"Education" MDDA "Support"

The Thermometer Times

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

VOL. 11 NO. 1 | Out of darkness . . . | February 2001

Dates to Remember

****

RAP GROUPS

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

Saturday, February 10

Saturday, February 17

and Saturday, February 24

10am–12 noon

Riverside County Mental Health Administration Building
(see page 9 for address)

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

What Are the New Treatments for Bipolar Disorder?

We asked A. John Rush, M.D., and Trisha Suppes, M.D., Ph.D. Dr. Rush is Professor and Dr. Suppes Assistant Professor in the Department of Psychiatry, University of Texas Southwestern Medical Center, Dallas. They are Co-Directors of the Stanley Foundation Bipolar Network Center.

The severe cyclical mood fluctuations of bipolar or manic-depressive disorder affect a little more than 1% of the population in both sexes, all races, and all parts of the world. In most cases the cause is genetic or unknown, but the symptoms can also be a result of thallium or mercury poisoning, vitamin B 12 deficiency, brain tumors, steroids, multiple sclerosis, and other causes.

Whatever the cause, the aim of treatment is quick relief and prevention of depression, mania (uncontrolled elation, hypomania (a less extreme form of manic elation), and mixed mania (alternating manic and depressive moods). Acute treatment ends the current episode, continuation treatment prevents short-term recurrence, and rraintenance treatment prevents new episodes. Since bipolar disorder is a chronic condition, maintenance is routine.

A standard treatment for mania is lithium carbonate, sometimes in combination with an antipsychotic drug. Other effective antimanic agents are the anticonvulsant medications carbamazepine (Tegretol) and valproate (Depakote), which have long been used to treat temporal lobe epilepsy. These drugs are also useful as mood stabilizers and in some kinds of depression. They are now preferred treatments for bipolar patients with mixed mania or rapid mood cycles (four or more episodes a year). Researchers are also testing two newer anticonvulsants, lamotrigine and gabapentin. Lithium and anticonvulsants must be started at a low dose which is raised gradually, and they take two to three weeks to begin working.

The atypical antipsychotic drug clozapine (Clozaril) also stabilizes the moods of bipolar patients, especially those who do not respond to lithium and anticonvulsants or

continued on page 2 (New Treatments)

New Treatments (continued from page 1)

tolerate their side effects. Clozapine supresses the production of white blood cells in about 1% of patients; this danger is greater if carbamazepine is taken at the same time. Researchers are now testing the newer atypical antipsychotic drugs olanzapine, sertindole, and quetiapine (Seroquel) as well.

The depressed phase of bipolar disorder is sometimes treated with tricyclic antidepressants, but they occasionally cause mania in bipolar patients and therefore should be used for as short a time as possible. Bupropion (Welbutrin) and nefazodone (Serzone) are equally effective and may not have this drawback. A new antidepressant that may also be effective is mirtazapine (Remeron). Each of these three drugs has a different mechanism of action, and therefore each may be helpful to different patients.

Changes in drug treatment are often necessary as the illness progresses. These changes should be gradual because the moods of bipolar patients are so unstable; the old drug should not be withdrawn before a new one is begun, and doses should be reduced gradually. Early detection, patience, and diligent effort are needed to find the best medications. Sequenced treatment steps (sometimes called medication guidelines or algorithms) are being developed to make it easier to find the best regimen for each patient.

Nearly all bipolar patients will need medication for their entire lives to avoid repeated hospitalization and other undesirable consequences. Unfortunately, once the symptoms go away, they often stop taking their medications or start using alcohol or illicit drugs instead. Then the symptoms return, often not recognized at first by the patients themselves. Family members and friends are usually in a better position to notice. Educational programs for patients and their families explain the illness, review treatments, show them how to identify early symptoms, and provide longterm guidance.

Harvard Mental Health Letter
May 1998

Source: MDDA - Detroit newsletter, January 2001

Animals are such agreeable friends—they ask no questions,

they pass no criticisms.

