

# The Thermometer Times

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

VOL. 14 NO. 11

Out of darkness . . .

November 2002

## Dates to Remember

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### CARE & SHARE GROUPS

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

**Saturdays, 10am-12 noon  
November 2, 9, 16, 23 & 30**

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

### Don't spend T-Day alone!

You are invited to dinner at 2 pm on Thanksgiving Day at JoAnn's. Bring a dish if you'd like. There will be plenty of food and good company to make your holiday one to be thankful for!



**Meetings start promptly at 10 am. Do yourself a good turn: Be on time—for announcements and other news that may be important to you, and to have time to greet your friends, new and old.**

### 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 the right

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

## Domestic Violence

In February 2002, Dr. Kathleen McCarty spoke to the Tampa Bay Depressive and Manic Depressive Association on the subject of "Domestic Violence." Domestic violence is a crime in which any physical violence against a person who is or was living with the victim results in physical injury or death. Harassment and stalking are also illegal. In 1994, Title IV of the Violent Crime Control and Law Enforcement Act (Public Law 103-322), spearheaded by Senator Joseph Biden, made domestic violence a crime. Governor Lawton Chiles appointed a task force on domestic violence that led to changes in Florida law. Today, an arrest for domestic violence requires a mandatory twenty-four hour incarceration. Domestic violence is no longer a private and personal matter.

For many decades, society has been in denial concerning the problem of domestic violence. In Victorian times, domestic violence was condoned. A man was allowed to abuse his wife, if the rod he used was no thicker than his thumb. Corporal punishment of a child has been condoned throughout our nation's history.

The problem of domestic violence has reached epidemic proportions. According to recent statistics, women are predominately the victims. Four to six million women in America are abused each year. Of these, approximately two million are seriously injured in these crimes involving the perpetration of physical or sexual violence against a partner. Domestic violence is the number one cause of injury to women, ahead of mugging, rape, and auto accident. The largest number of injuries occur in white women. These statistics, collected from emergency rooms around the country, include only adults, as it is difficult to measure such crimes against children. However, we do know that two out of every 100,000 children are murdered each year by a parent. Men are also victimized, but are not often counted, as they are usually physically strong enough to deflect blows, and they neglect to report such a humiliating experience.

Medical records of female patients point to the evidence of victimization. One in seven females seen in general medical care office visits has been injured in situations of domestic violence. One in three women who visit emergency rooms is a victim. Pregnant women are at highest risk for domestic violence, as pregnancy is a highly stressful time for both men and women. Approximately 37% of obstetric patients—across class, race, and education lines—are physically abused while pregnant. Twenty-five percent of those who attempt suicide have been abused at some time in their lives. Fifty percent of mothers of abused children are battered women themselves.

There is much potential for bias in the recognition and treatment of victims of domestic violence. Gender bias is prevalent. Many women visit a doctor numerous times before revealing the source of their injuries. The idea that most victims and perpetrators are black reveals racial bias. Socioeconomic bias points to victimization in lower socioeconomic classes but, in reality, victimization cuts across all classes. Bias with regards to age also exists, with the elderly often ignored. As women age, they are less likely to evade

*Continued on page 4 (Domestic Violence)*

## A Note From the Editor ~

San Francisco, we love you! It was great to spend a few intense but enjoyable days there in October. However, after a wonderful time at the Annual Conference, we are glad to be home with updated information, new insights, and lots of happy memories.

Now it's time to integrate into our lives the things we learned there, and share information and inspiration with those who couldn't go. Occasionally, we will remind you of things you learned—you will be seeing here in *The Thermometer Times* some pieces that relate to topics covered at the conference. We welcome your comments, suggestions, criticism, and compliments.

However, as good as we think our newsletter is, it is really not an adequate substitute for being at the conference in person, live, and in full color. So—start now to prepare for your future: Next fall we will hold a joint conference in Long Beach with the DBSA and not have a separate conference for California alone. This will be an important event you will not want to miss. And it will be here almost before you can say Depressive and Bipolar Support Alliance!

