

MOODS

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

Lecture: Healing Your Brain Can Your Mood Disorder Go Into Long Remission?

David Hellerstein, MD

Clinical director, New York State
Psychiatric Institute—September 12

Can successfully treating depression actually *reverse* the physical causes of depression? New imaging techniques have allowed scientists to get a better view of the human brain. This has led to an exciting, but controversial theory:

Treating mood disorders with medication, therapy and lifestyle adjustments may reverse the physical havoc that depressive illness wreaks in the brain. Some evidence even sug-

gests that the brain can re-grow cells in the hippocampus which are destroyed in patients with depression. "With successful treatment of mood disorders, we're seeing at least a partial reversal of this process," says David Hellerstein, one of the top researchers in this field and our September lecturer. "Now we can connect the dots between laboratory and clinical care." Don't miss this provocative lecture.



David Hellerstein

Lecture: Making the Best of Depression You Can Do Better Than Coping

Richard O'Connor, PhD

Author of *Undoing Depression* and *Undoing Perpetual Stress*
October 10



Richard O'Connor

Coping with a mood disorder is no small feat. But too often, people who suffer from these depressive illnesses believe that simply coping is the most they can expect. Not true, says Richard O'Connor, celebrated author and MDSG's October lecturer. "A lot of people with depression could have their lives improved further if they learn to set their sights a little higher," he says. It is possible to recapture the enjoyment, exuberance, and pleasure from life. Through lifestyle changes, you can learn to manage stress, maximize enjoyment of relationships and face life crises with strength. Dr. O'Connor is always one of our most popular speakers—don't miss his next lecture!

Lecture: Dual Diagnosis—Alcohol, Drugs and Mood Disorders

Jeffrey Borenstein, MD

Host of "Healthy Minds," medical director of
Holliswood Hospital—November 7



Jeffrey Borenstein

Mood disorders and substance abuse seem to go hand in hand, and studies have confirmed a correlation—especially with bipolar disorder. Come hear Jeffrey Borenstein, one of the leading experts in this field and the host of public television's

"Healthy Minds" (shown locally on WLIW Sundays

at 11:30 am) discuss self-medication and the complex interplay between moods and drugs and alcohol. He'll cover the latest research and the most cutting edge treatment for this difficult diagnosis.

Letter from the Chair

As someone who helps guide this organization's fortunes, I find it odd that I have mixed feelings about this important announcement. The Mood Disorders Support Group's (MDSG) popular Wednesday night meetings are about to move to a terrific new location, but we are leaving what has also been a terrific place. For nearly 14 years we've been the happy guests of the Jewish Board for Family and Children's Services (JBFCs), however for the last few years, change was in the air.

As MDSG continued to grow, the folks at JBFCs began to initiate evening programs of their own, and there are just so many rooms to go around. Some weeks the space crunch was so tight we could only offer three groups instead of our preferred six. It became apparent that we'd have to relocate. MDSG will always be grateful to our helpful friends at the Jewish Board, especially our patient host, executive vice president, Paul Levine, who understood the predicament and continually tried to accommodate our needs during this difficult transition.

Well lucky us! For every door that closes, another opens. We've found a wonderful new space, in the same neighborhood, just a few blocks west at 910 Ninth Avenue, between 58th and 59th Streets, right behind the Time Warner Center at Columbus Circle. During the day our new site is the renown St. Luke's/Roosevelt Adult Outpatient Psychiatric Clinic, but every Wednesday night, after it closes, starting September 6th, that's where the Mood Disorders Support Group will be holding forth. As usual, doors open at 7pm and groups start at 7:30pm. We'll have enough rooms for Bipolar, Unipolar, Under Thirty, Family & Friends, and Newcomers. Same facilitators as before, and same support, same information, and same sushi bar. (I'm only kidding about the fish.)

I do want all our members to make note that there will be no interruption of service. Until September 6th, MDSG's Wednesday groups will still meet at our present Jewish Board location: 120 West 57th Street. The last night at our old place will be August 30th and then it's *Westward Ho!*

Betsy Naylor,
MDSG Chair

Mood Disorders Support Group
New York

MOODS

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PO Box 30377 New York,
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Ask the Doctor with Ivan Goldberg, Psychopharmacologist



Q: I have been told that a long airplane flight can have detrimental effects on people with bipolar disorder. Is this true?

A: People with bipolar disorder have been known to sometimes have manic episodes after long airplane flights. This is not a direct result of being in an airplane for many hours, but is the result of sleep deprivation. Anything that causes sleep deprivation may trigger an episode of mania. For example, if one flies to Europe in the evening, does not sleep on the airplane, and then has a full day after landing, one may go more than thirty hours without sleep. That is enough sleep deprivation to trigger a

manic episode in some people. Asking one's doctor for some sleep-inducing medication that may be taken on the plane to minimize the likelihood of a sleepless night is one way of minimizing the risk of mania resulting from sleep deprivation.