–George Eliot

Source: Chicken Soup for the Pet Lover's Soul

The Thermometer Times

16280 Whispering Spur
Riverside, CA 92504
(909) 780-3366

Publisher & Editor in Chief
Jo Ann Martin

Senior Editor
Yen Cress

Copy Editor
Karen Cameron

Associate Editors
Nelma Fennimore
Karen Cameron
Georgia Peterson
Chris Majalca

Staff Writer
Yen Cress

Medical Advisor
Andrew J. Rooks, M.D.
Child, Adolescent & Adult Psychiatry
American Board of Psychiatry and Neurology

You may now contact us via e-mail at:
MDDARIV@AOL.COM

We are now officially on the web.
Check it out at:

http://www.geocities.com/mddariv/

Thank you for renewing your memberships and newsletter subscriptions.

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COPING WITH BIPOLAR DISORDER

I've learned a few things along the way that have been very helpful to me. An extremely important thing to remember, no matter what phase of the cycle you're in, is things will change. Whether you're in a good state or a bad one, manic or depressed, it's *going* to change! If you're bipolar, change is the one thing you can always count on. If you can hang onto that thought, you can ride out the worst of storms.

Another one is, **feelings are only feelings.** By this, I mean that just because you *feel* like you did something worthy of a self-imposed death penalty, in most cases, the only one who thinks it's a big deal is you. Try to step back and gain some perspective. Not easy when every impluse in your body is screaming for you *to do something!* I try to ask someone I trust to evaluate questionable situations for me, too. That way, I am not putting complete trust in my own perceptions. During the aftermath of a manic attack, you can do one of two things. You can sit around feeling guilty for the things you said and did that you wouldn't ordinarily have done. Or, you can carefully assess each situation, determine whether or not your actions were justified, and apologize if you've hurt someone unnecessarily.

I've noticed two things with this. In most cases, the people you choose to apologize to are astonished that you feel the need to apologize, since they didn't feel that anything was done to them. The other thing is, a lot of the time my wrath was totally justified. It's just that in my 'normal' state, I wouldn't have dealt with the situation quite as strongly. In other words, they had it coming! This doesn't mean that the recipient of my rampage doesn't deserve an apology for the *w*ay I talked to them, along with an explanation that what they did had hurt me in some way, but I may have overreacted.

Preventive Medicine

Take your medications - I know, who hasn't been nagged at a million times about that? But it's true. There is a temptation to skip the meds under certain circumstances, but in the long run, it just makes matters a lot worse.

Get a 900 block on your phone - When we're manic, how much judgment do we have? How much concept of time passing? You're right. Absolutely none. This is *not* the time to call the Psychic Friends Network. By the time we're done babbling on and on and on, hardly letting the person on the other end of the line get a word in edgewise, we've amassed a hundred dollar phone bill, without even trying.

Get *rid of credit cards* - Either don't use them at all (easy for a lot of us because of those bankruptcies) or keep the one you have in a safe deposit box, which will force you to really *think* about whether or not you really need to replace all the carpeting in your entire home.

Friends and family - Find someone you can trust, who is willing to tell you, gently, when you start to show the signs of depression or mania. This may give you a little more time to contact your doctor or to implement a plan to prevent the upcoming attack from getting out of hand.

Get enough sleep - At last, research has proven what so many of us already understood, intuitively. Enough sleep, and on a regular schedule, is one of the most powerful tools in preventing manic attacks. You know how it feels when you're sleep-deprived. Your brain kinda tingles and sparkles, and your entire system gets thrown out of whack. Sleep deprivation alters your brain chemistry, and can throw you into a nasty manic attack. If this is a common issue for you, be sure to discuss your sleep problems with your physician. There is usually something that can be done to help. My doctor has prescribed an over-the-counter medication for when I need help sleeping. I won't mention *which* medication that is, because any decisions of that type should be made with a complete knowledge of other medications and their possible interactions in mind. Bipolar is not a good illness to self-medicate.

