



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 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 members and friends.

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

Find more resources online at our newly renovated web site, MDSG.org

Upcoming Lectures

Fall 2011

Transcranial Magnetic Stimulation: A Paradigm Shift in Psychiatric Treatment

Tarique Perera, M.D.
Director, Preclinical Studies in the Dept of Biological Psychiatry at NY State Psychiatric Institute; Psychopharmacologist; Clinical Psychiatrist

Tuesday, September 13



CBT, BMT, ECT, TMS... which is a subway line and which is a successful new treatment for Major Depression? You can Google the answer, or head out on September 13 to Dr. Tarique Perera's riveting talk about Transcranial Magnetic Stimulation (TMS) and find new hope.

TMS is a safe and virtually side effect-free way to treat medication-resistant Major Depression. This non-invasive procedure has gained rapid acceptance since being approved by the FDA in 2008. TMS is unlike other approaches because it directly stimulates the specific part of the brain associated with depression and anxiety. Daily outpatient treatments for 4-6 weeks often lead to long-lasting benefits.

How and why does it work? The answer

Cont'd on p. 2

A Good Night's Sleep: Why Recovery Depends on it and How to Get It

Gary Zammit, PhD.
Executive Director, Sleep Disorders Institute, St. Lukes/Roosevelt Hospital Clinical Associate Professor, Columbia University College of Physicians and Surgeons

Tuesday, October 4



"Sleep disturbance is the first symptom to indicate that a mood relapse is imminent and the last symptom to go away after successful treatment", says Dr. Gary Zammit, founder of the Sleep Disorders Institute at St. Lukes/Roosevelt Hospital.

"We have known since the 1960s that REM sleep deprivation can produce major changes in mood."

Dr. Zammit knows from first-hand experience that a sustainable recovery depends on a good night's sleep. But how can we turn bad sleeping habits into good ones? One hint: what gets us into real trouble is when we begin to adapt to irregular sleeping patterns by taking afternoon naps or staying in bed later in the morning.

Dr. Zammit will explain the effects of sleep on our moods and outline what is required to make sure we sleep right for maximum mental health. He will provide us with tried-and-true methods as well as cutting edge solutions.

The Wizard of Psychopharmacology Is In: Answers to Your Most Pressing Questions



Ivan Goldberg, M.D.
Psychopharmacologist and Medical Advisor to MDSG

Tuesday, November 1

Think you've tried everything under the sun to get your depression under control? Dr. Ivan Goldberg is sure you haven't. Come to our Q&A on November for a healthy dose of creative problem-solving.

Dr. Goldberg's reputation as the wizard of psychopharmacology stems from his prodigious knowledge and deep experience in treating seemingly intractable mood disorders.

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

I have rapid-cycling Bipolar-II Disorder. I usually have 8-10 episodes in the course of a year. I take no antidepressants and have tried various combinations of lithium, Tegretol and Depakote, sometimes together with antipsychotic medications, but have had no success. What else might be done to get my mood swings under control?

The newer anticonvulsant mood stabilizers like lamotrigine (Lamictal) and topiramate (Topamax) are frequently effective used either singly or in combination. Clozapine, an atypical antipsychotic, has also sometimes been effective when other medications have failed to curb rapid cycling. Treatment with nimodipine or high dose thyroid medication is another possibility.

Mexiletine (Mexitil) has also

been reported as useful for people with treatment-resistant Bipolar Disorder, where rapid cycling has not been controlled by conventional medications.

I have Bipolar Disorder and am currently depressed. My psychiatrist has found that my TSH is at the upper edge of the normal range. He wants me to take thyroid hormones, but my internist is opposed to having anyone with a normal thyroid take thyroid hormones. What should I do?

A recent study showed that patients whose TSH was in the higher end of the normal range (over 1.7 microIU) responded more slowly to treatment for Bipolar Disorder. Thyroid hormones will be helpful in reducing the level of TSH so that your medication for depression works better.

Wow, What a Site to See!

It's clean, it's beautiful, it's new! The refurbished MDSG web site is now up and running, and you really ought to take a look. It's easy to navigate, and there's a ton of great information to read.

More and more people are finding us through the web, and now there's more for them to find. There are new pages describing our support group meetings, an "About MDSG" page, and we've added the ability to make online donations. Upcoming enhancements will allow you to download MP3

recordings of lectures you've missed, and the ability to become a member online. We'll also be adding more to our suggested reading section.

Just as important as what you see is what you don't: the new design streamlines our updating process. A special shout-out goes to Li Faustino, Andrew Ross, Michael Roth, Michael McKay and Michael Horowitz for their help with this project.

MDSG.org

Mood Disorders Support Group
New York
MOODS
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Inquire about bulk orders.

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Perera Lecture

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has to do with the formation of new neurons in the part of the brain responsible for emotional processing. Dr. Perera is an expert in the field of neurogenesis, and his review of the research on how antidepressants affect mood regulation is one of the most widely-referenced papers on the topic. His views on TMS, and his experience in using it to treat Major Depression, are well worth coming to hear. Even if you have to take the BMT to get there.

