The Newsletter of the Mood Disorders Support Group/New York 2007, No. 4 $2.50

MOODS

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

Ask the Facilitators:

Practical Tips for Coping with Mood Disorders

A Roundtable Discussion
December 4, 2007
(RESCHEDULED PRESENTATION)

Good doctors and therapists are invaluable in managing mood disorders, but sometimes you also need advice on practical issues. Should you ever let your boss know about your illness? Does everyone have this much trouble with insurance? When should you mention your depression to potential romantic partners? Are there any tricks for fighting insomnia and other side effects? The trained facilitators who lead our weekly support groups are just the people to answer these sorts of questions. Come with questions of your own or just listen in.

Note: This presentation was originally planned for September but has been rescheduled due to an unforeseen conflict in the auditorium schedule. We apologize for any inconvenience this may have caused.

A Psychopharmacologist Talks About Talk Therapy

David Brody, MD
Chief, Psychiatric Outpatient Service, Beth Israel Medical Center
January 8, 2008

CBT, DBT, RET, interpersonal, group—there seems to be plenty of options when it comes to talk therapy, but sometimes it's hard to choose the right approach. Which ones are the most effective at treating mood disorders? What does the research say? Should you see separate clinicians for medications and therapy or take an integrative approach? "There's a lot to consider," says David Brody, our January lecturer. Dr. Brody will give the lay of the land on therapy from his perspective as both a top psychopharmacologist and therapist. Be sure to attend this important lecture.

SSD Benefits and Mental Health: Getting What You're Entitled To

Marc Strauss, Esq.
Partner at the firm of Pyrros and Serres, LLP
February 5, 2008

When it comes to getting mental health benefits covered by social security disability, all the red tape can be daunting. "Psychiatric conditions don't seem as straight-forward because you can't look at something like an MRI to decide," says Marc Strauss, Esq., one of the top attorneys in this field and our February lecturer. But getting educated on your rights can pay off. Come hear Mr. Strauss's advice for these often-frustrating situations. He has years of experience with SSD cases and a wealth of knowledge to share. Don't miss him.

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Another year of MDSG? It's just what we wanted!

Finding the perfect gift for everyone on your holiday shopping list is almost impossible. But we know just the thing for your friends at MDSG—a year-end contribution.

It's true that running our support groups, publishing our newsletter and website, and booking top authorities for our lecture series are labors of love. But that doesn't mean operational expenses don't add up quickly. The contributions collected at meetings and lectures don't cover these costs—not by a long shot.

That's why we're asking for your help. By making a tax-deductible donation, you'll make it possible for our support groups and other services to continue to exist. Your dollars pay for meeting space rental, literature publication, our website, and operational expenses that are critical to keeping MDSG afloat. So as you make your Christmas and Hanukkah lists this year, don't forget us. Please, be as generous as you can.

Thanks and Happy Holidays from all of us at MDSG

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New York
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Or e-mail
newsletter@mdsg.org.

Ask the Doctor

Ivan K. Goldberg, M.D., Psychopharmacologist

What's the difference between bipolar I disorder and bipolar II disorder? Isn't bipolar II really just a milder form of bipolar I?

Manic episodes are necessary for the diagnosis of bipolar I while hypomanic episodes without full mania are needed to make a diagnosis of bipolar II. Both manic and hypomanic episodes involve such symptoms as inflated self-esteem, decreased need for sleep, increased talkativeness, racing thoughts, distractibility, agitation, and excessive involvement in pleasurable activities that have the potential to be harmful. In manic episodes these symptoms cause marked impairment at work or school and in social and interpersonal relationships or they necessitate hospitalization. In hypomania, the symptoms are less severe and do not impair functioning to the same extent or require hospitalization.

But it's a mistake to think of bipolar II as a milder form of illness. People with bipolar II have been shown to do as poorly as people with bipolar I with regard to their health, finances, work, and interpersonal relationships, and they also are as likely to commit suicide. In addition, recent studies showed that while those with bipolar I were symptomatic 47 percent of the time, those with bipolar II were symptomatic 56 percent of the time.

Do men and women respond to antidepressants similarly?

The overall response *rate* to antidepressants of men and women is the same. However, there is some evidence that men and women may respond differently to specific classes of antidepressants. In general, men seem to do better when treated with a tricyclic antidepressant rather than with one of the SSRIs, while women seem to do better with SSRIs than tricyclics. There is also some evidence that young women (under the age of 50) respond better to MAO inhibitors than men the same age.

