

The Thermometer Times

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

VOL. 11 NO. 6

Out of darkness . . .

June 2001

Dates to Remember

CARE & SHARE GROUPS

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

Saturdays, June 2, 9, 16, & 23

10am-12 noon

at

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

Guest Speakers:

June 2

Veronica Menchaca
"Patients' Rights"

June 16

Katrina Tuzio Kist
"New Bipolar Treatments"



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

Current Treatments

Dr. Dey Returns with Information on How Mood Disorders are Presently Managed

Dr. Samuel Dey spoke to the Riverside MDDA on May 12, bringing us up to date on the newer medications and methods used to treat mood disorders. Bipolar Disorder I is characterized by highs and lows of approximately equal significance, and Bipolar Disorder II has considerably more depression than mania and less intense manic episodes when they do appear. Rapid cycling is a form of mood disorder in which the mood shifts rapidly—in some patients as often as every few hours; it is diagnosed more often now than formerly, but is still difficult to treat.

Since the discovery of lithium's psychotropic qualities and the beginning of its use in the treatment of mood disorders in about 1948 and 1949, much has changed, but many psychiatrists still prefer to use lithium. It does, however, carry a risk of weight gain, mental dullness, and kidney problems. Whereas lithium was the only reliable and effective treatment for many years, we now have a fine selection of drug therapies from which to choose. Often used in conjunction with lithium, and sometimes without it, anticonvulsant medications have been found to work well in bipolar conditions as mood stabilizers. They were first used to control temporal lobe epilepsy, and there is still some question as to the mechanism of their ability to control mood disorders, but it is a well-accepted fact that they do work. The FDA has okayed Depakote for this use, but the other anticonvulsants, such as Klonopin, Tegretol, Lamictal, Topomax, and Neurontin, are prescribed "off-label" as bipolar therapies. Lithium and many of these other medications require regular blood measurements and kidney function tests to reduce the possibility of toxicity. Pregabalin, a metabolite of Neurontin, may prove to be more effective and safer than Neurontin.

A person experiencing a first acute episode of mania is typically treated aggressively, starting with two to four weeks of hospitalization. After the patient has been calmed and has become more stable, she or he will likely need partial hospitalization—day treatment only—and maintenance doses of medication. Lithium and Depakote or another mood stabilizer combined with an antipsychotic such as Haldol or Thorazine may be used, or a mood stabilizer may be combined with a benzodiazepine, such as Atavan or Xanax. In

Current Treatments (continued on page 8)

The Editor

The heat is on! For many southern Californians, summer's long, hot days are beach, barbecue, and beer season. Your routine is somewhat different. Here are a few items to put on your to-do list to help keep your summer happy and healthy:

- Avoid too much exposure to the sun. Some medications are particularly photosensitizing. See the partial list below, and check with your doctor and/or pharmacist about your own prescriptions.
- Make sure you do not get dehydrated. Drink more water and less soda. Avoid alcohol altogether; it's bad for you.
- Make sure you get sufficient rest. The long days may tempt you to go, go, go, but they won't be very enjoyable if you end up sick.
- Watch what you eat. Many summer fast foods are not very nutritious. Fresh fruits and vegetables are plentiful and delicious, and provide what your body and brain need.
- Attend your support group meetings. You need us, and we need you! (No summer vacation in this business!)
- Start preparing (and saving up) for the Annual Conference. Lots of terrific workshops, speakers, and activities are already planned, and you don't want to miss out.
- Since the year is almost half over, it's a good time to review the resolutions you made six months ago. How are you doing? There's never a bad time to start improving yourself, you know!
- Try something new. A new sport? Hobby? Food? It'll break you out of the boredom and make you feel glad to be alive!
- Have a wonderful, well, mellow, productive, and pleasant

S U M M E R !

—Yen Cress

Avoid the Sun If You Take These...

Several drugs can sensitize the skin to the action of ultraviolet light. Exposed areas may react with a rash or a serious burn. The following psychotropic drugs may have this effect; check with your doctor or pharmacist for information about other photosensitizing drugs and possible interactions

<u>Brand Name</u>	<u>Generic</u>	<u>Brand Name</u>	<u>Generic</u>
Adapin	doxepin	Ludomil	maprotiline
Anafranil	clomipramine	Modecate	fluphenazine
Asendin	amoxapine	Norpramine	desipramine
Aventyl	nortriptyline	Serzone	nefazodone
Elavil	amitriptyline	Thorazine	chlorpromazine
Haldol	haloperidol	Xanax	alprazolam
Impril	imipramine		

Seen in *Polars' Express, Boston*, Summer, 1999

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Please feel free to reprint any of our articles. However, please acknowledge our publication, date, and author or source. It will please the authors and recognize their efforts.

