Newsletter of the Mood Disorders Support Group/New York

MOODS

Serving People with Depression & Manic Depression, Their Families & Friends Since 1981. 2000, No. 2, $2.50

Jacqueline Fanelli, center, joins fellow youth group facilitators, Li Lippman, left, an MDSG board member, and Alexandra Klein, Acting Coordinator of Lectures.

Youth Group Thrives

By Jacqueline Fanelli

I am 31-going-on-32 years old—youthful, yes, but not exactly a youth. Yet at 7 p.m. Friday evenings that's exactly what I become again when I attend the MDSG youth group at Beth Israel Medical Center.

You can spot me opening the door to the Bernstein Pavilion and walking down the long, dreary, gray hall lit by fluorescent lights to the unadorned meeting room at the end. Not exactly romantic for a Friday night.

And I—not exactly a youth, perhaps, since I'm divorced, and, until recently, well established in a serious career—am about to spend it with teenagers and twenty-somethings. What is the definition of youth? The Microsoft Thesaurus came up with: "adolescence, juvenility, prime, greenness, minority."

Nope. No help there. I may be in my "prime," but "adolescence" and "juvenility" don't apply—not even to the five or six 16-year-olds that regularly attend our groups. "Greenness?" This doesn't describe anybody in the group. Seasoned by mood disorders, we've lost jobs, relationships, friends, and faith.

American Heritage Dictionary defines youth as: "1. The condition or quality of being young; 2. an early period of development or existence; 3. the time of life between childhood and maturity."

Okay, now I have a working definition of the youth group: people-

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Are You In The Way Of Your Recovery?

Richard O'Connor, Ph.D.
"Depression: The Disease That Perpetuates Itself"
Monday, June 5 7:30 p.m.
Podell Auditorium, Beth Israel
Fund-raising lecture: $6 members; $10 non-members.

"Depression is a disease that perpetuates itself, partly, because our own bad habits sustain it," says Dr. Richard O'Connor. "However, we get plenty of support for staying depressed from the health-care industry.

"I'll talk about what consumers/patients can do to educate their health-care providers, advocate for better care, recognize a good evaluation and treatment plan for depression, and find quality care.

"The lecture will be based on my new book, *Active Treatment For Depression*, which examines how the pharmaceutical industry, medical profession, and psychotherapy not only let down people with depression, but actually reinforce the disease."

INSIDE

From the Chair

People with mood disorders need to know about medication, therapy, and the importance of compliance. In our support groups we also offer a lot of good advice and information. But there are four less obvious, but very important, things we need to know as well. They are:

(1) Know that you have a right to be well. By this I mean it's critical to know that wellness is rightfully yours. Given the suffering inherent in the illness itself, stigma, self-recrimination, and other negative factors, it's all too easy to lose sight of the fact that health is your birthright.

(2) Know your goals: to get and remain well. Do what it takes. In my experience many people, especially those with bipolar disorder, are tempted to go off their medication for various reasons. Some argue that medication interferes with creativity. But the perceived gains of going off medication must be balanced with likely consequences. Recognizing this becomes increasingly difficult, of course, as hypomania progresses into mania, so it's important to check the impulse to stop medication before full-blown mania takes over. Remind yourself of what you may lose: family, relationships, career, or other aspects of life you care deeply about.

(3) Know that many affective disorders are lifelong conditions that require an appropriate commitment to self-observation and vigilance but that needn't stifle freedom and growth. Through self-knowledge you can avoid situations and environmental "triggers" that might precipitate an episode

(4) Know enough to be skeptical of what you think you know–especially unbridled pessimism. As Richard O'Connor, Ph.D., our June speaker, has observed, many people with depression need to "undo" habits that serve them poorly, and learn or relearn more suitable, self-affirming ways of living.

In Memory

We are deeply saddened by the deaths in March of two members who contributed greatly to the Mood Disorders Support Group.

Dave Schneider, M.D., was a facilitator, editor of the MDSG newsletter, and a board member. He was a strong defender of patients' rights. Most recently he was involved in supportive housing for people with mental illness. He worked with both Pathways for Housing and the Consumer Information Project.