Since antidepressants have the ability to cause mania or hypomania in some people with bipolar disorder, should they ever be prescribed to anyone with bipolar disorder ?

Various studies have found that antidepressants cause mania or hypomania in about 17 percent of people with bipolar disorder who are taking mood stabilizers and that they may play a role in rapid cycling. Despite this risk, many people with bipolar disorder who are severely depressed require antidepressants to recover.

When people with bipolar disorder do take antidepressants, they should be given as low a dose as possible and should also be given a mood stabilizer. Patients who take long-term antidepressants have been shown to have about half the rate of relapse of depression as those who stopped taking antidepressants after they start to feel well. Some people will require long-term treatment with an antidepressant to remain depression-free, and lithium has been found to protect against antidepressant-induced mania and hypomania better than other mood stabilizers. Wellbutrin (bupropion) and MAO inhibitors are the antidepressants least likely to trigger mania.

Unfortunately, there are still many psychiatrists who refuse to ever prescribe antidepressants for their bipolar patients who are depressed. This leads to unnecessary suffering and even to suicide in some instances.

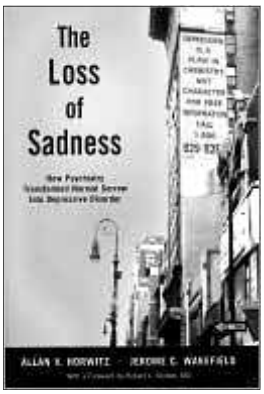
Bipolar depression can often be controlled by the use of the antidepressant mood stabilizer Lamictal (lamotrigine). With this drug, the risk of inducing mania or rapid cycling is even less than with the use of antidepressants.

The Reader's Corner with Betsy Naylor

The Loss of Sadness: How Psychiatry Transformed Normal Sadness into Depressive Disorder

By Allan V. Horwitz, PhD and Jerome Wakefield, PhD, 287 pp, Oxford $29.95

If you stand at the intersection of Broadway, Amsterdam, and West 72 Street, face uptown and look up at the buildings, you will see a taxicab-yellow sign that says, "Depression is a flaw in chemistry not character. For free information call…" Jerome Wakefield, one of the authors *The Loss of Sadness*, photographed this scene for the cover of the book. Some might argue that such messages have helped to lower the stigma of depression, but Wakefield and coauthor Allan V. Horwitz are concerned that the diagnosis of depression has come to be used too widely, and they believe it is being wrongly applied to people who experience normal sadness in reaction to losses.



How could ordinary sadness be mistaken for depression? The authors blame the profession of psychiatry and the widely-used, *Diagnostic and Statistical Manual of Mental Disorders*, commonly known as the DSM, for this state of affairs. Horwitz and Wakefield argue that the problem is that the lists of symptoms in the DSM do not distinguish depressive disorder from normal sadness caused by upsetting events in life. Take a look at a summary outline of symptoms listed for major depressive disorder: "Five symptoms out of the following nine must be present during a 2 week period (the five must include either depressed mood or diminished interest or pleasure): (1)depressed mood; (2)diminished interest or pleasure in activities: (3) weight gain or loss or change in appetite; (4) insomnia or hypersomnia; (5) psychomotor agitation or retardation(6) fatigue or loss of energy;(7) feelings of worthlessness excessive or inappropriate guilt; (8) diminished ability to think or concentrate or indecisiveness;(9) recurrent thoughts of death or suicidal ideation or suicide attempt." Except to exclude bereavement, the DSM does not discuss external causes when laying out these criteria.

The authors lay out the interesting history that brought about this situation, as well as the larger implications. The DSM was established in 1952 and has undergone three major revisions, known as the DSMII, DSMIII and the DSMIV, the current one. The authors say that the criteria for major depression were overly broadened in III and when that version was revised to IV, this flaw remained. As a result, the authors argue, a non-disordered person reacting normally to a traumatic event like divorce or job loss may still be grouped with those suffering from major depression, and non-depressed people wind up getting swept up into the disordered population and put on antidepressants.

So are we really in the midst of a depression epidemic? Horwitz and Wakefield say that basing study after study on the flawed DSM criteria has lead to an over count of depressives. They also say that depression screening, however well intended, contributes to these inflated numbers. Some screenings are done in doctor's offices, some by questionnaire, and some in interviews by trained or untrained practitioners.

