"Education" MDDA "Support"

The Thermometer Times

Published by The Manic Depressive and Depressive Association of Riverside, California

VOL. 10 NO. 7 *Out of darkness . . .* *JULY 2000*

Dates to Remember

****

RAP GROUPS

Clients and their guests are invited to come and participate. Professional care providers are always welcome.

Saturdays, July 8, 15, and 22
10am–12 noon
Riverside County Mental Health Administration Building
(see page 9 for address)

and **Tuesday, July 11**
7 pm at JoAnn's

FOURTH OF JULY PICNIC
See notice on page 6

NO EDUCATIONAL MEETING THIS MONTH

IT IS ESSENTIAL TO BE ON TIME in consideration for others in the group. In fact, please come early to socialize, sign in, or help set up the room.

Directions to Jo Ann Martin's Home

Exit 91 Frwy at Van Buren. Go south 4.2 miles on Van Buren to Whispering Spur. Turn left.

2nd driveway on right

16280 Whispering Spur,
Riverside, CA 909/780-3366

When Depression Turns Deadly

By John McManamy

Depression kills. Simple. Some 15 percent of us who suffer from major depression will die by our own hand. So many more will make the attempt. And many more still will die by "accident" or "slow suicide" through reckless behavior, abuse, or neglect.

According to the Centers for Disease Control, suicide is the ninth leading cause of death in the United States, accounting for more than 30,000 deaths a year. Women will make most of the attempts, but men will succeed more often, by a margin of four to one. In teens and young adults, suicide is the third-ranking cause of death, after accidents and homicides, more than all natural diseases combined.

Suicidal depression does not discriminate. It afflicts the strong and the weak, the rich and the poor, the educated and the uneducated. War heroes have been taken down. So have survivors of the Nazi death camps, along with successful businessmen, artists, parents—people who have everything to live for.

We are talking epidemic numbers here. At any given moment, five percent of the population is suffering from a depressive episode. Over the course of a lifetime, 20 percent of the population will suffer major depression, numbers comparable to those who will suffer cancer or heart disease.

We are talking battlefield odds. Those with major depression have an 85 percent survival rate, but the prospect of finding ourselves in the lucky majority brings scant relief. Major depression has exposed us to our worst vulnerabilities and, deep inside, we no longer trust what tomorrow will bring. We may be walking and breathing, but many of us have been close to death and our minds never let us forget it.

We ponder the fate of those who commit suicide, and sometimes we say a prayer, we think about how tortured they were, and we know for a fact that no just God would ever hold judgment against them.

We who have survived know what we are up against and can plan accordingly. The following are some common-sense guidelines:

IN THE LONG TERM

- Cultivate friends or family members you can call in a crisis. If you have no one, seek a support group, live or on-line.
- You can post your request for help on the Internet, but choose your site or mailing list carefully. If you are new and posting to a very busy list, your appeal may be lost in the shuffle. Or the opposite can happen: your message could go unread on bulletin boards with little or no traffic. Take the time now to establish a presence on a particular list or board. Get on e-mail terms with some of the members.

Deadly *(continued on page 4)*

A LITTLE NOTE FROM The Editor

Fiat Lux! (No, we're not advertising soap for washing small foreign cars!) "Fiat lux" is a Latin phrase meaning, "Let there be light." It must have been first said as a tribute to July, a bright and sunny month with lots of light. And as they say, where there's light there's heat.

Some medications require users to take special care in the summer. Avoid losing too much water through sweating; carry water bottles with you. Be aware of your sunshine exposure limits. Make sure you are getting enough salt (and of course, not too much, either). And don't miss our little article on page 7 about summertime seasonal affective disorder; we were surprised to learn that it is a mirror-image of the better-known winter version.

There's another kind of light that none of us can overdose on. That, of course, is the light that shines on our minds, the light of knowledge and wisdom. MDDA is turning that light on the misconceptions surrounding mental illness and on corners that need brightening, and is holding up a lamp for science as new discoveries add to what we already know. Ignorance and gloom fade away in that light. What happens after enlightenment occurs is a function of wisdom. How will you apply what you learn today? Are you contributing to the light, or are you clinging to the darkness?