Learn about stress management - This is *critical* to staying sane and non-manic. I was finally diagnosed with bipolar disorder after a couple of terrible days that got me so freaked out that I went into a huge manic spin. I had a complete breakdown and could no longer work after a) hurting my back and having two surgeries and a lot of time off work; b) being harassed by my employer because of that; c) being emotionally abused and conned out of a great deal of money by the first man I dated after my divorce; d) and living in poverty for many months because of unnecessary and punitive delays in the processing of my disability claims. Once again, research now points to what many of us had already learned the hard way. Stress can trigger manic attacks. I'm careful not to watch the news very often, because the horrors of the world have too great an effect on me, and I become manic very easily. I see my therapist regularly, and we try to develop strategies for dealing with life's curve balls. I hold a great deal of anger inside, because I'm terrified of what would happen if I let it out. Consequently, anger tends to set off manic attacks, too. Each

continued on page 4 (Coping)

COPING (continued from page 3)

of us has our own triggers. Learn about your illness, and how to control those triggers as much as possible.

via-h ttp://home.attnet/—rnercunel-mindl

Source: Polar Star, MDDA/L.A., winter 2000-2001

Depression can get in your bones

A new study identifies major depression as a risk factor for osteoporosis, particularly in men. In a study of 39 men and women—1 8 hospitalized for depression and 21 healthy—researchers at the Max Planck Institute of Psychiatry in Munich measured the density of bone found in the lumbar area of the spine. Two years later, the depressed patients were found to have lower bone density and increased bone loss compared to the healthy subjects; the men showed greater bone density loss than the women.

According to the study's lead author, Ulrich Schweiger, M.D. of Lubeck University, the findings add to mounting evidence of the effects of depression on a person's general health. Studies over the last five years have shown that patients with major depression—especially males—die earlier than people in comparison groups, even after screening out deaths from suicide.

Depression is associated with changes in the secretion of endocrines in the body, leading to an increased risk of heart disease and stroke and the apparent acceleration of bone loss. An elevated level of cortisol, the main stress hormone of the adrenal gland, is identified as the principal cause.

As to why the men suffered greater loss in bone density, Dr. Schweiger says, 'There is some speculation that female sex hormones protect against the effects of an excess of cortisol." If this were the case, he says, similar bone loss would be noticed in postmenopausal women, whereas premenopausal women would benefit from the protective effects of their hormones.

Since antidepressants act to normalize cortisol secretion, Dr. Schweiger plans to conduct follow-up research to assess whether they prevent further bone loss. Further study will also involve a larger group of subjects, standardize the length of treatment, and include an outpatient population.

According to Dr. Schweiger and his co-authors, "the iden-

continued on page 6 (Bones)

What Do These Famous People Have In Common?

Walt Whitman	Poet
Robin Williams	Actor
Tennesse Williams	Playwright
Brian Wilson	Rock Star
Jonathan Winters	Comedian
Hugo Wolf	Composer
Thomas Wolfe	Writer
Mary Wollstoncraft	Writer
Virginia Woolf	Writer
Bert Yancey	Pro Golfer
Robert Young	Actor
William Zeckendorf	Industrialist
Emile Zola	Writer
Stefan Zweig	Poet

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

Do you have E-Mail?

If so, join **NAMI Stigma Busters** E-mail network. Help flood stigma-builders when they do or say offensive things that create stigma. Go to NAMI website: http:/www.nami.org, click on **Campaign Page** then **Stigma.** Leave your name and address. Done.

Who Are You?

Sandy would like to interview members for a brief personality profile that we can publish in *The Thermometer Times.* If you would enjoy participating in this, please call her at 688-0368.

What to Ask Your New Psychiatist

When my husband Bill and I decided to cross the country to live in the glow and warmth of southern California., I didn't know all of the feelings I'd have finding another doctor. It turned out to be a bit scary going to a new psychiatrist after so many comfortable years with Dr. Davies. Dr. Rapaport came well recommended, but I've learned that I need to be careful to find out what the doctor really believes works best for bipolars. So it was with some anxiety that I waited for my first visit with him at UCSD.

