DBSA-CA NEWS

Depression and Bipolar Support Alliance–California
(formerly California Depressive and Manic-Depressive Association)

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Aspirin And Ibuprofen Undermine Effectiveness Of SSRI Antidepressants, Such As Prozac

Anti-inflammatory medications make SSRI antidepressants less effective, researchers from Rockefeller University explain in the journal *Proceedings of the National Academy of Sciences.* Examples of anti-inflammatory drugs include aspirin, naproxen and ibuprofen.

Examples of SSRIs (selective serotonin reuptake inhibitors) include:

- citalopram (Celexa, Cipramil, Cipram, Dalsan, Recital, Emocal, Sepram; Seropram, Citox, Cital)
- dapoxetine (Priligy)
- escitalopram (Lexapro, Cipralex, Seroplex, Esertia)
- fluoxetine (Prozac, Fontex, Seromex, Seronil, Sarafem, Ladose, Motivest,Flutop, Fluctin (EUR), Fluox (NZ), Depress (UZB), Lovan (AUS))
- fluvoxamine (Luvox, Fevarin, Faverin, Dumyrox, Favoxil, Movox)
- paroxetine (Paxil, Seroxat, Sereupin, Aropax Deroxat, Divarius, Rexetin, Xetanor, Paroxat, Loxamine, Deparoc)
- sertraline (Zoloft, Lustral, Serlain, Asentra)

The authors say their discovery, which was done initially with mice and later in humans, may explain why some patients on SSRIs do not appear to derive any benefits. They add that this lack of efficacy may be preventable if patients stayed off anti-inflammatory medications.

Scientists treated mice with SSRIs and gave some of them anti-inflammatory drugs, while others were given SSRIs without anti-inflammatories. They observed the animals' behavior when given tasks which are sensitive to antidepressant treatment. They found that those on anti-inflammatory drugs showed inhibited behavioral responses.

They also found that human patients with depression who were on both SSRIs and anti-inflammatory drugs had a significantly lower chance of experiencing relief of symptoms typically offered by antidepressants compared to similar patients who did not take anti-inflammatory medications.

They found that:

*Continued on page 2 (***Aspirin**)

ASPIIRIN*(Continued from pg. 1)*

• Only 40% of patients on antidepressants and anti-inflammatory drugs responded to their SSRI medication

• 54% of patients on SSRIs and not on anti-inflammatory medications responded to their SSRI drug

Jennifer Warner-Schmidt, said:

"The mechanism underlying these effects is not yet clear. Nevertheless, our results may have profound implications for patients, given the ve,y high treatment resistance rates for depressed individuals taking SSRIs."

Paul Greengard said:

"Many elderly individuals suffering from depression also have arthritic or related diseases and as a consequence are taking both antidepressant and anti-inflammatory medications. Our results suggest that physicians should carefully balance the advantages and disadvantages of continuing anti-in flammatoiy therapy in patients being treated with antidepressant medications."

The researchers explain that a significant number patients with Alzheimer's disease, for example, suffer from depression, which needs to be treated effectively to prevent more severe Alzheimer's symptoms. They add that depression among elderly individuals also raises the risk of developing Alzheimer's. If depression can be treated effectively, most likely the chances of developing Alzheimer's would be reduced.

"Antidepressant effects of selective serotonin reuptake inhibitors (SSRIs) are attenuated by antiinflammatory drugs in mice and humans"

Jennifer L. Warner-Schmidta, Kimberly E. Vanoverb, Emily Y. Chena, John J. Marshalla, and Paul Greengard