The Reader's Corner Betsy Naylor

Best Books Roundup

Sixteen years ago I was asked to write a book review of *Undercurrents: A Therapist's Reckoning with Depression* for this newsletter. Dozens of books and issues of MOODS later, I'm still writing reviews! In honor of MDSG's 30th anniversary, here's my personal list of the best books in print on depression and Bipolar Disorder.

The Bipolar Disorder Survival Guide: What You and Your Family Need to Know

David J. Miklowitz, PhD
Second Edition (2010)

Dr. Miklowitz believes that the more you know about your disease, the better you will manage the constant changes of living with Bipolar Disorder. The *Survival Guide* is an encyclopedia of comprehensive, reader-friendly information: facts, studies, results, good habits, and medications.

This is one of the few books that includes help for family and friends. It addresses common problems that come up, and offers sample dialogues to show how what you say—and how you say it—makes a difference.

Undoing Depression: What Therapy Doesn't Teach You and Medication Can't Give You

Richard O'Conner, PhD
Second Edition (2010)

This warm, optimistic psychotherapist has a new take

on depression. O'Connor believes people who are depressed perpetuate their depression with what they assume are protective habits. In reality, many of these habits keep us in a state of isolation, or learned helplessness. O'Connor takes us through the process of how to change our thinking—and thus our feelings—in ways that always include common sense and behavioral modification. O'Connor's voice is authentic, for he, too, suffers from depression. This is a program in a book, an antidote to life's insults and hurts. Many exercises and practical tools are included to help you undo depression.

An Unquiet Mind: A Memoir of Moods and Madness

Kay Redfield Jamison

In this beautifully written memoir, Kay Jameson gives an eventful account of her battle with Bipolar Disorder. Her condition, which she prefers to call manic depression, informs her academic work as a professor and researcher in psychiatry at a top medical school. She has also written *Touched with Fire*, an exploration of the relationship between creativity and mania (1993) and *Night Falls Fast*, about suicide (1999).

Jamison's study, writing, and personal disclosure is helping Bipolar Disorder acquire a human face. Although the disease plays out differently in each of us, many people have found that this book resonates for

them.

Heal Your Brain: How the New Neuropsychiatry Can Help You Go from Better to Well

David J. Hellerstein, M.D.

Technological advances in recent decades have greatly expanded our knowledge of how the brain functions. The "new neuropsychiatry" combines the advances of neuroscience with psychiatry to help people with depression and anxiety.

Dr. Hellerstein describes a broad array of tools, including medications, Cognitive Behavioral Therapy, mindfulness meditation, and exercise. Throughout, stories of some of his patients are always interesting and illustrate some difficult concepts. The book is very reader friendly and the author's voice is filled with warmth and empathy.

The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness

Mark Williams, John Teasdale, Zindel Segal, Jon Kabat-Zinn

Our moods are strongly shaped by our thoughts and how we feel about them. This book takes us through meditative exercises that help us achieve a deep awareness of what is, rather than what we perceive. Mindfulness helps depressed people who feel self hate, disapproval, re-

jection, or pessimism to identify negative emotions—and be objective about examining what they feel. It can help you realize that nothing is inherently that bad... and that we've created every one of our thoughts. Intense relief follows when we stop judging ourselves. Without the weight of all the negativity we were hanging on to, depression lessens.

Undercurrents: A Therapist's Reckoning with Depression

Martha Manning

Martha Manning was in her 30's when her busy, productive life was commandeered by depression. A clinical psychologist, Manning recognized that she suffered from the same symptoms as her depressed patients. For a long time, medications did not work. She was hospitalized, and eventually underwent Electro-Convulsive Therapy (shock treatment). She considered every implication of this radical treatment, and has written several fine pages on her reluctance to go through it, and the counter-arguments to her fears. She knew, and her caretakers knew, that ECT was a last resort.

Life had been so good: Manning had a large, involved family, and had been increasingly well-known in her field. When her depression lifted she could return to all that, but life was forever different. For Manning knew that at any time she could slip into depression again.

The Mood Disorders Support Group

Upcoming Lectures – Fall 2011

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.

September 13
Tuesday
7:30 p.m.

Tarique Perera, M.D.
Director, Preclinical Studies in the Dept of Biological Psychiatry at NY State Psychiatric Institute

Transcranial Magnetic Stimulation: A Paradigm Shift in Psychiatric Treatment TMS has high success rates in alleviating Major Depression because it targets the emotional center of the brain. Too good to be true... or new hope for you?

October 4
Tuesday
7:30 p.m.

Gary Zammit, PhD.
Executive Director, Sleep Disorders Institute, St. Lukes/Roosevelt Hospital; Clinical Associate Professor, Columbia University College of Physicians and Surgeons

A Good Night's Sleep: Why Recovery Depends on it and How to Get It The sleep expert explains how shut-eye (or lack of it) can trigger or reset our moods, and provides insight into how to get better sleep.

