

MOODS

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

Cognitive Problems in Bipolar Disorder: Are They Real? Can They Be Treated?

Katherine Burdick, PhD,
Neuropsychologist, Zucker Hillside Hospital; Assistant Professor, Albert Einstein College of Medicine
September 9, 2008

If you're bipolar, the nagging belief that your illness keeps you from being as sharp as you really are is an awful feeling. This might not be your imagination. Research shows a link



between certain cognitive functions and mood disorders, especially bipolar disorder. "On objective tests, it's common to see deficits in specific areas of verbal memory, executive function,

and cognition, although intelligence appears to remain intact," says neuropsychologist Katherine Burdick, PhD, our September speaker. Medications, although essential, often have side effects of their own, which can play a role. Scientists are beginning to dig deeper into causes of the problem and what can be done to treat it. Come hear the latest thinking on this often-ignored issue.

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Help! My Medication's Not Working

David Hellerstein, MD, Associate Professor of Clinical Psychiatry, Columbia University; Research Psychiatrist, New York State Psychiatric Institute
October 7, 2008

Antidepressants, mood stabilizers and other drugs are crucial for treating depression and bipolar disorder. But sometimes they stop working; others times they never even start. This



lack of response is called treatment resistance and it can be one of the most frustrating stumbling blocks someone with a mood disorder will ever encounter. But the desire to get better doesn't have to stop there. "There are approaches that can help people gain or regain a good response," says psychiatrist and author

David Hellerstein, MD, our October lecturer. From rethinking the diagnosis, to trying new regimens, to exploring options like exercise and meditation, Dr. Hellerstein will discuss options for overcoming this troubling situation.

What Do Happiness Research and Positive Psychology Have to Say About Depression?

Richard O'Connor, PhD
Author of *Happy at Last* and *Undoing Depression*
November 4, 2008



Ah, happiness! Throughout history, great thinkers, from philosophers to poets to scientists to songwriters, have searched for the key to finding it. But recently, some psychologists have tried to quantify what makes people happy using clinical research. Does this latest quest for

answers, known as positive psychology, have any bearing on clinical depression? "When you at look this movement from the perspective of mood disorders, some of it is naïve, but some of it is quite relevant," says Richard O'Connor, acclaimed author and psychologist and our November lecturer. "When people are treated for depression," he says, often they get to where they're just short of being able to find real pleasure in life, but it's possible to aim a little higher than that." Don't miss his take on this fascinating topic.

Important Notice!

Our weekly Wednesday night support groups will move to a new location at the end of September. The exact date of the move and new location will be announced in the near future. Please check our website and upcoming mailing for further updates.

Have a question for one of our lecturers? 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 lecturers, send it, in 50 words or less, to lecture_questions@mdsg.org.

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

Archived Lectures Available

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

- 72 Steven Hyler, MD: Mood Disorders at the Movies
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- 63 Maria Oquendo, MD: Antidepressants for Bipolar Disorder

All lectures are \$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.**

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 advice or treatment for a specific medical condition.

Letters to the editor and other submissions are welcome and will be printed at the discretion of the newsletter editor. Send contributions to:

Newsletter Contributions MDSG-NY

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Or e-mail newsletter@mdsg.org.

Ask the Doctor

Ivan K. Goldberg, M.D., Psychopharmacologist



My depressed grandfather is very agitated and believes

that all of his money has disappeared and that he's bankrupt. His doctor wants him to have electro-convulsive therapy. Do psychotic symptoms, like his delusions of poverty, prevent people from responding to ECT?

No. In fact people whose depressions are accompanied by hallucinations or delusions have been found to respond especially well to electro-convulsive therapy (ECT). In a recent study, 92 percent of depressed patients with delusions had a good response to ECT, compared to 55 percent of non-delusional depressed patients.

I hear a lot about SAME being used as an antidepressant. Is it safe and effective?

S-adenosylmethionine (SAME) is a naturally occurring substance that was discovered in 1952 and which has been used as an antidepressant

since 1974. There are a number of published studies that demonstrate that SAME is more effective as an antidepressant than a placebo. Other studies have shown 1,600 mg per day of SAME to have equal antidepressant activity as conventional antidepressants. A number of studies have also demonstrated SAME's ability to speed up patients' response to tricyclic antidepressants. Most of these studies have been done with patients with mild to moderate depressions. People taking SAME usually start with a single daily dose of 100 mg or 200 mg and slowly increase the dose over a period of weeks to a maximum of 1,600 mg per day.

