a willingness to look inside to change habits of thinking, and to acknowledge that you might have distorted perceptions of what just happened. Blaming will close off the chance to learn. We cannot control what

other people do. This is yet another advisory to take responsibility for oneself.

Mullin returns again and again to the importance of articulating one's values because they are basic to how we interpret our experience. Virtually every person, consciously or unconsciously, is troubled by thoughts which are not true.

Although *Taking Out Your Mental Trash* does not dwell on childhood and concerns about one's mother and father, early life does enter the picture because our ideas about ourselves and everything else were shaped when we were young. Those ideas become obsolete as we grow up, and yet we hang on to them.

The book's approach reminds me of a recurring theme in MDSG groups. My group often talks about how members can take a negative view of everything, resulting in feelings of anger and depression. The subject of cognitive behavioral therapy frequently comes up as an excellent approach to combating this negative thinking. McMcMullin's method should come as a welcome addition to the tools and methods available. This book, and others that help teach versions of cognitive therapy, contribute to helping people to grow and change and let go of destructive thinking. This creative program aims for what I like to call the Goldilocks outcome: Not too high, not too low, but just right.

Mood Disorders Support Groups and Lectures Winter 2006-2007

Support Groups

Manhattan – West Side/Columbus Circle Every Wednesday

Doors open at 7:00pm, groups begin at 7:30pm

St. Luke's/Roosevelt Adult Outpatient Psychiatric Clinic
910 Ninth Ave (between 58th and 59th Sts)

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.

Tuesday Lectures

December 5, 2006 Tuesday 7:30 p.m. Gianni Faeda, MD
Author of Raising a Bipolar
Child; director of the Lucio
Bini Mood Disorders Center

Mood Disorders and Development—From Child-hood to Adulthood Dr. Faedda's lecture will give both practical advice for parents and valuable knowledge for anyone suffering looking for insight into their own illness.

January, 9 2007 Tuesday 7:30 p.m. Dennis Charney, MD

Author of *The Peace of Mind Prescription*; dean of research, Mt. Sinai School of Medicine

Treatments for Mood Disorders—The Latest Updates Get up to speed on brand new treatments and approaches for depression and bipolar disorder from one of the leading experts in the field.

February, 6 2007 Tuesday 7:30 p.m. Maria Oquendo, MD
Professor of clinical psychiatry,
Columbia University, top
researcher and practicing
psychiatrist.

Antidepressants for Bipolar Disorder—Are They Helpful? Are They Safe? Most people with bipolar disorder received antidepressants, but some experts now claim these medications can actually make the illness worse. Come hear the latest on this controversial issue.

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 Pavillion, 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.

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Must-See TV: Our Latest Contest

How many times have you watched television and thought, I could have written something better than that? Well now's your chance to prove it. Writing new titles for television shows is the object of our latest contest. The twist? Your title should be a spoof of an existing show, but with mood disorders as the theme. Here are some examples of what we mean:

America's Most Medicated
I Dream of Generics
Twilight Serazone
60 Milligrams Under
The Jim Leher Blues Hour
Wheel of Misfortune
Meet the Depressed
Mad TV
Medicationpiece Theatre
Who Wants to me a Millionaire? (My Psychiatrist)
Psychoanalysis in the City
Happy Daze

All in the Family and Friends Group Survivor: Payne Whitney The Amazing Race to Duane Reade for My Valium Before They Close. . .

First prize: Dinner for two at Mumbles (3^{rd} Avenue at 17^{th} Street in Manhattan).

Second prize: A copy of Joshua Wolf Shenk's bestselling book, *Lincoln's Melancholy*

Third Prize: A tin of Nate's famous brownies.

Send as many entries as you like to TV Parody Contest c/o MDSG-NY, PO Bosx 30377, New York, NY 10011 or email your submission to newsletter@mdsg.org. You must include your name and phone number for confirmation. Entries must be received no later than December 31. The decision of the newsletter editors is final and winning entries, along with the winners' names will be published in the next issue. Good luck!