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

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.

WHAT CAN I DO TO PROTECT MYSELF

from

A SUICIDE ATTEMPT?

1. ***BE PREPARED TO CONTACT YOUR DOCTOR.*** Have your doctor's phone number with you and a back-up number such as a psychiatric emergency room or a suicide crisis line.
2. ***PREPARE TO CONTACT TRUSTED FRIENDS.*** In advance, develop a list with phone numbers of friends or family members you trust who will provide support to you during a suicidal episode.
3. ***EDUCATE THOSE YOU TRUST ABOUT YOUR CONDITION BEFORE IT BECOMES A CRISIS*** so they can be prepared if they are called upon to help. Consider providing key support people with your "Plan For Life."
4. ***RECOGNIZE YOUR SYMPTOMS FOR WHAT THEY ARE.*** Identify with your doctor in advance the symptoms you are likely to experience when depression is at its worst. Write them down to help you keep them in perspective during a suicidal episode. Remember, suicidal thoughts are just one more symptom of depression.
5. ***WRITE DOWN YOUR THOUGHTS.*** Before a suicidal episode strikes, spend a little time each day writing down your thoughts and hopes for the future. Write about the people you value in your life, then be prepared to read what you've written when you need to remind yourself why your own life is important and worthwhile.
6. ***DISPLAY PICTURES OF THOSE YOU LOVE WHOM YOU WOULD NOT WANT TO HURT, IN PROMINENT PLACES IN YOUR HOME.*** Look at the pictures often and promise you will always be there for them, no matter what. Your life is important not only to you but to those you love.
7. ***AVOID DRUGS AND ALCOHOL.*** In the final analysis, most completed suicides result from sudden, uncontrolled impulses. Since drugs and alcohol contribute to such impulses, it is essential to avoid drug and alcohol consumption. Drugs and alcohol will also undermine your efforts to get well again by interfering with the effectiveness of most medications used for the treatment of depressive illnesses.
8. ***RECOGNIZE THE EARLIEST WARNING SIGNS OF A SUICIDAL EPISODE.*** Because depression and manic-depression are medical conditions, there are often subtle warning signs your body will give you when an episode is coming on. Over time you can learn to be sensitive to them and be on your guard.
9. ***KNOW WHEN IT IS BEST TO GO TO THE HOSPITAL.*** There are times when depression becomes so severe that hospitalization is the best way to protect your health and safety. If your doctor believes that hospitalization is necessary to help you through the worst of your depression, don't fight it. Be sure he or she knows which hospital you prefer. This hospital should have your most recent medical records. It is a good idea to know the extent of your insurance coverage. Keep relevant health care information in a convenient, accessible place.

HELP IS AVAILABLE

SUICIDAL THOUGHTS, LIKE OTHER DEPRESSIVE SYMPTOMS, CAN BE TREATED. In order to help you, however, your physician or other health care professional must know what you are thinking and feeling. Only with thorough and ongoing communication can professionals effectively help you deal with your suicidal thoughts. It is also important to have the support of understanding people who know what you are going through. Although most client-run support groups, such as Riverside Manic-Depressive and Depressive Association, are not in a position to act as suicide crisis centers, they can provide non-judgmental support and important information about suicide prevention and the treatment of depressive disorders.

—Information on this page taken from *Suicide and Depressive Illness*, published by National DMDA, and *DMDA Newsletter*, Fox Valley, Ill.

Scientist suggests gene link to phobias, panic attacks

EDINBURGH, SCOTLAND— Preliminary research suggests an unusual genetic abnormality may be linked to panic attacks and phobias. A Spanish scientist reported Sunday at a meeting of the Human Genome Organization that among a random sample of people with anxiety disorders, 97 percent had a duplication of genetic material on chromosome 15— compared with 7 percent in a comparison group of healthy people.

Experts say the finding could lead to better drugs for the condition, which afflicts about 10 to 20 percent of the population.

Researchers also say Dr. Xavier Estevill, head of medical and molecular genetics at the Duran I Rynals Hospital in Barcelona, appears to have uncovered a new genetic mechanism for causing disease.

