

MOODS

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

It Takes a Family: Harnessing the Benefits of Family Involvement in Treatment of Bipolar Disorder

Igor Galynker, M.D.

Associate Chairman of Psychiatry, Chief of the Division of Psychiatric Brain Imaging, and Director of the Division of Biological Psychiatry at Beth Israel Medical Center; Director, The Family Center for Bipolar Disorder, Beth Israel Medical Center

Lecture: March 2, 2010



Should families be involved in the treatment of chronic diseases like Bipolar Disorder? For most doctors, the answer is an automatic NO. Confidentiality is the trump card – even if better recovery rates are likely when the entire family is

involved. Dr. Igor Galynker is an expert on this issue, one of the pioneers of family-inclusive treatment, and the founder of the Family Center for Bipolar Disorder at Beth Israel in 2006. This March he'll share with us communication techniques that we and our families can use to minimize the impact of Bipolar Disorder on everyone. Come hear how we can work with our families to improve outcomes and reduce the sense of isolation and alienation that's usually part and parcel of the disease. It's a great lecture to attend alone... or with your mom, brother, adopted aunt and second cousin!

Inside this Issue:

Ask the Doctor.....	3
Reader's Corner.....	5
Stress Busters.....	7

Don't Call me Nuts!: Coping With the Stigma of Mental Illness

Patrick Corrigan, PsyD.

Distinguished Professor & Associate Dean for Research, Institute of Psychology, Illinois Institute of Technology; Principal Investigator, Chicago Consortium for Stigma Research (CCSR); Editor In Chief, American Journal of Psychiatric Rehabilitation

Lecture: April 6, 2010

Sometimes stigma just makes you crazy! Isn't life hard enough without the add-on problems of prejudice and misunderstanding about what we're going through? Our April lecture takes stigma by the ear,

Continued on page 5

Is it Me, or am I Getting Inadequate Treatment?

David J. Hellerstein, M.D.

Associate Professor, Clinical Psychiatry, Columbia University; Director, Medical Communications, Columbia University Department of Psychiatry; Research Psychiatrist, New York State Psychiatric Institute

Lecture: May 4, 2010



It's a common concern: are you in the right medical hands? How can you tell? On May 4, distinguished researcher and psychiatrist Dr. David Hellerstein will talk about how to assess quality of care. He'll cover the gamut, from first evaluation and diagnosis through treatment and recovery.

Continued on page 8

MDSG, Inc.
PO Box 30377
New York, NY 10011

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. Everything this great organization does is built from the time and energy of hard-working volunteers. Your financial support is crucial. Please give what you can.

ADDITIONAL CONTRIBUTIONS TO SUPPORT MDSG

MDSG, Inc., P.O. Box 30377
New York, NY 10011

I enclose:	\$1,000	Patron
	\$500	Benefactor
	\$250	Donor
	\$75	Friend

Name _____

Address _____

E-mail _____

Make your check payable to MDSG, Inc.

Ask the Doctor

Ivan K. Goldberg, M.D., Psychopharmacologist



Which is a better mood stabilizer for Bipolar-I: Depakote or lithium?

There have been many studies about the effectiveness of these two medications. They have been shown to be similar in effectiveness, with about 60% of patients showing a good response. Individuals who are rapid cyclers often do better with divalproex (Depakote) than with lithium.

Lithium has done a good job of controlling my hypomanic episodes, but I still get depressed. What might I take along with lithium to help?

Lithium is usually better at preventing mania than lamotrigine, while lamotrigine has been shown to be superior at preventing depression. For many people with Bipolar Disorder, the combination of the two does a good job of evening out both the upward and downward mood swings. Using lithium and lamotrigine together often does a much better job than lithium alone at controlling rapid cycling.

My daughter is currently depressed despite taking lithium and lamictal. Her doctor wants to start her on an antidepressant, but has told us this might push her into a manic or hypomanic episode. What are the odds this will happen?

