



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 Ave. and Morning-side Drive.)

### Manhattan East Side on Fridays

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

Nathan Perlman 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 and friends.

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

## Upcoming Lectures of Note

Winter 2012-13

### Ask The Facilitators: Building a Wellness Toolbox

Panel of MDSG Facilitators:  
Adina, Twinkle, Lance, Andre

**December 11, 2012**

Almost all of us at MDSG are searching for ways to improve our mental health and quality of life. Our peer facilitators — who've been in our shoes and have run hundreds of support groups — have unique insight into the strategies that have helped others manage symptoms. On December 11 we'll bring four of them together to discuss the many ideas and approaches that work. We hope you'll be there to share your own tips and techniques.

At MDSG, we are each on our own path to recovery. But we're also in a position to pool our ideas and build a rich toolbox of wellness techniques. "Ask The Facilitators" events are always popular, and this one's bound to pique your interest... and maybe even make all of us healthier.

### Stop It! Putting the Brakes on Self-Destructive Behavior

Richard O'Connor, Ph.D  
*Practicing Psychotherapist, Bestselling Author*

**February 11, 2013**

Dr. Richard O'Connor, one of our favorite authors (*Undoing Depression, Undoing Perpetual Stress and Happy At Last*) is tackling a new subject: our tendency to be self-destructive.

Self-destructive behavior is common among all kinds of people, not just those with mood disorders. We don't really *intend* to harm ourselves when we procrastinate, smoke, overeat, overwork, neglect

### Change the Future and Reach Recovery

Larry Davidson, Ph.D

*Professor of Psychiatry and Director, Program for Recovery and Community Health at Yale University; Senior Policy Advisor for the Connecticut Department of Mental Health and Addiction Services*

**January 8, 2013**



To understand how you can change your future — and how we can change the future of mental health care — join us on January 8.

Professor Davidson has written five books and published over 200 articles on recovery and recovery-oriented care. He believes we're at a crossroads where real change and real recovery are possible. Why? Because three important trends are converging: an increasingly powerful peer support movement, a rise in the development of innovative and effective services, and the possibility of affordable health care for all.

Dr Davidson believes people with mental illnesses and addictions can recover *if* they are empowered to take care of themselves *and* can access the resources they need. Which is why you need to hear his talk on January 8. Come learn how we can enhance recovery, influence public policy, and improve how services are provided. *We can* change the future, working together, starting now.

to exercise, or spend too much time surfing the web. Negative behaviors run the gamut from innocuous indulgence to addiction and self-mutilation. And they're hard to stop.

Why is it that we make endless promises and sometimes multiple attempts to reform our  
**continued on p. 2**

## Ask the Doctor Ivan Goldberg, M.D.

### What does it mean when a drug is used “off-label”?

In the U.S., the Food and Drug Administration (FDA) controls what claims a drug manufacturer can make about a drug it produces. Included in the “labeling” are the conditions for which the medication has been shown to be an effective treatment.

After a drug becomes available, physicians often find that the drug has other uses

than those that the manufacturer has asked the FDA to approve. These “off-label” uses may become incorporated into standard medical practice. For example, carbamazepine (Tegretol) is a drug that is only approved for the treatment seizures and pain syndromes, is sometimes used for the treatment of people with mood disorders.

### What exactly is a generic drug?

A generic is a drug with the same active ingredient, but not necessarily the same inactive ingredients as a brand-name drug. Generics may only be sold after the original drug’s patent has expired. While many generics work well, some perform poorly when compared to the name-brand drug.

### How closely should physi-

### cians follow the dosage suggestions for antidepressants found in publications like the Physicians Desk Reference (PDR)?

For any given individual, there are three categories of antidepressant doses:

- those that are too low to adequately control the depression
- those that adequately control the depression and are well tolerated
- those that produce dangerous or intolerable side effects.

The doses found in books like the PDR are those that have been shown to be safe and effective for groups of depressed people who took the antidepressants during the clinical trials that led up to FDA approval.

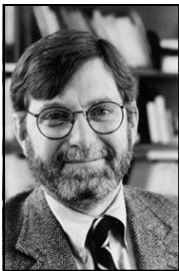
For some people the lowest suggested starting dose

produces intolerable side effects, and for others the maximum suggested dose may not bring about remission. Antidepressant use must be individualized, and at times the dosage needed may exceed what is suggested by the drug manufacturer.