His study suggested that a gene on some other chromosome, or some environmental factor early in development, may cause in some people an abnormality in chromosome 15. The defect may in turn make people more susceptible to panic attacks and anxiety.

The idea of a mutation in one gene triggering a mutation in another gene has been noted before in plants, but not in humans, experts said.

“This is provocative,” said Dr. Lap-Chee Tsui, geneticist-in-chief at the Hospital for Sick Children in Toronto,

Canada. “He’s come up with a new genetic mechanism and that’s why it’s exciting.”

Estevill said it does not seem the abnormality is inherited because it wasn’t found in all the cells of those people affected.

“You’re probably born with this mutation, but it probably arises during development,” he speculated. Estevill found the mutation in half of 25 samples of sperm, but it is unclear whether those defective sperm would be able to create a successful pregnancy.

“We are very excited about it,” Estevill said. “But we need to identify, of course, the genes that may be involved in this and the mutations that these genes may have.”

Estevill first studied 140 people from various families in a Spanish village who suffered from either social phobia, fear of open spaces or recurrent panic attacks.

He then examined 70 unconnected people with the psychiatric problem and a comparison group of 189 people with no anxiety disorders.

He found that almost 100 percent of those with panic or phobias in the family group had the duplication of genetic material on chromosome 15.

—Emma Ross

THE ASSOCIATED PRESS

The Riverside Press-Telegram 4/23/01

Possible relationship between panic disorder and severe headaches

Persons with migraine or other severe headaches are at increased risk of panic disorder and vice versa to some degree, according to analysis of data from the Detroit Area Study of Headache.

The study, reported in the Feb. 13 issue of *Neurology*, was coordinated by Dr. Naomi Breslau of the Henry

Ford Health System in Detroit. Dr. Breslau said it’s not clear whether there is a shared environmental or genetic factor between the two, but suggested that the presence of either should cause physicians to consider testing for the other.

—ADAMhs ADVANTAGE

Ohio, Apr./May 2001

**What lies behind us
and what lies before us
are tiny matters compared to
what lies within us.**

—Ralph Waldo Emerson

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.

"I had to learn on my own. . ."

My name is Moe Armstrong. I have been mentally ill for 35 years. Mental illness was, and still is, devastating.

Recovery is possible.

Recovery for me is that I no longer feel the deepest anguish, which I have felt in the past with my mental illness. I am able to work and have social relationships without being angry with people. Anger for me has been a bad sign of my increasing symptoms of mental illness. Many times I would be angry or discouraged because I didn't understand or acknowledge my mental illness.

Mental illness is real.

Now, I learn about my psychiatric condition and plan my life around my condition. I have fewer problems caused by anger with my life and with my relationships with people.

Planning my life to live with mental illness means that I get enough sleep to be rested. If I can't sleep at night—this mental illness can leave me restless and unable to sleep at night—I stay in bed and take extra time to rest.

I keep away from people who upset me. I want to be around people who want to be around me. I don't try to please or be accepted by people who don't like me.

I stay away from situations that might upset me. Loud noises and violence in the media can trigger me. I have gentle music and images in my life. I read poetry rather than watch television.

I want to be calm and have peace of mind. I surround myself and fill my mind with calmness.

I am mentally ill. My mind is not calm, and I easily feel agitated. I need to build a calm and peaceful environment so that I can have peace of mind.

The minute that I started building my personal life to balance my mental illness, I started to feel better. I was able to enjoy and accomplish more in life.

I have improved in learning how to live with my mental illness. I have grown in understanding what mental illness is. Learning about my mental illness has been critical for my stability. I want to be sane, stable, sober,

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

and safe.

Recovery can be misunderstood. I am not cured. I am not well. There are no cures or miracles for mental illness. I can improve my peace of mind. I can feel better. I can have a life with successes and joys. At one time, mental illness constantly disrupted my life. I have learned to live with my psychiatric condition and enjoy life.

I have a mental illness, but I don't have to act crazy.

Understanding that I have a mental illness and living with mental illness has been difficult. Someday I hope that schools teach what mental illness is and how to live with this condition. I couldn't wait for that education. I had to learn on my own.