Proceedings of the National Academy of Sciences doi: 10.1 073/pnas. 1104836108

Written by Christian Nordqvist

Copyright: Medical News Today

Source: Medical News Today
April 26, 2011

Study Shows That Peer-led WRAP Planning Is Effective

A new study of individuals in mental health recovery in Vermont and Minnesota provides more evidence that Wellness Recovery Action Planning taught to peers by other peers is effective in helping them manage their own health. Three hundred eighty-one individuals— 147 in Vermont and 234 in Minnesota—were surveyed before and after peer-led WRAP planning. The survey assessed attitudes toward recovery, knowledge of wellness topics, and skills in identifying and using wellness tools. Positive changes in responses were noted in 76 percent of survey items in Vermont and 85 percent in Minnesota. The authors recommend more rigorous studies to continue to build the evidence base for peer-led services. (Note: Mary Ellen Copeland, who developed WRAP, is one of the authors of this study.) To view the free abstract, go to:

http://wwwncbinlmnihgov/pubrned/20952364

Source: Medical News Today
April 26, 2011

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Too Much Or Too Little Sleep May Accelerate Cognitive Aging By 4 To 7 Years

A study in the May 1 issue of the journal *Sleep* descnbes how changes in sleep that occur over a five-year period in late middle age affect cognitive function in later life. The findings suggest that women and men who begin sleeping more or less than 6 to 8 hours per night are subject to an accelerated cognitive dedine that is equivalent to four to seven years of aging

Results show that the sleep duration at follow-up of 7.4 percent of women and 8.6 percent of men had increased from "7 or 8 hours" per weeknight at baseline. Compared with participants whose sleep duration was unchanged, this change to a longer sleep duration was associated with lower scores at follow-up on five of six cognitive function tests, with the only exception being the test of short-term verbal memory. The sleep duration at follow-up of about 25 percent of women and 18 percent of men had decreased from "6, 7, or 8 hours" per night at baseline. This change to a shorter sleep duration was associated with lower scores at follow-up on three of the six cognitive tests, with reasoning, vocabulary and global cognitive status all being affected adversely. Surprisingly, an increase in sleep duration from six hours or less showed no evidence of a beneficial effect.

"The main result to come out of our study was that adverse changes in sleep duration appear to be associated with poorer cognitive function in later-middle age," said lead author Jane Ferrie, PhD, senior research fellow in the University College London Medical School Department of Epidemiology and Public Health in the U.K.

The researchers also found that, in women, sleep duration of 7 hours of sleep per night was associated with the highest score for every cognitive measure, followed closely by 6 hours of nightly sleep. Among men, cognitive function was similar for those who reported sleeping 6, 7 or 8 hours; only short and long sleep durations of less than 6 hours or more than 8 hours appeared to be associated with lower scores.

The study used data for 5,431 participants (1,459 women and 3,972 men) from Phase 5 (1997-1999) and Phase 7 (2003-2004) of the Whitehall II study, which induded more than 10,000 London-based offIce staff aged 35-55 working in 20 civil service departments in 1985. Phase 5 and Phase 7 follow-ups involved postal questionnaires and clinical examinations. Cognitive function was assessed at Phase 7 using six standard tests that measured memory, reasoning, vocabulary, phonemic fluency, semantic fluency, and global cognitive status.

Habitual sleep duration was measured at Phase 5 (baseline) and Phase 7 (follow-up) using a single question: "How many hours of sleep do you have on an average week night?' Participants were divided into four groupings based on the change in sleep duration between the two checkpoints: an increase from 5 hours or 6 hours per night; an increase from 7 or 8 hours per night; a decrease from 6, 7, or 8 hours per night; and a decrease from 9 hours per night. These groups were compared with reference groups who reported no change in sleep duration between Phase 5 and Phase 7. Overall, about 58 percent of men and 50 percent of women had no change in their self-reported nightly sleep duration during the study penod.

Although participants were mostly white-collar workers, the study group covered a wide socioeconomic range with a 10-fold difference in salary across the occupational hierarchy. The researchers adjusted for the effects of education and occupational position due to their known association with cognitive performance. Socioeconomic status did not account for all the observed associations, indicating either a direct association between change in sleep and cognitive function, or an association mediated or confounded by factors other than education and occupational position.