Q: Are there blood or urine tests which may be used to confirm the diagnosis of a mood disorder?

A: The diagnosis of a mood disorder is made on the basis of symptoms, course of illness, and family history. While laboratory tests may rule out various medical conditions that may mimic a mood disorder, there are no sensitive and specific blood or urine tests for the presence of a mood disorder.

Q: Is it a coincidence that many of the same drugs used to treat bipolar disorder are used to treat people with migraine headaches?

A: It's probably not a coincidence. It may be that the physiological bases of the two disorders are similar. Interestingly, migraine headaches are much more common in people with bipolar disorder than in the general population.

Joe Nieder, pediatric psychiatrist, will return to our Ask the Doctors column in our next issue.



~~25th Anniversary~~

Make your gift go further... Don't forget—in celebration of the 25th anniversary of MDSG, the board is offering a special matching pledge. For every three dollars you donate (up to \$25,000 total), the board will give another dollar. Please make check payable to MDSG, Inc. and send to: MDSG, Inc., PO Box 30377, New York, NY 10011. Thanks for your support!

Enclosed is my anniversary contribution of:

- \$1000 (Patron)
- \$500 (Benefactor)
- \$250 (Donor)
- \$75 (Friend)
- _____ other amount

Name _____
 Address _____

Did You Hear?

Wednesday night support groups will meet at a new spot starting in September. See Page 2 and Page 5 for details.

The Reader's Corner with Betsy Naylor

Is It Me Or My Meds?: Living With Antidepressants

by David A. Karp

304 pages

Harvard University, \$26.

To open each childproof bottle of pills, I must use a screwdriver, a hammer and a certain amount of banging and prying. Only then does the broken cap come off.

Otherwise, taking pills is okay with me. But so often, people who need psychotropic drugs for a problem like depression or manic depression feel ambivalent about their medications and they feel strongly about what it means to take those meds. *Is It Me or My Meds?* explores the many responses people have to taking these prescribed drugs.

The author David Karp, a sociologist, has been attending the Boston chapter's support group because he himself is depressed and on medication and has sought to understand the experience of people who must take these drugs. To that end, Dr. Karp interviewed fifty people in depth, some from his group, aged 14 to 69. Each one of us will find some of our own thoughts reflected in the quotes from these interviewees.

Dr. Karp explores the questions so many people ask about the relationship between their medications and their identities: Do these meds change parts of me that I would rather not have changed? If they change my moods and feelings, am I still me? Am I an enhanced me? What parts of me do I lose, what do I gain? Am I still the person I have always known myself to be? Do I want to take these drugs in the first place?

Since taking medication involves other people, it is inherently a "social activity," as Dr. Karp writes. One may swallow pills alone, but it's not possible to escape the way others judge medication taking. Not only that, we imagine how friends and family feel about our need for drugs and are affected by their negative opinions.

Some people strongly resist taking medication, whereas for others, taking their pills is like brushing their teeth. Others may have to go through a number of trials, a process that takes discipline and hope. Sooner or later one learns that the meds are not perfect, that they cannot make us completely well all by themselves. Thus we hear the advice to eat well, sleep regularly, get exercise, and so on.

Although he expresses a positive attitude about medications, Dr. Karp takes a sociologist's look at prescription use as a whole and the ever-present influence of drug companies. Their advertisements promise relief for sadness and social anxiety, and their sales people "educate" our doctors. Patients end up with unrealistic expectations, then in fine print, we may be warned of weight gain and sexual side effects suffered by some underestimated percentage of people taking this drug.

This book helped me to really appreciate exactly what I think and feel about needing medication. (A little more self awareness is always helpful.) I am of the school of thought that these meds allow me to be myself. One woman expressed her success this way: "I've tried to be the person that I am on the drugs, without them. But I can't do it."



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Mood Disorders Support Groups and Lectures

Fall 2006

Support Groups

Manhattan – West Side/Columbus Circle
Every Wednesday

NEW LOCATION BEGINNING SEPTEMBER 6!

Doors open at 7:00pm, groups begin at 7:30pm
St. Luke's/Roosevelt Adult Outpatient Psychiatric Clinic
910 Ninth Ave (between 58th and 59th Sts)

Manhattan – East Side/Downtown
Every Friday

Doors open at 7:00pm, groups begin at 7:30pm,
Beth Israel Medical Center, Bernstein Pavilion,
2nd floor, Enter on Nathan Perlman Place
(between 15th & 16th Sts and 1st & 2nd Avenues)

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 *both* locations, all groups meet at the same time, including the Under-30 Group. The support groups are free for members. A \$5 contribution is suggested for non-members.

