

The Thermometer Times

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

VOL. 11 NO. 5

Out of darkness . . .

May 2001

Dates to Remember

RAP GROUPS

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

Saturdays, May 5, 12, 19, & 26

10am-12 noon

at

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

Guest Speaker May 12

Samuel Dey, M.D.

"New Treatments"

Memorial Day Picnic

May 28 at JoAnn's

See announcement on page 8.

Eating Disorders, Depression, and Bipolar Illness

On January 9, 2001, Pauline Powers, M.D., spoke to the Tampa Bay Depressive and Manic-Depressive Association about Eating Disorders and their relation to Bipolar and Major Depressive Disorders.

Dr. Powers first discussed definitions, diagnoses, and treatments for each of these disorders. Symptoms of Bipolar Disorder include flights of ideas, over-reactiveness, increased self-esteem, talkativeness, decreased need for sleep, and increased interest in sex. Symptoms of Major Depressive Disorder include depressed mood, loss of interest in activities, weight loss, sleep problems, decreased energy levels, decreased self-worth, hopelessness, recurrent thoughts of death or suicide, indecisiveness, loss of interest in sex, feelings of guilt, and somatic complaints. Dr. Powers also described Rapid Cycling Bipolar Disorder and Dysphoric Mania, in which symptoms of depression and mania occur simultaneously, and in which mood is often irritable rather than euphoric.

Dr. Powers then described standard treatments for these disorders. For Euphoric Mania, she recommends Lithium or Depakote; for Dysphoric Mania, Depakote; for Mania with psychosis, Lithium or Depakote with an antipsychotic; and for Rapid Cycling Mania, Depakote. For Bipolar Disorder with a prevalence of Depression, she recommends lithium if the depression is mild, and lithium plus Depakote plus antidepressants if depression is severe. For Major Depression, she recommends SSRIs. Dr. Powers pointed out that certain antidepressants, such as Wellbutrin, should not be used when depression is complicated by an eating disorder.

Eating and weight disorders are common among those with mood disorders, and 50-80% of patients with eating disorders also have a mood disorder. Approximately 10-20% have Bipolar I disorder and approximately 40% have Bipolar II disorder. Such close relationships present problems for treatment, because weight gain and weight loss occur with both mood disorders and their treatments. In these cases, the clinician must find weight-neutral antidepressants and mood stabilizers.

Dr. Powers described diagnostic standards for eating disorders. Anorexia Nervosa is diagnosed in the presence of a weight loss of 15% of IBW (Ideal Body Weight), an intense fear of obesity, body image disturbance, and amenorrhea (for 3 months) in females. There are two types of Anorexia Nervosa, the Restricting type, which includes over-exercising, and the Binge Eating/Purging type. Bulimia Nervosa includes recurrent episodes of binge eating of large quantities of food twice weekly for at least 3 months, a sense of loss of control, body dissatisfaction, non-fasting between episodes, and obesity. Night Eating Disorder is another common problem, existing in about 7% of the population. Symptoms include eating 25% of daily calories after the evening meal, insomnia, and morning anorexia.

Eating disorders are serious illnesses. Eighteen percent of anorexic patients and 5-10% of bulimia patients die within 20 years. In some cases, diabetic patients withhold their insulin to decrease their weight. Also, the weight gain of bulimia has

Eating Disorders (continued on page 8)



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

STOP BEING FRUSTRATED and ENJOY LIFE

“Learn how to turn frustration into fascination. You will learn more being fascinated by life than you will by being frustrated by it.”
—Jim Rohn

Man! As soon as I read this quote, I knew I had good material for a column. Perhaps it is because frustration is an emotion with which so many of us struggle.

Simply stated, feeling frustrated is saying that we just don't like what life is handing us right now, today, this week, this year, this lifetime. Nothing wrong with that necessarily, but like so many other things, it's our response to frustrating events that makes the difference.

Let's take a closer look at how to get frustrated and then at a few more productive responses to frustration.

How to get frustrated:

- Take each and every obstacle that is thrown in your way very personally. Be convinced that the slow driver in front of you is doing it on purpose to you; perhaps he was even sent to find you.
- Approach life with a strong sense of entitlement. Believe that you deserve to get your way no matter what.
- Blow everything out of proportion. Frustrations come at us in varying degrees: On a scale of from 1 to 10, 1 being the best and 10 being the worst, respond to every event as if it's a 10.
- Live life in a constant state of stress, don't slow down, and definitely don't develop any patience.
- Get addicted to the rush of anger that comes with frustration.