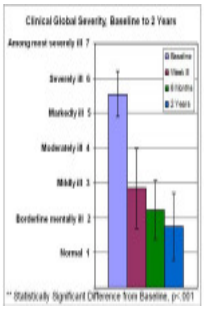
According to the authors, adequate, good quality sleep is fundamental to human functioning and well-being. Sleep deprivation and sleepiness have adverse effects on performance, response times, errors of commission, and attention or concentration. Furthermore, sleep duration has been found to be associated with a wide range of quality of life measures, such as social functioning, mental and physical health, and early death.

The detrimental effects of too much, too little and poor quality sleep on various aspects of health have begun to receive more attention, Ferrie added. "Given that our 24/7 society increasingly impinges on the lives of many people, it is important to consider what effects changes in sleep duration may have on health and well-being in the long term"

The study: "Change in sleep duration and cognitive function: findings from the Whitehall II study."

Source: American Academy of Sleep Medicine
As Seen In: Medical News Today
May 1, 2011

The Journal of Psychiatric Research Features Breakthrough Study Indicating CNS Response's Referenced-EEG(R) Enables Physicians



ALISO VIEJO, CA, Feb 18,2011 (MARKETWIRE via COMTEX) — A breakthrough study by CNS Response, Inc. (OTCBB: CNSO PowerRating), featured in the 50th anniversary issue of the Journal of Research, reveals that physicians using CNSs Referenced-EEG(R) (rEEG), an online reference database, were able to significantly improve their success in treating patients with depression, including patients with treatment-resistant depression. In the 12-week depression study conducted at 12 medical sites, including Harvard, Stanford, Rush and Cornell, physicians achieved a 65 percent success rate in treating patients with depression, compared to a 39 percent success rate in the control group. These results were highly statistically significant.

The subjects in the study, selected through a randomized process, had failed an average of four previous treatments for depression. "To achieve a 65 percent success rate in patients who have already endured four unsuccessful medication treatments is remarkable," said CNS Response CEO George Carpenter. "As our fourth controlled trial and one of 22 medication response trials using EEG neurometrics, this clinical trial contributes to a growing body of evidence that neurometric markers based on EEG can provide clinically useful information.

"Depression, especially treatment-resistant depression, is a major concern for patients and their families, as well as physicians, employers and providers, said one of the study's co-authors, Corey Goldstein, M D., Department of Psychiatry at Rush University Medical Center in Chicago. "One in three people with depression fail to improve with standard therapy and, on average, can spend several years finding the right medicine. As shown in this study, the use of Referenced-EEG appears to hold significant promise as an information tool for physicians by identifying more efficacious, patient-specific medications."

Today, most physicians in other disciplines are able to base their treatment recommendations on objective data gathered from EKGs, MRIs, CT scans, blood tests and similar procedures. However, broadly speaking, such advances have not previously been available to medical professionals treating mental illness. Developed by CNS Response, Referenced-EEG provides objective, personalized, statistical data on a patients neurophysiology.

"This study represents a breakthrough for patients suffering from depression, and their families, as well as for the health care industry, where depression alone costs U.S. employers upwards of $83 billion annually," said Carpenter. We expect to further show the efficacy of rEEG to assist physicians in successfully treating other areas of mental health in addition to depression, thereby improving the overall well-being of patients suffering from mental health issues.

What this means for patients finding the right medication for an individual patient suffering from mental health issues is one of the biggest challenges facing medical professionals Medications affect everyone diferently, and with over 130 psychotropic medications to choose from, it is difficult for physicians to know which regimen is best. As a result, the dominant treatment approach is trial-and-error. This study suggests that Referencad-EEG can be an easy, relatively inexpensive tool that can assist prescribers in personalizing therapies and reducing trial and error. For patients, this means a significantly shorter time to feel relief, thereby reducing their suffering and costs.