For example, according to the manufacturer the maximum suggested dose of long-acting venlafaxine (Effexor-WR) is 225 mg per day. In clinical practice, doses of up to 600 mg/day have been reported to be safe and effective.

## Stop It!

Richard O’Connor lecture cont’d from p.1



bad habits, only to fail, feel hopeless, and become more critical of ourselves? We’ll find out on February 11th, when Richard O’Connor teaches us how to stop the cycle and bring about a better outcome.

“Self-destructive habits are probably the greatest source of unnecessary suffering in our lives,” Dr. O’Connor says. If you want to stop some of the things you do, stop in to his lecture to find out what can be done to help ourselves recognize (and stop) bad habits and self-destructive urges. It could make a big difference.

## Anne Sheffield

We note with deep sadness the passing of author Anne Sheffield, who wrote about coping with the difficult relationships between mood disordered persons and those who love them. She was in her seventies and is survived by a daughter.

Anne did much of her research within MDSG’s Friends and Family support group, where she found wonderful material for writing *How You can Survive When They are Depressed: Living and Coping with Depression Fallout* (1998). She defined five steps of Fallout: confusion, self doubt, demoralization, anger and the desire to escape. She also wrote *Depression Fallout: The Impact of Depression on Couples and What You Can Do to Preserve the Bond* (2003). Her books are well-written, filled with empathy and a deep understanding of her subject matter. Anne also gave two well-attended lectures at MDSG; she valued us as much as we valued her. She will be greatly missed.

Mood Disorders Support Group  
New York  
**MOODS**  
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## The Reader's Corner

Betsy Naylor

### ***Subliminal: How Your Unconscious Mind Rules Your Behavior***

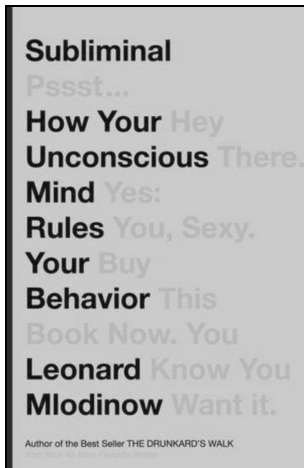
by Leonard Mlodinov, PhD  
Pantheon Books, 2012

Have you ever asked yourself why we do things that don't make sense? Been polite when you wanted to shout in anger? Made an instant judgment of someone you haven't met? Each of us is affected by the unconscious mind. We have heard of it, but have little awareness of the power it holds over how we view the world and the meanings we attach to everyday events.

All of us in the United States recently endured the presidential campaign, where subliminal messages abounded. Like advertisers, both campaigns appealed to our values, our hopes, our struggle to keep afloat, and our need to feel understood. We watched the faces of the candidates carefully for hints and clues as to who was the most trustworthy, authoritative, or believable.

Facial expressions transcend words, and are a key influence on subliminal messages. We learn as babies to be attentive to faces before we can talk. The part of the brain called the fusiform face area interprets these images, helping us recognize people and their emotions. These visual messages are so important that they can distract us from the actual content of what is being said. Leonard Mlodinov, the author of *Sublimi-*

*nal*, knows a Hollywood agent who only makes deals on the phone so that he won't be distracted by the face of the other person. This helps him ensure that he does not give away any of his positions.



We also make judgments based on appearances, tone of voice, and touch. Subtle, non-verbal cues can influence how we respond more than we think. In France, researchers sent three handsome young men to a pedestrian-filled place. The men set forth to get as many women's phone numbers as they could, each with the exact same script. The three approached 240 women, giving half the women a one-second forearm touch. The other half were not touched. The result: the men obtained twice as many phone numbers with the touch.

We humans intuitively sort everything into categories. The advantage of this is that categories provide essential short-cuts in our thinking. Without them we would

have to sift through details, as if seeing each object for the first time. The major drawback is that judging people on classifications like race, sexual orientation, religion, etc., can lead to stereotypes and bias that neglect the unique characteristics of each person in a group. Mlodinov writes, "Although your evaluation may feel rational and deliberate, it is heavily informed by automatic, unconscious processes...The challenge is not how to stop categorizing, but how to become aware of when we do it in ways that prevent us from being able to see individual people for who they really are."

