The Newsletter of the Mood Disorders Support Group/New York Summer 2009

MOODS

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

Cutting-Edge Treatments for Those Depressions That Won't Go Away

Sanjay J. Mathew, M.D.

Director, Mood and Anxiety Disorders Program;
Faculty, Mount Sinai School of Medicine

Lecture: September 8, 2009

Finding an effective medication for your treatment-resistant depression can be, well, depressing. When you've tried just about everything and your blues haven't budged, come hear Dr. Sanjay Mathew talk about where depression research is headed, and what new treatments may be on the pharmacologic horizon.

Dr. Mathew is a prolific researcher and engaging speaker who cares deeply about developing solutions to treatment-resistant depression. His wide knowledge of emerging research trends is informative and hope-producing.

What comes after the post-SSRI era? And what is the neurotransmitter theme of the next decade likely to be? Come on September 8 and find out.

The History of Melancholia and Mania: How is it Relevant Today?

Laura Bernay, M.D.

Physician in Charge, Psychiatric Outpatient Services,
Beth Israel Medical Center

Lecture: October 6, 2009

The Greeks suffered from it. The Romans came up with surprisingly good treatments for it. And if you were Bipolar in the Middle Ages, where you lived probably made a big difference in how people viewed your difficulties. The fact is, culture affects attitudes toward mood disorders and treatments in surprising ways.

Join Dr. Laura Bernay as she takes us on a riveting tour through the ups and downs of mental health treatment through the centuries. You'll hear fascinating anecdotes and intriguing insights, and in the process you'll find new ways to put the stigma of mental illness in perspective.

What *was* in that Roman spring water, anyway?

And You Were Afraid to Ask!

Panel of Distinguished Psychiatrists

Panel: November 10, 2009

Here they are: the respected clinicians you've wanted to meet and the top people you'd love to hear. With decades of combined expertise, this powerhouse panel can address just about anything you want to know. Got a tough question for which you'd like more than one perspective? You'll want to be in the front row.

Bring plenty of questions, or else email us in advance at lecture_questions@mdsg.org to make sure your question is put on the list.

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Archived Lectures Available

Recordings of past lectures are available on CD through the mail. Our most recent lectures are listed below. Please see our website, **mdsg.org**, for a listing of earlier lectures.

CD #

84 Ivan Goldberg, M.D.
Ask the Doctor ... Anything!
82 Michael Ostacher M.D.
Do a Few Drinks Really Matter? The Impact of Drugs and Alcohol in Bipolar Disorder
80 Joseph F. Goldberg, M.D.
Myths and Realities about Antidepressant Use In the Treatment of Bipolar Disorder
79 James C.-Y. Chou, M.D.
Redefining "Mood Stabilizer"
78 Richard O'Connor, PhD
What Do Happiness Research and Positive

Lectures are $13 each, $25 for two, or $35 for three (includes 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
NY, NY 10011

Have a question for one of our lecturers? Email it in advance.

Our lecturers have always fielded questions from the audience, but now you can e-mail your questions in advance. Send questions (50 words or less) to:

lecture_questions@mdsg.org.

Please indicate at which lecture you would like your question asked. Speakers will answer as many questions as possible, pending time restrictions.

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New York
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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.

Answers to **Battle of the Sexes** on page 5:

1. men
2. women
3.women (nearly 3/4 of women, about 1/4 of men)
4. men (38% of men, 29% of women)
5. women
6. women (26% vs 12%)
7a. men
7b. women
7c. women
7d. men
7e. women
7f. men
7g. women
7h. women
8. women
9a..men
9b. men
9c. men
9d. women

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

Sometimes depression fails to respond to a specific medication. Why?

Several things are possible. These include:

- The diagnosis and/or treatment are incorrect
- The prescribed dose is inadequate
- A high enough dose has been prescribed, but for an insufficient period of time
- A medical condition like hyperthyroidism has been missed
- The patient is taking drugs or alcohol
- The patient is taking more or less medicine than prescribed

What's the most common reason someone with Major Depression doesn't respond to antidepressants?