Yours in good health,

*Yen*

There is this difference between depression and sorrow—  
sorrowful, you are in great trouble because something matters so much;  
depressed, you are miserable because nothing really matters.

—J.E. Buckrose

## Do you have a Medic Alert Bracelet?

Do you wear it? All the time?  
In an emergency, would others know what medication you are taking and why?

Always wear your  
Medic Alert bracelet.  
It could save your life.  
If you don't have one,  
**GET ONE TODAY!**



**We are now officially on the web.**

Check it out at:

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

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

THATS LIFE By Mike Tsohy



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—Mary Ellen Copeland

# Relaxation and Stress Reduction

Using relaxation and stress reduction exercises to help myself feel better is one of my most important wellness tools. I first learned about these exercises years ago, when episodes of mania, depression and severe anxiety dominated my life. I began using them on a day to day basis, and noticed that it made me feel somewhat better. Then I started using them at night to put myself to sleep, and to get back to sleep when I awakened early. Sometimes they put me to sleep and sometimes they didn't. But at least I felt a lot more relaxed and seemed to feel better the next day whether I had a good night's sleep or not.

The real test was with "mania." I hated mania. I would get going really fast, my mind and body would be racing. I couldn't slow down. I was irritable, alienating family members, friends and even care providers. I bought a lot of things I didn't need and did things I wish I had never done. It was horrible. Some people say they like it. Not me.

I came up with a strategy that I thought might work, and it has. First I began noticing early warning signs of mania. Thoughts beginning to race. Not wanting to take a break. Feeling irritated with others who were moving at a slower pace than I was. As soon as I noticed these signs, I would lie down on my sofa, put on my headphones and listen to a relaxation tape. Sometimes I would play the same tape over and over. Sometimes I would use different tapes. I have one tape with four different relaxation and visualization exercises on it that I like best of all.

## When I finished I noticed that I felt much better.

Calm and relaxed. When the signs started to return, I would do another relaxation exercise. On a difficult day I would do them three, four, even five times.

That was 12 years ago. I have had signs of mania since then, but never again a full blown mania. I am so grateful. And it is so easy. I think the real trick is to notice it right away and start "cooling" yourself down.

In the years since I first became aware of relaxation and stress reduction techniques, I have read many books about different relaxation styles and techniques. The libraries usually have a good supply. I have taken several courses and attended several workshops on relaxation and stress reduction. I have invested in many tapes and now CDs (they are inexpensive compared to the costs for medications, or for the damage I might do if I experienced mania). I have learned yoga and various styles of meditation. My abilities to relax deeply continue to improve. Just this past summer I took a course in self hypnosis that brought me to a new level of deep relaxation and a general feeling of well-being.

There are many different kinds of relaxation and stress reduction techniques. Most of them involve some deep breathing. They may include focusing on parts of your body and feeling them relax, or tensing and relaxing the various muscle groups in your body. There may be some movement. You may be instructed to visualize yourself in a beautiful place like walking along the beach or in a meadow of wildflowers. Then you repeat positive affirmations. Some of them may be really helpful to you. Others may not feel helpful or right to you at all.

I can do some relaxation exercises without using a tape or CD. I just take a few deep breaths, progressively relax my body working from my toes up—although sometimes I work from the top of my head down. Or I lean back and visualize a beautiful scene or focus on a wonderful time in my life. This is really handy when I am in a public place, like on a train or bus, or when I want to relax quickly.

However, most of the time I listen to one of my relaxation tapes or CDs. My focus tends to be better. I find that it is especially important for me to use a tape or CD if I have early warning signs of impending difficulties. You can buy these tapes and CDs in health food stores and bookstores. There are many websites where they can be purchased as well.

If cost is an issue for you, you could purchase some inexpensive tapes, and record your own relaxation tape. You could do it yourself or ask a friend or counselor to do it for you. You can find descriptions of these exercises in many books, including mine. Read the instructions slowly while making your recording.

