



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 (bet. Amsterdam and Morningside Aves.)

Manhattan East Side on Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor

Nathan Perlmutter Place (bet. 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 members
- friends

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

Upcoming Lectures of Note

Spring 2012

MAO Inhibitors: The Answer to Treatment-Resistant Depression?

Patrick J. McGrath, M.D.

Professor of Clinical Psychiatry, College of Physicians and Surgeons, Columbia University; Co-Director, Depression Evaluation Service, New York State Psychiatric Institute

Tuesday, March 6

Studies show that half of all those treated for depression do not find full relief with currently available medications. *Why?*

What if the reason is that some people have a higher level of the MAO enzyme, which may chew up serotonin, noradrenaline and dopamine – the neurotransmitters implicated in depression?

What if instead of using ECT as a last measure, you could have a brain imaging test to find out if you have a high chance of responding to an MAO inhibitor?

What if MAO inhibitors – long associated with severe dietary restrictions and considered a last-resort medication – are actually the answer?

We already know that women with postpartum depression *do* have higher levels
cont'd on p. 5

It's a Revolution! How Science is Changing R&D for Mood Disorders

David Brody, M.D.

Assistant Professor of Clinical Psychology, Albert Einstein College of Medicine

Tuesday, May 15

It sounds like bad news: there's been an unprecedented decrease in research funding for psychiatric medications. The good news is that a revolution is under-

Mindfulness Meditation: A Proven Approach to Turning on Happiness and Well-being

Judson Alyn Brewer, M.D./PhD.

Assistant Professor of Psychiatry; Medical Director, Yale Therapeutic Neuroscience Clinic

Thursday, April 5

News alert: it is possible to *turn off* the areas of the brain related to unhappiness and psychiatric disorders.

We humans have a default mode in our brains that causes "mind-wandering". This fluctuation in attention is present roughly 50% of our waking hours – and is associated with higher levels of unhappiness, anxiety, depression, schizophrenia and attention lapses. Through brain imaging studies, Dr. Judson Brewer and his colleagues at Yale have discovered that experienced meditators actually turn off this default network and *on* a new network associated with happiness. These meditators use techniques that improve concentration, focus on loving-kindness and emphasize mindful awareness.

Mindfulness training has gained the rapt attention of top professionals in the mental
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way, and there's an equally unprecedented efficiency in the research that's being done. Scientific advances have brought us out of the age of serendipity and into the era of targeted research that draws on advances in a range of fields:

- **Brain imaging** is revealing critical brain circuits that can follow the effects of treatment with much greater precision;
- **Cognitive science** is defining new targets for clinical treatment such as "social motivation" in the inability to
cont'd on p. 5

Ask the Doctor by Ivan K. Golberg, M.D.

Does suddenly stopping an SSRI have any risks?

Discontinuing an SSRI or SNRI (venlafaxine (Effexor) or Duloxetine (Cymbalta)) may result in a withdrawal syndrome that usually starts within a few hours or days of ceasing to take the drug.

Some people will go into withdrawal after missing just one dose of venlafaxine or paroxetine (Paxil). With sertraline (Zoloft), fluvoxamine (Luvox) and citalopram (Celexa), withdrawal reactions may develop within two weeks of discontinuation.

Fluoxetine (Prozac) remains in the blood for a long time, and so withdrawal symp-

toms may not be experienced for several weeks. The symptoms of SSRI withdrawal syndrome can mimic illness, and can be significantly alarming.

What are the symptoms of withdrawal syndrome?

The most common symptoms are:

- Vertigo
- Electric shock-like sensations
- Anxiety and/or depression
- Irritability
- Vivid dreams
- Headaches or muscle ache
- Fatigue
- Agitation
- Nausea/vomiting
- Insomnia
- Crying spells

Chills
Weakness
Visual distortions

These symptoms may last several weeks and can range from mild to severe.

How can I prevent withdrawal syndrome?

The simplest approach is to taper down the dose of the antidepressant over the course of a few weeks. Another way is to switch to fluoxetine and then stop the fluoxetine.

Does having withdrawal syndrome mean I'm addicted to SSRIs?

No, there is no evidence that SSRIs are addicting.

Answers to Fish Oil Quiz from page 5

1. **A.** 6-8 weeks (about the same as anti-depressants)
2. **C.** One of the most intriguing results of Dr. Sublette's study is that the proportion of EPA to DHA is probably a key factor in how effective fish oil will be in reducing depression. Add up the total amount of EPA and DHA in your fish oil, then divide the EPA by the total: EPA/(EPA+DHA). If your answer is .60 or more, you've got the right proportion.
3. **B.** Studies using 200-2200 mg a day of EPA in **excess** of the DHA were effective against depression. Subtract the DHA dose from the EPA dose to figure this out.
4. **D.** The effectiveness of fish oil is not influenced by age, sex, or the severity of your depression.
5. **C.** Fish oil is not a substitute for psychiatric medications or medical care. It is FDA-approved for treatment of high triglycerides but has not been approved for treatment of mood disorders. However, it is considered to be low-risk and have potential for benefit in depression (and cardiovascular health), so may be a good choice to augment standard antidepressant treatments. No benefit has been shown for manic symptoms of bipolar disorder.