"Dave was an extraordinarily dedicated, passionate advocate for the legal and consumer rights of people with mental illness, and he worked to secure these rights in so many ways," said Richard Satkin, Chairman of MDSG.

Wendla Wilbert was a facilitator for MDSG, a social worker and a volunteer for the International Club. She taught English as a Second Language at the United Nations.

"Wendla was a very sociable person whose forceful presence and sense of humor enlivened any gathering, including the MDSG groups she facilitated," said Don Schott, *Moods* copy editor and MDSG facilitator. "I'll miss her a lot and I know many others will too."

We extend our condolences to the family and friends of both and share in their loss.

Mood Disorders Support Group
New York
MOODS

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MDSG is affiliated with the National Depressive and Manic-Depressive Association.

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The deadline for the next issue of the newsletter is Friday, July 7, 2000. Please send all contributions to Jane Cartwright at 250 Mercer St., Apt. D902, New York, NY 10012. Or send an e-mail to newsletter@mdsg.org. Articles, personal accounts, letters to the editor, cartoons, and drawings are all welcome.

When Depression Turns Deadly

By John McManamy

Depression kills. Simple. Some 15 percent of us who suffer from major depression will die by our own hand. So many more will make the attempt. And many more still will die by "accident" or "slow suicide" through reckless behavior, abuse, or neglect.

According to the Centers for Disease Control, suicide is the ninth leading cause of death in the United States, accounting for more than 30,000 deaths a year. Women will make most of the attempts, but men will succeed more often, by a margin of four to one. In teens and young adults, suicide is the third-ranking cause of death, after accidents and homicides, more than all natural diseases combined.

Suicidal depression does not discriminate. It afflicts the strong and the weak, the rich and the poor, the educated and the uneducated. War heroes have been taken down. So have survivors of the Nazi death camps along with successful businessmen, artists, parents—people who have everything to live for.

We are talking epidemic numbers here. At any given moment, five percent of the population is suffering from a depressive episode. Over the course of a lifetime, 20 percent of the population will suffer major depression, numbers comparable to those who will suffer cancer or heart disease.

We are talking battlefield odds. Those with major depression have an 85 percent survival rate, but the prospect of finding ourselves in the lucky majority brings scant relief. Major depression has exposed us to our worst vulnerabilities, and, deep inside, we no longer trust what tomorrow will bring. We may be walking and breathing, but many of us have been close to death and our minds never let us forget it.

We ponder the fate of those who commit suicide, and sometimes we say a prayer. We think about how tortured they were, and we know for a fact that no just God would ever hold judgment against them.

We who have survived know what we are up against and can plan accordingly. The following are some common-sense guidelines:

IN THE LONG TERM

- Cultivate friends or family members you can call in a crisis. If you have no one, seek a support group, live or on-line.
- You can post your request for help on the Internet, but choose your site or mailing list carefully. If you are new and posting to a very busy list, your appeal may be lost in the shuffle. Or the opposite can happen: your message could go unread on bulletin boards with little or no traffic. Take the time now to establish a presence on a particular list or board. Get on e-mail terms with some of the members.
- Look up the numbers of local suicide hotlines and keep them handy. Familiarize yourself with the Internet crisis and suicide sites and bookmark the ones you like.
- Establish a close relationship with your doctor or psychiatrist. Ask yourself: Is this someone I can call in the middle of the night? Or, if not, will someone be there to respond?
- Remove all guns from your home. According to the CDC, 60 percent of suicides are committed with a firearm.
- The same principle that applies to firearms applies in part to medications. Some antidepressants can be fatal in overdose. Ask your doctor. You may want to shift to a different antidepressant if you don't trust having one of these in the house. It may be advisable to turn pills over to a loved one.
- Watch your thoughts and feelings carefully. You may pick up subtle signals before a full-scale crisis overwhelms you. If you find yourself visualizing the deed, act quickly to protect yourself.