Include relaxation and stress reduction in my WRAP. In my Daily Maintenance Plan I have "do at least one relaxation exercise." If I am triggered I take a few deep breaths before I do anything else. Then I may choose to take a time out and do one or several exercises or a yoga stretch or two.

If I have early warning signs, I do at least three of these exercises a day. If things are breaking down, I do at least five a day. It takes a lot of time, but if it prevents a crisis, it is well worth it.

Source:  
*Mental Health Recovery Newsletter*  
September 2002

I have learned  
to use the word  
*impossible*  
with the greatest  
of caution.

—Wernher von Braun

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## Domestic Violence

—Continued from page 1

blows and less likely to heal. Then, violence which may have gone on for years becomes more apparent and leads to hospital stays.

The psychological trauma of domestic violence is life-long and can lead to post-traumatic stress disorder, major depression, psychological depression, and multiple somatic complaints. Such trauma permanently mutes the psychological development of a child as a human being. Children perceive such violence as their own fault; they blame themselves. Rape victims suffer long term problems with substance abuse, particularly alcoholism, and 20% will die from drugs, alcohol, and/or suicide. Violence perpetrated on a partner is a learned behavior. Many men who were early victims become abusers as adults. Many women who were early victims become victims as adults. In studies of prisoners, violent adults tend to be victims of child abuse or witnesses of domestic violence. The child who witnesses violence in the family is as traumatized as the abused child. Violent behavior is not associated with mental illness. Although the public tends to equate violence with mental illness, studies have shown, for instance, that a person with bipolar illness is no more likely to be violent than a person without bipolar illness. Many people raised in a violent family do not go on to become perpetrators or victims.

Domestic violence includes various kinds of coercive behaviors. The purpose of violence is to control another person. Modalities of control include emotional, physical, sexual, psychological, and economic abuse. All of these, including isolation and withholding money, come under the rubrics of domestic violence. If there is neither intervention nor imposed consequences, violence usually escalates. How can one help a friend who is living in a violent domestic household? How can a doctor assess such a situation? Helpful screening questions would include: Are you in a violent relationship? At any time, has your partner hit, kicked, or otherwise hurt you? A most helpful question would be, "Are you afraid?" Tell the victim that he or she does not have to live like this. Take note of bruises or other marks on a victim, be-

ing aware that most physical abuse to a woman would be covered by a bathing suit. Don't ask a suspected victim these questions in front of her partner. Don't disclose information to a partner. Don't ask what the victim did to bring on the abuse. And don't ask why the victim doesn't leave. Women who stay in such a relationship generally do so out of a need to be there as a wife and mother, and most women who stay in such relationships were victims as children; it is what they learned. Most importantly, tell the victim that he or she can turn to you for help. Sometimes, doctors will prescribe medications for battered victims, however, sedating medications should be avoided. Sedation could potentially result in more serious injury.

If one is in a violent relationship, it is important to have a safety plan. If a plan is in place, one is more ready to act. Learn about your legal rights. Become aware of police and court procedures. Plan for an alternate shelter. Keep money, an extra set of keys, and a suitcase packed with clothing in a secondary location. Eventually, 75% of battered partners will get out of a violent relationship. It is important to remember that few batterers can be remediated.

Several local, state, and national organizations are available to help those partners living in violent relationships....National Domestic Violence: (800) 333-7233.

*Reported by Paulette G. Lane*

*Source: Tampa Bay DMDA Newsletter,  
June-July 2002*

Domestic violence  
is the front line of the  
war against women.

—Pearl Cleage

## Things To Do When You're Depressed

1. Get a thorough physical examination—and level with your doctor.
2. Avoid alcohol. Completely. (Yes. You.)
3. Strive to learn about your vulnerabilities and develop ways to manage them.
4. Learn to distinguish: facts from feelings beliefs from facts
5. Challenge yourself: "How do I know?"
6. Strive to exercise regularly.
7. Do fun things and do them often.
8. Get and stay connected to others.
9. Learn to relax.
10. Be goal-oriented in important areas.
11. Prioritize and problem-solve.
12. Get support, get help. Don't wait!!