Mood Disorders Support Group
New York
MOODS
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The Reader's Corner by Betsy Naylor

Stuff: Compulsive Hoarding and the Meaning of Things

Randy Frost and Gail Steketee
Mariner Books
Paperback 2011
Houghton Mifflin Harcourt



Stuff begins with a worst-case scenario: the story of Homer and Langley Collyer, who lived on up-

per 5th Avenue during the 1920's, 30's and 40's. Compulsive hoarders, the Collyers filled their three-story brownstone with 130 tons of astonishing things: baby carriages, cars, fourteen grand pianos, half a sewing machine, parts of a wine press and 25,000 books. Their house was so full that they lost touch with normal, healthy life. They set up booby-traps to deter intruders, and navigated their home using intricate passageways. In 1947 one of them accidentally set off a booby trap, and both died in the middle of their mess.

I chose to write about this book because I heard Randy Frost interviewed on WNYC radio. The subject was so interesting, and I thought it was appropriate for this space for its fascination value and for its many references to mental health problems. These include obsessive-compulsive disorder, depression and anxiety.

Why do people hoard? The

authors of *Stuff: Compulsive Hoarding and the Meaning of Things*, Randy Frost, professor of psychology at Smith College and Gail Steketee, Dean of the University School of Social Work have spent the last decade studying this extreme behavior.

Lots of us own lots of things, and it's easy to wonder about the distinction between being a collector and being a hoarder. Frost and Steketee say the difference lies in organization. Collectors tend to treasure items that are selected and displayed with care. Hoarders are more likely to be impulse purchasers, have difficulty categorizing information, and are often easily distracted. Brain studies show damage to the center of their pre-frontal lobes -- the region responsible for executive functions like goal-directed behavior, planning, organization and making decisions. This damage is so significant (and the compulsion to hoard so overwhelming) that most hoarders do not respond to therapy. At present the DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders*) lists hoarding as one of eight symptoms of Obsessive Compulsive Disorder. In the new DSM-V, it may be listed separately.

Hoarders feel a special connection to their belongings, and a strong sense of ownership. The problem is not necessarily a matter of substituting attachment to things for attachment to people; hoarders are often

amazingly sociable and well-liked. However, the degree of intensity and connection they feel toward their belongings is far more extreme than the norm.

Why do they gather -- and keep -- so many things? One key reason is that they think an item may be useful someday. Another common theme is the fear of losing information that could be important... even if it's a decade old. The reluctance to part with their possessions is rationalized in a variety of ways. Sometimes they act as if objects have feelings: 'My broken teapot will be hurt if I throw it away!' Other times the item reminds them of a connection with someone, and discarding it feels tantamount to betraying the friendship. But most often keeping stuff simply prevents the hoarder from feeling the pain of having it taken away. And so the stuff stays right where it is.

When overflowing, stinky stockpiles of stuff come to the attention of the police, a landlord, or the Board of Health, the offender can be taken to court. Then he might be evicted, or ordered to have his home undergo a forced cleaning. NYC has a well-practiced crew on hand for forced cleanings: on the scheduled day a few dumpsters and four workmen arrive, prepared for abuse from the resident. One family in *Stuff* underwent eight forced cleanings in five years. Does it change anything? No. Hoarders have

been known to buy new houses to have more space to fill, and to rent storage units one after another.

Stuff has me thinking about my things: which to give up and which to keep -- and why. My New Yorkers have cartoons I can't ignore, and my inbox contains hundreds of emails I might need. Does everyone have a small bit of the hoarding instinct? I think so. Hoarders suffer from depression, a natural consequence of the disintegration and disorder of their lives. They face a constant stream of negative comments from healthy people, who feel free to express their disgust and dismay.

One thing *Stuff* drives home is that hoarders can't help hoarding. This wonderful book has changed how I look at things, and how I look at people who hoard. I now know that confrontation with a hoarder is likely to produce no more than a nasty argument with a rigid person who is in denial. Perhaps understanding and patience are the best we can offer.

The Mood Disorders Support Group

Upcoming Lectures – Spring 2012

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

March 6
Tuesday
7:30 p.m.

Patrick McGrath, M.D.
Professor of Clinical Psychiatry, College of Physicians and Surgeons, Columbia University; Co-Director, Depression Evaluation Service, New York State Psychiatric Institute

MAO Inhibitors Does an old approach hold new promise for treatment-resistant depression?

April 5
Thursday
7:30 p.m.

Judson Alyn Brewer, M.D., PhD
Assistant Professor of Psychiatry; Medical Director, Yale Therapeutic Neuroscience Clinic

Mindfulness Meditation Studies show that meditation can *turn off* the unhappiness portion of your brain. Find out how – and try it for yourself.

May 15
Tuesday
7:30 p.m.

David Brody, M.D.
Assistant Professor of Clinical Psychology, Albert Einstein College of Medicine

It's a Revolution! Changes in the way research is done for psychiatric medications is making the process more efficient.