Memory, too, is not as accurate as we tend to think. A review of police records shows that identifications made in line-ups are 20% to 25% false. Back when psychologists were first studying memory in the early 1900's, they did an experiment in a classroom. Actors staged an altercation, complete with a gun that one of them shot. Afterwards, the students were divided into 3 groups: one group was questioned, another was asked for a narrative, and the third wrote down what they saw after the fact. Mistakes were counted and students had mis-remembered a lot: they mis-identified who said what, forgot important actions, and some had even made up things that didn't happen at all.

People invariably fit what they remember into com-

fortable form. We hear what we want to hear, and choose which facts we want to believe. We always fill in the gaps of what we don't remember with unconscious expectations, a bit of face-saving logic, and our prior knowledge. We don't like it when people challenge what we remember, because we *believe* our memories. Even when they're not entirely accurate.

Mlodinov says, "Our subliminal brain is invisible to us, yet it influences our conscious experience in the most fundamental ways". Old fears we carry around with us can affect how we interpret what others do, and how we react to things as simple as the daily news. Several years ago my mother was in New York for meetings. She called me in the evening, sounding all tensed up. "Are you okay?" she asked. I told her I was fine, and wondered aloud what was the matter. My mom replied, "I read about robbers in New York who can climb from fire escapes, along the side of your building, to open windows!" I told her no one had climbed in my window, and it was time for dinner. In some subliminal way, that newspaper article triggered my mother's pre-existing fears for my safety here, reminding her that she can't protect me.

# The Mood Disorders Support Group

## Upcoming Lectures — Winter 2012-13

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.

**Dec 11**  
**Tuesday**  
**7:30 p.m.**

**Panel of MDSG Facilitators:**  
Adina, Twinkle, Lance, Andre

**Ask The Facilitators: Building a Wellness Toolbox**  
Tap into the wisdom of our seasoned facilitators, and contribute your own tips and techniques for managing symptoms.

**Jan 8**  
**Tuesday**  
**7:30 p.m.**

**Larry Davidson, Ph.D**  
*Professor of Psychiatry and Director, Program for Recovery and Community Health at Yale University; Senior Policy Advisor for the Connecticut Dept. of Mental Health and Addiction Services*

**Change the Future and Reach Recovery**  
We're at an unusual crossroads in history, where we can influence the future of mental health care as well as our own recoveries. Learn what's changing, and what we can do to make outcomes better for ourselves and others.

**Feb 11**  
**Tuesday**  
**7:30 p.m.**

**Richard O'Connor, Ph.D**  
*Practicing Psychotherapist, Bestselling Author*

**Stop It! Putting the Brakes on Self-Destructive Behavior**  
How can we escape the endless cycle of sabotaging our lives by doing things we don't like but continue to do, anyway? This lecture pinpoints why we behave the way we do, and will teach us how to stop undermining our recovery.

## Weekly Support Groups

**Manhattan West Side**  
**Wednesdays**

St. Luke's Roosevelt Adult Outpatient  
Psychiatric Clinic

411 West 114th Street  
(between Amsterdam and Morningside)

**Manhattan East Side/Downtown**  
**Fridays**

Beth Israel Medical Center, Bernstein Pavilion, 2nd  
floor

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

### MDSG Membership

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\$45 Individual Annual Membership

\$65 Family Annual Membership

Is this a renewal?    Yes    No

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Your contributions are tax-deductible. Thank you for your support.

## Finding a Routine, Finding Balance MB Hoffman

My mother's heart broke when I suffered my second major depressive episode. And I, still in my teens, believed I would never be happy again.

It took years of binge drinking, arguments and fights with strangers, and the experience of having eighteen cops escort me from a major airport and put my name on a no-fly list to motivate me to get to a better place mentally. I only began to overcome depression on the day I convinced myself that I deserve to be happy.

What did I do to make a difference? I wrote in my journal and re-read my entries detailing my darkest depressions. Then I looked for trends and triggers, which helped me develop a series

of disciplines that have changed my life:

- I quit drinking over two years ago and have not experienced a major depressive episode since;
- I get a minimum of six hours of sleep every night, and up to eight hours on weekends;
- I work out three days a week in the morning and at least once on the weekend; evening workouts cause me to rush from work and lose sleep which leads to mania;
- I minimize television at night and before I leave the house, because the noise and imagery make me aggressive during my commute to work. I read a book or talk to a good friend instead;
- I eat less at night and before I go to the office be-

cause the preparation, rushing to the subway, and the digestion process cause extreme anxiety and mania;

- When I feel manic, I disengage from the office and if need be take the day off, and then discuss the manic episode constructively with my father or a good friend.