Fiat Lux! *—YC*

Ziggy **By Tom Wilson**

The Thermometer Times

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THE BEST AND MOST BEAUTIFUL THINGS IN THE WORLD CANNOT BE SEEN OR EVEN TOUCHED. THEY MUST BE FELT WITH THE HEART.

—HELEN KELLER

You can call us at
(909)780-3366

Since we have no full-time staff, leave a message and one of our volunteers will call you back. Due to budget constraints, we are unable to return long distance calls unless you give us permission to call you collect.

Thank you for renewing your memberships and newsletter subscriptions.

If you find errors on your mailing label, including the renewal date, please contact us at: 909/780-3366

Options Grow in Treating Manic Depression

NEW NATIONWIDE STUDY SEEKS THE BEST MEDICATION/TALK THERAPY COMBINATION

By Judy Foreman, medical and science writer with *The Boston Globe.*

Michael Penney, a 53-year-old Massachusetts man, used to have, as he puts it, "a charmed life." Marriage. A son. A master's degree in marine economics and law, and good jobs, including an eight-year stint at the state's office of Coastal Zone Management.

All that changed five years ago when he wound up with an employer who humiliated him in meetings. One day, Penney erupted in a rage that stunned him as much as his colleagues. He was hustled away when he couldn't stop sobbing.

Penney's implosion seemed to come out of the blue, though there had been clues. His mother had manic depression "and nobody told me," he says, and his father was also mentally ill.

Penney himself had been very depressed in college. Even so, it took years for his psychiatrist to put the pieces together: Penney's problem, it turns out, was manic depression, a hard-to-diagnose brain disorder that afflicts 5 million to 10 million Americans.

People with manic depression swing from despair to "highs" that can include paranoia and delusions. "Rapid cyclers" switch more than four times a year, and some, like Penney, switch even faster: "I can go from real bereavement to laughing like a nut in seconds," he says.

For the last 50 years, there has been only one treatment—lithium, a mood stabilizer. But it causes side effects like tremors and intestinal problems. And it doesn't always work.

Today, however, the outlook for people with manic depression, also known as bipolar disorder, is brightening considerably and it should improve even more as a new study gets under way at Massachusetts General Hospital and across the country.

In recent years, psychiatrists have discovered that drugs designed to treat schizophrenia—medications called atypical antipsychotics—also work against manic depression. That may be because of a common biochemical pathway between manic depression, which can involve psychotic episodes (breaks with reality), and schizophrenia, which by definition involves psychoses, notes Dr. Andrew Stoll, director of the psychopharmacology lab at McLean Hospital in Belmont, Massachusetts.

Antipsychotic drugs also help some people with manic depression even if they are not psychotic, suggesting that the drugs directly affect mood as well as psychoses, adds Dr. Nassir Ghaemi, a psychiatrist at Massachusetts General Hospital. The antipsychotic drugs that help most include Risperdal, Seroquel and Clozaril, but because Clozaril can cause a potentially fatal drop in infection-fighting white blood cells, patients taking that medication must get frequent blood tests.

In March, the U.S. Food and Drug Administration increased the options for people with manic depression by approving a drug called Zyprexa, already on the market for schizophrenia, which works like Clozaril but does not necessitate blood tests.

It's not just antipsychotic drugs that help with manic depression; anticonvulsant drugs like Depakote, Tegretol and Lamictal do as well. Two other anticonvulsants—Neurontin and Topamax—may also help stabilize mood. Though designed for epilepsy, these drugs reduce both mania and depression.

But perhaps even more important than the growing array of drug treatments is an emerging understanding of how to combine these medications with specific "talk therapies."

At Massachusetts General Hospital, the University of Pittsburgh, the University of Colorado and 17 other sites nationwide, a five-year, $20 million research project—the largest such study ever undertaken—is gearing up to find the best drug and talk therapy combinations.

Sponsored by the National Institute of Mental Health and led Dr. Gary Sachs, director of the bipolar treatment center at Massachusetts General Hospital, the so-called STEP-BD (Systematic Treatment Enhancement Program for Bipolar Disorder) project is now enrolling 5,000 people with bipolar disorder. All will get one or more state-of-the-art medications for bipolar disorder; no one will be put on placebo alone.