IN A CRISIS

All too often a suicidal depression catches us off guard. Notwithstanding all we have to live for and all those who care about us, the brain in crisis has a perverse way of turning things inside out. For those of you who are in this state right now:

- Promise yourself another 24 hours.
- Call a trusted friend, a loved one or a crisis hotline. Check out this web page: http://www.metanoia.org/suicide.
- Finally, take comfort in the fact that help is on the way. Your mind at the moment may not allow you to think hopeful thoughts, but it can't keep out the knowledge that others are hoping on your behalf.

John McManamy is an attorney and journalist living in Connecticut. He is Depression Editor for www.suite.101.com and is Editor of McMan's Depression and Bipolar Weekly. He attends weekly bipolar support meetings.

The Reader's Corner with Betsy Naylor

THE BIPOLAR CHILD: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder
Demitri Papolos, M.D., and Janice Papolos.
Broadway Books, New York, 1999
398 Pages, $25.00

Imagine a home on a block where a family tries to keep secret its inner turmoil. At times neighbors hear yelling, crashing, and breaking glass. The parents are ashamed, guilty, exhausted. The family has no social life. No outsiders ever enter the house with its damaged interior, and no one inside seems to be interested in repairing it anymore.

What is going on?

The family's seven-year-old is an undiagnosed bipolar child whose agitation and rages go on and on. Nobody—not the parents or the child—is in control of the situation.

So begins *The Bipolar Child* by Demitri Papolos, M.D., a psychopharmacologist, and his wife, Janice, a journalist. The couple, who also wrote the classic *Overcoming Depression*, works in New York City.

In their new book, they collect a wealth of material on early-onset bipolar disorder. Until recently, it was believed that manic depression didn't develop until early adulthood. Not so, say the authors: early signs are often overlooked.

They advocate for increased awareness of the bipolar child, and, by writing the book, focus attention on early symptoms. The experience of having a bipolar child and ways to cope are discussed, and this leaves the reader with hope that something can be done.

Mood disorders symptoms from the Diagnostic and Statistical Manual IV are included in the book, along with a list of symptoms ranked most to least common.

Often bipolar disorder in children is confused with attention-deficit/hyperactivity disorder, the authors say. At other times it's mistaken for unipolar depression, obsessive-compulsive disorder, or oppositional defiant disorder. Symptoms overlap, and this can be bewildering.

Stimulants or antidepressants may be prescribed first, but they can further agitate the bipolar child. In this day of apprehension about giving children drugs, appropriate drugs should be given only after careful diagnosis, the authors argue.

The best audience for *The Bipolar Child* is, of course, the parents of bipolar children, but many bipolar adults will recognize some of their own early experiences.

Topics include medication, genetics, psychological dimensions, the brain, family, adolescence, school, hospitalization, and insurance. Much that the authors present is day-to-day, practical information.

This book asks questions on the cutting edge of research, the answers to which will advance the treatment of bipolar disorder. The book's thorough narrative is rendered livelier by vivid case studies, some of which readers follow from diagnosis to treatment to improvement.

The authors do a considerable amount of "stigma bashing" in publishing *The Bipolar Child*. No one is at fault when a child is bipolar, they say. Parents aren't at fault; the child's behavior is out of control through no fault of the child's. And the problems aren't the sort that can be talked through. Bipolar disorder is a disease that is biochemical.

Girl, Interrupted:

A Movie/Video Review

By Jane Cartwright

Winona Ryder carries this story in the film, "Girl, Interrupted," and it's not really what she *does* on screen that's remarkable. It's her face.

In the first few minutes of the movie, all you see is a close-up of her face while she's riding in a taxi to a large mental hospital. The ride goes on a long time. Terror, confusion, resistance are up there in that forehead, eyes and mouth. You're mesmerized by that face.

Yes, Angelina Jolie, who won an Oscar for Best Supporting Actress, is terrific as Ryder's magnetic, bizarre, sociopathic sidekick in the hospital. She snarls and screeches like a cat, jumps, turns, dances—all motion, fluid and limber. She is obscene, riveting.