## Things Not To Do When You're Depressed

1. Don't dwell on the past. Tomorrow hasn't happened yet.
2. Don't compare yourself to others. "You have to do your own growing no matter how tall your daddy was." (A. Lincoln)
3. Don't catastrophize—understand probability.
4. Don't leave things unsaid or unresolved.
5. Don't analyze too deeply. Move on.
6. Don't reject yourself; define your assets.
7. Don't ignore reality. Get the facts!
8. Don't ignore your own needs. Self-care is not the same as selfish.
9. Don't give up or be passive. Try again. BUT DO SOMETHING DIFFERENT!!
10. Don't isolate. Find good people to be with.
11. Don't leave time unstructured.

*Source: SAD And GLAD TIMES  
Fall 2002*

*Courtesy Michael Yapko, PhD  
As presented at the  
DBSA Annual Conference*

# Prescription Prices Too Steep???

Do you ever wonder how much it costs a drug company to obtain the active ingredient in a prescription medication? Life Extension did a search of offshore chemical synthesizers that supply the active ingredients found in drugs approved by the FDA.

A significant percentage of drugs sold in the United States contain active ingredients that are actually synthesized in other countries. Drug companies import those active ingredients into the United States where they wind up in the expensive drugs you buy at the local pharmacy. While the FDA says you cannot trust drugs from other countries, the facts are that most of the drugs sold in the United States contain active ingredients synthesized in the very countries the FDA says you cannot trust.

In our independent investigation of how much profit drug companies really make, we obtained the actual price of active ingredients used in some of the most popular drugs sold in America. The [truth] speaks for itself.

The astounding profit margin enjoyed by drug companies exposes several facts. First, it shows why the pharmaceutical industry is the most profitable of all businesses. But since large drug companies only make around 15% net profit margins, it also exposes the incredible cost drug companies bear to comply with today's burdensome drug approval system. If the FDA relaxes its drug approval standards, the cost of bringing new patented drugs could be reduced.

.....

Now that you know the outrageous profit margins on prescription drugs, you can understand why drug companies do almost anything to prevent competition from developing. Large drug companies intensely lobby Congress to pass laws that give them extra time of exclusivity, file lawsuits to delay generic competition, petition the FDA to stop the importation of lower cost medications, and go as far as to pay off generic companies to not compete.

## WHAT DRUGS REALLY COST

BRAND NAME	CONSUMER PRICE (For 100 tabs/caps)	COST OF GENERIC ACTIVE INGREDIENT (For 100 tabs/caps)	PERCENT MARKUP
Paxil 20 mg	\$220.27	\$7.60	2,898%
Prozac 20 mg	\$247.47	\$0.11	224,973%
Xanax 1 mg	\$136.79	\$0.024	569,958%
Zoloft 50 mg	\$206.87	\$1.75	11,821%

## COMPARISON OF U.S., EUROPEAN, & CANADIAN DRUG PRICES

HOW MANY	DRUG	US PRICE	EUROPEAN PRICE	CANADIAN PRICE
30	Paxil 20 mg	\$83.29	\$49.00	\$44.35
20	Prozac 20 mg	\$91.08	\$18.50	\$20.91
30	Zoloft 100 mg	\$114.56	\$52.50	\$47.40

Source: Life Extension, October 2002

If you would like to write a letter to help solve this problem, you might try something like this:

The Honorable (His/Her Name)  
US House of Representatives  
Washington, DC 20515

Dear Representative:

The high cost of prescription drugs is bankrupting healthcare in the U.S. The only way to resolve this is to allow a free market to compete for my business.

Please support the Gutknecht Amendment to the 2002 Medicare Drug Coverage Bill, (H.R. 5186). This amendment would allow pharmacies, drug wholesalers, and individuals to buy prescription drugs from FDA-certified manufacturers in other countries.