Here's how it will work: A patient may cruise along feeling well for months and then relapse into depression. When that happens, the patient can choose whether to keep on receiving standard treatment like lithium plus Depakote and an antidepressant such as Paxil or Wellbutrin—and to know what he's taking—or to be randomized to get some combination of these and other medications, but not know which ones.

This design is aimed at getting answers to crucial questions such as the pros and cons of antidepressants for people with bipolar disorder. Currently, many patients—including those misdiagnosed as depressive when they actually have manic depression—are given antidepressants. But antidepressants can trigger mania or cause rapid cycling and a worsening of disease.

Patients who relapse will also be offered a chance to be randomized to one of the talk therapies, which include cognitive behavioral therapy (which teaches patients how to cope with symptoms), collaborative care (which puts the patient more in control of treatment choices), interpersonal social rhythms therapy (which teaches patients to keep sleep-wake cycles in sync with reality) and family therapy.

It will probably be 2005 before answers are in. But the mere fact of committing the resources to find answers sends a long overdue signal—that manic depression is not a matter of minor mood swings but a brain disorder with often-fatal outcomes.

United Feature Syndicate,

—As seen in *The Press-Enterprise,* 5/16/00

Deadly *(continued from page 1)*

• Look up the numbers of local suicide hotlines and keep them handy. Familiarize yourself with the Internet crisis and suicide sites and bookmark the ones you like.
• Establish a close relationship with your doctor or psychiatrist. Ask yourself: Is this someone I can call in the middle of the night? Or if not, will someone else be there to respond?
• Remove all guns from your home. According to the CDC, 60 percent of suicides are committed with firearms.
• The same principle that applies to firearms applies in part to medications. Some antidepressants can be fatal in overdose. Ask your doctor. You may want to shift to a different antidepressant if you don't trust having one of these in the house. It may be advisable to turn pills over to a loved one.
• Watch your thoughts and feelings carefully. You may pick up subtle signals before a full-scale crisis overwhelms you. If you find yourself visualizing the deed, act quickly to protect yourself.

IN A CRISIS

All too often a suicidal depression catches us off guard. Notwithstanding all we have to live for and all those who care about us, the brain in crisis has a perverse way of turning things inside out. For those of you who are in this state right now:
• Promise yourself another 24 hours.
• Call a trusted friend, a loved one or a crisis hotline. Check out this web page: http://wwwmetanoia.org/suicide.
• Finally, take comfort in the fact that help is on the way. Your mind at the moment may not allow you to think hopeful thoughts, but it can't keep out the knowledge that others are hoping on your behalf.

—John McManamy is an attorney and journalist living in Connecticut. He is Depression Editor for www.suíte.l0l.com and is Editor of McMan's Depressíon and Bipolar Weekly. He attends weekly bipolar support meetings.
—Thanks to *Moods*, Mood Disorders Supp. Grp., New York, 2000, #2

What Do These Famous People Have In Common?

Dolly Parton	Singer
Boris Pasternak	Writer
John Pastorius	Composer
George Patton	Soldier
Pierre Peladeau	Publisher
Murray Pezim	Businessman
William Pitt	Prime Minister
Sylvia Plath	Poet
Edgar Allen Poe	Writer
Jackson Pollock	Artist
Ezra Pound	Poet
Cole Porter	Composer

All of them are believed to have suffered from depressive disorders. Yet they are known not for their illnesses, but for **their achievements!**

Signs of Mania and Depression

Manic depression can be hard to diagnose because patients typically see a doctor when they are depressed, and the doctor may fail to ask about (and patients may fail to report) symptoms of mania that occur at other times. Compounding the issue, if a doctor thinks a patient has depression but not manic depression, she may prescribe an antidepressant that can make the illness worse.

Manic depression can be fatal. Without proper treatment, 15 percent to 20 percent of people with manic depression kill themselves. The disease typically begins in adolescence or early adulthood and, though it can be controlled, continues throughout life.

Scientists have looked for but not yet found genes that cause manic depression; but they know that there is a strong hereditary component. With identical twins, if one has the disease, there's an 80 percent chance the other does, too.

Symptoms of mania include:
• Heightened mood, exaggerated optimism or self-confidence
• Decreased need for sleep, without feeling fatigued
• Grandiose delusions, inflated self-importance
• Excessive irritability, aggressive behavior
• Racing speech, flights of ideas, impulsiveness
• Poor judgment, easy distractibility
• Reckless behavior such as spending sprees, rash business decisions, sexual indiscretions.