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MDSG Membership

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Membership in MDSG gives you FREE admission to support groups and a discount on all lectures

The Fish Oil Quiz

You've heard that taking fish oil can help with everything from preventing heart disease to easing depression. You might even have a bottle of the stuff on your shelf. Do you take it? Should you? Dr. Elizabeth Sublette of Columbia University recently completed a meta-analysis of fish oil studies, and helped us put together the following quiz regarding use of fish oil for depression.

1. If you take fish oil for depression, how long is it before you'll see an effect?

- Same day
- A couple of weeks
- 6-8 weeks
- 8-10 weeks

2. Fish oil contains omega-3 fatty acids in the form of EPA and DHA. To be effective in reducing depression the fish oil you take should have:

- Exactly the same amount of EPA as DHA (100 mg EPA for every 100 mg DHA)
- More DHA (e.g., 100 mg EPA for every 200 mg DHA)
- More EPA (e.g., 150 mg EPA for every 100 mg DHA)
- It doesn't matter

3. How much EPA should you take?

- No more than 200 mg a day
- 200 to 2200 mg a day
- 2500 mg a day
- 4000 mg a day or more

4. Which of the following contributes to the effectiveness of fish oil in reducing depression?

5. Is fish oil an FDA-approved treatment?

- Your age
- Your sex
- The severity of your depression
- None of the above

5. Is fish oil an FDA-approved treatment?

- Yes
- No
- Yes, but not for depression
- Yes, but only for bipolar disorder

Want to read the full abstract for the fish oil study? It's online at www.moodstudies.org/scientific-research/

Answers to quiz on page 2

MAO Inhibitors

cont'd from p 1

of the MAO enzyme. Now Dr. Patrick McGrath is tackling the "what-ifs" of MAO inhibitors in a fascinating brain imaging study to determine if certain people benefit much more from this kind of medication.

Join us on March 6 to find out about the practicalities of using MAO inhibitors, despite their dietary restrictions. Dr. McGrath will talk about his research and give us a look at how MAO inhibitors could be used — if his studies are conclusive and a less harmful version of these drugs can be developed.

Mindfulness Meditation

cont'd from p. 1

health field for a simple reason: mindfulness has shown quantifiable clinical benefits for the treatment of pain, substance-abuse disorders, anxiety disorders and depression. Mindfulness also helps to increase psychological well-being.

Dr. Brewer practices what he preaches (and researches). He'll join us on April 5 (note: that's a Thursday *not* a Tuesday!) to explain to us what his research shows, and to teach us some mindfulness exercises that will allow us to start putting this technique to use. Please come — to learn about Dr. Brewer's research, and to learn how we can control our own

It's a Revolution!

cont'd from p. 1

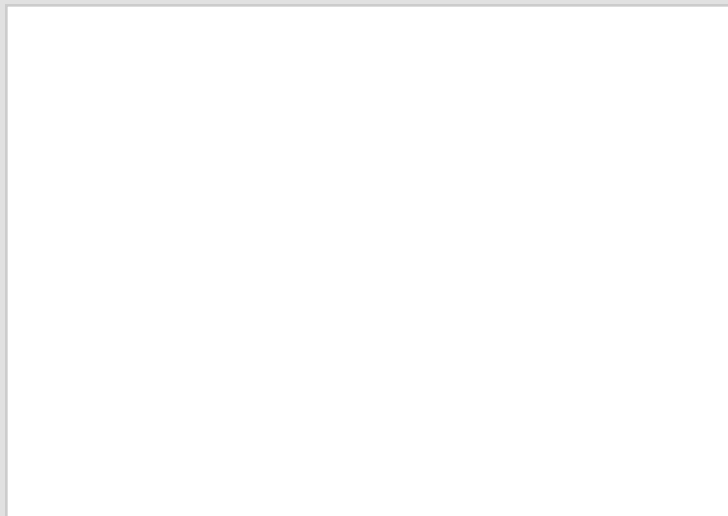
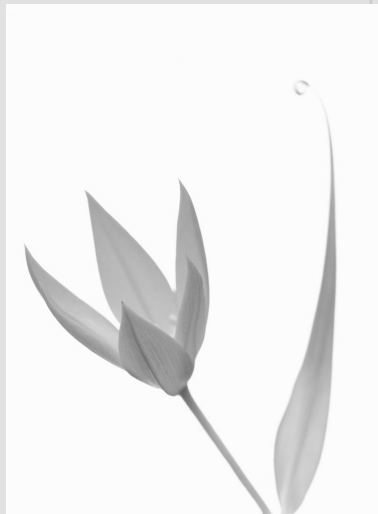
experience pleasure while depressed.

- **Genetic studies** are uncovering molecular pathways that may be targets for treatment development.

On May 15, Dr. David Brody will brief us on the future of psychiatric drug development, and introduce us to some of the advances in scientific research that are fueling the research revolution. He'll explain new terms like pharmacogenomics, and outline how science's new knowledge of things like glutamate (the NMDA receptor) will affect the development of psychiatric medications.

MDSG offers weekly support groups for friends and family of people with mood disorders.

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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