Although you will be pressured by pharmaceutical companies against allowing consumers to obtain their medications from Canada and Europe, many of us consumers cannot afford to bear the artificially inflated prices demanded by drug companies in the U.S. Please do not accept the propaganda that medications from Canada and Europe are somehow dangerous; this fear is being fostered by the quasi-monopoly that forces Americans to pay the highest prices in the world for our medicines.

If Americans are free to buy our prescription drugs from other countries, fewer tax dollars will be needed to pay for them.

Too much expensive research merely seeks to develop molecules (chemicals) that are no better than existing drugs, thus enabling their sponsors to reap huge profits without achieving any real medical breakthroughs. This terrible waste of resources is an abuse that has contributed to the drug cost crisis this nation faces.

**Please vote FOR the Gutknecht Amendment to the 2002 Medicare Drug Coverage Bill, (H.R. 5186).** I also request that you write me concerning your position on this vital issue.

Sincerely,

(Your Signature)

(Your Name)

(Your Address)

### 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 909/688-0368.

## Alliance Library

1215 N. Buena Vista  
Suite K  
San Jacinto, CA

Open 1 p.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 into the driveway. Suite K.

There are two ways of spreading light: to be the candle or the mirror that reflects it.  
—Edith Wharton

**Riverside**  
**Crisis**  
**EL**  
**(909) 686-HELP**  
**[(909) 686-4357]**  
**24hr. Hotline**  
**7Days 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!

## Obesity and Mood Disorders

Two recent studies addressed the relationship between mood disorders and obesity.

One study reported that adolescents with depression are at an increased risk for becoming overweight and staying overweight throughout their lives. The report in the September issue of *Pediatrics* involved a study of 9,000 adolescents who were in grades 7 to 12 when they were first interviewed in 1995.

When a depressed mood was present at the first interview, the risk of obesity more than doubled by the time of the one-year follow-up as well as the the risk of developing obesity among those who were initially not overweight.

Further, Dr. Elizabeth Goodman said, "The body mass index goes up incrementally as depression worsens." She suggested the correlation between depression and obesity might be due to a shared neurobiological mechanism in the brain.

And a mid-summer report in the June issue of *Journal of Clinical Psychiatry* said there is a high prevalence of obesity among patients with bipolar disorder, particularly those linked with previous depressive episodes.

Source: *ADAMhs ADVANTAGE*,  
Oct.-Nov., 2002



## 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

### Arnold

(909) 685-1663

### Georgia Ann

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

### Marlene and George

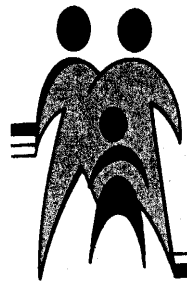
Before 9:30 a.m.  
and from 8 p.m.  
to 12 midnight  
(909) 685-6241

### Dawn

12 noon to 9 p.m.  
(909) 688-1803

### Yen

(909) 338-4434



### Family/Friends Support Groups

Riverside County Dept. of Mental Health  
Offers Support groups for families and friends  
of people with severe  
and persistent mental illness.  
These Support Groups are offered  
throughout the County of Riverside.

The County also offers the  
**NAMI Family-to-Family Education Program**  
This program is a 12-week series of  
educational meetings for  
family members.  
**There is NO COST TO YOU.**

For information on dates, times and location,  
Please contact:

Riverside Co. Dept. of Mental Health  
The Family Advocate Program  
(909) 358-4987/1-800-330-4522

For what I have received may the Lord make  
me truly thankful. And more truly for what I  
have not received. —Storm Jameson

#### 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

## New book claims hormones may make us “Forever Ageless”

“Our hormones do not decline because we age, we age because our hormones decline,” could be called the motto of *Forever Ageless*, a new book on anti-aging medicine by Ron Rothenberg, M.D., the founder of the California HealthSpan Institute, and Kathleen Becker, M.A., R.N., administrator and clinical coordinator. “Every hormone has a pause” could be regarded as a related motto, indicating that the so-called sex hormones are not the only hormones we need to be concerned about. Rothenberg and Becker point out that we also need to deal with each “pause” (e.g. somatopause in the case of growth hormone), as well as do something to control the two powerful and potentially pro-aging hormones that increase with age: insulin and cortisol. The book presents a comprehensive anti-aging regimen including hormone replacement, hormonally correct diet (aimed chiefly at controlling insulin), anti-aging supplements, exercise program and stress reduction.