Symptoms of depression include:
• Prolonged sadness or unexplained crying spells
• Significant changes in appetite and sleep patterns
• Irritability, anger, worry, agitation, anxiety
• Pessimism, indifference
• Feelings of guilt and worthlessness
• Inability to concentrate; indecisiveness
• Inability to take pleasure in former interests; social withdrawal
• Unexplained aches and pains
• Recurring thoughts of death or suicide.

For information on manic depression on the Internet, visit *www.ndmda.org*, the Web site of the National Depressive and Manic Depressive Association. To find out more about the new study on manic depression, visit *www.edc.gsph.pitt.edu/stepbd* or *www.manicdepressive.org* and click on Systematic Treatment Enhancement Program for Bipolar Disorder. You may also call (617) 724-6545 or (617) 726-6759.

—Judy Foreman
As seen in *The Press Enterprise,* 5/16/00

Different Sexes— Different Results?

Dr. Mark George's startling discovery in 1995 that men's and women's brains differ significantly in their physiological responses to emotion stimulated a chain of new research to deepen our understanding of gender-based differences in the brain. Scientists know that while they are different in some respects, there are still more similarities than differences. We might assume that hormones account for some disparities, but no one yet knows why some others exist.

Stress-related ailments continue to intrigue us. Men, more than women, act out aggressively and abuse drugs and alcohol. But women suffer from more emotional ailments such as anxiety attacks and eating disorders; about twice as many women as men suffer from depression.

Simple answers are unlikely, considering the tangle of cultural, environmental, biological, genetic, and personal factors that go into depressive and other emotional disorders. "Biology underlies the emotions," says Dr. Ellen Liebenluft of the National Institute of Mental Health. "Psychological events are biological events, with biological underpinnings."

Estrogen and progesterone play pivotal roles in the routine metabolic functions of both males and females, as well as in their moods and emotions. But even then, different people (even within the same sex) react quite differently to identical amounts of the same hormone. And we don't know why.

Neurotransmitters, especially serotonin, may be the culprits in many cases. Much current research is focused on learning why this is so—and how hormones, moods, and neurotransmitters are related.

Scientists at McGill University recently announced that they have discovered that serotonin production is 53 percent higher in men's brains than in women's. But since the precise role of serotonin in the regulation of emotions is not yet perfectly understood, we don't know how to explain that huge difference.

Runaway fear forms anxiety disorders, the most common of all mental illnesses. Prolonged worry and tension, often accompanied by headaches and other annoying physical symptoms, may have no apparent provocation. Panic attacks affect 3 million to 6 million Americans annually, two thirds of them women.

Four out of five patients suffering from seasonal affective disorder (SAD) are women in their reproductive years. Women over 55 tend to have about the same incidence as men, indicating that hormones are somehow involved, but even expert clinicians and researchers cannot explain how. They do know that SAD is a real, legitimate illness, and the most effective treatment remains exposure to lots of light.

Anorexia and bulimia are potentially deadly eating disorders. More than nine out of 10 victims are adolescent and young women. Malnutrition, permanent brain damage, and heart failure are possible in extreme cases. Weight loss beyond a certain point has dire effects on many body systems. Formerly rare, since the 1970s eating disorders have increased to epidemic levels. What triggers the illness? Doctors still can't say precisely, but apparently it requires a little of everything from genetics to particular personality traits to pop culture's idealization of thinness.

Even in such a basic task as reading men and women's brains work differently. Where men tend to use only the left side of their brains, many women use both—although the choice appears to have little effect on speed or accuracy.

Dr. Sally Shaywitz, codirector of the Yale Center for the Study of Learning and Attention predicts the discovery of many other gender differences in the brain—and many other areas of convergence. There's no telling where such discoveries might ultimately lead. What's important is that the journey will be a fascinating one.

—Excerpted from"The Age of Anxiety," by Donna Foote and Sam Siebert, with Erika Check
Newsweek Spr-Sum 99 Special Issue

Gender Bias Still a Factor in Research

Until fairly recently, only men were used as subjects in most clinical research. Women are more expensive to study, since researchers need to allow for menstrual cycles, pregnancy, and pre- and post-menopausal variables in assessing data.