Considering how often I see people in MDSG, it's hard to decide whether or not I agree that over-diagnosis is a major issue. Last fall I attended a local Depression Awareness Day where people were being screened for depression. They referred themselves and were interviewed by psychiatrists, and I felt this was a wonderful resource for people in need of help. However, I do think this book brings up some important points about taking personal experience into account. And as damaging as it can be for serious depression to be overlooked, I agree that over-diagnosing depression could also have wide-ranging consequences such as alarming overuse of antidepressants. As the authors put it: "Ultimately, the transformation of sadness into depressive disorder has the questionable effect of shrinking the range of normal emotions and expanding pathology to ever-widening realms of human experience."

Mood Disorders Support Groups and Lectures Winter 2007-2008

Support Groups

Manhattan – West Side/Columbus Circle
Every Wednesday

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

Manhattan – East Side/Downtown
Every Friday

Doors open at 7:00 p.m., and groups begin at 7:30 p.m.
Beth Israel Medical Center, Bernstein Pavilion
2nd floor, Enter on Nathan Perlman Place
(between 15th & 16th streets, First & Second 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, groups meet at the same time, including the under-30 group. Support groups are free for members, and a $5 contribution is suggested for nonmembers.

Fall Lectures

New location*

December 4 **Tuesday** **7:30 p.m.** ***Rescheduled Presentation***	**Roundtable Discussion** Panel of MDSG group facilitators	**Ask the Facilitators.** The trained volunteers who lead our groups each week have a wealth of knowledge to share about coping with depression and bipolar disorder. Bring questions or just listen in.
January 8 **Tuesday** **7:30 p.m.**	**David Brody M.D.** Chief, Outpatient Psychiatric Service at Beth Israel Medical Center	**A Psychopharmacologist Talks About Talk Therapy** Get the lowdown on different types psychotherapy and approaches to treatment from a leading pyschopharm and therapist.
February 5 **Tuesday** **7:30 p.m.**	**Marc Strauss, Esq.** Top attorney specializing in SSD, Pyrros and Serres LLP	**SSD and Mental Health: Getting What You're Entitled To** Come hear how to cut through the red tape and get the social security disability benefits that you deserve.

Lectures are *usually* held on **Tuesdays** (call and listen to message for last-minute changes). Doors open at 7:00 p.m., and lectures begin at 7:30 p.m. in Podell Auditorium, ***Bernstein Pavilion,** Beth Israel Medical Center (enter at Nathan Perlman Place between First and Second Avenues and 15th and 16th Street). Lectures are $ 10 for members, and a $6 contribution is suggested

Contact us for more information and a copy of our newsletter.
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Reader Response

When there's a will...

Nothing can replace proper medication and good therapy in the treatment of mood disorders, but in our last issue, we discussed the role willpower can play in powering through depressive episodes and asked readers to share some tips. Here are some of your responses.

I will push myself with food motivation, and take myself out to lunch or dinner. Then I'm out and will do my chores I must do, like marketing, etc. I also plan trips to get away (cruises, road trips by car, visiting friends/family) as a way of breaking the monotony of staying home too much. Sometimes it is actually easier to look forward to a trip than to just go for a walk on your own!

--Philip E. Giambaresi

When depressed, I would force myself to smile or laugh at a joke—even if I felt hopeless and lacking any kind of joy. I realized that any positive influences helped me—maybe not that day, but soon. I'd also make sure I got hugs from family members or had some sort of physical interaction with my husband like hand holding. I might not have felt any emotional pleasure at the moment, but physical contact is healing, just like laughter.

-Jeanna Alvarez

Instead of trying to force myself to do something that seems overwhelming (get ready to go meet friends), I break things into mini-steps. Only after I get one thing accomplished (brushing my teeth) do I worry about the next thing (getting dressed.)

-Mitzy Maher

Sometimes just reminding myself that I've felt this bad before and lived to tell about it helps me move forward.

-Lainee Chen

PAID ADVERSTISEMENT

ARE YOU DEPRESSED AND BETWEEN THE AGES OF 21 AND 65?

Have you lost interest or pleasure in activities you once enjoyed? Are you experiencing feelings of persistent sadness, hopelessness, guilt or worthlessness? Have you tried antidepressants in the past?

If so, you may be eligible to participate in a research study of a **rapidly acting medication** being conducted in patients with Major Depression at the Mount Sinai Medical Center. This research study will require one overnight stay at Mount Sinai. You will be compensated for your time.

