The Newsletter of the Mood Disorders Support Group/New York 2007, No. 3 $2.50

MOODS

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

In Search of Memory: Psychiatry, Psychoanalysis and The New Biology of Mind

Eric R. Kandel, M.D.

Nobel Prize-winning neuroscientist and groundbreaking researcher

October 1, 2007

Ask any doctor if mental illnesses like depression have biological roots and the answer will invariably be yes. But fifty years ago, so little was known about the workings of the brain that few realized that our thoughts, mental processes and moods had real physical components. Eric Kandel's work in locating the specific area in the brain responsible for memory changed the way that scientists think about the human mind, and his years of neuroscience research have

(continued, next page)

Ask the Facilitators:

Practical Tips for Coping with Mood Disorders

Panel of MDSG Facilitators

September 11, 2007

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.

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Exciting New Therapies for Treatment-Resistant Depression

Sanjay Mathew, M.D.

Award-winning researcher and expert on hard-to-treat depression, Mount Sinai School of Medicine

November 6, 2007

Dealing with depression is never easy, but when multiple medication regimens fail to do the job, or side effects are so debilitating that certain treatments are not options, it's easy to lose hope. Don't. Researchers have been making exciting breakthroughs for treating these tough cases—what's known as treatment-resistant depression. "We actually prefer the term 'difficult to treat' instead of treatment resistant. We're finding novel ways to successfully treat this type of depression all the time," says Sanjay Mathew, MD, assistant professor at Mt. Sinai School of Medicine and our No-

(continued, next page)

(Kandel, *continued from page 1)*

shed even more light onto the way our brains work. Now, Dr. Kandel turns his attention to the biological components of depression and psychotherapy, arguing that therapy, particularly psychoanalysis, has suffered from a lack of scientific rigor. "To what degree can psychotherapy, psychoanalysis, and biology come together? That should be the new focus in the discussion of depression," says Dr. Kandel, who posits that advances in brain imaging technology will help enable a long-needed objective look at therapy. Dr. Kandel is an eloquent writer and speaker on the interplay between biology, thought, and mood. His recent book, *In Search of Memory*, has earned rave reviews of both its scientific and literary brilliance.

Don't miss this exciting opportunity to hear a luminary in the field of neuroscience speak about mood disorders.

(Mathew, *continued from page 1)*

vember lecturer. New drugs, new combinations, alternative treatments, and new approaches involving electroconvulsive therapy and other brain stimulation techniques are all making it possible for more people to find relief, says Dr. Mathew. "Making yourself aware of all the latest advances is a good way to work toward a better outcome."

Don't miss the chance to get the lowdown on the these cutting-edge treatments.

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

Our lecturers have always fielded questions from the audience, but starting now, attendees can e-mail questions in advance. If you have a question for any of our fall lecturers, send it to lecture_questions@mdsg.org. Lecturers will answer as many questions as possible, pending time restrictions.

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Ask the Doctor

Ivan K. Goldberg, M.D., Psychopharmacologist

What is borderline personality disorder and how is it related to mood disorders?

Borderline personality disorder is characterized by a lack of control over feelings, especially anger, intense and frequent mood changes, impulsivity, rejection sensitivity, a fluctuating sense of the self, feelings of boredom or emptiness, disturbed interpersonal relationships, and suicidal threats, attempts, or self-mutilation.

The mood of people with borderline personality disorder frequently shifts between depression, anger, and anxiety.

Borderline personality disorder is closely connected to mood disorders in a number of ways. There is much overlap between the symptoms of each, and if one looks at the families of people with borderline personality disorder, one sees a lot of bipolar disorder as well.

Patients who have ultra-rapid cycling bipolar disorder and frequently changing moods with irritable, mixed states are especially likely to be diagnosed with borderline personality disorder.

Interestingly, many people with borderline personality disorder appear to be people with a mood disorder, frequently cyclothymia, who have been severely neglected or abused in their early years. Whereas only 33 percent of psychiatric patients without borderline personality disorder report abuse or neglect, 75 percent of those with borderline personality disorder report abuse or neglect. A history of abuse is associated with unstable interpersonal relationships, feelings of emptiness, and abandonment fears. A history of neglect is associated with suicidal behavior. It has been estimated that about two-thirds of people diagnosed with borderline personality disorder show a significant bipolarity.

It's also worth noting that many of the medications used to treat mood disorders also reduce the symptoms of borderline personality disorder.

I seem to alternate between periods of severe depression and periods when I am less depressed, but I am seldom depression-free. This pattern has been continuing for over five years. Is there any point in my taking antidepressants? Would therapy help?

When people with the pattern of depression you describe—which is called double depression—are treated with adequate doses of antidepressants for 12 weeks, about one half have a good response. If the initial antidepressant does not work, a second trial with an antidepressant from another class of drugs has about a fifty percent chance of working.