Consequences of frustration:

- Live in a state of perpetual anger.
- Say and do things you later regret.
- Face the same problems over and over again without ever discovering any solutions.
- Eventually this level of stress will affect you physically in some way.

How to get fascinated:

- Reframe obstacles as “challenging learning opportunities.”
- Ask better questions. Instead of asking, “Why does this always happen to me?” or, “How dare they do this?”, practice asking this question: “How can I creatively solve this in a way that I might learn something new and that will benefit myself and others?”
- Another good response would be, “Well, isn't this interesting! I wonder how we are going to solve this one.”
- Stop reacting and respond. Reacting shuts down your brain.

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
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We are now officially on the web!

Check it out at:

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

Responding jump-starts your creativity.

- Stress management expert Tim O'Brien uses the QTIP technique: Quit Taking It Personally. I've actually suggested carrying a Q-Tip in a pocket as a reminder. Sounds silly, perhaps, but it works.

Like most things in life, we have a choice here. This time it's between frustration and fascination. Choose wisely.

—Jeff Herring

Knight Ridder Newspapers (Riverside Press-Enterprise) 3/13/01

Child Abuse Might Cause Mental Illness

*Researcher sees evidence of brain deformities
in MRIs of abused children*

The harsh words, brutal beatings or sexual advances of a parent or older family member might actually cause brain deformities in children that plague them into adulthood, concludes a Massachusetts researcher.

The findings in a paper released last month challenge long-held notions that all mental illnesses can be neatly divided into physical or emotional problems.

The prevailing orthodoxy in the psychiatric world is that some conditions, like schizophrenia and manic-depressive disorder, are caused by inherited chemical imbalances in the brain that can be treated by pharmaceuticals. The other category is personality disorders that arise from emotional trauma and can be dealt with through therapy.

But the paper by Dr. Martin Teicher, director of McLean Hospital's Developmental Biopsychiatry Research Program in Belmont, Mass., offers compelling evidence that emotional trauma like childhood abuse can actually cause physical deformities in the brain. The deformities, in turn, can cause depression, anxiety and a host of other conditions later in life, he found.

"The brain is fundamentally sculpted by our experiences. Adverse experience will sculpt our brain in a different way," Teicher said.

In the paper, which appears in the journal *Cerebrum*, Teicher focuses primarily on "serious" abuse cases involving sexual and physical assault. But in an interview he previewed his upcoming work which finds similar initial results involving verbal abuse, an even

more controversial assertion that challenges the time-honored parenting techniques of the tongue lashing and shaming.

"Verbal abuse may be just as damaging as sexual abuse. And it's very prevalent and something that a lot of people need to be concerned about," said Teicher. "It's going to be interesting to see how this emerges over the next few years," he said, noting that he is still writing the first paper on the topic. "But we are finding that verbal abuse is devastating."

Perhaps most interesting about Teicher's current paper is the affect of child abuse on the ability of one hemisphere of the brain to communicate with the other. The major phone line between the left and right sides is called the corpus callosum. Teicher's team reviewed the MRI brain scans, which show the corpus callosum of 51 abused children admitted to McLean. He compared them to the MRIs from 97 healthy children.

In the abused children, the corpus callosum was smaller on average. Interestingly, in girls, sexual abuse shrank the corpus callosum but neglect had no effect; but, in boys, the opposite was true.

The result of a smaller corpus callosum can be that children can "reside" in one hemisphere of the brain rather than the seamless shifting between the two typically found. And this problem can linger into adulthood, causing anxiety and depression.

"A lot of individuals who have sur-

vived childhood trauma reside in their left hemisphere when they are functioning well. But when traumatic thoughts arise they retreat into their right," said Teicher. "They can get very emotional, without any of the logic of the left side there to guide them."

An early diagnosis of this sort of dysfunctionality might allow for treatment that would help the corpus callosum "re-grow." For instance, music therapy, such as intensive piano lessons, might help, said Teicher. The right hand is controlled by the left hemisphere and the left hand by the right; coordinating them through piano playing could make hemispheric communication more efficient, goes the theory.

