



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

Weekly Support Groups

Doors open at 7:00 p.m.
Groups begin at 7:30 p.m.

Manhattan West Side on Wednesdays

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

411 West 114th St (between Amsterdam Ave. and Morningside Drive.)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor,

Nathan Perlman Place (between 15th & 16th Streets, First & Second Aves)

Support groups allow participants to share their thoughts, feelings and personal experiences in small, confidential gatherings. Separate groups are available for:

- newcomers
- unipolar (depressive)
- bipolar (manic depressive)
- Under-30s
- family and friends.

Groups meet simultaneously. Support groups are free for members, and \$5 for nonmembers.

Upcoming Lectures of Note

Winter 2014

Suicide: How to Predict it, How to Prevent It

Igor Galynker, PhD, MD

Associate Chairman, Department of Psychiatry, Founder/Director of Family Center for Bipolar Disorder, Beth Israel Medical Center

December 10, 2013



Over 38,300 suicides were completed in the U.S. in 2010, and 90% of those were by individuals with a mental disorder. The majority had been receiving mental

health services within days or months of their death. Yet suicide *can be prevented*. The problem is knowing how we can predict when someone is at risk. What warning signs should we look for to know that a suicide is imminent? How can we intervene effectively?

Dr. Igor Galynker, a specialist in this area, says that a suicidal act is not a "thinking" process. Most people think about suicide at some point in their lives, but don't act on it. Suicide is an urge

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DBT: Taking the "Un" out of Untreatable

Dr. Christine Foertsch

Dialectical Behavioral Therapist and Trainer, Behavioral Technology Transfer Group

February 4, 2014

Many people with Bipolar Disorder also have personality disorders, which were long thought impossible to treat. Borderline Personality Disorder is especially tough, because those who have it suffer and cause suffering, often in the most

Cognitive Health Interventions for Better Outcomes for Bipolar

Katherine Burdick, PhD

Associate Professor of Psychiatry and Associate Professor of Neuroscience, Mount Sinai School of Medicine

January 7, 2014



Bipolar Disorder is tricky to treat. First there's the issue of emotional speed control, regulating mood so it's neither too slow nor too fast. Add to that the different types of Bipolar Disorder, each of which requires a

different approach to treatment. Medication is critical to treatment and stability, but it's only part of the answer. We need to have structure in our lives, good sleeping habits, and take care of our physical health. And new scientific research suggests yet another critical component: we need to take steps to reduce the likelihood of long-term cognitive impairment that's often connected to Bipolar Disorder.

This is where Dr. Katherine Burdick comes in. Dr. Burdick's research focuses on how to

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poignant and dramatic fashion. Even with medication and therapy, the cycle can feel unbreakable... perhaps untreatable.

But every eon or two there's a clinical breakthrough in mental health that profoundly improves patient care. Dialectical Behavioral Therapy (DBT) is one of these. DBT was developed by Dr. Marsha Linehan, who brought her personal experience as a sufferer of borderline personality disorder and her brilliance as a therapist together to design a new treatment approach. DBT begins with cognitive-behavioral therapy and incorporates mindfulness and distress tolerance skills. It's proven

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Psychology Space by Li Faustino, PhD

Q: The holidays are coming and I'm concerned because this time of year always gets me down. Is there anything I can do to prevent that?

A: There are many things to consider. First, many people spend holidays with their families, and even the most well-intentioned families can be stress inducing. Sometimes just *anticipating* seeing our families can be anxiety-provoking. Or it can be the other way around: you won't be seeing your family, so you feel isolated and alone.

The best way to prevent big problems is to focus first on the things *you* can control. For instance, try to stay on a regular sleep schedule. If you notice that your sleep is changing because of the

upcoming stress, make changes as early as you can. It might help to go to bed earlier, make sure you wake up at the same time every day, or perhaps speak to your doctor about a sleep aid.

Another thing you can manage is your eating habits. Think moderation: allow yourself holiday treats, but try not to overdo it.

If you are not seeing your family or have no plans for the holidays, construct your own traditions/distractions. Maybe try the free ice skating in Bryant Park, have lunch or dinner with friends, or volunteer at a soup kitchen.

You can also start or keep up an exercise program. Aim

for 30 minutes of cardio work three times a week. This is the amount you need to release those endorphins that combat depression.