The study included 114 patients and was conducted across 12 medical sites. including Harvard, Stanford, Cornell, Rush, UCI School of Medione and others. The article, "The use of referenced-EEG (EEG) in assisting medication selection in the treatment of depression," is available in its entirety in the 50th anniversary edition of the Journal of Psychiatric Research,

About CNS Response CNS Response develops reference data and analytic tools for clinicians and researchers, using a novel neurometric database called Referenced-EEG (rEEG). Developed by physicins as a platforn to exchange objective, neurophysiology-based data on medication response, physicians using rEEG in clinical trials have consistently reduced their use of trial and error pharrnacotherapy. To read more about the benefits of the patented technology for patients, physicians and payers, please visit the CNS Response website, www.cnsresponse.com

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Source: Trading Makets.com ,February 18, 2011

Antidepressants May Not Improve All Symptoms of Depression, Researchers Find

ScienceDaily (Apr. 22, 2011) — Even people who show a clear treatment response with antidepressant medications continue to experience symptoms like insomnia, sadness and decreased concentration, researchers at UT Southwestern Medical Center have found after analyzing data from the largest study on the treatment of depression.

"Widely used antidepressant medications, while working overall, missed these symptoms. If patients have persistent residual symptoms, these individuals have a high probability of incomplete recovery," said Dr. Shawn McClintock, assistant professor of psychiatry and lead author of the analysis available in the April print issue of the *Journal of Clinical Psychopharmacology.*

UT Southwestern researchers tracked a wide range of symptoms of depression — including sadness, suicidal thoughts, and changes in sleep patterns, appetite/weight, concentration, outlook and energy/fatigue — at the start of the trial and at the end of the antidepressant treatment course.

Dr. McClintock's research used data from the Sequenced Treatment Alternatives to Relieve Depression, or STAR*D study, the largest ever on the treatment of major depressive disorder and considered a benchmark in the field of depression research. The six-year, National Institute of Mental Health-sponsored study initially included more than 4,000 patients with major depressive disorder from clinics across the country. Dr. Madhukar Trivedi, professor of psychiatry at UT Southwestern, was co-principal investigator of STAR*D and an author on this paper that analyzed data.

All responders reported between three to 13 residual depressive symptoms, and 75 percent of participants reported five symptoms or more.

Some of their symptoms included insonmia that occurs in the middle of the night (nearly 79 percent); sadness (nearly 71 percent); and decreased concentration and decision-making skills (nearly 70 percent). Moderately severe midnoctural insomnia was reported in nearly 60 percent of participants — more than twice as frequently as other symptoms.

Thoughts of suicide rarely persisted or emerged during treatment, researchers found.

"Some people fear that antidepressant medication increases thoughts of suicide," Dr. McClintock said. "This provided counterevidence of that."

Researchers in the STAR*D trial found that only 33 percent of people go into remission in the first 12 weeks of treatment with an antidepressant medication known as an SSRI, or selective serotonin reuptake inhibitor. Of the available antidepressant medications, SSRIs are the most commonly prescribed for the treatment of depression.

Individuals on SSRIs often still exhibit symptoms of depression. For one of first times, researchers sought with this analysis in a large sample to identify residual symptoms of the disease and whether these symptoms began before or during treatment.

Dr. McClintock and colleagues looked at data from the 2,876 STAR*D participants who completed the first phase of the trial — treatment with an SSRI for 12 weeks. About 15 percent of those participants, or 428 people, responded to treatment with no remission. Response was defmed as a 50 percent decrease in severity of depression. The average age of participants was 40, 73 percent were white, and 66 percent were female.

Each year about 19 million adults in America struggle with depression. People with depression are often at increased risk of heart disease, diabetes, asthma and obesity. Depression cost the U.S. an estimated $83 billion a year.

The next step, Dr. McClintock said, will be to develop more targeted antidepressant therapies to decrease depressive symptoms, and to understand better the association between depression and concentration.

Dr. Trivedi said, "Our findings do suggest that the use of measurement-based care techniques to identify and target residual depressive symptoms is essential to help patients return to normal function and recover from depression in the long term."