Over the years, I've decided that while the doctor is interviewing me, I need to be interviewing him. Since there's not much time but a lot to get through. I've come up with some questions that I've found helpful. In fact,. I went away from my first appointment with a good feeling that Dr. Rapaport's approach to my form of bipolar disorder was well matched to my own.

Over the years, I've found these questions helpful:

<u>What's your approach to the treatment of my form of bipoIar disorder?</u>
I wanted to know what type of treatment the doctor believes works best for people with bipolar disorders, specifically my type of bipolar disorder.

* How does he feel about using multiple medications (polypharmacy)?
* about the importance of talk therapy?
* about using both together?
* about using medication alone?

If the doctor is comfortable with using more than two medications, I continue with the next question. <u>Are you a psychopharmacologist?</u>

* I ask that because I need to work with someone who is an expert in how different medications affect the functioning of the brain.
* Psychopharmacologists have a biological approach to the treatment of brain disorders more commonly called psychiatric or mental illnesses.
* They are capable and unafraid of combining medications for those of us who need more than a basic regime of one or two substances.

<u>How important do you think the role of formal psychotherapy is?</u>

* I ask this question to find out whether the doctor and I feel similarly about the role of psychotherapy in the treatment of my bipolar disorder.
* My experience has been that in some cases it's essential;
* in some, extremely helpful;
* and in others of minimal value.

I hear myself sounding more assertive writing safely at home than I felt in the office. I can't say it was easy, but I tried to respect the doctor's expertise and to simply ask for his views. Moreover, my experience has been that caring, professional psychiatrists are interested in what kind of treatment I'm looking for. Some are even pleased to have a chance to talk about their ideas. So far, I have gotten good results by asking questions.

I wish you luck and courage at those times when you need to find a new psychiatrist. If 1 can be of help in any way, call me at (909) 929 - 4512. I'm in and out, so leave a message if 1 can't pick up. I'll call you back.

Judy Kaplan (909) 929 - 4512

My Secret Room

THERE IS A SPECIAL PLACE IN THIS WORLD,
SPECIAL MADE JUST FOR ME.
IT IS MY SECRET ROOM.

I'LL GO THERE AGAIN TODAY, VERY SOON.
I GO THERE OFTEN.
THERE ALL PAIN CAN BE SET ASIDE, FORGOTTEN.
ONLY I HAVE BEEN IN MY SECRET ROOM.
YOU SEE IT HAS NO WINDOWS, IT HAS NO DOOR,
IT HAS NO WALLS, NO CEILING, NO FLOOR.

I BUILT MY SECRET ROOM A VERY LONG TIME AGO.
I MADE IT AS A SAFE PLACE TO HIDE,
TO RUN TO WHEN I HURT. AND I CRIED.

IN MY SECRET ROOM I CAN BE ANYBODY
A LITTLE KITTEN, A TEACHER, A CHILD
AND EVEN A NOTHING, A NOBODY.
I CAN GO TO MY SECRET ROOM TO PRAY,
SOMEDAY I MIGHT GO INSIDE TO CRY,
AND FOREVER STAY.

MY SECRET ROOM IS FILLED WITH
ALL THAT I OWN, ALL THAT I AM,
ALL MY FEARS, A FEW DREAMS.
FEARS THAT ARE SO REAL AND
DREAMS THAT SEEM SO IMPOSSIBLE,
SO IT SEEMS.

WHERE IS MY SECRET ROOM?
YOU CAN NEVER FIND IT BY YOURSELF.
IT IS NOT FOR YOU TO SEE
IT IS NOT IN THIS HOUSE, NOT NEXT DOOR
MY SECRET ROOM IS WITHIN ME.

PERHAPS I'LL MAKE A DOOR FOR MY SECRET ROOM
AND LET A SPECIAL PERSON, A VERY SPECIAL
PERSON HAVE THE KEY.
A SPECIAL PERSON TO KNOW THE REAL ME,.
TO KNOW THE REAL ME.