But Ryder, who plays Susanna Kaysen, author of the best-selling memoir upon which the movie is based, makes of me an honest voyeur: I begin to *feel* what Ryder feels and *then some*, to remember a few hospital days of my own. The movie is full of close-ups of that fabulous face.

This is a story about survival, as Kaysen puts it, in a "parallel universe." It's about the 18 months she spent in a Massachusetts mental hospital as a high-school graduate in the late 1960s. Her diagnosis? Borderline Personality Disorder—hardly something that would get you committed to a mental hospital these days.

The film chronicles daily life on the ward—just as the book does.

(Continued on page 7)

MOOD DISORDERS SUPPORT GROUPS AND LECTURES

May – October 2000

Support Groups

Brooklyn – Park Slope
Every Other Tuesday
DATES: 5/02, 5/16, 5/30, 6/13, 6/27, 7/11, 7/25, 8/08, 8/22, 9/05, 9/19, 10/03, 10/17, and 10/31.

Doors open at 7:00 p.m., groups begin at 7:30 p.m. on the ground floor, 517 Sixth Street (between 7th and 8th Avenue, across the street from NY Methodist Hospital).

Manhattan – Midtown Every Other Wednesday
DATES: 5/10, 5/24, 6/07, 6/21*, 7/05, 7/19, 8/02, 8/16, 8/30, 9/13, 9/27, 10/11, and 10/25.
*Call (212)533-MDSG to confirm.

Doors open at 7:00 p.m., groups begin at 7:30 p.m. on the third floor, JBFCS, 120 West 57th Street (between 6th and 7th Avenues, east of Carnegie Hall).

Manhattan – Downtown *Every* Friday

Doors open at 7:00 p.m. on the second floor, Bernstein Pavilion at Beth Israel Medical Center. Enter on Nathan Perlman Place between 15th and 16th Streets and 1st and 2nd Avenues.
Youth Group (through age 30). Doors open 6:30 p.m., groups begin at 7:00 p.m. on the first floor at above location.

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 *all* locations, *Friends and Family* groups meet at the same time as others. The Support Groups are free for members. A $4 contribution is suggested for non-members.

Lectures

June 5@	Richard O'Connor, Ph.D. *Psychologist and author*	"Depression: The Disease That Perpetuates Itself" Do you stand in the way of your recovery by staying stuck in old habits? Is the health-care industry doing enough?
September 11	Frederick Goodwin, M.D. *The George Washington University Hospital*	Discusses forthcoming publication of his revision of his classic textbook on bipolar disorder. Come find out what's new in manic depression from the best.
October 2	Donald Klein, M.D. *Professor of Psychiatry, Columbia University*	"Anxiety and Panic Disorders: What does new research have to say?" The doctor considered to be the "dean of American psychopharmacology" will tell us.
November 6	Ivan Goldberg, M.D. *Psychopharmacologist*	Ask this renown psychopharmacologist anything during our popular lecture, "Ask the Doctor."

Lectures are *usually* held **Mondays** (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, Dazion Pavillion, Beth Israel Medical Center (enter at northwest corner of 1st Avenue and 16th Street). Regular lectures are free for members; a $4 contribution is suggested for non-members. @Fund-raising lecture: $6 members; $10 non-members.

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 site: www.mdsg.org

Ask the Doctor with Dr. Ivan Goldberg

Q: I understand antidepressants have the power to push some people with bipolar disorder into hypomania or mania. Is this true for SAM-e and St. John's wort as well?

A: Similar to other antidepressant drugs, the naturally–occurring drugs SAM-e and St. John's wort can cause hypomania and mania in susceptible individuals. People over the age of 50 seem to be particularly at risk of developing this complication.

Q: When I started taking Lamictal, my doctor warned me the drug might cause a rash, but she didn't say what the rash might look like. I know that in rare cases the rash can be fatal. What does a Lamictal rash look like?

A: Most people who take Lamictal do not get a rash of any sort.. When the drug is started slowly the possibility of developing a rash is minimal. Lamictal rashes range from a mild reddening of the skin (resembling a sunburn) to a severe rash with blisters. All rashes that occur while taking Lamictal should be reported to the prescribing doctor. It turns out that even when the rash is from Lamictal, it still may be possible to remain on the drug. The decision to keep someone on Lamictal should be made only by a psychiatrist with much experience using this mood stabilizer.