The National Institutes of Health now requires that all federally funded studies include women and minorities as study subjects. Still, a certain gender bias continues among clinicians, says New York University's Joyce Wasleben. "Doctors tend to look for something physical in men and something psychological in women," she says.

—Excerpted from an article on sleep research, "Sleepy? Keep on Dreaming," by Daniel Glick
Newsweek Spr-Sum 99 Special Issue

Riverside Suicide Crisis Help Line
Call
(909) 686-HELP
[686-4357]

Still A-weight-ing the Verdict

More Evidence in the Continuing Case of Antidepressants vs. The Scales

Some patients using certain antidepressants have valid reason to blame those prescriptions if they gain weight, according to *Currents in Affective Illness* (June 2000), citing a recent naturalistic study, in which the records of an internal medicine clinic were examined. Though this was not a blinded, controlled, or matched study, the 544 patient records showed that 52.5% of fluoxetine (Prozac) users and an equal proportion of amitriptyline (Elavil, Endep) users but only 40% of sertraline (Zoloft) users gained weight, a statistically significant difference. The amount of gain did not significantly differ between the three groups. However, although the *mean* weight change was considered minimal, the mean can mask a wide variation between patients, some gaining considerably more than others.

Interestingly, in *The Pill Book* (Bantam, May 2000), weight gain is not listed as a side effect for either amitriptyline or fluoxetine, and is listed only among "less common" side effects for sertraline.

—YC

Suicide Risk's "Urgent Eight"

New research reported in the December, 1999, issue of *Professional Psychology: Research and Practice* identifies eight critical risk factors for suicide in patients with major depression.

Among Americans aged 15 to 44, suicide is the second leading cause of death for women and the fourth leading cause for men. Yet evaluating suicide risk continues to be a difficult task. In an attempt to learn from the clinical experience of practicing psychologists, researchers Nico Peruzzi, Ph.D., of Hemisphere Healthcare's MyPsych.com and Bruce Bongar, Ph.D., of the Pacific Graduate School of Psychology and Stanford University School of Medicine randomly surveyed 500 psychologists nationwide.

Participants were asked to rank a list of 48 risk factors for suicide on a scale from 1 ("unimportant") to 9 ("critical"). The most critical factors, ranked here in order of seriousness, were:

- Medica1 seriousness of previous attempts
- History of suicide attempts
- Acute suicidal ideation
- Severe hopelessness
- Attraction to death
- Family history of suicide
- Acute overuse of alcohol
- Loss and/or separation

All 40 remaining items were rated of "moderate risk." No factors were considered unimportant.

"Psychologists should be aware of empirically supported risk factors and incorporate [them] into assessments they feel comfortable with and that work in treatment," says Peruzzi. "Suicide assessment is not static, and a treatment plan should be updated with the most current information available."

—MedscapeWire, 12/1/99; L. Mattas-Curry, *Monitor on Psychology,* Vol. 31 #2, American Psychological Association, Feb. 2000
—Thanks to Polars' Express, J-J-A, 2000

Fourth of July Picnic

BRING YOUR TOWEL AND SWIMSUIT, A DISH TO SHARE, GAMES, MUSICAL INSTRUMENTS! COME AND BE LUCKY ONE OF THE FUN ACTIVITIES RIVERSIDE MDDA HAS FOR YOU!
12 NOON AT JO ANN'S
DIRECTIONS ON FRONT PAGE

Phone Phriends

If you need someone to talk with,
you may call one of
the following members
at the corresponding times.

Leroy
6 a.m. to 9 p.m.
(909) 686-5047

Sandy
3 p.m. to 9 p.m.
(909) 688-0368

Josie
10 a.m. to 9 p.m.
(909) 822-1928

Donna
10 a.m. to 9 p.m.
(909) 736-9665

Georgia Ann
6 a.m. to 9 p.m.
(909) 352-1634

Marlene and George
Before 9:30 a.m.
and from 8 p.m. to
12 midnight
(909) 685-6241

MDDA of Riverside NEEDS

YOU!

