

The Thermometer Times

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

VOL. 14 NO. 4

Out of darkness . . .

April 2002

Dates to Remember

CARE & SHARE GROUPS

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

**Saturdays, April 6,
13, 20, & 27**
10am-12 noon

at

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

Don't Miss This

Guest Speaker: John Wallace,

Riverside City Police Department
Saturday, April 13
Topic: Hate Crimes Against the
Disabled



**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

Post-partum depression

Summary by Jacqueline Mahrley

This lecture was given by Dr. Himasiri DeSilva, December 17, 2001.

There are not enough psychiatrists available to treat all women who suffer from post-partum depression. Therefore, these women end up in hospital emergency rooms where they are given medication but no follow-up. Obstetricians need to be aware of a pregnant woman's mental health, and families need to know what symptoms to look for in a new mother.

Eighty percent of women suffer from the "baby blues," which happens immediately after birth. This is due to a sudden decrease in hormones at the time of delivery. It is a normal occurrence which lasts three to four days. No intervention is needed other than love and support from family members.

Post-partum psychosis affects 0.1 percent of women (five women annually at St. Joseph Hospital). These women are sometimes seen in newspapers across the country, such as the woman recently who drowned all of her children. Obviously, this illness can be very dangerous and mothers should be separated from their babies and immediately hospitalized. Ten percent of women (400 to 500 yearly at St. Joseph) suffer from post-partum depression. The symptoms are the same as those for major depression, such as sadness, anxiety, inability to sleep, and loss of appetite. These symptoms usually appear a week after delivery and can last years if not treated.

Women are more at risk for post-partum depression if they have a family history of depression, bipolar disorder, or substance abuse; if they have a history of depression or substance abuse themselves; or if they were anxious and depressed during pregnancy. Other factors can increase the severity, such as marital problems, an unsupportive spouse, a history of premenstrual syndrome, obstetric complications, major life changes during pregnancy (such as a move), early childhood trauma or history of abuse, and the stress of dealing with an unplanned pregnancy. In addition, 75 percent of women who discontinue their antidepressants two months before pregnancy relapse, mostly during the first trimester; 50 percent of women with a previous history of post-partum depression also relapse.

Maternal depression may have a more adverse effect on fetal wellbeing when compared to antidepressant drugs. Depression is considered a type of "toxic exposure" since it can cause premature labor, low birth weight, and a higher incidence of sub-

continued on page 2 (Post-Partum)

Post-Partum (continued from page 1)

stance abuse (alcohol, nicotine, and illegal drugs) in the mother. Higher levels of stress may even lead to abnormal growth and impaired learning as adults. Maternal depression is a major predictor of negative parenting behavior and an inability to bond with the child.

If a mother decides to take antidepressant drugs during pregnancy, she should know that they pass through the umbilical cord. The fetus then excretes them into the amniotic fluid where they are reabsorbed again and again by the respiratory and gastrointestinal tracts. But studies to date have failed to detect any adverse effects to the fetus. There is no evidence that antidepressants increase the risk of miscarriage, premature birth, or major birth malformations. However, little is known about possible effects on the child later in life.

There is an increased rate of special care admissions for infants associated with antidepressant use. However, they are very short and the baby usually leaves the hospital with his mother. The possibility of left facial droop and skin lesions increases. The infant may experience withdrawal effects (tremor, sedation, decreased muscle tone), but this is resolved within 72 hours after birth.

On the positive side, the Apgar scores of infants whose mothers used antidepressants during pregnancy are the same as a control group's. And when the babies are followed up 16 to 86 months later, there are no effects on behavior due to antidepressant exposure.

During breastfeeding, the infant continues to be exposed to medication. However, a woman who breast feeds for 4.5 years is only exposing her child to as much medication as she did during one month of her pregnancy. And the baby's annual dose of antidepressants during breast feeding is, at most, two times the mother's daily dose. There is no evidence to date that antidepressants taken during breast feeding produce adverse effects.

A woman's decision to take antidepressants or not is an extremely personal one. There is no perfect decision and no decision is risk free.

*Source: The Rollercoaster Times,
Orange County DMDA, March 2002*

We are now officially on the web.