It's important to note that though SAME is a naturally occurring substance, like any effective antidepressant, it has its advantages and disadvantages. While it does not cause weight gain or sexual dysfunction, its reported side effects do include heartburn, nausea, diarrhea, anxiety, and headaches. And though it's available without a pre-

scription, it's quite expensive.

Finally, because SAME, like other antidepressants, can induce mania in some people with disorders on the bipolar spectrum, and because of its potential to interact with other drugs, physician supervision is *strongly* suggested.

I have not responded to the 200 milligrams of Zoloft that I have been taking for a month and now my doctor wants to add lithium. Is this likely to make me feel any less depressed?

When someone is not responding to full doses of one of the SSRIs (like Zoloft), adding lithium to what they are taking has at least a 50 percent chance of reducing the depression within two weeks. This is called "lithium potentiation," and about 600 milligrams of lithium per day is usually an adequate dose for this purpose. Some people need up to six weeks of lithium potentiation to become less depressed.

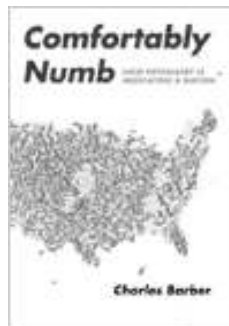


The Reader's Corner with Betsy Naylor

Comfortably Numb: How Psychiatry is Medicating a Nation By Charles Barber Pantheon, \$26

Comfortably Numb is the name of a Pink Floyd song written in the late 1970s. Back then, hippies and non-hippies were enjoying lots of non-prescription drugs which got them happy and high and sometimes numb. These days, more Americans are taking legal drugs in great quantity and it is this trend that author Charles Barber explores here.

Traces of Prozac have been found in the waters of New York City, having made its way from our prescription bottles to the fishies. All over the country, Barber says, Americans have become enthusiastic pill takers. The number of psychiatric prescriptions filled, especially for antidepressants, grows and grows. "What started as a drip, developed into a stream, a river, and then a torrent."



Barber wants us to pay attention to our increased psychiatric drug use, consider how things got this way and ponder the results. He tells the story of psychiatric drugs moving through history. Until the invention of Thorazine in the early 50's, the mentally ill were housed in huge state hospitals where no one expected them to improve. The worried-well were in psychoanalysis, and everyone else was said to be fine. Use of Thorazine in psychiatric hospitals profoundly changed psychiatry. The din of the hospitals died down and some patients grew well enough to go home. Biological psychiatry had begun.

Because of the book's provocative title, I expected Barber to argue that my psychiatric medications take away my edge, blunt my emotions and make me, well, comfortably numb - and to say that maybe I shouldn't be taking them. But Barber's argument is more nuanced. He acknowledges that many people do need medications in order to function. I also anticipated that he would say that Americans want to be numb. But instead he focuses more on the role of the pharmaceutical industry. The drug compa-

nies, as presented by Barber, are more evil than I had imagined and he includes a well-researched rant on Big Pharma, blaming them for getting us to seek drugs, particularly antidepressants. The case he builds goes like this: People suffering through unhappy life problems are mistaken for major depressives. Well-meaning doctors, not necessarily psychiatrists, want to help. Patient and doctor both have seen a commercial or two. The doctor has been visited by a drug company salesperson. Out comes the prescription pad. The rest is history...and more antidepressant traces drip into our water system.

Barber argues that health insurance companies hold responsibility, too, for the rise in treatment of mental health problems by pill. As with other medical problems, health insurance rules determine the care we receive. They would rather pay for pills than for therapy and approve only a certain number of therapy sessions. Periodically, they lower this number and therapy is not given enough time to make a difference for the patient. Therapists are required to do tedious progress reports to justify the need for continuing therapy. Before you know it, your therapist is not accepting insurance any more.

Among several therapies described, the author writes most convincingly about the effectiveness of cognitive behavioral therapy (CBT). Patients focus on their automatic thoughts, say, rumination on a recent hurt, which make them feel depressed. CBT can help change these thoughts, and thus reduce depression. Barber argues that instead of going first to seek out an antidepressant, some people feeling depressed might try CBT as a first option.