Q: It seems that most people I talk with at MDSG are taking three or more medications. This seems excessive. Is it necessary?

A: It is not unusual for individuals to require a number of medications. For example, someone with bipolar disorder may be taking two mood stabilizers, an antidepressant, and something for sleep. Other people may require an antipsychotic medication either to help stabilize mood or to control psychotic symptoms associated with the mood disorder. Other individuals may require medications such as Dexedrine, Aricept, or Periactin to help control the side effects of antidepressants and/or mood stabilizers.

Haiku to You, Too

By Howard Smith

This is a tricky contest. Haiku are a deceptively simple form of poetry. With so few words, what could be difficult? Can't anyone write one? We'll see.

Originating in Japan over 300 years ago, haiku are now popular with poets the world over. The classic form has strict rules: first line, 5 syllables; second line, 7 syllables; third line, 5 syllables.

Within those 17 beats there is supposed to be a transcendent image that gains deeper meaning the more you think about it. Haiku novices stumble by turning these existential delicacies into cute jokes. The last line is meant to deliver a zen-like "aha," not a punch-line guffaw.

In this contest you have to combine the haiku format with a mood disorders theme. Quite honestly, I found composing these hard to do. Here are a few of my modest efforts just to give you a general idea of what's required:

The doctor comes in
Sadness my eyes cannot hide
Outside the street hums

Dry mouth blurred vision
Braindust swept under the edge
A walk in the park

A Haldol morning
Sit on the dark grass thinking
Who moved the white sheets

Now try your hand. Send as many haiku as you like to Jane Cartwright at 250 Mercer St., Apt. D902, New York, NY 10012. Or send an e-mail to newsletter@mdsg.org. Deadline for all entries is July 15.

First prize is a $25 gift certificate to Pamela's Café in the Village, second prize is a copy of *The Essential Guide to Psychiatric Drugs*, by Jack Gorman, M.D., and third prize is a seven-day, 28-slot pillbox and pill splitter/crusher.

Contest Winners

When searching for what to call a medication, why don't drug companies pick something more reflective of what the pill's supposed to do for the patient? For example, for the antidepressant Prozac, why not "Prozippity?"

That's what the last contest was all about. First place prize, a $25-gift certificate to Pamela's Café in the Village, goes to Kurt Sass, The Bronx, for "Klonotopia" for the anti-anxiety drug Klonopin.

Second prize, a copy of *The Essential Guide to Psychiatric Drugs* by Jack Gorman, M.D., will be mailed to Jennifer Bell, Manhattan, for her entry, "Ativantastic" for Ativan, an anti-anxiety agent; and third prize, a pill box and cutter, goes to Michelle Jaffe, Staten Island, for "Deepercool" for Depakote, a mood stabilizer.

Youth Group Thrives

(Continued from page 1)

who either *are* young (MDSG guidelines say 30 years old or under) or who still fall "between childhood and maturity"—discussing how to come to terms with, and manage, all kinds of mood disorders. We talk about everything.

I, like many of us, arrived at the youth group through the Internet. Late one night last July, I was quietly tapping away on my then boyfriend's laptop. I ran searches on Excite (I *am* bipolar), Yahoo and Lycos, looking for information.

It was clearly time to do something: I recently had been fired again, this time after failing brilliantly and publicly; life with my boyfriend was falling swiftly apart, too; it had taken me a year (with both my doctor and family pushing) to agree to take lithium, which made me feel sick and defeated.

All the bipolar symptoms from the *Diagnostic and Statistical Manual* sounded like ingredients on a cereal box to me. *I knew,* but I just didn't want to *know*.

I became Keanu Reeves in "The Matrix," and I felt that taking the little pink pill meant there was no going back. Dull and gray, my new reality had become uninhabitable. I had to find someone, anyone, who kept on taking the little pink pill *anyway*. Someone, anyone, who actually *lived* with a mood disorder.