Fred Hand

(continued from page 4)

tification of depression as a risk factor for osteoporosis has important public health implications." Eight million women and 2 million men in the United States currently have osteoporosis. An additional 18 million citizens have low bone mass, putting them at an increased risk for the disease. Count it as added motivation to define mental health care more holistically, not simply by the demands that arise during the acute phases of mental illnesses.

Dana Rosen-Perez, CBS HealthWatch via Medscape, March 2000

The Cat's Corner

by Chris Majalca

Feeling Good: The New Mood Therapy
David D. Burns, M.D.

Feeling Good is a wonderful book to help you overcome fears and despair. It can also help you improve your outlook on life if you're ready to change.

It also explains clearly what depression is all about and ways to deal with it. Feeling Good covers ways to cope with stress, defeating feelings of hopelessness, and how to develop your personal growth. It simplifies techniques of cognitive therapy and is very "user friendly."

I think Feeling Good is an excellent book, and I recommend it highly. I give it four paw prints out of a possible five.

Please see Charlene at our next meeting for this book and other good books in our lending library.

Alliance Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

Open 1p.m. to 3 p.m.
Tues., Wed., Th., Fri.
654-7569
927-2546
658-5335
927-5642

The public is invited to check out books, videos, audio tapes and materials on emotional disorders, their causes and treatments. Education and knowledge are powerful tools to understanding and compassion.

From Florida Ave., go north on San Jacinto Ave. to Esplanade. Turn left. Turn right at Buena Vista. Continue to the end of the street, turn in to the driveway. Suite K.

Riverside Suicide Crisis Help Line
Call
(909) 686-HELP
[686-4357]
24 hr. Hotline
7 Days a Week

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

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

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

Implant may help those with depression

By Lauran Neergaard
Associated Press

WASHINGTON – The former shipbuilder had such severe depression, unrelieved by any of today's therapies, that he had trouble even leaving the house. Then doctors implanted a pacemaker-like device to stimulate a part of his brain thought important for mood — and that very day the man laughed.

"It was remarkable," recalled Dr. Mark George of the Medical University of South Carolina, who performed the experimental implant. "I said, 'Are you being forced to laugh or do you feel good inside?' He said both."

Stimulating a nerve that runs from the neck into one of the brain's most mysterious regions appears promising enough at relieving once-untreatable depression that the government has granted permission for a study at 15 U.S. hospitals.

The treatment, called vagus nerve stimulation, involves sending tiny electric shocks into the vagus nerve in the neck which then relays the messages deep into the brain.

About half of the 30 depressed patients treated in a pilot study—people who had failed every other treatment — "got a very good response," George said in an interview.

The results are no definitive, he cautioned. But he added, "Stimulating there really is a wonderful portal into the base of the brain."

Indeed, scientists think stimulating this nerve could have even more far-reaching effects, such as enhancing memory or treating obesity by curbing appetite.

That's because the vagus nerve is what Dr. Mitchell Roslin of Brooklyn's Maimonedes Medical Center calls "one of the information superhighways" between the brain and other organs

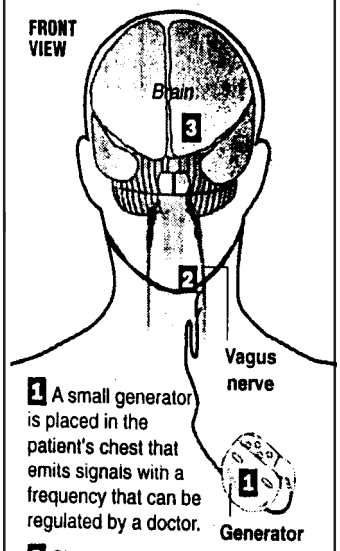
The nerve also reaches deep into regions of the brain thought to regulate mood and emotion, said Dr. John Rush of the University of Texas Southwestern Medical Center.

