

MOODS

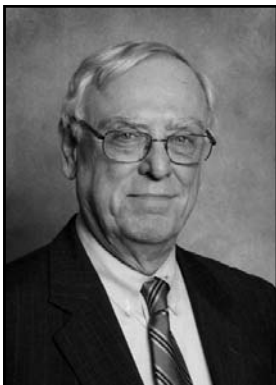
Serving people with depression and manic depression, their families and friends since 1981.

Personality, Bipolar Disorder, and Personality Disorders: Where Does One Start and the Next Begin?

John Clarkin, PhD

*Professor, Weill Medical College of Cornell University;
Co-Director for Institute for Personality Disorders*

Lecture: Tuesday, June 2, 2009



Your mother claims, "You were always like that!" Your significant other counters that your family is partly to blame. *You* secretly wonder how many of your difficulties come from being you, and how many are due to being Bipolar.

Does it make a difference? Actually, yes. Your personality affects your relationships, your treatment, and your outcome, too. Which is why we've invited Dr. John Clarkin to speak to us for our June lecture.

The day you made your entrance into the world, you arrived with personality (or at least the beginnings of it). Current research suggests that roughly 50% of an individual's evolving personality is based in biology. The remaining half is formed by life experiences. The interplay between nurture and nature continued throughout your childhood, as you learned (or didn't learn) how to trust, communicate, deal with conflict, and resolve problems. By the time you reached late adolescence, most of the "you" in you was fully developed.

When your Bipolar Disorder is under control,

your personality shines through. That gives you (and others) a baseline against which to gauge symptoms which may indicate the onset of depression or mania. An introvert behaves differently than an extrovert, for example, and if you're normally the retiring type and start acting differently, that's a clue to what's happening with your mood.

Unfortunately, some kinds of personalities are dysfunctional even without Bipolar Disorder to complicate life. People who are excessively avoidant or dependant may have a personality that's 'disordered' in and of itself. Then there are the complex difficulties like Borderline, Narcissistic and Antisocial Personality Disorders.

How do you know what's normal, what's normal but quirky, and what's in the oye vey! Category? Come hear Dr. Clarkin, an expert in the fields of both Bipolar Disorder and Personality Disorders, unravel the mess, and give us insights into how who you are affects being Bipolar, and what you can do about it.

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Archived Lectures Available

Recordings of past lectures are available on CD through the mail. Our most recent lectures are listed below. Please see our website, mdsg.org, for a listing of earlier lectures.

CD

- 83 Ivan Goldberg, M.D.
Ask the Doctor ... Anything!
- 82 Michael Ostacher M.D.
Do a Few Drinks Really Matter? The Impact of
Drugs and Alcohol in Bipolar Disorder
- 80 Joseph F. Goldberg, M.D.
Myths and Realities about Antidepressant Use in
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Redefining "Mood Stabilizer"
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What Do Happiness Research and Positive
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Help! My Medication's Not Working

Lectures are \$13 each, \$25 for two, or \$35 for three (includes postage and handling). To order, send your requested lecture numbers and a check payable to *MDSG Inc.* to:

Lecture Recordings, c/o MDSG
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Have a question for one of our lecturers? Email it in advance.

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

lecture_questions@mdsg.org.

Please indicate at which lecture you would like your question asked. Speakers will answer as many questions as possible, pending time restrictions.

Mood Disorders Support Group
New York
MOODS

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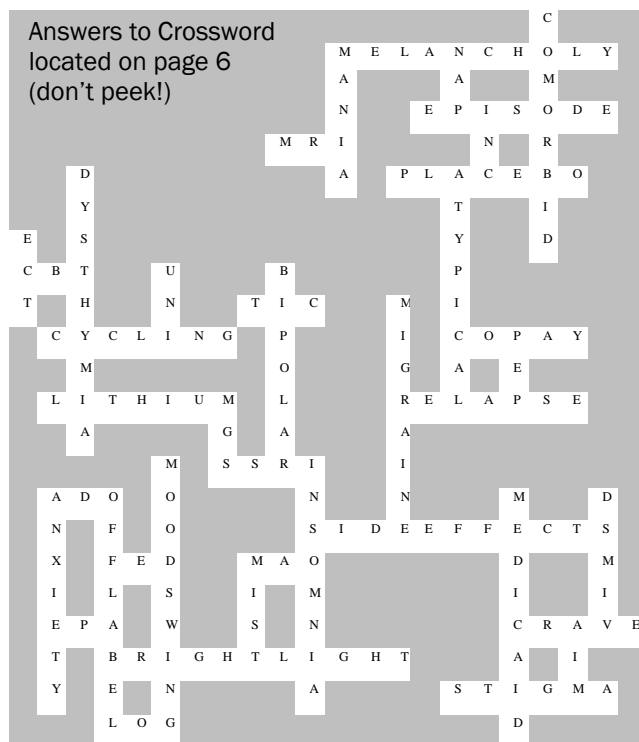
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Answers to Crossword
located on page 6
(don't peek!)