It's long been suspected that antidepressants can cause some people with Bipolar Disorder to become manic or hypomanic, there aren't many studies that quantify how often this happens. The best estimate to date is that there's about a 12% chance per year that an antidepressant added to mood stabilizers will trigger mania or hypomania. This probability is lower if an SSRI or MAOI is used instead of a tricyclic anti-

depressant.

Generally speaking, with Bipolar Disorder a low to moderate dose of an antidepressant should be used for as short a time as possible to bring about remission of the depressive episode. Unfortunately, the recommendation to use antidepressants for a limited treatment period will cause some patients to rapidly experience a depressive relapse.

I've had several acute manic episodes. Am I likely to respond well to treatment with lithium?

Studies show that people with acute mania who have the following characteristics are most likely to do well when treated with lithium:

- The first Bipolar episode is manic, rather than depressed.
- They have Bipolar-I with grandiosity or elation (rather than irritability)
- They have less than 10 previous manic/hypomanic episodes
- They or someone in their family has previously had a good response to lithium
- There's no substance abuse or rapid cycling.
- There are no depressive symptoms
- The onset of symptoms occurred after age 18.

Even if you do not have any of these characteristics you may also benefit greatly from lithium treatment.



“Bipolar is not the problem. The problem is the problem. If you suffer with bipolar, you will suffer. If you merely cope, you will merely cope. If you live with bipolar, you will live.”

“Jane”, posting at healthcentral.com

Passages

Amy Ganz, one of the original facilitators for MDSG, died in October, 2009 from cancer. She facilitated groups during the 80's and 90's. Amy was an artist whose favorite medium was sculpture.

Don Schott, long time facilitator during the 90's, died in November, 2009. He had just had his 61st birthday, and lived to celebrate 16 years sober. A well-read consumer of mood disorder literature, he could give us accurate answers about medications, diagnoses, and a ton of other things. Don will be remembered for his warmth and sardonic humor. He died of cancer.

Mood Disorders Support Group
New York
MOODS
Copyright © 2008 by the
Mood Disorders Support Group, Inc.
All rights reserved. \$2.50 per issue.
Inquire about bulk orders.
MDSG is affiliated with the Depression and Bipolar
Support Alliance.

P.O. Box 30377, New York, NY 10011
Phone: (212) 533 MDSG
Fax: (212) 675-0218
E-mail: info@mdsg.org Web: www.mdsg.org

Julia Attaway
Editor

Betsy Naylor
Chair

Ivan K. Goldberg, M.D.
Medical Advisor

Marc A. Strauss, Esq.
Pyrros & Serres, LLP
Legal Advisor

Michael Horowitz
Webmaster

All information in this newsletter is intended for general knowledge only and is not a substitute for medical or legal advice or treatment for a specific medical condition.

Special thanks to Chato B. Stewart of MentalHealthHumor.com for permission to use his cartoon.

MDSG Membership

The \$5 contribution for meetings doesn't cover anywhere near all of MDSG's expenses for the more than 600 individual support groups we run each year, or for our distinguished lecture series, our telephone information service, our website, and this newsletter.

Our annual membership is \$45 for individuals and \$65 for families. Your membership card gives you **free admission** to support groups, and it gives you a **discount on lectures**, too!

Send your check, **payable to MDSG, Inc.** to:
MDSG, Inc., P.O. Box 30377 New York, NY 10011

_____ \$45 Individual Annual Membership

_____ \$65 Family Annual Membership

Is this a renewal? Yes No

Name _____

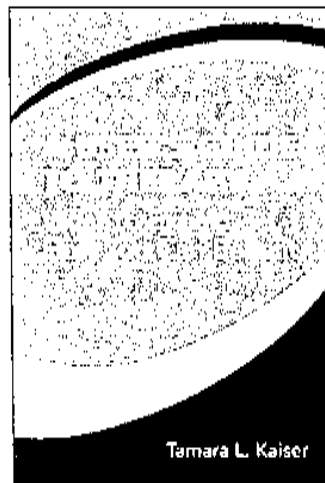
Your contributions are tax-deductible. Thanks for your support.