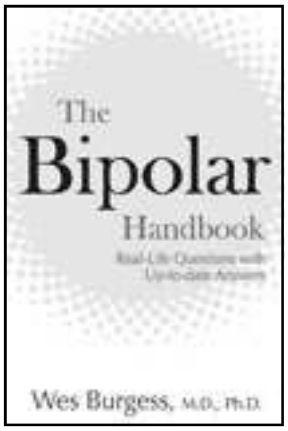
Other research indicates that adding therapy to medication can improve outcomes. In a study in which patients with double depression were seen for six- and twelve-month follow-up assessments, those who were treated with the combination of medication and cognitive-behavioral therapy did better than patients receiving only medications .

The Reader's Corner with Betsy Naylor

The Bipolar Handbook: Real-Life Questions with Up-to-Date Answers

by Wes Burgess, M.D., Ph.D.
Avery/Penguin, 256 pp.
$15 paperback

A good friend recommended that I read *The Bipolar Handbook* because he, an MDSG regular and unipolar, found that the book clarified some important concepts he had never understood before. I have read this sort of book before, a survey of bipolar illness and the process of getting better. However this book explained some novel points of view and it helped my well-read friend, so it sounded like it might be worth a look.



Most survey books on bipolar illness like these cover basics like symptoms and medications and then narrow the focus to more specific topics like the biochemistry of the bipolar brain, psychotherapy, or healthy life habits. Being bipolar myself, I am always looking out for such books because even when the facts may be familiar, the distinct viewpoints that emerge from each doctor-author can be valuable. In *The Bipolar Handbook*, Dr. Wes Burgess, a no-nonsense, psychopharmacologist who is not particularly well-known, asks core questions and provides straight, even blunt, answers. His message: people suffering from bipolar disorder cope with many difficulties which lead to life problems, and at the center of these troubles may be bipolar symptoms, not yet attributed to bipolar illness. Dr. Burgess insists that the only way to get better is to get treatment.

Dr. Burgess does not place bipolar illness under the umbrella of mood disorders. He is of the school that considers bipolar depression a different illness from unipolar depression. When prescribing for his bipolar patients, he relies heavily on mood stabilizers. In fact, he is one of those psychopharms who never prescribe antidepressants for bipolar depression. In his view, antidepressants have been developed for unipolar depression and are not the right meds for bipolar people. Of course many doctors feel just as strongly that bipolar and unipolar illness are points on a continuum, and lately it seems that half of unipolars end up diagnosed bipolar. In my experience as an MDSG facilator, it seems that bipolar and unipolar members talking about their episodes of depression sound similar as far as activity levels and feelings.

One could certainly argue about these differences, and Burgess's book will not be the last word on the subject. The book's strength is in the way it lays out depression and its subtypes in a way that makes readers recognize themselves and gain some knowledge about their particular depressions.

"When someone has been bipolar for many years, the illness influences habits of thinking and behavior," Dr. Burgess writes, a notion that reflects my own experience. I recognized, for example, my difficulty starting projects and habit of oversleeping. Now I am better able to connect the dots: these habits are associated with a diagnosis of bipolar disorder.

Of course, besides living in a world of stressful situations, we are also in a world full of people and we have to get along with them. Those of us suffering with bipolar symptoms sometimes have to make that effort with addled brains, paranoia, depression, obsessiveness, and the tendency to want to talk and talk. In the last chapters of the book, questions and answers focus on getting along with people in a work setting and with others in your life, including a partner. I like this concluding sentence. "Bipolar disorder is only beyond hope when you give up."

Mood Disorders Support Groups and Lectures Fall 2007

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).
(Groups will *meet on Rosh Hashana Eve.)*

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)
(Groups will *meet on Yom Kippur Eve.)*

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

September 11 **Tuesday** **7:30 p.m.**	**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.
October 1 ***Monday*** ***(special day)*** **7:30 p.m.**	**Eric Kandel, M.D.*** Nobel Prize-winner and luminary in the field of neuroscience	**In Search of Memory: Psychiatry, Psychotherapy and The New Biology of Mind** Dr. Kandel is not only a brilliant scientist, but also an eloquent speaker. Don't miss this exciting opportunity to hear him address mood disorders.
November 6 **Tuesday** **7:30 p.m.**	**Sanjay Mathew** Expert researcher on hard-to-treat depression at Mount Sinai School of Medicine	**Exciting New Therapies for Treatment-Resistant Depression** Come hear about how the latest advances are poised to help some of the toughest cases.

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, Dazian Pavilion, Beth Israel Medical Center (enter at northwest corner of First Avenue and 16th Street). Lectures are free for members, and a $5 contribution is suggested for nonmembers.
**Fundraiser lecture: $10 for nonmembers and $6 for members*

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

Can't, Won't and Willpower

By Ward Goldsmith

Among the many mysteries for those of us who live with the daily drag of depression is figuring out when to push and when to give in. It's one of the most difficult dilemmas we face. Here's a typical scenario: There I am once again, flat on my back, hour after hour. A heavy dullness envelopes any thought of any kind that somehow manages to take shape in my dreary slow-motion consciousness. I think this is the third day I've been feeling so low. Maybe it's more than three days. Or more like three weeks? What day is it anyway?