November 1
Tuesday
7:30 p.m.

Ivan Goldberg, M.D.
Psychopharmacologist and Medical Advisor to MDSG

The Wizard of Psychopharmacology Is In Our perennial MDSG favorite is back to answer all your most pressing questions.

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Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

Manhattan West Side Wednesdays

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic

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Manhattan East Side/Downtown Fridays

Beth Israel Medical Center, Bernstein Pavilion, 2nd floor

Nathan Perlman Place (bet. 15th & 16th streets, 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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Address _____

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

MDSG's 30th Anniversary: An Interview With Ngaere Baxter

In honor of MDSG's 30th anniversary, Li Faustino sat down with Ngaere Baxter, PhD, one of the founders of the organization. Ngaere is currently a clinical psychologist in private practice and an Instructor in Psychology at Weill Cornell Medical College.

Q. Back in 1981 you were the director of the Foundation for Depression and Manic-Depression. How did you end up as one of the founders of MDSG?

A. I received about 20 letters for proposed projects, one of which was from Rich Satkin and his wife Betty Mackintosh. They said they felt there was a need for a support group for people with mood disorders. I threw out the other 19 letters, and called Rich and Betty and invited them in to talk about the idea. So from the very beginning MDSG had plenty of family involvement. In August of 1981 I opened the conference room at the Foundation and put out cookies, and we had our first meeting. Since then MDSG has survived several

relocations and moves, and continued to grow.

Q. Over your years at MDSG, what have been some of the biggest challenges?

A. Sustaining the mission. It's always been worthwhile work, but there aren't always enough volunteers and facilities to keep things running smoothly.

Q. What has been the best improvement over the years?

A. We've reached critical mass, and we are an established presence. When I listen to the introductions at lectures it's clear we're a solid resource for people who need us, and that the professional community respects us. After all the years spent building up the group, that's a relief and very pleasing.

Q. What was the best piece of advice anyone ever gave you about MDSG?

A. I like that question. Someone once told me that in the end it's about the people. You have to listen to what

people need, and then do what it takes to meet those needs. If you do that, the organization is going to succeed.

Q. What was your worst fear about what would happen with MDSG?

A. Oh, I never had fears. I had a lot of hope.

Q. If you could invite one person, real or historical or imaginary, to speak at an MDSG meeting, who would it be?

A. Abraham Lincoln. He's been described as being bipolar and more recently, of having Marfan's syndrome. We've always heard he was depressed, and we don't really know what caused that. Seems he was able to turn it to good advantage. What we do know is that he was a fabulous speaker!

Q. If you could give only one piece of encouragement to someone newly diagnosed, what would it be?

A. Hang in there. Just hang in there.

Book Review, cont'd from p. 3

The Noonday Demon: An Atlas of Depression
by Andrew Solomon

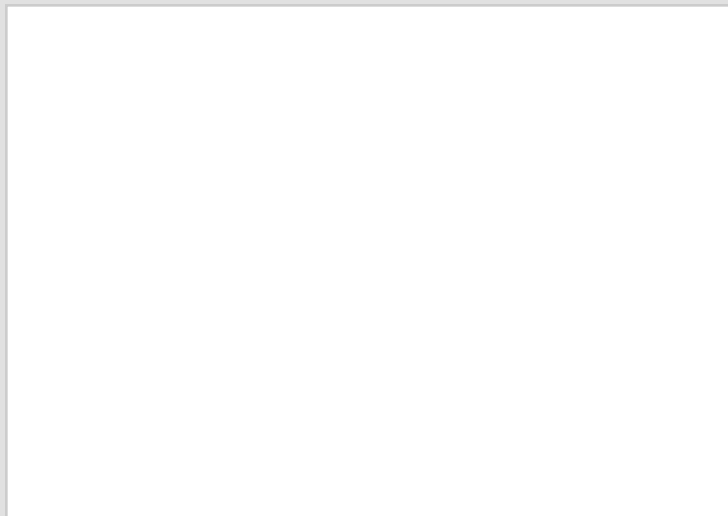
Andrew Solomon suffered horrific depression, which he explores in this extraordinary memoir. A gifted writer, Sullivan examines depression from as many vantage points as he can. His knowledge is encyclopedic: *The Noonday Demon* could easily be your only reference

book on depression. Packed with information, the book is structured around Sullivan's poignant experiences. His caution: "whatever time is eaten is gone forever." But he adds, "We can never eliminate all unhappiness, and alleviating depression does not assure happiness, but I hope the knowledge contained in this book will help to eliminate some pain for some people."

Notice

MDSG member Karla Gale died on June 29, 2011. She was 57 and is survived by three adult children, her sister and three brothers. Karla worked as a medical journalist, and had planned to become an MDSG facilitator.

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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