Other UT Southwestern researchers involved in this paper were Dr. Mustafa Husam, professor of psychiatry, internal medicine, and neurology and neurotherapeutics; Dr. David Morris, assistant professor of psychiatry; and Dr. Diane Warden, associate professor of psychiatry. Dr. A. John Rush, formerly of UT Southwestern Medical Center, now at NUS Graduate Medical School in Singapore, is co-principal investigator of STAR*D and an author of this analysis. Researchers from New York State Psychiatric Institute; Columbia University; the University of Pittsburgh; Massachusetts General Hospital, Harvard University; and the University of California, Los Angeles also participated.

The study was funded by the National Institute of Mental Health.

Source: Science Daily
April 22, 2011
Web Address:
http://www.sciencedaily.com/releases/2011/04/1104210782524.htm

Happiest Places Have Highest Suicide Rates, New Research Finds

ScienceDaily (Apr. 21, 2011) — The happiest countries and happiest U.S. states tend to have the highest suicide rates, according to research from the UK's University of Warwick, Hamilton College in New York and the Federal Reserve Bank of San Francisco.

The new research paper titled "Dark Contrasts: The Paradox of High Rates of Suicide in Happy Places" has been accepted for publication in the *Journal of Economic Behavior & Organization.* It uses U.S. and international data, which included first-time comparisons of a newly available random sample of 1.3 million Americans, and another on suicide decisions among an independent random sample of approximately 1 million Americans.

The research confirmed a little known and seemingly puzzling fact: many happy countries have unusually high rates of suicide. This observation has been made from time to time about individual nations, especially in the case of Denmark. This new research found that a range of nations — including: Canada, the United States, Iceland, Ireland and Switzerland, display relatively high happiness levels and yet also have high suicide rates. Nevertheless the researchers note that, because of variation in cultures and suicide-reporting conventions, such cross-country scatter plots are only suggestive. To confirm the relationship between levels of happiness and rates of suicide within a geographical area, the researchers turned to two very large data sets covering a single country, the United States.

The scientific advantage of comparing happiness and suicide rates across U.S. states is that cultural background, national institutions, language and religion are relatively constant across a single country. While still not absolutely perfect, as the States are not identical, comparing the different areas of the country gave a much more homogeneous population to examine rather than a global sample of nations.

Comparing U.S. states in this way produced the same result. States with people who are generally more satisfied with their lives tended to have higher suicide rates than those with lower average levels of life satisfaction. For example, the raw data showed that Utah is ranked first in life-satisfaction, but has the 9th highest suicide rate. Meanwhile, New York was ranked *45th* in life satisfaction, yet had the lowest suicide rate in the country.

The researchers then also tried to make their comparison between States even fairer and yet more homogeneous by adjusting for clear population differences between the states including age, gender, race, education, income, marital status and employment status. Even with these adjustments. This still produced a very strong correlation between happiness levels and suicide rates although some states shifted their positions slightly. Hawaii then ranks second in adjusted average life satisfaction but has the fifth highest suicide rate in the country. At the other end of the spectrum, for example, New Jersey ranked near the bottom in adjusted life satisfaction (47th) and had one of the lowest adjusted suicide risks (coincidentally, also the 47th highest rate).

The researchers (Professor Andrew Oswald from the University of Warwick, Associate Professor of Economics Stephen Wu of Hamilton College and Mary C. Daly and Daniel Wilson both from the Federal Reserve Bank of San Francisco) believe the key explanation that may explain this counterintuitive link between happiness and suicide rates draws on ideas about the way that human beings rely on relative comparisons between each other.

University of Warwick researcher Professor Andrew Oswald said: "Discontented people in a happy place may feel particularly harshly treated by life. Those dark contrasts may in turn increase the risk of suicide. If humans are subject to mood swings, the lows of life may thus be most tolerable in an environment in which other humans are unhappy."

Professor Stephen Wu of Hamilton College said: "This result is consistent with other research that shows that people judge their well-being in comparison to others around them. These types of comparison effects have also been shown with regards to income, unemployment, crime, and obesity."