If you routinely get down before the holidays, it is important to consider the possibility that there may be a seasonal component to your moods. Starting in October the days start to get shorter and we get fewer daylight hours. This often brings on a depressed mood. To counter this, try to get outside more during daytime hours. Or you can consider using a light box; ask your doctor or therapist for information. The effects of exercise, getting sufficient daylight, and using a lightbox are all almost immediate.

Lastly, you might consider a discussion with your doctor about temporarily adjusting your medication.

In general, if you are anticipating stress over the holidays, I recommend maintaining all existing social supports. Attend those MDSG support groups, make it to every psychotherapy session, and keep up with regular social commitments. If these things are in place while you feel well, they will serve you better when you start to feel bad.

Suicide: How to Predict it, How to Prevent It cont'd.

that is acted out to stop pain.

Survivors of suicide attempts often speak with gratitude of how they later realized that suicide would have been a permanent solution to a temporary problem. Join us at our December 10 lecture to find out how to know when someone you love is at risk, what you can do about it, and how to monitor your own mental health to address problems that could result in self harm.

Cognitive Health Interventions for Better Bipolar Outcomes cont'd.

improve long-term outcomes among those who have Bipolar Disorder. She takes all the variables of the disease into account, but is particularly concerned with preventing cognitive fallout. Why? Because deficits in executive function, verbal memory, psychomotor speed, and ability to pay attention appear to be major players in whether one recovers or continues to suffer. Join us on January 7 to find out why this is... and what you can do about it.

DBT: Taking the "Un" out of Untreatable cont'd.

to be clinically effective in transforming the lives of many whose personality disorders have been stubborn and painfully persistent.

On February 4, Dr. Christine Foertsch, a close disciple of Dr. Linehan, will join us to talk about how and why Dialectical Behavioral Therapy works. She'll discuss why personality disorders are so difficult to treat, and provide encouraging information about the tools DBT uses – tools that are teachable, learnable, and make good common sense. Please join us.

Mood Disorders Support Group
New York
MOODS

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Inquire about bulk orders.

MDSG is affiliated with the Depression and Bipolar Support Alliance.

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The Reader's Corner

Betsy Naylor

Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients

by Ben Goldacre, M.D.
Faber and Faber, Inc. 2012

The pharmaceutical industry creates medicine. It makes a ton of money. Author Ben Goldacre surveys the practices which multiply their bottom line, in an effort to explore whether research studies sponsored by pharmaceutical companies are more likely to produce flattering results for specific medications than independent research.

Some of the maneuvers drug companies use to promote their products are common knowledge, but after reading about one tactic after another, I was shocked. The author is a 40-year old doctor in London who aims to raise our awareness of harmful practices. He begins by noting that 85% of industry-sponsored studies show positive results, compared to 50% of government-funded research. Why?

One reason is the way some drug studies and trials are conducted. Experiments are supposed to reveal facts, but often a pharmaceutical company's goal is to produce favorable results. The true, unvarnished picture often does not reach our doctors... or us. Some studies are flawed by design: participants are not representative of people who would use this drug, or the numbers are too small.



Some studies are stopped early, because that's when the results are looking good. Sometimes Pharma-sponsored studies don't count dropouts, or fail to query those who don't complete the study. This makes data hard to track, since the numbers keep changing.

Then there's study data that never sees the light of day because it's negative (the author notes that 50% of Pharma-sponsored studies are never published). This results in a great deal of information getting buried or lost.

Perhaps the most-known difficulty is that drug company representatives infiltrate doctors' offices, and they keep track of which doctors are favorable to their company's medications. Hired for their charming personalities, reps arrive bearing gifts and invitations to all-expense paid trips to lovely places for Continuing Medical Education. Pharma is deeply enmeshed in the education of doctors, starting with medical schools.

ProPublica, a foundation

funding investigative journalism, did a huge survey called Dollars for Docs, pulling together data on money flows from drug companies to doctors. This information is categorized by spending on research, consulting, meals, and other categories. It's available on the web at <http://projects.propublica.org/docdollars>.

Is all this just hype, or a conspiracy theory? Unfortunately, no. In July, 2012 GlaxoSmithKline (GSK) was found guilty of criminal charges of promoting anti-depressants for unapproved uses, and failing to disclose safety information about a diabetes medication. It was given civil penalties for improper marketing of other medications. Their total fine: \$3 billion.

Dr. Goldacre supplies a chart tracking GSK's stock price before and after the fine: there was no change whatsoever. GSK's shareholders apparently don't care if they've invested in a law-breaking company.