We need responsible people to volunteer to organize and help with fundraising events such as craft or bake sales. You could fill a need and have a lot of fun helping MDDA! Please call

(909) 780-3366

Family/Friends Support Group

Riverside Co. Dept of Mental Health

JOURNEY OF HOPE

Second Wednesday of Each Month
2–4 p.m.
Hemet Mental Health Clinic
1005 N. State Street, Hemet

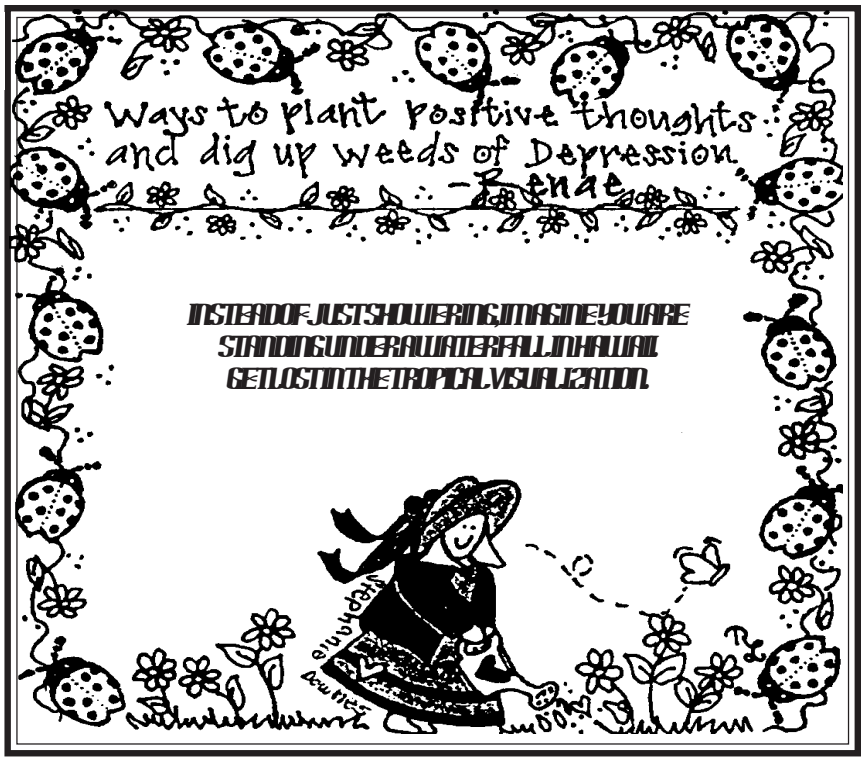
and

Third Wednesday of Each Month
6:30–8:30 p.m.
Meadowview Clubhouse
41050 Avenida Verde, Temecula

These support groups are for families and friends of people with severe and persistent mental illness. The County is also offering a 12-week series of educational meetings. There is **NO COST TO YOU.**

Please contact:
Camille Dirienzo-Callahan
(909) 791-3369 or
Mekkia deSanchez
(909) 600-5055

Renae's Thoughts



Beware Summer SAD

Heat zaps the energy of people who suffer from summer depression, making them irritable and edgy. The key may be in the hypothalamus, which regulates temperature, hormones, and emotion. In Maryland, National Institute of Mental Health researchers have documented one case of summer depression for every five cases of winter blues, and more in warmer climates.

Seasonal affective disorder expert Dr. Norman Rosenthal says treatment is the same for nonseasonal depression, and often involves antidepressants. Take cold showers, travel to a cooler climate if you can, and avoid going anywhere that isn't air-conditioned.

—Condensed from Claudia Chamberlain, ABCNEWS.com [undated]
As seen in *Polars' Express,* J-J-A, 2000

If you were someone else, would you want to be a friend of yours?

Is Research on Severe Mental Illnesses Underfunded?

Consider these facts . . .

• Severe mental illnesses are four of the top ten causes of disability worldwide. Depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder account for an estimated 20% of the world's total disability resulting from all diseases and injuries.

—From *Global Burden of Diseases,* published by the World Bank Group and the World Health Organization

• Mental illnesses cost the United States $159 billion in direct and indirect costs in 1990, the most recent comprehensive estimates.

—From *Cost of Illness,* published by the National Institute of Mental Health

• For every dollar severe mental illnesses cost our society, we spend less than one-fourth of one cent on research, far less than that spent on researching other major diseases such as AIDS and cancer.