—Polar Star, LAMDDA, Spring 2001
NAMI Advocate, Winter 2001

1
LOOK UP

When you are filled with sorrow or doubt
And troubles have conquered your life throughout,
Hold your head high and look to the sky:
There you will find someone gracious and kind.
He will make you proud and strong,
So the life that you live will be joyous and long.
You will be happy and dance with glee—
I know you will, for it happened to me.
So look up, and gone will be your sorrow,
And you will be ready for a brand new tomorrow.

© 2001 Sheridan Spence, Age 12
Dedicated to Christine Spence-Fischer

Alliance
Library

1215 N. Buena Vista
Suite K
San Jacinto, CA

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.

**Riverside Suicide
Crisis Helpline**
24
(909) 686-HEIP
[(909) 686-4357]
24hr. Helpline
7 Days a Week

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 . . .

Few happy people are idle.
Few idle people are happy.



Please don't call me forgetful, but
I'll admit I have a mind
like a steel sieve.



Why do we always feel our critics are
not fair and those who praise us are?



The only time some people tell the truth
about themselves is when they admit
they have lied.



No one can control who his acquaintan-
ces are, but everyone can decide which
ones he would like for friends.



The art of living is more like wrestling
than dancing.
—*Marcus Aurelius, 121-180 A.D.*



A boy can learn a lot from a dog:
obedience, loyalty, and the importance
of turning around three times before
lying down.

—*Robert Benchley*



Good advice is one of those insults that
ought to be forgiven



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

MOTIVATION

Recovery from severe and persistent psychiatric symptoms is a daunting task. You may often feel like giving up, like it's not worth the trouble. All of us feel like that from time to time. It is important to remember that this is absolutely normal. What can you do to motivate yourself when you feel this way?

1. Remind yourself that it is normal to feel unmotivated from time to time—especially when you are working on something that is very hard, when progress may be slow and when you feel that you often have setbacks.
2. Remember that people who experience psychiatric symptoms take back control of their lives and go on to do the things they want to do and be the kind of person they want to be. It may help to think about people you know or have heard of, even famous people, who have overcome difficult symptoms and gone on to live healthy lives.
3. Take small steps. Big change doesn't happen overnight. If you have trouble looking people in the eye, and today you looked one person in the eye, that's great. Maybe you feel anxious when you ride the bus and today you rode the bus for two blocks. That is a major achievement.
4. Spend some time writing your goals. What do you want out of life? How can you best achieve that? Develop a time line for meeting both your short and long term goals. Make sure they are your goals and not goals that someone else has developed for you. Share your goals with your close supporters. Ask them to encourage you as you work to meet these goals.
5. Give yourself a reward for each accomplishment, even the smallest things. Some examples of simple rewards are: a pat on the back, half an hour reading a good book, taking a short rest, calling for a chat with a good friend, or renting a video for yourself.
6. Spend some time each day doing things that are easy for you to do, as much as you need to. Don't spend all your time trying to do the hard stuff. Clean out one drawer. Wash the kitchen sink. Take the dog for a walk. Sew on a button. Write one letter or answer one e-mail.
7. Do things that make you feel good about yourself. Take good care of your personal hygiene. Do something you really enjoy. Do something special for someone else. Tell someone else they are doing a good job. Tell your supporters how much you appreciate their help.

—Mary Ellen Copeland

—*Mental Health Recovery Newsletter*, January 2001

—*Polar Star*, LAMDDA, Spring 2001

RECOMMENDED READING

A Life on the Brink

Amy Tan tells of the depression she suffered from childhood and the monumental losses that eventually led her to seek help. Even after writing her best-selling books, *The Joy Luck Club*, *The Kitchen God's Wife*, and *The Bonesetter's Daughter*, she has had to wrestle with suicidal thoughts. With a family history that includes many suicides and tragic deaths, she can see where her own depression comes from. She has met her demons head on, however, and with the help of therapists and antidepressant medication, she now says, "Today, I am basically a happy person."

People 5/7/01

Breaking the Fall

Andrew Solomon speaks with authority in his new book, *The Noonday Demon: An Atlas of Depression*. In this article, he discusses some of the myths and misconceptions he has discovered about the subject after interviewing experts and depression survivors from Greenland to Cambodia, east and west, north and south. As a depression survivor himself, he gives this book a realistic depth, offering practical advice for breaking free.

Reviewed in Oprah Winfrey's
O Magazine 6/01

Out of Character

America's little sister reveals the dark side of her life in this interview with Kay Redfield Jamison. Although she first achieved fame playing characters with sunny dispositions, like *Gidget* and *The Flying Nun*, Sally Field has not always been so lighthearted herself. The truth is, she admits to having worked her way through some difficult down times with depression, an eating disorder, and painful shyness.