Source: Science Daily
April 21, 2011

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Educational Resources

American Psychiatric Association
202 / 682-6220 • www.psych.org
American Psychological Association
800 / 374-2721 • www.apa.org
Advocacy Center
800 / 342-0823 • www.advocacycenter.com
Child & Adolescent Bipolar Foundation
847 / 256-8525 • www.bpkids.org
DBSA-California
(909) 780-3366
National Alliance for the Mentally Ill (NAMI)
800/ 950-6264 • www.nami.org
National Association for the Dually Diagnosed
800/ 331-5362
National Depression and Bipolar Support Alliance
800 / 826-3632 • DBSAlliance.org
National Family Caregivers Association
301 / 942-6430
National Foundation for Depressive Illnesses
800 / 248-4344
National Institute of Mental Health
800 / 421-4211 • www.nimh.nih.gov
Panic Disorder Line:
800 / 64PANIC (647-2642)
Anxiety Disorder Line:
888 / 826-9438
National Mental Health Association
800 / 989-6642 • www.nmha.org
Confidential depression screening:
www.depression-screening.org

Cumulative weight gain with low dosages of quetiapine

If, as some authors have speculated, quetiapine (Seroquel)-related weight gain is dose dependent, 1ow dose findings reported recently by researchers at the Walter Reed Army Medical Center (S.G. Williams and colleagues, *Pharmacotherapy* 30(10): 1011-1015, 2010) suggest that naturlistic dosages of quetiapine may conduce to clinically significant weight gain.

Having monitored weight change in 534 patients who had received daily quetiapine dosages of 100 milligrams or less for at least one month, the authors observed a gain in weight, relative to a mean baseline body weight of 175.66 pounds, of 0.49 pounds after one month, *5.56* pounds after six months, and 10.58 pounds after one year, prompting them to conclude that comparatively low dosages of quetiapine may conduce to weight gain beginning within the first month of treatment that may become clinically significant in some patients within the first year of treatment.

Source: Currents in Affective Illness Volume XXIX, Numer 12, 2010

Drug-drug interactivity and serotonin syndrome

Among the most commonly prescribed analgesics in the U.S., the serotonin agonist tramadol (Ultram) may be among the drugs most likely to conduce to fatal serotonergic toxicity (serotonin syndrome) in Australia, hints a recently reported quantitative review (J.L. Pilgrim and colleagues, International Journal of Legal Medicine, published on the Web, ahead of print, on December 1, 2010).

Having identified from the coroner's office of the Australian state of Victoria one thousand persons who had died between 2002 and 2008 while receiving "serotonin active drugs" (including fluoxetine, sertraline, paroxetine, citalopram, venlafaxine, and tramadol), the authors found that 326 had been taking "contraindicated or inappropriate drug combinations" that had been considered causes of death in 46 percent. Tramadol was the most commonly implicated, and had been coadministered with an SSRI or venlafaxine in 20 percent of drug-related deaths. (Obiter: Prescribing patterns in Victoria are unreported.)

Source: Currents in Affective Illness Volume XXX, Number 1, January 2011

Medi-Cal Mental Health Ombudsman's Office
1-800-896-4042
Help with Medi-Cal mental health services.

Health Rights Hotline
1-888-354-4474 TDD 916-551-2180
Local calls 916-551-2100 Fax 916-551-2158
http://www/hrh.org
Tells consumers in El Dorado, Placer, Sacramento and Yolo counties about their health care rights, and answers questions about health care coverage and managed care. HRH also has advocacy materials and referrals to other resources. HRH can help with HMOs, PPOs, Medicare, Medi-Cal, and CHAMPUS.

ADA Home Page — USDOJ
800-514-0301 800-514-0383 (TDD)
http://www.usdoj.gov/crt/ada/adahom1.htm
ADA technical assistance, information line, enforcement, settlement information, regulations, mediation, and more.

Social Security's Enduring Truths

by James Roosevelt Jr.

There is a saying that if you repeat something often enough it becomes the truth. Nothing better illustrates that point than the notion that Social Security will be bankrupted by the boomers.