The Reader's Corner with Betsy Naylor

A User's Guide to Therapy: What to Expect and How You Can Benefit

by Tamara L. Kaiser, MSW, PhD
242 pages, W.W. Morton, 2009

Many people seek therapy because they need someone to listen, and because they hope to understand their unhappiness. They want to feel better, but have no idea how that's going to happen by talking. *A User's Guide to Therapy* is an excellent introduction to what therapy can do and how it works. The author is warm and lucid; her explanations are compassionate, her writing is as clear as possible. There's no jargon or jibberish.



One major reason relationships become difficult is that people are unable to say the things they want or need to say. This can lead to misconceptions, faulty expectations, and bigger problems. A therapist helps unlock communication, using both art and science to help untangle feelings and facts.

Sometimes people enter therapy with a particular view that the source of their pain is the actions of another person. "She closes off from me," they think, or, "My father says nothing except to put me down," or "I can't do anything. *They* have to change or I will always be depressed." A therapist works to increase the patient's awareness of what's perception and what's fact, providing insight into what's going on unconsciously. As adults, many people form relationships that replay earlier, unhealthy relationships, especially with their mothers or fathers. This unhappy cycle can be identified, broken, and made whole through

therapy. The *Guide* includes examples of patient-therapist conversations, which show how people make connections between past and present, give up damaging long-held assumptions, and improve problematic relationships.

Dr. Kaiser also writes about three core feelings which plague people: shame, anxiety, and guilt. Any one of these can become disabling when a person believes avoiding the feeling is compulsory. One goal of therapy is to understand how this dominant feeling got started. By understanding the source, people are better able to work with what has been controlling them.

And of course there is the issue of trust. Learning to trust your therapist can be a healthy first step toward other healthy relationships. Dr. Kaiser quotes one therapist on how important this can be: "When a client begins to trust me, I generally encourage him to explain why he does and what he trusts me to do. I ask him to articulate this so he can begin to notice what it's like to feel safe with someone, and so he can use that experience to discern who in his life he can feel safe with and whom he can't."

From my own years in therapy, I know that the conversations in therapy don't follow a clear, cookie-cutter process. My therapist kept track of what I said (and didn't say), what was getting resolved and what still had ragged ends. I was not particularly aware of the process she was taking me through week after week. Now, having read *A User's Guide*, I can look back and see more of what was taking place.

The Greek word *psyche* means the human mind and spirit; *therapeia* means 'to take care of.' Psy-

chotherapy is thus the process of healing the human mind and spirit. I have great respect for professionals who do therapy. They study and train long years in order to enter the lives of unhappy, vulnerable people and opening up unhappy lives to changes, new options, and hope. Reading *the User's Guide* I have learned many things that I didn't know that I didn't know. Dr. Tamara Kaiser has written a wonderful book.

Where's Howard?

He's big, he's talkative, and he's got a great laugh. So where's Howard Smith? Sadly, this pivotal member of MDSG has been unable to attend groups since a diagnosis of cancer in June. He's now being treated with chemotherapy and radiation. We miss Howard's constant focus on what's best for MDSG, his continual jokes, and his creativity -- and we wish him a speedy recovery. Come back soon, Howard! You can keep up to date on Howard's progress or leave him a note at (no 'h' to start):

owardsmith.wordpress.com

Buying a Book? Amazon will make a donation to MDSG, with no charge to you!

Here's what to do:

1. Go to MDSG.org
2. Click on this icon
3. Shop! →



It's that simple. Nothing special to do at check-out, no secret codes to enter. Free to you, and a gift to MDSG. A portion of every dollar you spend goes to MDSG.