—From *Cost of Illness,* published by the National Institute of Mental Health

——Thanks to *Nami Advocate,* M-J, 2000

Think & Smile . . .

The brook would lose its song if you took away the rocks.

☺

Marriage: Finding that one special person to annoy for the rest of your life.
—Bumper sticker

☺

To avoid trouble, breathe through your nose; it keeps your mouth shut.

☺

Misers aren't much fun to live with, but they do make wonderful ancestors.

☺

The best vitamin for developing friends is B1.

☺

Memory is what enables you to dial part of a telephone number correctly.

☺

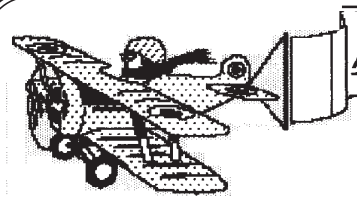
Two kinds of people are rarely wrong—those who believe they will succeed and those who believe they will fail.

Thank You, TV!

We are happy to note that accuracy and sensitivity toward mental illnesses are not dead in the entertainment world. Indeed, they are alive and well, and living on some fine—and popular—television shows. Recent episodes of *Touched by an Angel, Law & Order, Once and Again,* and *The Practice* have proven that mentally ill characters and their problems can be portrayed fairly and that appropriate language need not be sacrificed, and most important, that programs dealing with this subject can help to educate by showing the impact of mental illness on families and friends.

We salute the writers, actors, and producers of these programs for their part in helping to replace damaging stereotypes and stigmatizing cliches with reason and realism.

—YC



ANNOUNCEMENTS

THE UPLIFTERS
(Christian emphasis) meets at Victoria Community Church
Contact Arlie (909) 780-0379

INLAND VALLEY DMDA
EAST (Fontana)
Wednesdays, 7 to 9 pm
Call Phil (909) 796-0615

UPLAND DMDA
FONTANA DMDA
Meet Thursday evenings
Call David or Samantha Johns
(909) 947-1307 OR
e-Mail dmjbf@aol.com

UPS & DOWNS - Riverside
Call Family Services at
(909) 686-3706

HEMET SUPPORT GROUP
"Foundations" meets every Monday and Tuesday 7–9 pm.
Trinity Lutheran Church
Please call (909) 929-1223

TEMECULA DMDA
Meets every Tuesday 11 am–1 pm.
41002 County Center Dr.
Contact Mark at (909) 696-7496
or (909) 507-1365

UPS & DOWNS - San Bernardino
Meets Saturdays at Noon–2 pm.
Call David Avila at (909) 862-1096

UPS & DOWNS/DMDA - Highland
Meets Wednesdays 7–9 pm.
St. Adelaide Church - Ministry Bldg.
27457 E. Baseline (at Palm), Highland
Call David Avila at (909) 862-1096

For Support People: AMI - Riverside Mental Health Administration Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia) 7:30 pm, 1st & 3rd Monday each month (909) 737-5747 (call FIRST)

TRY THESE ON FOR SIGHS (OR HIGHS!)