The #1 reason is that the person didn't take a high enough dose for a long enough period of time. The table at the right shows the doses that need to be maintained for *at least a month* to consider an antidepressant trial adequate.

If these doses are maintained for 30 days without significant improvement, and the patient is tolerating the medication well, the dose can be slowly increased until side effects cannot be tolerated. Before discontinuing, an antidepressant must be continued at the maximally tolerated dose for 8-12 weeks.

Antidepressant	Daily dose to consider a trial adequate
amitriptyline (Elavil) clomipramin (Anafranil) desipramine (Norpramin) doxepin (Sinequan) imipramine (Tofranil) maprotiline (Ludiomil) trimipramine (Surmontil)	300 mg
citalopram (Celexa) fluoxitine (Prozac) paroxetine (Paxil)	Over 40 mg
fluvoxamine (Luvox)	300 mg
sertraline (Zoloft)	200 mg
bupropion (Wellbutrin) venlafaxine (Effexor)	450 mg
phenelzine (Nardil)	75 mg
tranylcypromine (Parnate)	60 mg
isocarboxazide (Marplan)	Over 50mg
lamotrigine (Lamictal)	200 mg
nortriptyline (Pamelor)	Blood level > 100/mg/ml

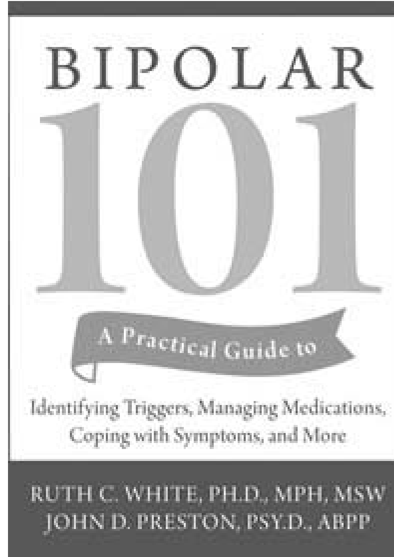
Is it useful to combine antidepressant therapy with thyroid supplementation?

It can be. When thyroid medication and antidepressants are prescribed together, studies show that the depression is often reduced faster than when antidepressants are used alone. Some individuals who didn't become less depressed when treated with antidepressants alone will have their depression controlled by the combined thyroid-antidepressant treatment. Although levothyroxine (Synthyroid), T-4, is usually prescribed, triiodothyronine (Cytomel), T-3 may do a better job of potentiating antidepressants.

The Reader's Corner with Betsy Naylor

Bipolar 101: A Practical Guide to Identifying Triggers, Managing Medications, Coping with Symptoms, and More

by Ruth C. White, Ph.D., MPH, MSW
and John D. Preston, PSY.D., ABPP.
243pp., New Harbinger Publications.
2009



You may never learn all you want to know about bipolar disorder and depression. *Bipolar 101* is a primer that works well for those recently diagnosed, but it's also good for old timers who want to learn new ways of managing their illness.

There's a lot in *BP101* that you didn't realize you didn't know. The book is co-written by a psychologist and by a mental health practitioner who has bipolar disorder. It's partly information and partly rigorous self help.

The authors' main premise is that maintaining good mental health is about prevention, not cure. Self-help begins with paying attention to preventing and minimizing stress before it becomes overwhelming. Suppose, for example, I can't find my shoes. Already nervous about my plans, tension rises as I become late. I begin to feel things are spinning out of control: looking for shoes on a deadline changes my mood. This is where the authors say structure and routine can be calming and lessen stress. They recommend keeping logs, records, and charts to track how you feel and to help you discover the triggers that affect your mood.