Don't Call me Nuts!: Coping With the Stigma of Mental Illness

Continued from page 1

with one of the head stigma researchers in the country, Dr. Patrick Corrigan. Dr. Corrigan has spent 20 years providing and evaluating services for people with psychiatric disabilities and their families. He'll discuss how society discriminates against individuals with mental illness... and how we stigmatize ourselves and impede our own recovery. Drawing from his book, *Don't Call me Nuts*, he'll also give us concrete ways to become stigma-busters. Don't miss this very important discussion about what we can do to bring about positive change, both in the world and in our own lives.

Is it Me, or am I Getting Inadequate Treatment?

Continued from page 1

ery, including tough questions like:

- My doctor just wants me to do what he tells me and isn't interested in much input. What type of collaboration should I be looking for?
- My doctor spent 20 minutes with me and diagnosed me with depression. Is that a thorough enough evaluation and diagnosis?
- My doctor is satisfied that I am stable and functioning. Shouldn't she encourage me to keep fighting for a full recovery?
- My doctor defers to me in terms changing meds if I'm not happy with them. Is this appropriate?
- My 19-year-old son's doctor won't talk to me due to confidentiality rules, even though I have the objective perspective that my bipolar son does not. I feel helpless. What do I do?
- What should I expect in terms of doctor availability to me throughout treatment?

STRESSED? Quick Tension Busters

Stress is often a trigger for depression, and it has a physical component. Exercise is great — but sometimes a 5-mile run isn't possible. Guided meditation is effective, but you need time and quiet to get going. Here are some quick tricks for taming tension in a matter of moments. They require no special equipment and no co-pays. And hopefully they'll buy you the time you need to get through the day and back home, where you can practice whatever form of relaxation helps you most.

Scalp: With your thumbs behind your ears, spread your fingers across the top of your head. Make small circles with your fingertips, gently moving your scalp back and forth.

Alternative: 'comb' your head front to back with your fingers, while applying pressure.

Temples: Place your hands on top of your head, with your thumbs touching your temples. Apply gentle pressure to your temples, making slow, small circles with your thumbs.

Eyes: Put your third or fourth fingers (your preference!) under your eyebrows, near the bridge of your nose. Gently press upward, increasing pressure slightly for about 10- 15 seconds, then release.

Shoulders: Cross your arm over your body so that your hand rests on the opposite shoulder. Using your middle finger, press down and rub circles into the muscle just above your shoulder blade.

An alternative: write your name in the air (slowly) with your shoulder!

**Have a question for one of our lecturers?
Email it in advance.**

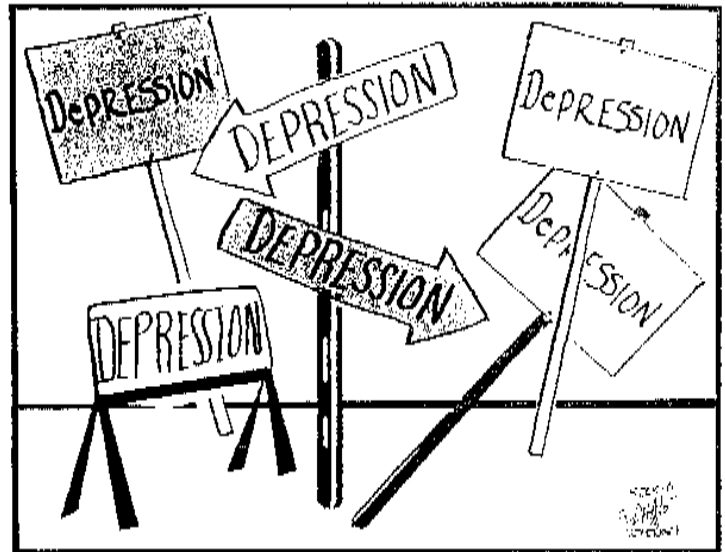
Our lecturers always field questions from the audience, but you can e-mail your questions in advance, too. Send questions (50 words or less) to:

lecture_questions@mdsg.org,

Please indicate which lecture the question is for. Speakers will answer as many questions as possible, pending time restrictions.