My phone rings! I tense up. Anxiety jolts my body. Should I answer? *Can* I answer? What if someone's calling about something important—or difficult. Like a bill I haven't paid. Another deadline I've missed. An appointment I didn't keep.

RING!! Now I'm panicked. What if it's a friend who's worried because once again I've disappeared? What if it's a neighbor wondering why the newspapers are piled up outside my door? What if, what if, what if.....I'm overwhelmed by dozens of what ifs.

R I N G !!! Oh no. Good god. What do I do?

At last my answering machine clicks in and stops the ringing. Whoever's trying to reach me will just have to wait. I'll listen to all my messages later. I'll call everyone back...tomorrow. Eventually. Maybe.

Okay, so here's the Big Question: Could I have answered the phone if I had tried harder? Really hard. Was it at all possible? What I mean is, did I not pick up because I *couldn't*, or because I *wouldn't*? This is not just some kind of existential musing. There's an important issue inside this question. Perhaps, beyond medications, beyond therapy, there is this other additional "treatment" for depression—something called willpower.

This idea of willpower must be explored carefully in the context of an illness as powerful and disabling as clinical depression. For those sufferers who are hopeless and helpless at the very darkest suicidal bottom, the issue of willpower is not relevant. Emergency interventions are clearly necessary. But the truth is, tenaciously summoning up willpower can sometimes be beneficial. It can create change, and no matter how tiny that change, it can engender hope. It's about making the depressive paralysis at least a little more manageable, about starting to reclaim your life. If this concept just sounds like that absurd bromide, "Pull yourself up by your bootstraps" which is so often hurled at people immobilized by depression, it's not what I mean.

In my own experience, the more I tried, and occasionally succeeded, the better I got at forcing myself to do things that at first seemed impossible because I was too depressed. I got better at knowing when to try pushing and when to know the effort wouldn't work. Gradually, over time, I learned clever little tricks that made it easier next time.

I became my own annoying drill sergeant. "When in doubt, go out," was my rallying cry, and if successful, my follow-up motto was, "If I'm out, stay out." What I eventually discovered was that it was ultimately better to be uncomfortable walking around my neighborhood, painfully feeling like I had just arrived from outer space, than to remain lying in bed, feeling miserable and empty, hour after hour, day after day, endlessly repeating, "Woe is me." More than I had imagined possible, the longer I stayed outside, my depression would often become, well, less depressive.

I made a deal with myself that no matter how panicked I felt, I had to pick up one phone call out of three.

As for not answering the phone? I made a deal with myself (that same demanding drill sergeant was watching) that no matter how panicked I felt, I had to pick up one call out of three, and to try to stay on for at least a few minutes. After two weeks I had to pick up two out of three. After two more weeks, three out of three, and at that point I also "agreed" to make at least one outgoing call a day to someone.

With each tiny success, and with great effort, I gradually added to my repertoire of seemingly impossible tasks. I'm not saying it was ever easy. Often I slid back further than my most recent lurch forward. I learned to judge how I was doing not by comparing today's progress to yesterday's, but by looking at longer spans: Am I functioning better this week than

last week, is this month better than last month?

This willpower thing I'm suggesting isn't meant to minimize the acute pain of this awful condition, or to say that it isn't caused physiologically in the brain. And certainly I'm not accusing those of us who suffer from depression of being weak. I'm also not suggesting that willpower is a replacement for psychiatric treatment. When it comes to clinical depression, proper medication is clearly the first line of defense.

What I do mean is this: if the following description is similar to your situation, why not try a hefty dose of willpower?

- You are sure you have a good psychopharmacologist, and...
- You're finally on the right pharmaceutical cocktail, (Probably after trying many different pills in many combinations) and ...
- You've been totally compliant with your meds for a long time, and ...
- You're seeing your therapist regularly, and...
- You've become more stabilized, less depressed than you used to be, but, and this is a big but ...
- You have hit a kind of "wellness wall" when you still get depressed, on far too many days, and you wish you could "do more," and have a better quality of life.

In my own experience with my own depression, I've definitely regretted more unanswered calls than answered ones. I wish I had added willpower to my treatment mix sooner rather than later. It's certainly worth a try, right?

What about you?

Have you found willpower helpful when suffering through a depressive episode? How do you know when to push yourself and when not to? Have you learned any tricks along the way that might be helpful to others? Let us know. Send your experiences and advice to newsletter@mdsg.org or Willpower Tips MDSG-NY P.O., Box 30377, New York, NY 10011.

We'll print a selection of responses in the next newsletter.

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
67	6/15/07	Ira Moses, Ph.D	There's More to You Than Your Mood Disorder
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.

Due to technical difficulties, some lectures are currently back-ordered. We expect to have the problem resolved soon. We apologize for the delay.

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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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