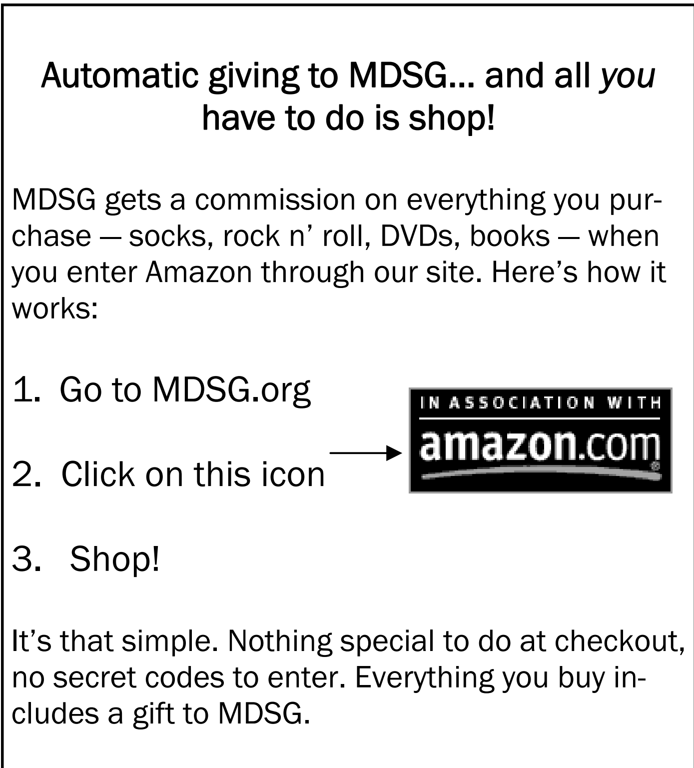
Of course, if you tracked everything this tiny textbook asks you to, it could fill a big notebook. Everyone needs to keep records of meds, moods, sleep, exercise, and nutrition. The most important notes to keep, I think, are the ones showing the flow of your moods. Your doctor will know more about you if he can see how long and how bad your mood swings are.

Bipolar 101 suggests taking a whole lot of action. However, Bipolars spend a lot of time depressed, when it can be almost impossible to summon the discipline to do much, let alone head for the gym. I think the authors assume we have more energy than we do. But they emphasize that routine -- making even a small commitment to do something every day – can help protect you from manic episodes.

The book's chapter on medications harps on the need to be compliant. Frankly, this is irritating. Professionals call us *compliant* when we are perfect pill takers. I find compliance a mean, unfeeling word, whose synonyms are obedience, submission, and acquiescence. Undoubtedly, medicines are the most consequential part of getting better. We need them: the alternative is to enter the dangerous territory of living untreated. But taking prescribed meds (or not) is a choice we make every day. It's not about being good or bad or nice, and taking medication takes effort.

The authors are at their best when they're writing about staying level, and what you can do when your mood shifts. They also have a good section on why and how to tell another person that you are Bipolar. They provide an interesting "how to" example for getting through a negative reaction and dealing with stigma.

This little book about the size of a paperback murder mystery, with its impressive table of contents, is chock full of web sites and resources. Simple and clear, *Bipolar 101* is probably best for those recently diagnosed. But we old-timers can benefit by re-reading some, to pick up concepts to add to our knowledge base. And all of us who keep learning should be on the path to staying as well as we can.



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The Battle of the Sexes

The symptoms and precursors to Bipolar Disorder are the same for everyone, but there are still differences between the boys and the girls. Do you know who gets more of what?

	Who experiences more?	
1. Manic episodes	men	women
2. Depressive episodes	men	women
3. Rapid cycling	men	women
4. History of alcoholism	men	women
5. Atypical depression	men	women
6. Lifetime risk of depression	men	women
7. Symptoms while depressed:		
a) Sense of feeling worthless	men	women
b) Appetite disturbances	men	women
c) Sleep disturbances	men	women
d) Trouble with concentration	men	women
e) Anxiety	men	women
f) Agitation	men	women
g) Anger	men	women
h) Loss of sexual interest	men	women
8. Effect of genetic factors	men	women
9. Depression triggered by:		
a) Divorce/separation	men	women
b) Work problems	men	women
c) Legal problems	men	women
d) Difficulty getting along with people in everyday life	men	women

Answers are on page 2. Your individual experience may differ from the average, of course… hopefully for the better!

Ask the Lawyer: Marc A. Strauss, Esq.

What's the difference between SSI and Social Security Disability?

SSI provides supplemental funds and insurance for those with limited income. Social Security Disability encompasses full Social Security benefits. There's no income requirement to apply, but generally you must have worked regularly and paid in to Social Security for five of the last ten years. For both, you have to have been out of work for at least a year due to your mental health disability. The standard of disability is the same for each.

