

# MOODS

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

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## **Lecture: Redefining “Mood Stabilizer” The Growing Role of Anti-psychotic Medication in Treating Mood Disorders**

James C.-Y. Chou, M.D.

*Psychiatrist, Bronx VA Medical Center/Phelps Hospital;  
Faculty, Mt Sinai School of Medicine*

December 9, 2008

The great mood disorder puzzle: what should be dealt with first when a patient is suffering from a mania hidden inside a depression strapped to a see-saw?

Brain chemistry gone awry is the main culprit behind these perilous bipolar ups and downs. Thankfully there are many psychiatric medications available to help restore some balance, mainly those from the category known as Mood Stabilizers.

Not too long ago there were only a few of these unique drugs. But recently, so many new ones have come out that now the very term *Mood Stabilizer* is in question. Patients are confused. And there's also a robust debate within the medical community itself.

Simply put, here's the dilemma: If a medication from a totally different class of pharmaceuticals, like the atypical antipsychotics, stops manic episodes should it also be called a Mood Stabilizer? And are these newcomers as effective as the traditional medications?

It takes an expert to make sense out of this medication muddle. Dr. Chou's lecture should not be missed. He will carefully explain what all the newest research says about what's important in the ever-changing world of Mood Stabilizers. Knowledge is a powerful pill!

## **Lecture: Myths and Realities About Antidepressant Use with Bipolar Disorder**

Joseph F. Goldberg, M.D.

*Director, Affective Disorders Research Program, Silver Hill  
Hospital; Faculty, Mt Sinai School of Medicine*

January 6, 2009

The good news: antidepressants! The bad news: antidepressants! What goes on here? Haven't these medications saved untold lives while helping lift the darkness from millions of people who were stuck in the miserable depths of depression? Then why do they continue to be more controversial than ever?

Are they dangerous or safe? Are antidepressants overprescribed or underprescribed? Are their side effects worse than the cure?

... Continued on page 6

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## **Talking About Therapy: What's Good for Whom, and Why?**

*Panel of Psychologists*

February 3, 2009

Some experts believe therapy was invented 45 minutes after prehistoric humans learned to talk. A million generations later, and the talking cure still thrives. It's one of the most effective ways to calm the demons that bedevil our minds and souls.

However, many distinct types of therapy developed over the years. And, because of all those different theories, styles, and the legions of trained practitioners, it can be quite confusing trying to decide on whose couch you should lie down.

... Continued on page 6

## The Beatles Had it Right!

We really do get by with a little help from our friends. The largest portion of our funding at MDSG comes from people like you, who know that no amount of help is too small.

Every dollar you send to MDSG goes toward programs and materials that help people. Your donations get us the top researchers to speak, put better information in this newsletter, provide space for our groups to meet in, pay for the phone line that's there for those who need it, and fund our website (which is now the way most people find out about us).

To give again (or for the first time), make your check payable to MDSG, Inc, and send to:

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

Happy Holidays... and good health!

## 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](http://mdsg.org), for a listing of earlier lectures.

- 76 Katherine Burdick, PhD: Cognitive Problems in Bipolar Disorder
- 73 Richard A. Friedman, MD: Personalized Psychopharmacology
- 72 Igor Galynker, MD, PhD: Family Inclusive Treatment
- 71 Marc Strauss, Esq: SSD Benefits and Mental Health

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**  
P.O. Box 30377  
NY, NY 10011

Mood Disorders Support Group  
New York

### MOODS

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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.

***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](mailto:lecture_questions@mdsg.org).

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

# Ask the Doctor

Ivan K. Goldberg, MD, Psychopharmacologist



**My new doctor has told me to avoid diet sodas containing aspartame. Why?**

Many people with a history of depression tend to feel more depressed when they use aspartame, which is present in NutraSweet and Equal. Diet sodas sweetened with sucralose (Splenda) don't have the same effect. Aspartame doesn't cause an increase in depressed feelings in people who don't have a history of depression.

**I was hospitalized six months ago for a bout of psychotic depression. I no longer feel depressed, but I still haven't been able to function as well as I used to. Is this unusual?**

It's unfortunately quite common. One study showed that even though 84% of patients had no symptoms of a psychotic mood disorder six months after hospitalization, only 30% were functioning at the same level at home and at work as they had prior to the episode. With time and additional treatment you can look forward to regaining more of your

ability to function well.

**I have Bipolar Disorder and am frequently depressed. My doctor wants me to take Lamictal in addition to the lithium I've been taking for many years. Will this help?**

Lamotrigine (Lamictal) acts as both a mood stabilizer and as an antidepressant, and is often useful in combination with lithium. Unlike conventional antidepressants, lamotrigine is unlikely to cause you to have a manic or hypomanic episode, or to cause a mixed state, or to spark rapid cycling. The combination with lithium is particularly helpful for many patients with rapid-cycling Bipolar II Disorder.