Summarized in this review are some highlights of this new book, with special emphasis on bioidentical hormone replacement. Bioidentical means that the hormones used are chemically identical with the hormones naturally found in the human body—unlike Premarin, Provera or methyltestosterone.

One of the greatest merits of this book is its thorough attempt to dispel the fear of testosterone replacement in andropausal men. Testosterone is a whole-body hormone, not just a “sex hormone,” the authors explain. Its strong connection to libido and assertiveness, however, has created a negative mystique about it. Rothenberg and Becker comment that many traditional doctors still believe, in spite of clinical and research evidence to the contrary, that testosterone replacement might increase prostate cancer risk. When asked why prostate cancer is found chiefly in older men with low testosterone levels and not in adolescents and 20-year-olds with sky-high levels of testosterone, the mainstream doctors can offer no explanation.

The old methods used for testosterone replacement also contributed to the myth that testosterone is unsafe. Injections of the ester forms of testosterone create a roller-coaster effect, with unpleasant peaks and lows. Oral testosterone is *chiefly* methyltestosterone, which has been banned in most countries as damaging to the liver. When natural (bioidentical) testosterone is used in the form of a gel or cream, such problems are eliminated.

Rothenberg and Becker set the record straight, breaking through the barrier of fear arising from ignorance and sheer misinformation. The newest finding about testosterone and heart disease is very exciting: it turns out that testosterone actually dilates the coronary arteries, improving blood flow to the heart. This alone could explain the earlier finding that testosterone diminishes or eliminates angina, commonly known as “chest pains.” Angina happens when the heart muscle is not getting enough oxygen from the blood. Rothenberg and Becker suggest that testosterone may in fact be an important treatment for heart disease. Testosterone also helps prevent diabetes, and may help treat diabetes.

Testosterone also inhibits the production of amyloid plaque. Thus, testosterone replacement is also very important for preventing Alzheimer’s disease. Cognitive function tends to improve when older men are given testosterone replacement.

Finally, the authors note that testosterone is an excellent antidepressant. It restores good mood, self-confidence and sociability, often making antidepressants such as Prozac no longer necessary. “Grumpy old men” are those with testosterone deficiency, Rothenberg and Becker note. Once

*Continued on page 8 (Testosterone)*

## Testosterone (Continued from page 7)

their testosterone is restored to youthful levels, these men tend to become cheerful and sociable. Color returns to their cheeks and lips, and renewed energy and zest lead them to get interested in activities other than complaining.

In spite of reassuring research findings, men continue to worry about increased risk of prostate cancer with testosterone replacement. To minimize this risk, the authors recommend supplementing with zinc, lycopene, saw palmetto, pygeum, nettle extract (urtica) and indole-3-carbinol (13C). As an extra precaution, patients who use natural testosterone creams or patches are closely monitored with PSA tests every three months at the California HealthSpan Institute.

The book notes an interesting fact: while it is well known that an enlarged prostate is a risk factor for prostate cancer, when does the prostate begin to enlarge? When testosterone levels decline. "Natural testosterone replacement therapy has been shown to improve prostate health," the authors state. At the same time, they urge the use of prostate-protective supplements including 13C, with its anti-cancer properties.

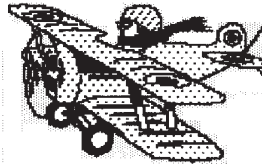
Rothenberg and Becker warn that androstenedione does not increase testosterone levels in men. It can in fact raise estrogen levels.

Nor is testosterone replacement for men only. Small doses of testosterone have been found to benefit hypoandrogenic postmenopausal women, restoring their libido and sense of well-being. Rothenberg and Becker further point out the benefits of testosterone for women's bone density.