Reader's Digest 5/01

—Yen Cress

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

Current Treatments

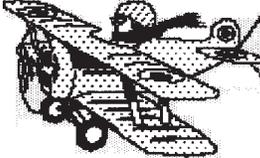
(continued from page 1)

the past, the antipsychotics Haldol, Thorazine, and Mellaril were noted for their extrapyramidal side effects, which are like those of Parkinson's disease, with involuntary movements, tremors, stumbling, expressionless face, drooling, and flat affect. The newer antipsychotics are called atypicals because they differ from the older ones by lacking these side effects. Clozaril is atypical, but can cause agranular cytolysis. The atypicals do have a major drawback: they cannot be injected, so are used as maintenance meds only after the acute phase has passed.

Six to eight uninterrupted months of treatment are required to treat what is believed to be a person's first manic episode. After that, the termination phase of treatment occurs, with a weaning and discontinuation of treatment allowed at the one-year point, provided stabilization has been achieved.

Dr. Dey said that if a second episode occurs, treatment is resumed for another 18 months or more. With a history of three or more episodes, he considers the condition to be "chronic" and recommends that treatment never again be discontinued, because untreated mood disorders can put a person at high risk of suicide. It is impossible to predict with certainty whether a relapse will occur or not, but relapse is more likely where there is a longer or more pronounced family or personal history of symptoms, and where treatment has been delayed.

It is possible that what is diagnosed as Unipolar Depression may in reality sometimes be a variation of Bipolar Disorder II, with milder hypomanic symptoms, including irritability. European clinicians do not recognize unipolar depression. The *Diagnostic and Statistical Manual of Mental Disorders, IV*, the psychiatrists' "bible" in the United States, uses functional criteria, that is, observable symptoms, to differentiate between diseases, but in the future, mag-



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)

netic resonance imagery (MRI) and positive emission tomography (PET) scans will be used to diagnose more definitively and accurately than has previously been possible.

Because bipolar disorder may sometimes include a thought disorder—racing thoughts, flight of ideas, disturbed cognitive abilities—it has often been mistakenly diagnosed as schizophrenia, with the result that treatment does not produce the desired outcome. Mood disturbances are the defining characteristic that distinguish bipolar disorder from schizophrenia. Misdiagnosis may be difficult to change; labels may stick even when they are incorrect. In addition, it is the degree, length, and character of symptoms that make normal reactive depression different from the pathologi-

cal sort. Either may follow traumatic events in a person's life, but the more serious disorder may occur even in the absence of such a trigger. In any case, the goal of treatment is to return the person to a baseline (symptomless) condition, though this is not always possible.

Finally, Dr. Dey reminded us that every person differs physiologically from every other, and those individual variations can produce dramatic differences in medication responses. Wise patients learn how to improve their chances to regain and retain their health. Patients need to keep communication open and clear with their doctors, asking questions and keeping track of changes. The internet is a popular and easily available source of information, too.

—Yen Cress

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

~~Progress always requires change,
but not all change is progress.~~

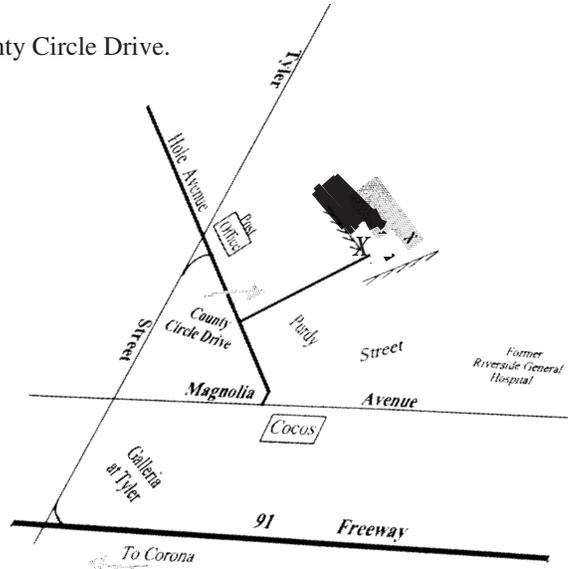
MDDA of Riverside
Map Legend

-  = 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 have: Manic-Depression Depression I am a: Family Member Professional

None of the above 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.