In the new paper, Teicher also found that childhood abuse might cause the arrested development of the left hemisphere and improper development of the portions of the brain that regulate emotions.

Evidence that environmental stresses cause brain deformities was established in lab animals almost 50 years ago. But researchers were slow to test the hypothesis on humans. The stumbling block was the difficulty with untangling whether the abuse caused the deformities or the deformities made people more susceptible to abuse.

—Raja Mishra

The Boston Globe

As seen in *The Riverside Press-Enterprise*,

1/16/01

Can't Sleep?

Try these
for more
ZZZs

It sounds like a bad joke. A man walks into the doctor's office and complains he spends all night tossing and turning and just can't fall asleep.

The doctor's suggestion: Get out of bed.

But it's no joke. In a breakthrough for sleep-deprived people across the country, researchers are reporting that millions of Americans can beat insomnia without sleeping pills by following a few simple rules, such as leaving bed if sleep doesn't come.

According to Jack Edinger, a medical psychologist with Duke University Medical Center in Durham, North Carolina, many people who have trouble staying asleep can be helped by training themselves to think of their bedrooms as a place to sleep — and only to sleep.

Edinger's report, which is detailed in the current edition of the *Journal of the American Medical Association*, is a study of patients with persistent primary insomnia, a condition that affects some 5 percent of Americans. Edinger used education and what is called "cognitive behavioral therapy," which essentially teaches patients to change their mental habits.

Insomniacs, he says, shouldn't watch television in bed, do work in their bedrooms, or stay in the bed, tossing and turning, when they can't sleep.

When the patients in Edinger's study followed those rules combined with other simple strategies, like going to bed and waking up at consistent times, they showed remarkable improvements without drugs.

"There are a lot of people who would prefer to not be on medications, because medications can have all kinds of side effects," said Edinger. "This shows you can treat this problem with a non-drug approach."

Edinger's technique appears to be an improvement over one popular therapy known as relaxation therapy, which teaches patients ways to remove stress from their lives and calm down after rough days.

—*The Boston Globe*

As seen in *The Riverside Press-Enterprise*, 4/11/01

Considering Herbs? Consider This . . .

St. John's wort, a popular herbal remedy for depression, does nothing for people with major depression, according to a study published April 18.

In a trial conducted at California San Diego Medical Center and ten other university hospitals around the country, patients taking the herbal extract were no better after two months than those who unknowingly took a placebo.

—*The Riverside Press-Enterprise*, 4/18/01

BuSpar in Tug-of-War

A coalition of consumer groups has sued Bristol-Myers Squibb Co. over the pharmaceutical company's effort to stop another company from selling a low-cost generic version of an anti-anxiety drug.

The Prescription Access Litigation project, which plans to sue other manufacturers in the coming months, contends that Bristol-Myers illegally tried to maintain a monopoly on the anti-anxiety drug BuSpar.

The lawsuits were filed Friday in U.S. District Court in Manhattan and in state courts in New York, Florida and Maine.

"We believe these lawsuits are without merit," Bristol-Myers spokesman Patrick Donohue told the New York Times on Sunday. "We intend to vigorously defend the company's actions."

BuSpar has been on the market for 15 years and had sales of \$709 billion, making it the company's fifth-biggest selling drug. Pittsburgh-based Mylan Laboratories Inc. and Watson Pharmaceuticals Inc., based in Corona, Calif., had planned to launch a generic version of BuSpar on Nov. 22, but on Nov. 21, Bristol-Myers Squibb received a new patent for the drug from the Food and Drug Administration that was granted to cover a molecule patients create when they ingest BuSpar, and it prevented Mylan and Watson from selling the generic drug.

Mylan argued in court that Bristol-Myers' patent couldn't prevent the sale of a generic version of the drug, and the U.S. District Court for the District of Columbia agreed in a finding last month.

But Bristol-Myers, based in Princeton, N.J., is appealing that decision.

The new lawsuit filed Friday alleges that Bristol-Myers' actions in obtaining the new patent violates antitrust law and seeks to have the company barred from taking similar actions in the future.