Indeed, one of the main merits of this book is that Rothenberg and Becker understand the hormonal needs of postmenopausal women. They state, "Almost all postmenopausal women need natural hormone replacement therapy which includes estrogen, progesterone, testosterone and thyroid" (note: These doctors only use natural desiccated thyroid). Furthermore, to make estrogen replacement safer, "we always prescribe natural progesterone to all of our female patients on estrogen replacement therapy." If only all physicians were as enlightened.

The form of testosterone prescribed by the California HealthSpan Institute is natural testosterone delivered through the skin (transdermal). Very simply, twice a day the patient applies a measured dose of cream prepared by a compounding pharmacy. The same is true for estrogen and progesterone replacement: female patients receive these hormones in the transdermal form, as creams.

**Forever Ageless** Pub. by California HealthSpan Institute, 2001. Soft cover, 389 pages. The above excerpt, plus much more about a variety of ways to combat aging, was included in a book review by Ivy Greenwell in *Life Extension*, October 2002.



## 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  
Tuesday 7-9 pm.  
Please call (909) 658-5013

### TEMECULA DMDA

Mark Monroe  
(909) 507-1365  
(909) 926-8393

### 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)

## 7 B \* Calling all interested consumers!

*NAMI—Living With Schizophrenia and Other Mental Illnesses*

We are looking for consumers who are interested in sharing their personal recovery stories. *Living With Schizophrenia and Other Mental Illnesses (LWSOMI)* is a recovery-education program conducted by trained presenters for other consumers, family members, friends, and professional and lay audiences. Individuals need not be active in mental health advocacy at this time, but

- ▶ They have "been there."
- ▶ They are able to present professionally.
- ▶ They are in recovery.
- ▶ They have the time to be trained.
- ▶ They believe in treatment, with medication as the cornerstone for recovery
- ▶ They periodically present at 1½ – 2 hour workshops, often during working hrs.

Stipends will be paid for presentations.





For more information, please call:  
Lisa Partaker, Program Coordinator  
(909) 686-5484 or e-mail: llpartaker@excite.com



A collaborative effort brought to you by:  
—The Riverside County Mental Health Department—  
—NAMI, Western Riverside County—  
—Jefferson Transitional Programs—

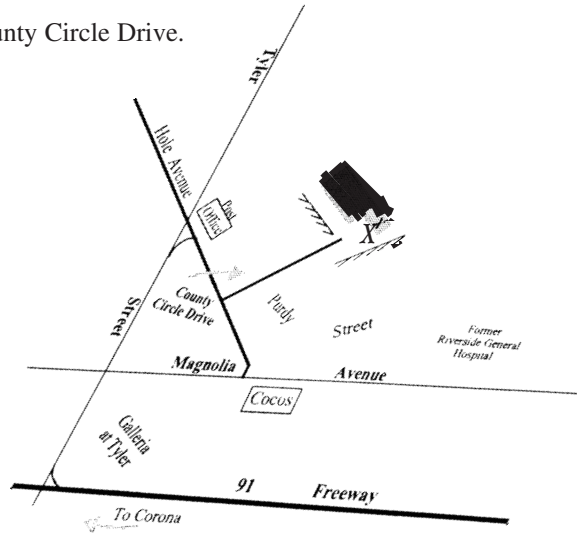


MDDA of Riverside  
Map Legend

-  = Meeting Location
-  = Parking

## About MDDA

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



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 first, 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.

  
**MEMBERSHIP INFORMATION**

Individual membership for the Manic-Depressive and Depressive Association of Riverside is \$20.00 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 \$10.00 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 (Bipolar)  Depression

I am a  Family Member  Professional

None of the above  Birth Date (Optional) : Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Enclosed is my payment for MDDA Membership \_\_\_\_\_ \$20.00 (includes newsletter).

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

I would like a subscription to the newsletter only.  \$10.00 (12 issues per year).

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