Does age make a difference when you apply for Social Security disability?
Yes, in the sense that it determines how significant your disability has to be in order to get benefits. If you're above age 54, you have to show you can't do the type of work at which you were previously employed. If you're younger than that, you must be unable to do *any* work that will provide you with a substantial and gainful income.

What if I get Social Security, then feel better and go back to work?
There's a nine-month trial period during which you can work and still receive full benefits.

How long does it take?
Longer than you want! Most applications with Bipolar are rejected initially, perhaps to discourage people from applying. However, those who appeal the initial decision are often successful, especially if they have medical records that show consistent care. It usually takes about 18 months to go through the appeal process. Don't get discouraged by delays!

I can barely keep myself going. How am I going to make it through a long appeal?
When you're truly unable to work regularly because you are Bipolar, Social Security is worth pursuing. It's steady income on which you can count for the rest of your life. If you're afraid you won't follow through with the application or appeal, consider getting someone to represent you.

I've heard I'll have to go before a judge. That sounds terrifying!
The appeal process does involve a hearing in front of a judge. But it's not like on TV! You're not on trial; the judge is there to hear what *you* have to say about how Bipolar affects your ability to work. A hearing is your chance to make it clear how debilitating your illness is. This is good, not bad.

I have a substance abuse problem. Will that affect the decision?
It will make it a little harder to get approved for benefits. The judge will have to determine whether you would remain disabled if you stopped using drugs or alcohol. (Social Security doesn't count substance abuse as a disability.) If you've had a period of sobriety or healing and can show that you still had difficulty with Bipolar during that time, it will work in your favor.

What kinds of things does Social Security look at to determine if I am disabled by Bipolar Disorder?
Having Bipolar doesn't in and of itself mean you qualify for disability benefits. There's a long list of items that will be considered. These include work-related skills like being able to get along with co-workers and supervisors, attend work regularly, understand and follow through on short and simple assignments, perform at a consistent pace, make simple work-related decisions, and adapt to changes in routine and settings.

Has anything changed with Social Security disability recently?
In terms of benefits, no. However, as the economy has worsened, we're seeing longer delays in getting approvals. This may be because more people are applying for benefits now. That's all the more reason to apply sooner rather than later, if you are disabled by your illness.

Have more questions? Email them to Info@mdsg.org and we'll include an answer in an upcoming issue of MOODS.

Mood Disorders Support Groups and Lectures Fall 2009

Support Groups

Manhattan – West Side
Every Wednesday

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic
411 West 114th Street
(between Amsterdam and Morningside)
Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

Manhattan – East Side/Downtown
Every Friday

Beth Israel Medical Center, Bernstein Pavilion
2nd floor, Enter on Nathan Perlman Place
(between 15th & 16th streets, First & Second Avenues)
Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

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.

Upcoming Lectures

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

Date	Speaker	Topic
Sept 8 Tuesday 7:30 p.m.	Sanjay J. Mathew, M.D. *Director, Mood and Anxiety Disorders Program; Faculty, Mount Sinai School of Medicine*	**Cutting-Edge Treatments for Those Depressions That Won't Go Away** Dr. Mathew brings us up to date on the latest breakthrough research.
Oct 6 Tuesday 7:30 p.m.	Laura Bernay, M.D. *Physician in Charge, Psychiatric Outpatient Services, Beth Israel Medical Center*	**The History of Melancholia and Mania: How is it Relevant Today?** Fascinating stories of how mood disorders were treated through the ages. Even the Greeks and Romans got depressed!
Nov 10 Tuesday 7:30 p.m.	Panel of Psychiatrists *Prominent practitioners with a wealth of experience*	**And You Were Afraid to Ask!** A panel of leading psychiatrists answers your toughest questions.

Lectures are usually held on **Tuesdays** (call 212-533-MDSG and listen to message for last-minute changes). Doors open at 7:00 p.m., lectures begin at 7:30 p.m. Lectures are $4 for members and $8 for non-members.

Contact us for more information and a copy of our newsletter.
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