MentalHealthHumor.com

By: Chano B. Stewart



Signs of Depression

Wow, You Missed a Good Talk...

Couldn't make it to the last amazing MSDG lecture? We try to record all of our talks by experts, so you can learn and grow even if you weren't able to come. Lectures are available on CD through the mail. Our most recent recordings are listed below; a complete list is on our website, mdsg.org.

CD

- 89 Larry Fricks
We CAN Reclaim Our Lives: A Personal Journey to Hope and Recovery
- 88 Panel of Psychiatrists
And You Were Afraid to Ask!
- 87 Laura Bernay, M.D.
The History of Melancholia and Mania: How is it Relevant Today?
- 86 Sanjay J. Mathew, M.D.
Cutting-Edge Treatments for Those Problem Depressions That Won't Go Away

Lectures are \$13 each, \$25 for two, or \$35 for three (includes postage and handling). To order, send us the CD # of the lectures you want and a check payable to *MDSG Inc.* to:

Lecture Recordings, c/o MDSG
P.O. Box 30377
NY, NY 10011

Mood Disorders Support Groups and Lectures

Spring 2010

Support Groups

Manhattan – West Side
Every Wednesday

Manhattan – East Side/Downtown
Every Friday

St. Luke's Roosevelt Adult Outpatient Psychiatric Clinic
411 West 114th Street
(between Amsterdam and Morningside)
Doors open at 7:00 p.m.; 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)
Doors open at 7:00 p.m.; groups begin at 7:30 p.m.

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.

Upcoming Lectures

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

Mar 2
Tuesday
7:30 p.m.

Igor Galynker, M.D.
*Associate Chair for Psychiatry; ,
The Family Center for Bipolar Dis-
order at Beth Israel Medical Cen-
ter*

It Takes a Family: Harnessing the Benefits of Family Involvement in Treatment of Bipolar Disorder Helpful techniques that can improve recovery and lower the risk of episodes.

Apr 6
Tuesday
7:30 p.m.

Patrick Corrigan, PsyD.
*Distinguished Professor & Associ-
ate Dean for Research, Inst. of
Psychology, Illinois Institute of
Technology; author*

Don't Call me Nuts!: Coping With the Stigma of Mental Illness How stigma affects us and our recovery, and what we can do about it.

May 4
Tuesday
7:30 p.m.

David J. Hellerstein, M.D.
*Assoc. Prof, Clinical Psychiatry,
Columbia University; Research
Psychiatrist, New York State Psy-
chiatric Institute*

Is it Me, or am I Getting Inadequate Treatment? Learn how to assess whether you're getting the kind of treatment you need to be as well as you can be.

Lectures are usually held on **Tuesdays** (call 212-533-MDSG and listen to message for last-minute changes). Doors open at 7:00 p.m., lectures begin at 7:30 p.m. Lectures are \$4 for members and \$8 for non-members.

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

THE MOOD DISORDERS SUPPORT GROUP, INC.

(212) 533-MDSG

P.O. Box 30377, New York, NY 10011 * Fax: (212) 675-0218

E-mail: info@mdsg.org * Web: www.mdsg.org

MDSG, Inc.
PO Box 30377
New York, NY 10011

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. Everything this great organization does is built from the time and energy of hard-working volunteers. Your financial support is crucial. Please give what you can.

ADDITIONAL CONTRIBUTIONS TO SUPPORT MDSG

MDSG, Inc., P.O. Box 30377
New York, NY 10011

I enclose:	\$1,000	Patron
	\$500	Benefactor
	\$250	Donor
	\$75	Friend

Name _____

Address _____

E-mail _____

Make your check payable to MDSG, Inc.