Do you have a parent or sibling who has been treated for clinical depression?

Are you worried that you might also get depressed?

We are conducting a research study at Mount Sinai Medical Center searching for ways to find out who might be at **risk** for depression **before** it occurs.

We are looking for healthy volunteers who are in good mental and physical health but have a parent or sibling who has been treated for clinical depression. You must be 18-35 years old, in excellent physical health, and have no history of psychiatric illness.

Reimbursement will be provided.

For more information, please call Shilpa at 212-241-2374.

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reached their site through ours, MDSG will receive a commission on what you buy!

Reminder: **Location Change**

Wednesday night support groups now meet at St. Luke's/Roosevelt Adult **Outpatient Psychiatric** Clinic, 910 Ninth Avenue (between 58th and 59th).

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 # 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43	Date 11/7/06 10/10/06 9/12/06 6/6/06 5/2/06 4/4/06 3/7/06 12/6/05 11/7/05 10/10/05 9/12/05 6/13/05 5/2/05 4/4/05 3/7/05 1/10/05 12/6/04 11/1/04	Presenter Jeffrey Borenstein, MD Richard O'Connor, PhD David Hellerstein, MD Psychologist panel Dennis Charney, MD Facilitator panel Joshua Wolf Shenk Ivan Goldberg, MD John F. Clarkin, PhD James CY. Chou MD Richard O'Connor, PhD Peter Kramer, MD Lois Kroplick, MD Issie Greenberg, PhD Jack M. Gorman, MD Michael Terman, PhD Joseph Nieder, MD (moderator) Richard Rosenthal, MD	Subject Dual Diagnosis: Alcohol, Drugs, and Mood Disorders NEW! Making the Best of Depression NEW! Healing Your Brain NEW! Therapists Discuss Therapy The Very Latest in Treatments for Mood Disorders Coping with Depression and Bipolar Disorder: Expert Advice Lincoln's Melencholy Ask the Doctor: All Your Questions Answered Talk Therapy for Mood Disorders What is Standard Care, Best Care for Bipolar Desease! Self Destructive Behavior, Mood Disorders, and Stress At Last—Confronting Depression Fresh Insights into Mood Disorders in Women Obesity, Weight Control, and Psychiatric Meds New Meds, Best Meds and What's in the Pipeline Light and Negative Air Ion Therapy for SAD, sub-SAD, Depression Panel: Antidepressant Medications for Children and Adolescents Mood Disorders and Substance Abuse
41 40	9/13/04 6/7/04	Jon Freeman, PhD Richard O'Connor, PhD	Sleep Disorders and Mood Disorders The Perpetual Stress Response
39	5/3/04	Ivan Goldberg, MD	Ask the Doctor: The Latest Research Findings
38	4/12/04	Paul H. Wender MD	ADHD and Its Impact on Mood Disorders.
37	3/1/04	David P. Bernstein PhD	What's Personality Got To Do With It?
36	2/2/04	Anne Sheffield	Subject: Love, Sex, Relationships and Mood Disorders.
35 34	1/5/04 12/1/03	Donald F. Klein MD	What's Typical About Atypical Depression?
33	12/1/03	Panel of Employment Lawyers Heidi Wehring Pharm D	Working the Workforce Medications: Getting the Full Effect, Losing the Side Effects
32	10/13/03	Francis Mas MD	Identification and Treatment of Mixed States
31	9/8/03	Stephen J. Donovan MD	Anger, Irritability and Mood Disorders
30	6/2/03	Michael Craig Miller MD	The Latest in Mood Disorders
29	5/5/03	James J. Fyfe, PhD	Confrontations Between the Police and the Mentally III
28	4/7/03	David Hellerstein, MD	Ask the Psychiatrist Anything
27	3/3/03	Sarah H. Lisanby, MD	Transcranial Magnetic Stimulation and Mood Disorders
26	2/3/03	David J. Miklowitz, PhD	Can You Survive Bipolar Disorder?
25	1/6/03	Robert Cancro, MD	Different Types of Depression & Their Treatments
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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.

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