Tuesday Lectures

September 12, 2006
Tuesday
7:30 p.m.

David Hellerstein, MD
Cutting edge researcher, top psychopharmacologist, and clinical director of the New York State Psychiatric Institute

Healing Your Brain: Can Your Mood Disorder Go Into Long Remission? Exciting new evidence in neuroscience and psychiatry suggests that successful treatment can reverse—not just improve—depressive illness. Be sure to attend this provocative lecture.

October 10, 2006
Tuesday
7:30 p.m.

Richard O'Connor, PhD
Celebrated author of *Undoing Depression* and *Undoing Perpetual Stress*, and practicing psychotherapist

Making the Best of Depression: You Can Do Better Than Coping* Learn how setting the bar higher can help you recapture true enjoyment and pleasure out of life. Dr. O'Connor is one of our most popular speakers—don't miss him!

November 7, 2006
Tuesday
7:30 p.m.

Jeffrey Borenstein, MD
Medical Director, Holliswood Hospital and Medical Advisory Panel member, New York State Office of Alcoholism and Substances Abuse Services

Dual Diagnosis: Drugs, Alcohol and Mood Disorders Come hear one of the leading experts in this field discuss self-medication and the complex interplay between moods and drugs and alcohol.

Lectures are *usually* held on **Tuesdays** (call and listen to message for last minute changes). Doors open at 7:00 pm; 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). Lectures are free for members. A \$5 contribution is suggested for non-members.

*Fundraiser: \$10 non-members, \$6 members.

Contact us for more information and a copy of our newsletter.
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Psychotherapy—What You Need to Know

By Deborah Perlick Ph.D

When it comes to treating depression and manic depression, many people wonder, “Is therapy really necessary if I’m taking my meds?” The truth is that research has shown that a combination of both medication and therapy seems to be the most successful approach. Not only that, studies have shown that being in psychotherapy promotes better medication adherence, which in turn is associated with better treatment outcomes.

The term “psychotherapy” refers to therapy that is psychological (as opposed to, say, physical therapy). Its main purpose is to provide a forum for discussing personal problems and difficulties with relationships and for developing good strategies for managing them. A person doesn’t have to have a mood disorder or any other psychiatric illness to benefit from therapy, but people who suffer from affective illness often face particular challenges that therapy can help address like coping with stigmatization and resuming activities or relationships that have been interrupted by an episode.

Of course finding the therapy and therapist best suited to the individual’s needs and interpersonal style can present a challenge. Traditionally, psychiatrists prescribed the form of therapy they deemed most appropriate or had the most experience with. In recent years, though, empowering the patient to make the choice has become the favored approach, and studies have found that freedom to choose the form of therapy is the best predictor of positive outcomes.

To make the most informed choice possible, it’s best to start by taking inventory of the problems or goals needing to be addressed. For example, someone wanting help with resolving repeated conflicts or with feeling more confident in relationships might consider interpersonal therapy (IPT) which focuses on resolving problems in dealing with others. Someone whose illness has stabilized and is interested in personal growth might consider a more psychodynamically-oriented treatment. Age and gender preferences can also influence a thera-

peutic alliance. Therapists and therapies differ in interpersonal style, too: some treatments or therapists are more active and give direct advice whereas others are more likely to ask questions that help gain greater understanding. It’s a good idea to ask potential therapists to describe their style before making a decision. Doing some homework on the different types of therapy that are available can also be a big help. Below is a brief overview. Stay tuned for future articles that will go in depth in discussing each one.

Cognitive Behavioral Therapy (CBT)

CBT uses specific strategies that help identify and then change negative automatic thoughts and beliefs about oneself and the world that are maladaptive. These include learning to spot negative thoughts and mood changes and the situations that trigger them. CBT therapists tend to be very active in setting an agenda for sessions, and give concrete feedback and homework assignments.

Psychodynamic Therapy

This form of psychotherapy involves a great deal of personal exploration and may be best for people seeking a greater understanding of the underlying factors governing their everyday behavior. Techniques vary with therapists but may include free association, dream interpretation, exploring the impact of childhood on present day behavior and generally involve using reactions to the therapist to understand and improve interactions with family, friends, employers or other important people. Therapists tend to allow the patient to structure the flow of the session, interjecting questions, clarification and interpretations as needed.

Interpersonal Therapy (IPT) and Interpersonal and Social Rhythm Therapy (IPSRT)

IPT and IPSRT both draw on the idea that mood problems are related to interpersonal and social problems and identify how this relationship affects mood and functioning. Social rhythm therapy looks for and tries to correct problems in the individual’s daily sleep, eating and socialization schedule that

Continued, next page

may exacerbate symptoms of mood disorder.