Comfortably Numb raises some basic questions about a trend that we of MDSG are part of. After all, many of us may be contributing traces of Prozac to the water supply. We make decisions to seek help, we choose a therapist, we enter and leave therapy, and ultimately, most of us have opted for a psychotropic drug. Undoubtedly, these drugs have helped most of us enormously, but *Comfortably Numb* challenges us to consider our individual treatment in a larger context.

Workout Blues

Why we don't exercise

By Howard Smith

A funny thing happened on the way to the gym. I didn't go. Another funny thing happened when I went to the park to jog. I didn't leave my house.

It's a clinical Catch 22. Exercise helps lift your depression, but when you're depressed, even the thought of working out, is, well, . . .depressing. This circular conundrum is particularly unfortunate because, although exercise is not a replacement for medication, the research clearly shows that even moderate amounts can help lift your gloom.

So what's actually going on with this inability to exercise, and can anything be done?

Well, first understand that what's being discussed here is serious clinical depression: The disabling type of illness that makes everything life-stoppingly difficult, when you feel so hopeless and helpless that just getting into the shower is a triumph, answering the phone can be frighteningly impossible, switching t.v. channels is simply not worth the effort, and making a sandwich appears so complicated that you'd rather go hungry. If you can imagine being that low, now try to imagine focusing enough energy to get up and exercise.

For a dozen or so years, I've been an MDSG facilitator, leading hundreds of support groups, and the exercise paradox continues to come up. Usually, after someone tells their sad story, there's a little laugh and a regretful admission about how much money they wasted.

One guy said he bought a Bowflex machine that now sits in the middle of his living room, never used except as a not-so-bad, albeit costly, clothes rack. Another man reported that he once signed up for a year's worth of lessons at a prestigious karate dojo, but only managed to show up for two classes. A woman who once planned on dancing to stay fit mailed in her membership fees, every month, on time, to a Soho dance studio, for nearly three years. During periods of mania she purchased many snazzy Capezio leotards just so that she'd be ready if she ever got there. She never did. Not once. Then there's the optimist who bought an extravagant set of multi-colored barbells. They sat untouched



on the floor next to his bed, for a very long time. Every night as he got into bed, he recited a prayer-like mantra, "Tomorrow I'm going to start lifting. Definitely."



And in the interest of full disclosure, here's my own spectacular accomplishment. One day during the dark, early, un-medicated years of my depressive illness, I suddenly decided that what I needed most was exercise, and I located an unusual swim club that would perfectly accommodate my topsy-turvy sleep regimen. The Olympic-size pool was open 24 hours a day, including weekends. It was expensive but a special discount was offered for a post-midnight only membership.

I went to look it over at 2 a.m. It was a beautiful place and, at that hour, not crowded. The lifeguard said that the swimmers there then were mainly creative types who had just gotten off work, like musicians, Broadway dancers, waitress/actresses, bartender/painters. I was inspired. I paid for a full year. The next day I bought a new bathing suit, two new towels, and immediately went and put them in my new locker, which I also paid for in advance for a full year. I secured it with my brand new combination lock. I was ready. That night I would be back and begin to get in shape.

Well, I think you know what comes next. A funny thing happened on the way to the pool. I didn't get there, ever. I meant to, but I was too depressed. I wonder if the lucky person they eventually gave my stuff to laughed when he saw the tags still attached.

But amusing as these failures are, they don't tell the whole story. Through the years I've met scores of clinically depressed people who do succeed at regularly working out. So why them and not the rest of us? Are they people with more "character", more willpower, who, in spite of feeling just as helpless, simply won't give up? Or is it possible that they were a tiny bit less depressed in the first place, just enough so that they are better able to push through? We may never know. The many symptoms of depression are so subtly different from person to person, both in intensity and type, that it's impossible to say for sure. (And the fact that plenty of non-depressed people drop out of working out only adds to the confusion.)

What's most important is to keep trying. If your goals are manageable, you'll find pleasure when you

meet them. Each small success is a great motivator for continuing. Here are some tips that other people have found effective. Maybe they'll help get you going.