**A friend recently suggested I should take St. John's Wort to help with depression. Is this a good idea?**

St. John's Wort is a plant that has been used as a folk remedy for depression for hundreds of years. The studies of its effectiveness on mild to moderate depression are mixed. Like other antidepressants, St. John's Wort can induce ma-

nia in some people with depression. If you are taking an SSRI or MAOI, you should not take St. John's Wort because of a potentially fatal interaction. The plant is also dangerous if you take the anticoagulant Coumadin or protease inhibitors for HIV or AIDS.

**I know that bright light therapy is often used to treat people with Seasonal Affective Disorder (SAD). Is it likely to relieve the suicidal thinking I often get in winter?**

Possibly. Suicidal thinking in people with SAD is often reduced by bright light therapy. In a recent study of 191 patients with SAD, the number of individuals with suicidal thoughts dropped from 99 to 30 after treatment with bright light. Six individuals reported an increase in suicidal thoughts. This is similar to the occasional increased in suicidal thinking seen in individuals treated with other antidepressant treatments. The treatment involved two hours of bright light, or 30 minutes of very bright light daily for two weeks.



## The Reader's Corner with Betsy Naylor

### Therapy 101: A Brief look at Modern Psychotherapy Techniques and How They Help.

by Jeffrey C. Wood, Psy.D. and Minnie Wood, NP  
184 pages, New Harbinger Publications, 2008.  
Paperback, \$14.99

Frequently, an MDSG group member wants to start therapy and asks the rest of us what to do. Group members like to talk about their therapy. They know if it's helping or not, and whether or not they like their therapist. The newcomer gets a varied picture, and the group is likely to give some hints about proceeding.

*Therapy 101* offers information that could be helpful as you search for a therapist. Each 2-4 page segment focuses on one type of therapy, with a quick run-through of its theory and goals, sample questions a therapist might ask, and the types of problems best treated by this method. At least one website is included for each segment.

*101* emphasizes the link between a diagnosis and its most effective therapy. Some examples:

**REBT** (Rational Emotive Behavior Therapy) can be effective for treating anger, anxiety, and depression.

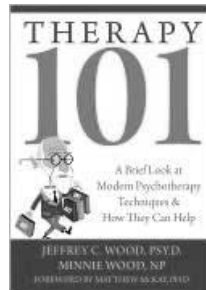
**Psychoanalysis** is recommended for bipolar issues, as well as personality disorders such as narcissistic, paranoid, and borderline.

**Schema therapy** is useful for borderline personality and relationship problems.

This little book includes over 30 kinds of therapy. Have you heard of Eye Movement Desensitization and Reprocessing? Acceptance and Commitment Therapy? Existential Therapy? I think the book would be more effective if it listed fewer therapy types and included more information and longer examples. Unfortunately, despite its tons of facts, *Therapy 101* does not have a glossary or an index.

Match-ups between therapies and problems can be useful, but I suspect that people in emotional pain want to lessen their pain with whatever psychological orientation is at hand. As far as I know, there are very few theoretical purists. Therapists are trained in all these approaches, and use a wide variety in their practice. My friends call this New York

Eclectic Therapy. My therapist approaches issues from many angles, and I go home with my problems in a different frame. While reading *Therapy 101* I recognized many techniques that she has used.



In MDSG, we often recommend cognitive therapy because it helps us address problems stemming from our negative thoughts. This can provide more immediate relief than getting bogged down in the-story-of-my-life (though I have always thought talking through mother/father stuff was helpful in a fundamental way).

One important piece of the action usually gets left out in books like *Therapy 101*. If you like your therapist and he likes you, a lot of help and comfort comes simply from being in his company. You feel open. You look forward to meetings and remember things to bring up next week. He tracks you and wonders how your events went. You get better. I got better.

*Therapy 101* can increase your vocabulary and shed some light on things like how we get better, what the therapist is doing, and what certain schools of thought are about. But if you really need to find a therapist, ask your MDSG group to help. We're the third leg of that all-important 3-legged stool: medication, therapy, and MDSG!



# Know Yourself: Preventing Relapse

By Li Faustino

So you're taking your antidepressant regularly, and then one day you find yourself in the midst of a relapse. What happened? Is it possible to know the warning signs of depression when you're on medication? The answer is a solid yes if you know your habits well enough to spot changes that act as red flags.

To get a few solid pointers on how to identify early warning signs, I interviewed a long-time volunteer at MDSG who has been stabilized on antidepressants for a few years. He's a teacher, healthy, and an MDSG facilitator. Here are some of the subtle clues he sees that let him know he's getting depressed:

- I suddenly notice I haven't shaved in a week.
- My bills are piling up.
- Housekeeping which I'm usually pretty good with goes undone: dishes are in the sink or the litter-box is dirty.

- I don't do my job to my own standards. The work gets done, but I'm grading papers later than I like, or not planning lessons well.
- The laundry is washed, but dirty clothes are on the floor instead of in the laundry bag.
- More of my time is spent interacting with others online instead of in person.
- I watch way too much television.
- Exercise seems impossible.
- I order food in more often, and cook less.
- I need to take my sleeping pill more often.
- I don't tuck in the corner of the fitted sheet when it pops off the bed!