Indeed, the generation of Americans born between 1946 and 1964, who drew their first Social Security checks in 2008, will place heavy demands on the system as they reach their

retirement years. But this is also a generation that has been paying into the system since they started working in the early 1960s. Much of the money that boomers are and will be drawing from Social Security is and will be their own.

But these important factors are usually left out. Instead, the purveyors of fear want you to believe that boomers are retiring on the backs of their children and grandchildren. If you buy that, they have statistics showing fewer contributors supporting more beneficiaries – "proof" that the program is unsustainable.

These utter distortions, however, are nothing new. My grandfather had to contend with them. In the 1936 presidential campaign, the Republican nominee, Alf Landon, labeled Social Security a "hoax." In dismissing the program as "unworkable," the GOP platform of that year stated that Social Security would be unable to pay benefits to two-thirds of retirees. My grandfather would not be surprised by the fear mongering today.

Indeed, Social Security's critics have been casting the same aspersions on the program for 75 years.

Let's take a true measure of where we are. Social Security has not only been the most effective government program, it has been the most responsible government program. Social Security costs are funded out of its own dedicated revenue stream. It does not and cannot borrow money to finance its operations. There is no deficit financing. Social Security is the epitome of Yankee frugality. It could not be better managed. The administrative cost is .09 percent. It returns more than 99 cents to beneficiaries on every dollar collected. I dare you to find a private retirement plan that can claim that.

By the end of 2010, the Social Security trust fund had a positive balance of $2.6 trillion. As a result of interest earned on the trust fund balances, the fund's surplus will continue to expand to approximately $3.67 trillion at the end of 2022. After that year, it is projected that the balance will begin to decline. Still, reserves will be sufficient to pay full benefits through the year 2036. After that, Social Security would still be able to pay for 77 percent of benefits.

Since when is the news that a program is completely solvent for 25 years bad news? Even in year 26 and thereafter it could still fund three-fourths of anticipated benefits. This is decidedly not a program that is broke or going broke. In fact, this is quite a remarkable achievement.

Source: AARP Bulletin, June 2011

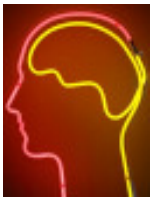
Rewiring Your Brain through Mindfulness

By Candida Fink, MD

If brain chemistry can affect thoughts and behaviors, can thoughts and behaviors affect brain chemistry and perhaps even rewire the brain?

Yes.

An accumulating body of evidence supports the notion that non-medical interventions – especially *mindfulness* – can create changes in the body and brain that help reduce distress and improve brain function in a variety of ways.



Mindfulness

"A mental state of heightened awareness, free of distraction, and more conducive to deliberate thought and action."

Some of the most interesting projects have explored the use of mindfulness practices to reduce stress and depression and improve attention. Several fascinating studies have explored the minds of "experts" in meditation – a form of mindfulness – and clearly show they have strong neuro-circuitry in areas of emotional regulation and feelings of compassion.

A recent study in the journal *Neuroimage* entitled *"Im*a group of healthy women who were trained for eight weeks in mindfulness meditation skills compared to a group that did not participate in the training. Functional MRI studies at the end of the eight weeks showed "increased functional connectivity" between various areas of the brain in the women who studied mindfulness. The training changed the brain in ways thought to relate to how the brain pays attention and how it processes sensory information.

Cont next page 9...

Rewiring Your Brain through Mindfulness

continued from page 8

Some studies have examined the effects of *cognitive behavioral therapy* (CBT) on obsessive compulsive disorder (OCD) that have similarly suggested brain changes that occur in response to therapy and are related to improving symptoms.

Our feelings and behaviors are the results of complex and constantly evolving interactions of our genetic patterns and the environment acting on those patterns. The environment includes all things that affect us – physical and social/emotional stresses are all part of the story. What we need to keep in mind is that the environmental effects on our systems are just as "biological" as any medication or surgical procedure, and they may affect the brain in positive ways as well as negative.