Ask the Doctor

Ivan K. Goldberg, M.D., Psychopharmacologist



What kinds of things predict whether people with bipolar disorder will have a relapse?

There are several known indicators of relapse:

- a large number of previous episodes,
- substance abuse,
- depressive symptoms,
- hypomanic symptoms that don't quite meet the full diagnostic criteria (subsyndromal hypomania), and
- mood-incongruent delusions that occur during manic periods.

Is there any real evidence that psychotherapy has an effect on brain function?

Yes. In a recent study, patients with major Depression were treated with either an SSRI or interpersonal psychotherapy (a form of therapy that has been shown to reduce depression). PET scans of the patients' brains showed that both methods were associated with normalization of brain function. In another study, psychotherapy was found to have effects similar to that of vanlafaxine (Effexor).

I've never been psychotic during my bipolar-II episodes. Is there a reason I should take an antipsychotic medication?

While antipsychotics have some mood-stabilizing benefits, they also carry the risk of serious, long-lasting side effects like tardive dyskinesia. In general, antipsychotics should be reserved for treating individuals with psychosis. Even then, after the psychosis remits, antipsychotic medications should be discontinued.

Is it true I shouldn't drink grapefruit juice?

It depends on your medications. Grapefruit juice increases the concentration of certain medications in the blood. You should avoid it if you're taking any of the following:

buspirone (Buspar)
diazepam (Valium)
carbamazepine (Tegretol)
nefazodone (Serzone)
quetiapine (Seroquel)
zalepon (Sonata)

Is ketoconazole worth trying for treatment-resistant depression?

It could be. Ketoconazole has been used for many

years to treat fungal infections, Cushing's disease, and prostate cancer. One of its effects is to block the actions of adrenal hormones. For reasons that aren't entirely clear, ketoconazole and other drugs that block adrenal hormones have been successful in helping some people with hard-to-treat depressions. However, note that ketokonazol should only be taken after consulting a psychiatrist, since it interacts with many other drugs

What's the difference between the various SSRIs?

There are six SSRIs available in the the U.S.: fluoxetine (Prozac), sertraline (Zoloft), fluvoxamine (Luvox), paroxetine (Paxil), escitalopram (Lexapro), and citalopram (Celexa). Each one differs in its actions on the various neurotransmitters in the brain. Some, like citalopram, pretty much affect only one neurotransmitter. Others, like fluoxetine, affect many. The drugs also differ in the extent to which they are activating or sedating (fluoxetine is the most activating, while paroxetine is the most sedating).



The Reader's Corner with Betsy Naylor

Hurry Down Sunshine A Memoir

by Michael Greenberg

234 pages. Other Press, 2008 \$22

It's hard to capture in words exactly what the experience of severe depression or mania does to a person. Many try, a few succeed. Michael Greenberg's *Hurry Down Sunshine* is one such success. The events of this true story took place in the summer of 1996, when Greenberg's 15-year old daughter Sally unraveled. Right away, I was drawn into their poignant story.

Sally has become volatile, provocative, unrelenting in her anger. Completely unreasonable, she aims her stinging attacks at her father. At the same time, she desperately wants him to enter her delusions and understand what she is talking about. Her father knows about this kind of break from reality because his older brother Steven is mentally ill, probably schizophrenic. Steven still depends on Greenberg for basic help in living and for intervention when he gets into scrapes.

Sally is admitted to a psychiatric hospital, where she is thought to be Bipolar I. She spends the first couple of days in the quiet room, furnished only with a mattress on the floor: a good place to calm down safely. One by one family members learn that Sally is in "that kind" of hospital. They begin to cope with the sharp feeling of stigma.