Your symptoms may differ, but the concept is the same: take note of your habits and standards when you're *not* depressed, and you'll have an early warning system for relapses. If you're alert to changes in behavior before you become immobilized, you can see your doctor early enough to keep that relapse from happening.

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## **ARE YOU TAKING AN ANTIDEPRESSANT BUT STILL FEEL DEPRESSED?**

Have you lost interest or pleasure in activities you once enjoyed? Have you been feeling consistently sad, hopeless, guilty, or worthless? Have past medications failed to improve your symptoms?

If so and you are medically healthy, you may be eligible to participate in a research study of an FDA approved medication as an add-on to your CURRENT antidepressant treatment. This research study will last at most six months. If eligible, you may receive psychiatric evaluation, study related medical care, and medication at no cost.

If you have a current diagnosis of Bipolar Disorder, 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 contact the Mood and Anxiety Disorders Program at Mount Sinai at **212-241-9193** or email the clinical research coordinator at [chris.kelly@mssm.edu](mailto:chris.kelly@mssm.edu)

GCO# 08-0736, IRB approved through 7/28/09

## Myths and Realities Lecture, continued from p.1

Do they cause mania, suicide, rapid cycling, impotence? Do they even work? Maybe these "happy pills" brought on the euphoria that led to the stock market collapse!

The difference between misinformation, lies, wishful thinking and real science is at the heart of our January lecture by noted researcher and psychopharmacologist Dr. Joseph Goldberg. "Carefully figuring out the risk factors is key in deciding if an antidepressant should be given at all," Dr. Goldberg says. "If the answer is yes, then profiling a patient's individual clinical characteristics is how to determine which medicine is the best choice."

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## Panel of Psychologists continued from page 1

So, back by popular demand, we present an expert panel of psychologists. These five top therapists, each representing unique experiences and outlooks, will help unravel the mystery about which type of treatment might be best for different individuals. What exactly is meant by interpersonal, psychodynamic, integrative, psychoanalytic, experiential? Also what about those fascinating initials, like CBT, DBT, RET, IFT just to name a few?

A major part of this presentation will be the psychologists replying to questions from the audience, and who knows, perhaps we'll all find out the answer to the most important riddle of all: Just how many shrinks does it take to screw in a lightbulb?

The West Side Groups have a wonderful new home!



We've moved with our gracious hosts, the St Luke's/Roosevelt Outpatient Clinic, to their newly renovated headquarters further uptown:

Outpatient & Community Psychiatry  
St. Luke's Roosevelt Hospital  
411 W. 114th Street

We're very much looking forward to welcoming you there. Thank you for your patience as we sorted out logistics!

MDSG wants to extend our thanks to Dr. Melinda Koenig, the Clinic's director, for being such a champion of MDSG's work and for her extraordinary efforts to ensure that we continue to have a safe haven on Wednesday nights, and a long-term relationship with St. Luke's Roosevelt Hospital.

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## Doing your holiday shopping online?

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## SUFFERING FROM MAJOR DEPRESSIVE DISORDER (UNIPOLAR TYPE)?

Participate in a research study at Barnard College in New York City, focusing on moods, thoughts, and symptoms. Eligible adults paid up to \$230. For information, call 212-854-4223 or e-mail [personality.studies@gmail.com](mailto:personality.studies@gmail.com).

Annually renewed IRB approval currently valid through 11/17/08 (#AAAB7625). Not a treatment study.

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# Mood Disorders Support Groups and Lectures

## Winter 2008

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### 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.

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### 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

**December 9**  
Tuesday  
7:30 p.m.

**James C.-Y. Chou, M.D.**  
*Psychiatrist, Bronx VA Medical Center/Phelps Hospital; Faculty, Mt Sinai School of Medicine*

**Redefining 'Mood Stabilizer': The growing role of anti-psychotics in treating mood disorders** Do they work? An insightful summary of the latest studies on the use and effectiveness of these medications.

**January 6**  
Tuesday  
7:30 p.m.

**Joseph F. Goldberg, M.D.**  
*Director, Affective Disorders Research Program, Silver Hill Hospital; Faculty, Mt Sinai School of Medicine*

**Myths and Realities about Antidepressant Use in the Treatment of Bipolar Disorder.** What's rumor and what's fact? Dr. Goldberg sifts through the confusion, and discusses the risk factors that determine if an antidepressant will help or hinder.

**February 3**  
Tuesday  
7:30 p.m.

**Panel of Psychologists**  
*An expert panel of five top therapists*

**Talking About Therapy: What's Good for Whom, and Why?** Our panel of experts answers all you want about therapy. Bring your questions, or email them in advance!

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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, Inc.**  
**PO Box 30377**  
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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 these expenses. 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.

<b>Annual Membership</b> <i>Provides you with free admission to support groups and most lectures</i>	<b>Additional Contributions to Support MDSG</b>
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