Q: What lies at the bottom of the ocean and twitches?
A: *A nervous wreck.*

* * *

Q: What do Eskimos get from sitting on the ice too long?
A: *Polaroids.*

* * *

Q: What do you call a cow with no legs?
A: *Ground beef.*

* * *

Q: What do you call cheese that isn't yours?
A: *Nacho cheese.*

* * *

Q: What kind of coffee was served on the Titanic?
A: *Sanka.*

—Thanks to The High Desert DMDA *Newsletter*, Summer 1999

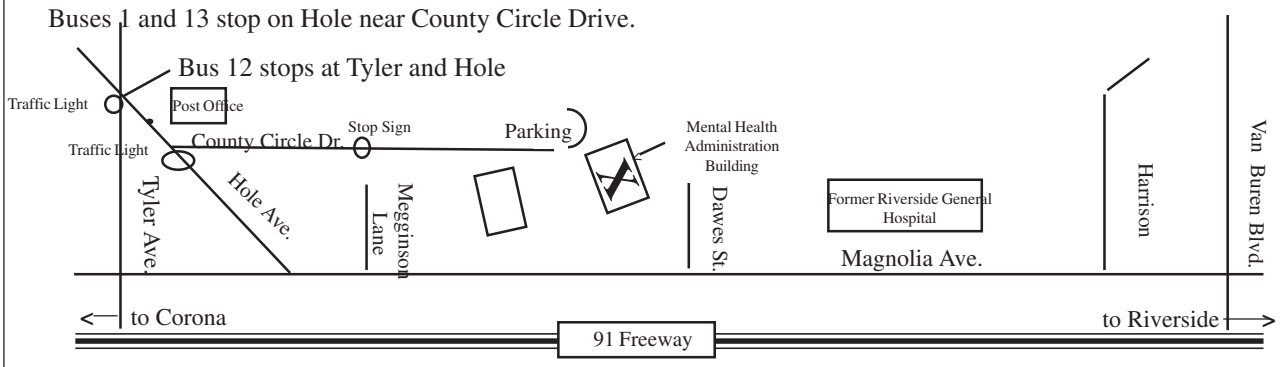
A MAN SIX FEET EIGHT INCHES TALL APPLIED FOR A JOB AS LIFE GUARD.
"CAN YOU SWIM?" ASKED THE OFFICIAL.
"NO, BUT I CAN WADE PRETTY FAR OUT."

ORIGINAL MATERIAL WANTED

Do you have a story to tell, or a poem or art work?
We welcome submissions to our newsletter.
If you have something you think we could use, please send it to:
EDITOR
MDDA P.O. Box 51597
Riverside, CA 92517-2597
FAX 909/780-5758

WHAT MDDA IS ALL ABOUT

MDDA of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. **MDDA** is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning, and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Please call for directions. You may reach Jo Ann or Leroy at **(909) 780- 3366**. Our Rap Group Meetings are on the second, third and fourth Saturdays of the month from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Dr. (off Hole Ave. near Magnolia), Room A.



MEMBERSHIP INFORMATION

Individual membership for the Manic-Depressive and Depressive Association of Riverside is $15.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is $8.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, indicate below.

Mail to MDDA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print ❒ New ❒ Renewal

NAME _____ PHONE _____

ADDRESS _____ ZIP _____
Street City State

Please check one of the following:
I am ❒ Manic-Depressive ❒ Depressive ❒ Family Member ❒ Professional

❒ Other Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for MDDA Membership _____ $15.00 (includes newsletter).

Enclosed is my donation of $ _____ to help others receive the newsletter.

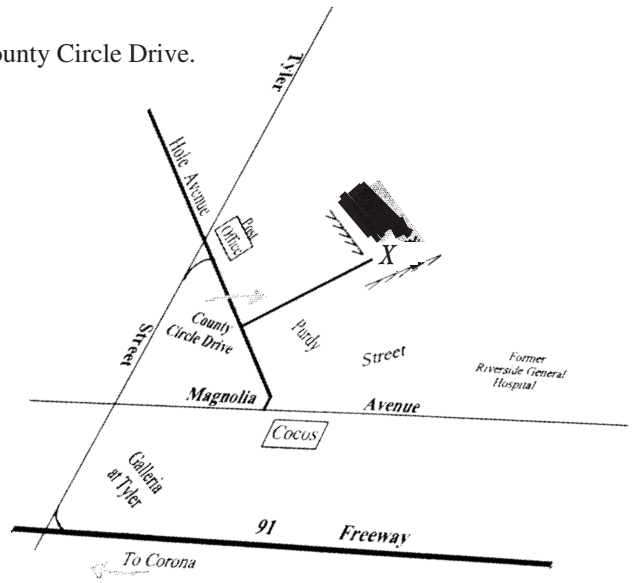
I would like a subscription to the newsletter only _____ $8.00 (12 issues per year).

I would like to volunteer my time and talent to help. ❒

MDDA of Riverside
Map Legend

= Meeting Location
= Parking

Buses 1 and 13 stop on Hole near County Circle Drive.
Bus 12 stops at Tyler and Hole



ABOUT MDDA

MDDA Of Riverside is a support group for manic-depressives and depressives who have sought or are seeking treatment for their illness. MDDA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time is held at the home of Jo Ann Martin on the Saturday afternoon following the last Rap Group Meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach Jo Ann or Leroy at (909) 780-3366. Our Rap Group Meetings are on the second, third and fourth Saturdays of the month from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Marnolia), Room A.

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