I have been a member of the Mood Disorders Support Group in New York City since March 2012. I attend meetings because after cleansing my body and finding a good routine, I still endure manic episodes.

Finding the right medication and dosage has been a long and suffering-filled trial-and-error process that required patience and optimism. I have been on Prozac, Abilify,

and Geodon. None of them have worked. At MDSG I learned that more than half of the Bipolar members in my group take a medication I never knew about. I did some research, asked some questions, talked to my doctor, and discovered Lamictal. After a few weeks, the medication has made a world of difference in my hypomania, anxiety, and mixed episodes. Having a support group to talk to about different ideas for coping (and different medicines to try) has made a huge difference.

Twelve years removed from my first mood disorder diagnosis I am convinced I will lead a mentally healthy life. Thank you, MDSG.

## Buyer Beware: 97% of e-Pharmacies May Not be Legit

The low prices are appealing. But does that online drug-store deliver the prescription drug you think it does? Maybe not. According to the National Association of Boards of Pharmacy (NABP), only 3% of internet-based pharmacies are in compliance with U.S. pharmacy laws.

That's a problem, especially if you rely on medication as part of your regimen to keep symptoms under control. In one case, the FDA found that people who had ordered Ambien, Xanax, Lexapro and Ativan through web-based pharmacies actually received foreign-made

Haldol (haloperidol) instead. The customers required emergency care for breathing difficulties and muscle stiffness.

The three key indicators that an e-pharmacy may be unreliable are:

- it doesn't require you to mail in a prescription (or have your doctor fax one)
- there's no toll-free number or street address associated with the company
- you can't contact the site's pharmacist to discuss questions about medication

To help consumers tell if a site is legitimate, the NABP has developed a seal which it permits Verified Internet Pharmacy Practice Sites (VIPPS) to display on their web pages.



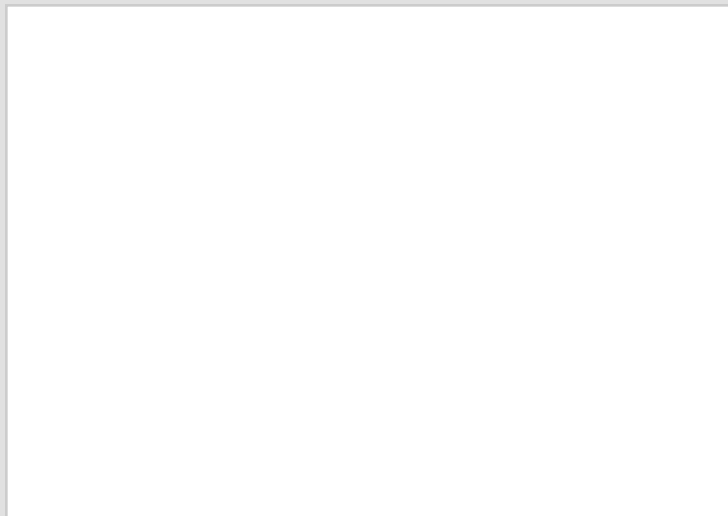
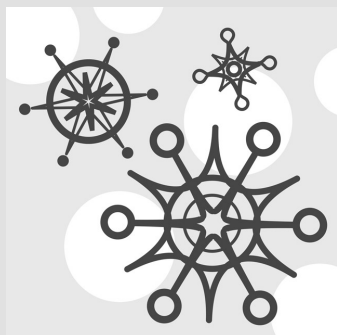
To prevent fraud, click on the seal; it will take you to the NABP web site, which will verify that the site is in compliance. You can also check for licensing of any pharmacist (online or local) on the State Board of Pharmacy site at [www.op.nysed.opsearches.htm](http://www.op.nysed.opsearches.htm)

## It's in the Genes

A study at Yale has found that how well Bipolar patients respond to Lithium is a matter of genetics.

Researchers studied how gene expression changed over eight weeks of lithium treatment in 20 depressed people with Bipolar disorder. Those who responded well showed an increase in the activity of the gene known as BCL2; those who didn't respond had decreased BCL2 expression. Researcher Dr. Robert Beech believes this knowledge "may lead towards personalized treatment for bipolar disorder in the future." *Source: PsychCentral.com*

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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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