Plaintiffs in the consumer coalition include the New York Statewide Senior Action Council, Citizen Action of New York, Consumers for Affordable Health Care Foundation, Health Care For All and the Massachusetts Senior Action Council. The coalition said its lawsuit is the first in which consumer groups have turned to the courts for help in fighting the soaring costs of prescription drugs.

"Consumers all over the country are demanding a way to end the escalating price pressure from drugs," PAL project director Kim Shellenberger said in a statement.

—*AP, Los Angeles Times*, 4/9/01

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.

20 Tips to Prevent Medical Errors

1. Be an active member of your health care team. Patients who are more involved with their own care tend to get better results.

2. Make sure all your doctors know about everything you are taking. This includes prescription and over-the-counter medicines and dietary supplements, such as vitamins and herbs.

3. Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.

4. When your doctor writes you a prescription, make sure you can read it.

5. Ask for information about your medicines in terms you can understand: What is the medicine for? How am I supposed to take it and for how long? What are the side effects? What do I do if they occur?

6. When you pick up your medicine from the pharmacy, ask, "Is this the medicine my doctor prescribed?" Make sure.

7. If you have any questions about the directions on your medicine labels, ASK. Does "four doses daily" mean a dose every six hours around the clock or just during regular waking hours?

8. Ask your pharmacist for the best device to measure your liquid medicine.

9. Ask for written information about the side effects of your medication.

10. If you are in a hospital, consider asking all health care workers who have direct contact with you whether they have washed their hands.

11. If you have a choice, choose a hos-

pital at which many patients have the procedure or surgery you need.

12. When you are being discharged from the hospital, ask your doctor to explain the treatment plan you will use at home.

13. If you are having surgery, make sure you, your doctor and your surgeon all agree, and are clear on exactly what will be done.

14. Speak up if you have questions or concerns.

15. Make sure that someone, such as your personal doctor, is in charge of your care if you have multiple health problems or if you are in a hospital.

16. Make sure all health professionals involved in your care have the necessary health information. Don't assume they know everything about you.

17. Ask a family member or friend to be your advocate and help get things done, and speak for you if you cannot.

18. Be aware that "more" is not always better. You may be better off without certain treatments or tests. Find out.

19. If you have a test, don't assume that no news is good news. ASK.

20. Learn about your condition and treatment by asking your doctor and nurse and other reliable sources. An informed patient is a healthier patient.

—Agency for Healthcare Research & Quality
Department of Health & Human Services
Rockville, MD

As seen in Ann Landers,
The Riverside Press-Enterprise, 1/13/01

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

Riverside MDDA Hosts Dr. Warnell

On April 28, 2001, we were treated to an educational session with guest speaker Dr. Ron Warnell, a clinical researcher associated with the Affiliated Research Institute, a private research facility specializing in medication research with an emphasis on psychiatric and neurological disorders.

Dr. Warnell gave us a brief lecture on the drugs most commonly used in treating depression and bipolar disorders, noting that treatment protocols in the past usually attempted to rely on as few drugs as possible (monotherapy), but the current trend is to use a combination of drugs (polypharmacy) to reduce problems with side effects while achieving better control of the disease. He also discussed some of the newest drugs and told us how clinical trials are conducted using "double-blind" studies to help differentiate between the effects of the drug and placebo effects. Such pharmacological research/therapy gives volunteers a chance to gain access to cutting edge treatments, both as inpatients and outpatients, while making a valuable contribution to science and to the prevention, treatment, and cure of disease. A further benefit is that care is free during their participation in the trials.

The enthusiastic audience of 35 attendees were given an opportunity to ask him questions regarding the medications they are taking.

Affiliated Research Institute may be contacted at (800) 588-4ARI or at www.affiliatedresearch.com.

THE WIZARD OF ID By Brant Parker and Johnny Hart



Conference
News for 2001

National DMDA
August 17-19
Cleveland, Ohio

CDMDA
October 26 & 27
Visalia, California

Plan for these now...you
won't want to miss them!
More information in next issues.

Alliance
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Open 1p.m. to 3 p.m.
Tuesday, Wednesday,
Thursday, and Friday.

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
develop 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, and turn in to the
driveway. Suite K.

GOT 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!

Think & Smile . . .