So who *does* care how Pharma proceeds? I do. Although it feels as if we are tilting at windmills, there are some steps each of us can take. We can read this book. We can look up our doctors on Dollars for Docs. If they're listed, we can let them know our concerns about possible conflicts of interest with pharmaceutical companies. And we can let others know about the magnitude of this problem.

We should be able to expect the best drug for our disorder, whether it's physical or mental. Because of current research and marketing practices, we may not be getting what we expect. Let's change that.

Comic Books on Mental Health

Marbles: Mania, Depression, Michelangelo and Me by award-winning comic strip artist Ellen Forney is a graphic memoir that explores the relationship between creativity and mania. Forney was diagnosed with Bipolar Disorder in her late 20s. *Marbles* is entertaining and profound, a journey through the difficulties experienced by the author and by well-known artists.

Look Straight Ahead follows the life of a 17-year old social outcast who suffers a breakdown as a result of bullying. Artist Elaine Will had her own breakdown in 2002.

Psychiatric Tales: Eleven Graphic Stories About Mental Illness arose out of Web-comic artist Darryl Cunningham's desire to fight stigma. Cunningham worked on a British psychiatric ward for many years. A book particularly well-suited for families and friends.

Diary Drawings: Mental Illness and Me is a series of 158 watercolor illustrations and sketches documenting Bobby Baker's recovery from borderline personality disorder.

The Mood Disorders Support Group

Upcoming Lectures — Winter 2013-14

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 St. Doors open at 7:00 p.m., lectures begin at 7:30 p.m. \$4 for members, \$8 for non-members.

**Tuesday,
December
10, 2013**

Suicide: How to Predict it, How to Prevent It

Igor Galynker, PhD, MD
*Associate Chairman, Department of Psychiatry,
Founder/Director of Family Center for Bipolar Disorder at Beth Israel Medical Center*

How do you know when someone's at risk of suicide? And what can and should you do to get effective help? Dr. Igor Galynker helps us sort out the warning signs, and guides us through the steps we can take to ensure that others don't end up harming themselves.

**Tuesday,
January 7,
2014**

Cognitive Health Interventions for Better Bipolar Outcomes

Katherine Burdick, PhD
Associate Professor of Psychiatry and Associate Professor of Neuroscience, Mount Sinai School of Medicine

Concentration, organization, memory, and other cognitive functions are often affected by Bipolar Disorder. New evidence shows that treating this kind of "cognitive fallout" can play a critical role in recovery and stability. Dr. Katherine Burdick helps us understand what we can — and should — be doing in this area to stay healthy.

**Tuesday,
February 4,
2014**

DBT: Taking the "Un" out of Untreatable

Dr. Christine Foertsch
Dialectical Behavioral Therapist and Trainer at the Behavioral Technology Transfer Group

A substantial number of people with Bipolar Disorder also suffer from Borderline Personality Disorder. The combination of these two illnesses is notoriously hard to treat. One approach, however, has proven effective: Dialectical Behavioral Therapy (DBT). Dr. Christine Foertsch teaches us what DBT involves, and how it helps.

Weekly Support Groups

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Wednesdays**

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Psychiatric Clinic

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**Manhattan East Side/Downtown
Fridays**

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and First & Second Aves)

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Ask the Lawyer Marc Strauss, Esq.

Q. What's new at the Social Security Administration that might affect me?

A. The good news is that the SSA seems to be getting a bit more internet-savvy. Information that used to require a trip to a local office is increasingly available online. The status of appeals to the Appeals Council, for example, can now be seen online by registered representatives.

On the other hand, that handy little letter which allowed you to see and check your earnings record will no longer be mailed to you. You'll need to register at

SSA.gov so you can retrieve that information online.

Q. I filed for disability benefits with the SSA while I was badly depressed, and it was denied. Then I filed another application. Someone told me I should have appealed, instead. What should I do?

A. The advantage of filing for an appeal is that if benefits are eventually approved, they can be retroactive from one year prior to the date you filed. When you file a second application, you start the clock all over again. Fortunately, a new ruling, SSR 91-5p, might

provide you with an option. This ruling makes allowance for the fact that claimants who have mental impairments may not have understood the application process. One of the criteria used is "any mental or physical condition which limits the claimant's ability to do things for him or herself" – a definition which might apply, in your case.

Under SSR 91-5p, you may be eligible for an extended deadline for filing an appeal on your first application.

Q. I received a letter about a class-action lawsuit about my Social Security Disability

application. It said my case might be reviewed, but I haven't heard anything more.