Sally's biological mother Robin turns up from Vermont armed with a homeopathic remedy to promote relaxation, as well as foot massaging skills. She worries that she might have set the stage for Sally's breakdown. Aaron, Sally's older brother, thinks he's to blame because of his constant teasing about her personality

quirks. Helen, the grandmother, visits only to acknowledge that she felt she caused her son Steven's mental illness. But no one feels as blameworthy as Sally's father, even though he does not know exactly where his guilt lies. This type of misplaced guilt is common among friends and family.



Michael Greenberg tells us Sally had always been different. Her world view was a chasm apart from that of other people. He wonders, with anguish, if the signs of her illness were there all along.

Reading this book, it's clear it took considerable forbearance to stay on Sally's side during the worst of her illness. Michael was the most consistent loving ally his daughter could ask for. He was also her most frequent target. He's always reaching for Sally's spiritual self (and his own) as he talks to her. We follow his thinking with interest, as he tries to come up with some way of connecting with her psychotic conversation.

This is a story in which each person is changed by an experience that pulls them outside their habitual worldview. All are touched deeply as they observe and try to understand Sally. Characters remain in my memory, so true to life. *Hurry Down Sunshine* is a rich, worthwhile read whether you've known Bipolar Disorder from the inside out, or are learning about it from the outside.



Six Simple Steps to Speed Your Recovery

Dr. Ivan K. Goldberg, M.D.

Psychotherapy and medicine are essential to treating bipolar disorder. But when you're depressed, there are a few more things you can do to help yourself feel better faster.

1. **Don't sleep more than 8 hours a day.** The more you sleep, the more depressed you're likely to feel. Set a fixed bedtime and a time to get up (and make sure you're in bed by 1:00 a.m.)
2. **Get outside!** Even if it's a bit overcast, getting outside does good things for you when you're feeling gray. Studies show that half an hour spent outdoors between 11:00 a.m. and 2:00 p.m. makes a difference in your mood.
3. **Keep moving.** Thirty minutes of exercise each day has been shown to be a true mood-lifter. It's even more effective if you do it in bright light (like when you're outdoors for item #2).
4. **Avoid alcohol and recreational drugs.** The truth is they'll make you feel more depressed... *and* keep your antidepressants from working effectively.
5. **Increase your Omega-3s.** There's evidence that 1800 mg a day of EPA can quicken your recovery. Ask for capsules in any health food store. (If you start burping a fishy taste, try the enteric coated kind, which don't dissolve until they get to your small intestine.)
6. **Avoid aspartame.** People with depression become more depressed when they ingest Equal® or Nutrasweet®. Try Splenda® instead.

Can't do them all? That's okay — do as many as you can. And feel better, sooner!

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Do you or a near relative of yours suffer from Bipolar Disorder or Bipolar II Disorder?

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Mood Disorders Support Groups and Lectures

Spring 2008

Support Groups

Manhattan – West Side
Every Wednesday

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.

Manhattan – East Side/Downtown
Every Friday

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

June 2
Tuesday
7:30 p.m.

John R. Clarkin, PhD.
Professor, Weill Medical College of Cornell University; Co-Director for Institute for Personality Disorders

Personality, Bipolar Disorder, and Personality Disorders: Where Does One Start and the Next Begin? Unravel the differences between your personality, challenges within it, and being Bipolar.

Sept 8
Tuesday
7:30 p.m.

Sanjay J. Mathew, M.D.
Director, Mood and Anxiety Disorders Program; Faculty Mount Sinai School of Medicine

Cutting-Edge Treatments for Those Problem Depressions That Won't Go Away Dr. Mathews brings us up to date on the latest breakthrough research.

Oct 6
Tuesday
7:30 p.m.

Laura Bernay, M.D.
Head of Psychiatric Outpatient Services, Beth Israel Medical Center

The History of Melancholia and Mania: How is it Relevant Today? Fascinating stories of how mood disorders were treated through the ages. Even the Greeks and Romans got depressed!

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.

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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 these expenses. Our annual membership is \$45 for individuals and \$65 for families. Your membership card is a free ticket to support groups and gives you a discount on lectures. Your contributions are tax-deductible. Thanks for your support.

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