Q. What did the Great Physician tell
Moses to do?

A. Take these two Tablets and call Me
every morning.



Putting off an easy thing makes it hard,
and putting off a hard thing makes it
impossible.

—George H. Lorimer



Q. What happens when a billing clerk
gets manicky?

A. He hears strange invoices.



I despise making the most of one's time.
Half of the pleasures of life consist of
the opportunities one has neglected.



The most expensive vehicle to operate,
per mile, is the shopping cart.

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

Arnold Oberg

(909) 783-2933

Georgia Ann

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

Georgia Peterson

12 noon to 6 p.m.
(909) 354-8727

Marlene and George

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

The Biology — and Destiny — of Bullying

Are the kids who are the butt of everyone's jokes the ones who are most likely to be violent? How could name-calling and rumor-mongering inspire murder? How many more killers are seething among the ranks of the unpopular?

These are the inevitable questions after the allegations that accused Santana High School shooter Charles Andrew Williams was routinely teased and taunted by his peers. Some adults—certainly those who themselves were less than kind as teenagers—insist that bullying is just typical adolescent behavior. Psychologists who have studied the problem cite the quest for status, a culture that accepts domineering behavior as evidence of masculinity, an inability to regulate emotion, the thrill of conflict.

But people who study the brain will tell you that there is a biological reason that cruelty can lead to tragedy: Exposure to social abuse can re-engineer the brain.

Take, for example, a study published in 1998 by researchers at the University of Massachusetts Medical Center. As part of ongoing work on aggressive behavior in hamsters, the team analyzed the effects of teenage victimization by caging adolescent males for a short period every day with an older bully that chased, attacked and bit them. Bullied hamsters grew up to be bullies themselves, quick to assault smaller, weaker animals. But their tormented adolescence changed their brains as well as their behavior, significantly upsetting the structure and function of two chemical pathways previously shown to be critical to the regulation of aggression.

I'm not arguing that lab animals in a cage are equivalent to human teenagers in a suburban high school—although the kids themselves might appreciate the analogy. Instead, consider the big picture: This study and others demonstrate that life

experiences have biological consequences.

Experience and physiology are inseparable because the human brain is born with questions that need answers. Is my world safe? Can other people be trusted? The solutions emerge from the emotional reactions triggered in the body by events in the outside world. Every social interaction, every experience, is recorded in the emotional circuitry of the brain; and this information is used to craft our responses to that world and the people in it. Behavior isn't predetermined, and it doesn't just

“There is a biological reason that cruelty can lead to tragedy: Exposure to social abuse can re-engineer the brain.”

happen. It is the result of an ongoing collaboration between the brain and the environment.

A flexible brain is adaptable but vulnerable. If the dialogue between the brain and the environment is friendly, we grow up believing that the world is safe, a mindset that encourages peaceful behavior. But life lived in a continuous state of crisis produces a defensive nervous system poised to react to a dangerous world,

a nervous system taxed to its limits by a hostile environment.

Brain researchers have shown that chronic social stress, particularly the misery visited on the lowly by the high-ranking, is just the sort of insult that hammers at the brain until it's a nervous wreck. Biochemically, the relentless challenges lead to hair-trigger stress responses and persistently elevated levels of stress hormones. Behaviorally, they gradually erode the ability to cope. Petty aggravations start looking like real threats. The more threatened the socially stressed individual feels, the more likely he or she is to get overanxious, depressed or mad enough to want to get even.

Adolescents can't just leave an unfriendly school, meaning that a teenager who's perceived as a social misfit can be trapped in an environment as toxic as an abusive home. They depend on the adults around them to set and enforce limits on bullying.

When we are no longer blind to the consequences of teen cruelty, we might stop being blindsided by teen violence.

Debra Niehoff is the author of *“The Biology of Violence: How Understanding the Brain, Behavior and Environment Can Break the Vicious Circle of Aggression”* (The Free Press, 1999).

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



Eating Disorders (continued from page 1)

leteric effects on the body, including hyperlipidemia (thus increasing heart attack risk) and Type II Diabetes Mellitus.