Psychoeducation and Family Psychoeducation

The major premise of psychoeducation is to educate people and their families about the symptoms, causes, and behavioral management and treatments for mood disorders. Family psychoeducation also promotes improved communication and problem-solving techniques within the family. Variants of psychoeducation include

multiple family group, in which families are treated in groups and the family to family program conducted by the National Alliance for Mentally Ill, in which family member peers conduct the psychoeducation.

Dr. Perlick is a clinical psychologist, associate professor of psychiatry at Mount Sinai School of Medicine and Research Affiliate at Yale University School of Medicine.

Archived Lectures Available by Mail

Did you miss a lecture of great interest to you? Recordings of past lectures are available through the mail. The most recent lectures (beginning with #47) are on cd; previous lectures are on cassette tape.

<u>Tape #</u>	<u>Date</u>	<u>Presenter</u>	<u>Subject</u>
57	6/6/06	Psychologist panel	Therapists Discuss Therapy NEW!
56	5/2/06	Dennis Charney, MD	The Very Latest in Treatments for Mood Disorders NEW!
55	4/4/06	Facilitator panel	Coping with Depression and Bipolar Disorder: Expert Advice NEW!
54	3/7/06	Joshua Wolf Shenk	Lincoln's Melancholy NEW!
53	12/6/05	Ivan Goldberg, MD	Ask the Doctor: All Your Questions Answered
52	11/7/05	John F. Clarkin, PhD	Talk Therapy for Mood Disorders
51	10/10/05	James C.-Y. Chou MD	What is Standard Care, Best Care for Bipolar Disease!
50	9/12/05	Richard O'Connor, PhD	Self Destructive Behavior, Mood Disorders, and Stress
49	6/13/05	Peter Kramer, MD	At Last—Confronting Depression
48	5/2/05	Lois Kroplick, MD	Fresh Insights into Mood Disorders in Women
47	4/4/05	Issie Greenberg, PhD	Obesity, Weight Control, and Psychiatric Meds
46	3/7/05	Jack M. Gorman, MD	New Meds, Best Meds and What's in the Pipeline
45	1/10/05	Michael Terman, PhD	Light and Negative Air Ion Therapy for SAD, sub-SAD, Depression
44	12/6/04	Joseph Nieder, MD (moderator)	Panel: Antidepressant Medications for Children and Adolescents
43	11/1/04	Richard Rosenthal, MD	Mood Disorders and Substance Abuse
42	10/4/04	Frank M. Mondimore, MD	Bipolar and Unipolar Depression: Same or Different
41	9/13/04	Jon Freeman, PhD	Sleep Disorders and Mood Disorders
40	6/7/04	Richard O'Connor, PhD	The Perpetual Stress Response
39	5/3/04	Ivan Goldberg, MD	Ask the Doctor: The Latest Research Findings
38	4/12/04	Paul H. Wender MD	ADHD and Its Impact on Mood Disorders.
37	3/1/04	David P. Bernstein PhD	What's Personality Got To Do With It?
36	2/2/04	Anne Sheffield	Subject: Love, Sex, Relationships and Mood Disorders.
35	1/5/04	Donald F. Klein MD	What's Typical About Atypical Depression?
34	12/1/03	Panel of Employment Lawyers	Working the Workforce
33	11/3/03	Heidi Wehring Pharm D	Medications: Getting the Full Effect, Losing the Side Effects
32	10/13/03	Francis Mas MD	Identification and Treatment of Mixed States
31	9/8/03	Stephen J. Donovan MD	Anger, Irritability and Mood Disorders
30	6/2/03	Michael Craig Miller MD	The Latest in Mood Disorders
29	5/5/03	James J. Fyfe, PhD	Confrontations Between the Police and the Mentally Ill
28	4/7/03	David Hellerstein, MD	Ask the Psychiatrist Anything
27	3/3/03	Sarah H. Lisanby, MD	Transcranial Magnetic Stimulation and Mood Disorders
26	2/3/03	David J. Miklowitz, PhD	Can You Survive Bipolar Disorder?
25	1/6/03	Robert Cancro, MD	Different Types of Depression & Their Treatments

All lectures are available for \$13 each (including postage and handling) or \$25 for two, \$35 for three.

MDSG, Inc.
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We Get By with a Little Help from our Friends . . .

MDSG provides award-winning services to thousands of New Yorkers—over 600 individual support groups a year, the distinguished lecture series, our telephone information service, our website, this newsletter. And all at the lowest possible cost, through volunteers.

The \$5 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 \$45 for individuals, \$65 for families. Your membership card is a free ticket to support groups and most lectures. Contributions are tax deductible.

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