- Start slowly. At the beginning, it's generally counter-productive to join a gym or commit to multiple lessons. Instead, try small steps to get used to exercise and feel better about working out, like walking more.
- Purchase one of those nifty digital pedometers. They're tiny and inexpensive. When I first wore mine I was shocked at how little I actually walked. That information goaded me to walk further, to achieve more steps per day. This progressive goal setting can jump-start your plan to get more physical activity in your life.
- You don't need to invest lots of money in a Stair-master-type apparatus when there are actual stairs everywhere. If you live in an elevator building, try getting off two floors below yours and walk up. Every week add a floor. (I knew someone who found this too boring so she did every other flight backwards.)
- Get off the bus or subway a stop before you normally would and walk the extra blocks. (I wouldn't do this backwards.)
- This might seem obvious, but a buddy system can be a big help. Depression is in itself isolating, so if you can make a pact with a friend to show up and work out together, or just meet for regular walks, then the mutual support might help you break both your exercise inertia and your loneliness.
- If your illness still doesn't let you get out often enough, there are TV shows, DVDs, and websites that can lead you through a good workout, and they require little or no equipment. You can even rent such DVDs from Netflix—and you don't have to worry about what you look like while trying programs at home.
- Or put your television to good use another way. I once met someone who said she became less sedentary thanks to commercials. No, she didn't order any of

those thingamajigs hawked on late night TV guaranteed to reshape your abs, butt, belly, or any other body part you think looks too big, small or flabby. Whenever commercials came on, she stood up and did a brisk round of simple exercises until the show returned.

What about you? Is there something that helped you beat the workout blues in spite of a mood disorder? Share how you did it. E-mail us at newsletter@mdsg.org. And, finally, just in case you forgot what exercise is, here's a reminder of what it's not:

- Exercise is not the same as watching the New York Marathon on TV.
- It is also not about staying up googling until dawn, reading everything you find on the web about why exercise is so important.
- If you run into friends who are on their way to the gym, and say, "Do some pushups for me," that's not the same as actually exercising.
- Carrying the heavy *Sunday Times* home from your corner newsstand is not much of a workout.
- Trying to break the world record for how quickly a person can eat a pint of Haagen Daz might be impressive, but honestly, that's not exercise.
- Talking all day on the phone might be exhausting, however that doesn't count.
- Having an anxiety attack because you worry so much about not getting any exercise, that's also not exercise.

Howard Smith is MDSG's director of operations and an award-winning filmmaker and journalist whose writing has appeared in Playboy, The New York Times, Ladies Home Journal, The Village Voice, and numerous other publications.

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Mood Disorders Support Groups and Lectures

Fall 2008

Support Groups

Manhattan – West Side/Columbus Circle
Every Wednesday

Manhattan – East Side/Downtown
Every Friday

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)

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)

Note: see location change announcement on page 2.

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

September 9
Tuesday
7:30 p.m.

Katherine Burdick, PhD
Neuropsychologist, Zucker
Hillside Hospital; Assistant
Professor, Albert Einstein
College of Medicine

Cognitive Problems in Bipolar Disorder: Are They Real? Can They Be Treated? Troubles with memory, problem-solving, and concentration might be linked to manic depression. Come hear the latest thinking on this issue.

October 7
Tuesday
7:30 p.m.

David Hellerstein, MD
Associate Professor, Columbia
University; Research Psychia-
trist, New York State Psychiat-
ric Institute

Help! My Medication's Not Working
What can you do when your treatment stops working—or never even started? Dr. Hellerstein will give practical advice for overcoming treatment resistance.

November 4
Tuesday
7:30 p.m.

Richard O'Connor, PhD
Acclaimed author of *Happy At
Last* and *Undoing Depression*

What Do Happiness Research and Positive Psychology Have to Say About Depression?
Happiness research is all the rage now. Don't miss Dr. O'Connor's take on how it might be relevant to clinical depression.

Lectures are *usually* held on **Tuesdays** (call and listen to message for last-minute changes). Doors open at 7:00 p.m., 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).

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

Annual Membership	Additional Contributions to MDSG
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Name _____ Address _____ E-mail _____	Name _____ Address _____ E-mail _____
<i>Make your check payable to MDSG, Inc.</i>	<i>Make your check payable to MDSG, Inc.</i>