Source: Psych Central 2011

Controversy hasn't killed off electric shock therapy

Recently, actress and writer Carrie Fisher told Oprah Winfrey that she receives electroconvulsive therapy (ECT) regularly to treat depression caused by her bipolar disorder. Taken aback, Winfrey asked, ''They still do that?''

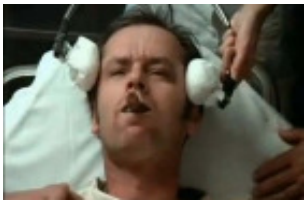
Yes, they do.

About 100,000 people in the United States receive electroconvulsive therapy, better known as electric shock treatment, every year for severe mental illness, but that number may be surprising to those who thought ECT went out of favor with the advent of better psychotropic drugs. It's also used in Australia, usually when other treatments have failed, but occasionally as the first-choice treatment (for example, in some potential suicide cases).

Robert K. Dolgoff, a psychiatrist and medical director for mental health services at Alta Bates Medical Center in Berkeley, Calif., says Winfrey's surprise is understandable. Unlike the 1960s and '70s, when the *One Flew Over the Cuckoo's Nest* novel and film offered a dramatic portrayal of mental illness and barbaric treatments like the lobotomy, there is hardly anything in popular culture today that depicts a portrait of the treatment. That's because, Dolgoff says, the procedure is simply boring.

"The people just lie there. There's no convulsing or twitching. They're asleep,'' he says. ''No one makes movies about that.''

ECT has a long history as a treatment for people with mental illness. It is also arguably one of the most controversial medical procedures performed today. There



Dramatic portrayal ... but patients variously describe ECT as brutal, life-saving or simply boring.

are no shortage of ECT critics, including some Bay Area activists who rallied in the 1980s to ban the practice in Berkeley through the voter-approved 1982 Measure T, which was eventually overturned in the courts.

For some former ECT patients, who call themselves survivors, ECT is a brutal treatment that wipes out important parts of memory. For others, the treatment is one of last resort, a lifesaver when medications and therapy fail to lift often lethal depression.

David, a 40-year-old small-business owner in San Francisco, spent about 10 years working to lift what he calls ''bone-shattering depression'' with 50 to 55 combinations of up to 10 different psychiatric drugs. David is a fictitious name used to protect his anonymity

"At times, my depression got to the point where it was almost a psychopathic level," he says. David says that he was diagnosed with chronic major depression. He sought out ECT in 2006, saying he was desperate for relief.

After four sessions, David reports he had positive results. The chronic depression lifted. He felt content and, for the first time, had peace of mind. ''It was black and white before and after,'' he says. ''I felt like a person. It was a resounding success. I do believe it restructured my brain for the better.''

David reports slight memory loss, which is not uncommon Dolgoff says. Usually, the doctor says, the memory loss is minimal and almost always temporary. Actress Fisher jokes about her memory loss in her blog, saying that her outgoing telephone message asks callers to clearly identify themselves in case she forgets who they are in between treatments.

ECT was developed in 1938, and its use became widespread in the 1940s and 1950s. Today the procedure is regulated more strictly than in decades past by a set of patients' rights laws. In California, patients are rarely given ECT without their consent; Minors in this state are not allowed to have ECT, regardless of their mental state. In Australia, voluntary patients have a right to refuse the treatment. Forced ECT has to be approved by a tribunal.

ECT basically uses bursts of electricity in the brain to produce a mild seizure. Dolgoff says it is not known for sure why it works, but doctors believe it releases neurotransmitters in the brain and stimulates parts of the brain that are underactive. It is most effective, Dolgoff says, on patients who are severely depressed or catatonic, catatonia being rare. ''ECT is not a good treatment for mild depression. They don't need it.

There is some risk in ECT. Why would you take a risk if you had other treatments that you could do instead?'' he says, adding that interest in the treatment has increased in the past 10 years, partly because of less stigma associated with mental illness and partly because patients are reporting that it works.

''It's been a long time since *One Flew Over the Cuckoo's Nest* so people have gotten over the fear of ECT,'' he says.

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