A. Last spring I mentioned this class-action lawsuit, which affects certain people whose cases were denied by certain judges in the Queens Hearing Office. Those judges are currently being re-trained, and the cases they decided are being reviewed. Thus far, however, we know of no one whose case has been called up for review.

Social Prescriptions

There's a long history of research that shows that social isolation makes depression worsen. The less you go out and the fewer activities you're involved in, the less involved you are with anything but your feelings. A trend underway in the United Kingdom called "social prescribing" strives to supplement mental health care with broader social support. The concept is simple: to connect people with other people through non-medical activities.

A recent article in *The Guardian* describes a fishing group of people with depression that meets regularly in Newcastle, England. Other groups get together to knit, cook, or exercise. Individuals join groups based on their interests, and find out about them through

word of mouth, booths at street fairs – or by a doctor's recommendation. When participation is recommended by a doctor, peer counselors or other health professionals are available to help make that first trip to the activity easier.

Bonding with others who are struggling with similar difficulties is something we understand well at MDSG. Social prescriptions aim to help individuals bond outside of formal support groups, which engaging in an activity. It's an interesting idea. What's your opinion?

Source: www.theguardian.com/society/2013/nov/05/social-prescribing-fishing-group-doctor-ordered

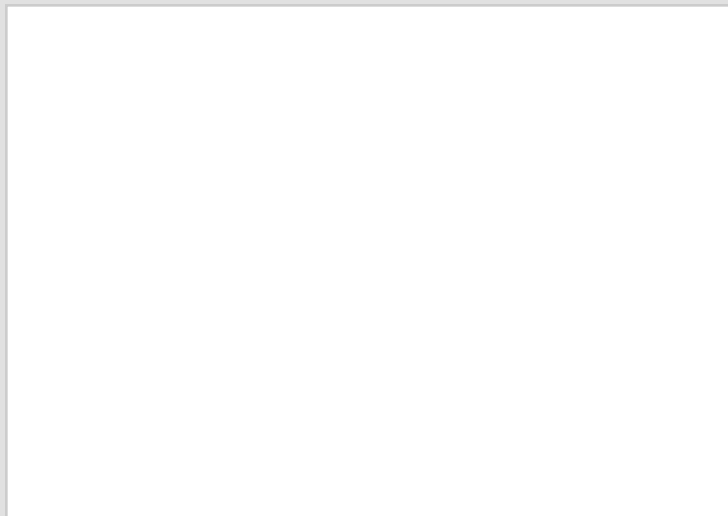
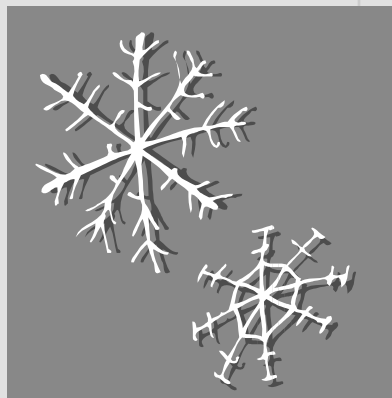
Did you know...

- **People with Bipolar Disorder are more likely to be right-handed** than people with schizophrenia or schizoaffective disorder. Lefties represent about 11% of the Bipolar population, close to the norm for all people. But as many as 40% of people with schizophrenia are left handed. Source: Science Daily online, October 31, 2013.
- **"Running From Crazy"** is a new documentary about actress Mariel Hemingway, granddaughter of famed author Ernest Hemingway (who suffered from depression and received ECT) and sister to supermodel Margeaux (who committed suicide), and her efforts to raise awareness about mental health. Playing at the Angelika in New York at press time.

• You can find out which New York City Council members sit on the **Committee on Mental Health** by going to council.nyc.gov and clicking on 'Committees' and then 'Mental Health'. Minutes from committee meetings are posted online, too.

• A study of the **effectiveness of Kendra's Law** has shown a positive impact on keeping a subset of severely mentally ill people out of the hospital, at lower cost to the State. The controversial law requires "outpatient commitment" for roughly 2,000 individuals with a long, cyclical history of skipped medication, hospitalization and violence. Caseworkers monitor compliance with medication and therapy. Source: The New York Times, July 30, 2013

MDSG, Inc.
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Stay Healthy, Keep MDSG Healthy

We all know it takes a huge amount of work to keep ourselves stable and healthy. MDSG plays a key role in supporting us in those efforts. The cost of membership and lecture admission doesn't come close to covering our expenses. Your financial support is crucial. Please give what you can.

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