If you have a current diagnosis of Bipolar Disorder AND are taking lithium, depakote, tegretol, or lamictal, you will not be eligible for this study. Also, if you are actively abusing alcohol or drugs you will not be eligible to participate.

For more information, please call 212-241-6383 or email **Michele.gonen@mssm.edu** or Dr. Mathew, at **sanjay.mathew@mssm.edu**.

(GCO #05-0850, IRB approved through 6/30/08)

Do you have a question for an MDSG lecturer? Email it in advance.

Our lecturers have always fielded questions from the audience, but now attendees can e-mail questions in advance. If you have a question for any of our winter lecturers, send it, in 50 words or less, to lecture_questions@mdsg.org.

Lecturers will answer as many questions as possible, pending time restrictions.

New Lecture Location

Our lectures will now be held in a new location—the *new* Podell Auditorium at Beth Israel Medical Center. This new auditorium is in on the first floor of the Bernstein Pavilion—the same building where we hold our Friday support groups. The entrance is around the corner from the emergency room entrance on Nathan Perlman Place, which is between 15th and 16th streets and First and Second avenues.

See you there!

Shopping on Amazon?

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Here's an easy way to help MDSG: go to our website at mdsg.org, click on the Amazon logo, and you'll be taken to Amazon.com. As long as you reach their site through ours, MDSG will receive a commission on what you buy.

Archived Lectures Available by Mail

Did you miss a lecture of great interest to you? Recordings of past lectures are available on CD through the mail.

Lecture #	Date	Presenter	Subject
68	11/6/07	Sanjay Mathew, M.D	Exciting Therapies for Treatment-Resistant Depression
67	10/1/07	Eric R. Kandel	In Search of Memory
66	5/1/07	Ronald Fieve, M.D.	Bipolar II: What I've Learned From Treating 8,000 Cases
65	4/10/07	J. Christopher Muran, Ph.D.	A Consumer's Guide to Impasse and Failure in Psychotherapy
64	3/13/07	Sarah Lisanby, M.D.	Out of the Pillbox: Brain Stimulation for Medication-Resistant Disorders
63	2/6/07	Maria Oquendo, M.D.	Antidepressants for Bipolar Disorder
62	1/9/07	Dennis Charney, M.D.	Advances in the Diagnosis and Treatment of Depression
61	12/5/06	Gianni Faedda, M.D.	Mood Disorders and Development: From Childhood to Adulthood
60	11/7/06	Jeffrey Borenstein, M.D.	Dual Diagnosis: Alcohol, Drugs, and Mood Disorders
59	10/10/06	Richard O'Connor, Ph.D.	Making the Best of Depression
58	9/12/06	David Hellerstein, M.D.	Healing Your Brain
57	6/6/06	Psychologist Panel	Therapists Discuss Therapy
56	5/2/06	Jonathan Stewart, M.D.	Overview of Mood Disorders
55	4/4/06	Facilitator Panel	Coping with Depression and Bipolar Disorder: Expert Advice
54	3/7/06	Joshua Wolf Shenk	Lincoln's Melancholy
53	12/6/05	Ivan Goldberg, M.D.	Ask the Doctor: All Your Questions Answered
52	11/7/05	John F. Clarkin, Ph.D.	Talk Therapy for Mood Disorders
51	10/10/05	James C.-Y. Chou, M.D.	What is Standard Care, Best Care for Bipolar Disease
50	9/12/05	Richard O'Connor, Ph.D.	Self Destructive Behavior, Mood Disorders, and Stress
49	6/13/05	Peter Kramer, M.D.	At Last—Confronting Depression
48	5/2/05	Lois Kroplick, M.D.	Fresh Insights into Mood Disorders in Women
47	4/4/05	Issie Greenberg, Ph.D.	Obesity, Weight Control, and Psychiatric Meds

All lectures are available for $13 each, $25 for two, or $35 for three (including postage and handling).
To order, send your requested lecture numbers and a check payable to *MDSG Inc.* to:
Lecture Recordings, c/o MDSG, P.O. Box 30377, New York, NY 10011.

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We Get By with a Little Help from our Friends . . .

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

Our annual membership is $45 for individuals and $65 for families. Your membership card is a free ticket to support groups and most lectures, and your contributions are tax-deductible. Thanks for your support.

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