MDSG looked inviting, but like many youth groupers, I had never been to any kind of support group. I was terrified.

It took a lot to get me to Beth Israel that first Friday night. I walked past the youth group (I had not considered myself youthful yet) and took the elevator to the second floor.

It turned out to be an epiphany because of the sheer number of people who attended. I kept asking everyone if they had a mood disorder. In my newcomers' group, the attractive, very sane, calm, and articulate facilitator openly stated he had a mood disorder. This gave me hope, and this was the main reason I came back.

After a couple of weeks upstairs, I tried the youth group. There I learned I am a neophyte in the management of my illness and its symptoms. My peers are often more sophisticated about medication and treatment. We share stories about dealing with family members, help each other gain perspective on our losses, and talk about hard-to-describe symptoms. We discuss all kinds of feelings—feelings of frustration, humiliation, anger, sadness and joy.

The scope and honesty of the discussions make me feel welcome. I know I'm in the right place.

After the group, we often reconvene at Ambrosia, Bendix, or some other local diner/restaurant and then later go on to alt.cafe. This is our chance to defy the social isolation that often accompanies any mood disorder. At the diner, we share onion rings, job connections, political views, and we laugh too loudly. We build on our unique friendships, and heal our bruised egos.

The most remarkable thing about the younger people who gather on Friday evening is their compassion, acceptance, and brilliance. These are young people working toward high school, college, master's and even doctorate degrees. We are re-creating ourselves.

I may hate the mood disorder I have, but it binds me to a group of extraordinary people. They are, above all, such honest people. This is why the MDSG youth group has made living with my illness much more tolerable.

Girl, Interrupted: A Review

(Continued from page 4)

As such, conventional rules of plot don't apply maybe; some critics have panned the film for lack of plot, others have said the tension between the characters carries the plot.

Two things are certain: both climatic scenes on screen are *not* in the wry, wise, valuable book. See the film, yes, don't miss Ryder's inimitable face; but, also, read the book.

New York State Psychiatric Institute
Bipolar Disorder Research Clinic
1051 Riverside Drive
New York, N.Y. 10032

The Bipolar Disorder Research Clinic at the New York State Psychiatric Institute is recruiting volunteers for a study of reproductive function in women with Bipolar Disorder (Manic Depressive Disorder).

To qualify for the study you must be a woman between the ages of 18 and 40, carry a diagnosis of bipolar disorder, and must be taking one of Lithium, Depakote, or Lamotrigine.

Compensation will be provided upon completion of study participation.

For more information, please contact Dr. Laurie Stricks at (212) 543-6500.

Families Needed for - Bipolar Genetic Study

The Bipolar Genetic Study at Columbia University has been studying families with bipolar illness since 1986.

- Families with at least two living members who have had a manic or schizo-affective manic episode may be eligible.
- Key family members would talk with a clinician by phone about their medical history and give a blood sample. A small payment will be given in thanks to all participants.
- **Call us:** (888) 219-2140 (toll free)
  (212) 543-2147 (in New York City)
  Email: bipolar@pi.cpmc.columbia.edu
  Visit us: http://www.bipolar.hs.columbia.edu

Are you or someone close to you currently depressed?

If you or someone you love is depressed and between the ages of 18 – 60, you may be eligible for a state-of-the art brain imaging study. We will provide up to 6 months of outpatient treatment for Unipolar and Bipolar Depression at no cost to the patient. One week stay at the Medical Center necessary.

Inpatient treatment also available.

For more information, please call

(212) 543-5384

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

MDSG provides award-winning services to New York's entire mental health community—over 600 individual support groups a year, the distinguished lecture series, our telephone information service, this newsletter. And all at the lowest possible cost, through volunteers.

The $4 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 $35 for individuals, $50 for families. Your membership card is a free ticket to support groups and most lectures. Contributions are tax deductible.

Annual Membership

To: MDSG, Inc., P.O. Box 30377, New York, NY 10011

I enclose:
- ☐ $35 Individual Annual Membership
- ☐ $50 Family Annual Membership

Is this a renewal? ☐ Yes ☐ No

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