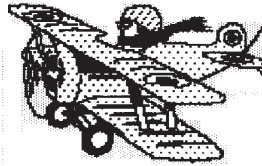
Many antipsychotics, antidepressants, and mood stabilizers present significant problems in treating patients with eating disorders. Clozapine and Olanzapine both cause significant weight gain. Seroquel and Risperidone cause minor weight gain, and the typical antipsychotics cause a moderate weight gain. Aripiprazole* seems to be weight neutral. The antidepressants Amitriptyline, Imipramine, Mirtazepine, and Bupropion all cause weight gain. Fluoxetine causes weight loss. Paroxetine, Venlafaxine, Sertraline, and Nefazadone seem to be weight neutral. Clozapine and Bupropion also increase the risks of seizures. Among mood stabilizers, both Lithium and Depakote cause weight gain. Olanzapine can cause a 30-40 pound weight gain. Gabapentin causes minor weight gain, and Topiramate causes weight loss. Carbamazepine seems to be weight neutral, and Lamotrigine's effect on weight is unknown at this time.

One important new medication for Bipolar Disorder is Topiramate (Topimax), an anti-seizure medication which does not cause weight gain. Topiramate works by enhancing the activity of the inhibitory neurotransmitter, GABA, and by antagonizing some types of glutamate receptors. It is given at doses of 400-600 mg. at a cost of approximately \$210— \$305 per month. USF is running a study on Topiramate for patients with Bipolar Disorder. It is a double blind, placebo-controlled study in which patients participate in a brief hospital stay to discontinue their medications and begin either the new drug or a placebo. It is an "open label" study and will last for a year.

In conclusion, Dr. Powers noted that we need to recognize the relationships between eating and mood disorders. We need to recognize the importance of treatment, and we need to continue research to find new medications. At present, Prozac is the only medication approved by the FDA for Bulimia Nervosa. However, many new medications are in the developmental phases for both Mood and Eating Disorders.

*Aripiprazole is an antipsychotic now in Phase III Clinical Trials.

—Paulette G. Lane
Tampa Bay DMDA NEWSLETTER,
Apr/May 2001



ANNOUNCEMENTS

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)

Memorial Day Picnic

May 28

1 - 5 pm
at JoAnn's

See page 1 for directions.

Bring a dish to share,
musical instrument,
bathing suit & towel,
games, etc.

Be prepared for fun with
your favorite support
group!

Thank you
for renewing your memberships
and newsletter subscriptions.

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Childhood sexual abuse found to be pivotal to adult mental disorders



Women who have been sexually abused as children have higher rates of mental disorders as adults. But some experts have questioned whether it's the abuse or the family environment that was largely responsible for the psychiatric disorders.

Now a study of 1,411 adult twin females indicates that it is the sexual abuse that is the primary culprit, said Dr. Kenneth S. Kendler of the Medical College of Virginia Commonwealth University in Richmond.

Even though the twins were raised in the same families, those females who were sexually abused while their twin sibling was not had a much greater risk of developing such mental disorders as bulimia, alcoholism, drug dependence, depression, anxiety, and panic disorders, he reported in the *Archives of General Psychiatry*.

—Riverside Press-Enterprise, 3/20/01

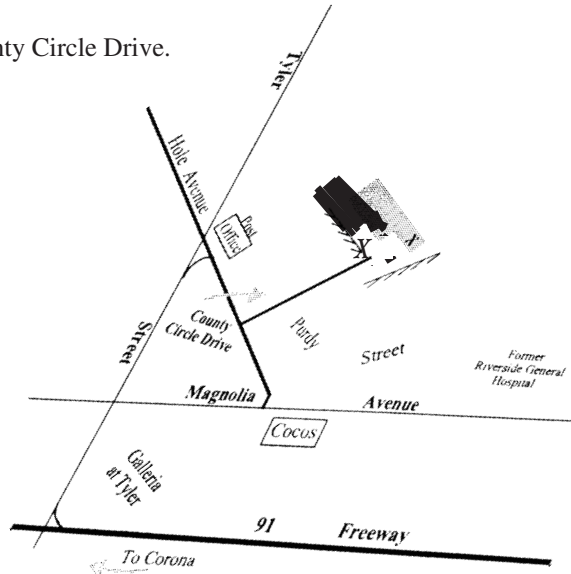
MDDA of Riverside
Map Legend

-  = Meeting Location
-  = Parking

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 Magnolia), Room A.

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



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 suffer from: Manic-Depression Depression I am a: 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.