If the implant truly signals the depressed brain circuits to act more normally, it could prove important for some of the estimated 1 million Americans with depression uneased by conventional therapy.

Source: Cybemnics Inc.
Associated Press

Depression therapy

Originally designed to treat severe epilepsy, a pacemaker-like device has been found to relieve some symptoms of severe depression in patients involved in a pilot study.



1 A small generator is placed in the patient's chest that emits signals with a frequency that can be regulated by a doctor.

2 Signals stimulate the vagus nerve, which relays messages between the brain and the organs.

3 The vagus nerve extends deep into the brain, into the area that is thought to regulate mood and emotion.

Source: Cybemnics Inc. Associated Press

Do antidepressants lose efficacy?

While maintenance antidepressants and/or mood stabilizers are highly successful in preventing relapses in major depression and bipolar disorder in the vast majority of patients, Dr. Robert Post of the Biological Psychiatry Branch of the National Institute of Mental Health notes that "the illness can recur in a minority of patients who have been well for many years and are taking adequate doses of the drug.."

"One reason," he said. "appears to be pharmacological intolerance — a reduction of the brain's responsiveness to the drug."

In a study of hospitalized patients at NIMH, 34% of 66 patients had responded to lithium first, but later began to experience further manic or depressive episodes suggesting they had developed a tolerance to the drug.

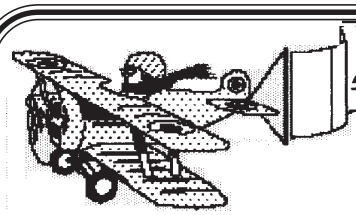
The same pattern has also been seen in patients with unipolar depression, especially those who repeatedly discontinue antidepressant treatment. The patients develop a tolerance for the medication and relapse within 2 to 3 years.

Dr. Post has several recommendations to reduce the likelihood of medication tolerance and illness recurrence.

First, he suggests starting treatment as early as possible in the course of the illness and using higher rather than lower doses of medication.

Further, he says maintain the higher doses over longer periods of time rather than reducing them. He also suggests combining more than one drug with different mechanisms of actions and switching drugs to reduce a tolerance if it develops. The medication could be reintroduced at a later date when it may have regained its effectiveness.

Source: Tampa Bay DMDA Newsletter, October/November 2000 (as taken from the Harvard Mental Health Letter, January 2000 and ADAMhs ADVANTAGE, December 2000/January 2001



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

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

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) 507-1365

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

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)

Conference News for 2001

National DMDA
August 17 through 19
Cleveland, Ohio

CDMDA
October 26 & 27
Visalia, California

Plan for these now...you won't want to miss them!

More information in next issues.

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

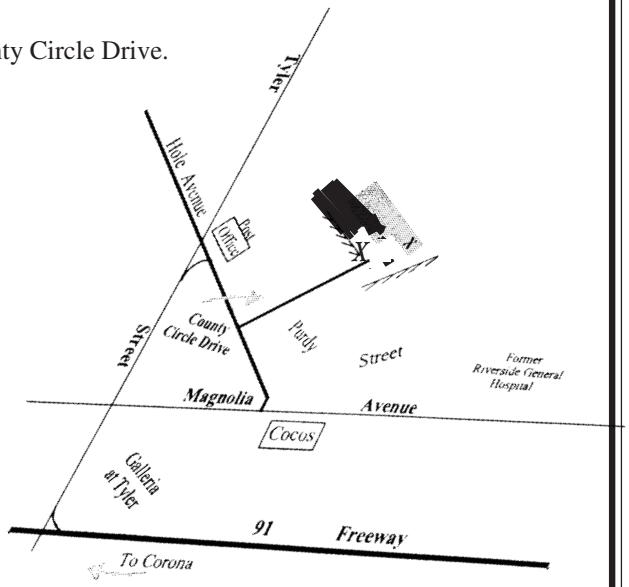
ORIGINAL MATERIAL WANTED

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

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.

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 _____CITY_____STATE ___ZIP_____

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. ❒