Check it out at:

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

The Thermometer Times ***16280 Whispering Spur*** ***Riverside, CA 92504*** ***(909) 780-3366***

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

EXERCISE AND COGNITIVE FUNCTION

The Johns Hopkins Medical Letter
Health After 50

Exercise may help preserve cognitive function, according to a new article in Archives of Internal Medicine. Researchers surveyed 5,925 older women on their physical activity and tested their mental ability. Six to eight years later, the women who performed even moderate physical activity (such as playing 18 holes of golf once a week, playing tennis twice weekly, or walking 10 blocks a day) had a lower risk of cognitive decline than their less active counterparts.

*Source: Tampa Bay DMDA / Dec. 2001- Jan. 2002 &
Mood Challenge, DMDA of Peoria, IL, Jan. 2002*

STEP ON A CRACK...

Obsessive-Compulsive Disorder

People with obsessive-compulsive disorder (OCD) suffer intensely from recurrent, unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control.

Rituals such as hand washing, counting, checking, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away.

Performing these rituals, however, provides only temporary relief; and not performing them markedly increases anxiety. Left untreated, obsessions and the need to perform rituals can take over a person's life. OCD is often a chronic, relapsing illness. Fortunately, through research supported by the National Institute of Mental Health (NIMH) and by industry, effective treatments have been developed to help people with OCD.

How Common Is OCD?

- About 2.3% of the U.S. population ages 18-54 - approximately 3.3 million Americans - has OCD in a given year.
- OCD affects men and women equally.
- OCD typically begins during adolescence or early childhood.
- OCD cost the U.S. \$8.4 billion in 1990 in social and economic losses, nearly 6% of the total mental health bill of \$148 billion.

What Treatments Are Available for OCD?

Treatments for OCD have been developed through research supported by the NIMH and other research institutions. These treatments, which combine medications and behavioral therapy (a specific type of psychotherapy), are often effective.

Several medications have been proven effective in helping people with OCD: clomipramine, fluoxetine, fluvoxamine, sertraline, and paroxetine. If one drug is not effective, others should be tried. A number of other medications are currently being studied. A type of behavioral therapy known as "exposure and response prevention" is very useful for treating OCD. In this approach, a person is deliberately and voluntarily exposed to whatever triggers the obsessive thoughts, and then is taught techniques to avoid performing the compulsive rituals and to deal with the anxiety.

Recent Research Findings

There is growing evidence that OCD represents abnormal func-

tioning of brain circuitry, probably involving a part of the brain called the striatum. OCD is not caused by family problems or attitudes learned in childhood, such as an inordinate emphasis on cleanliness, or a belief that certain thoughts are dangerous or unacceptable. Brain imaging studies using a technique called positron emission tomography (PET) have compared people with and without OCD.

Those with OCD have patterns of brain activity that differ from people with other mental illnesses or people with no mental illness at all. In addition, PET scans show that in patients with OCD, both behavioral therapy and medication produce changes in the striatum. This is graphic evidence that both psychotherapy and medication affect the brain.

Can People With OCD Have Other Illnesses?

OCD is sometimes accompanied by depression, eating disorders, substance abuse, attention deficit hyperactivity disorder, or other anxiety disorders. When a person also has other disorders, OCD is often more difficult to diagnose and treat.

Persons with obsessive-compulsive disorder use different brain circuitry in performing a cognitive task than people without the disorder. Rauch SL, et al. *J Neuropsychiatry Clin Neurosci*, 1997;9:568-573.

Symptoms of OCD can also coexist and may even be part of a spectrum of other brain disorders, such as Tourette's syndrome. Appropriate diagnosis and treatment of other disorders are important to successful treatment of OCD.

For More Information About Obsessive-Compulsive Disorder and Other Anxiety Disorders Write:

The Anxiety Disorders Education Program

National Institute of Mental Health

6001 Executive Blvd

Room 8184, MSC 9663

Bethesda, MD 20892-9663

Or call 301-443-4513

Publications and other information are also available online from the NIMH Anxiety Disorders Web site at <http://www.nimh.nih.gov/anxiety> or by calling toll-free

1-888-88-ANXIETY (1-888-826-9438).

NIH Publication No. 99-4598

Source: NIMH Publication,

Mood Challenge, DMDA of Peoria, Ill,

January, 2002

When Your Officemate is Furry

by Peace Brod in
Psychology Today, 2001.

Some bookstores have resident cats. Many fire stations have resident Dalmatians. Such workplaces might also have employees who are healthier than offices where furry companions aren't welcome.

In an exploratory study published recently in the *Journal of Occupational Health Psychology*, Meredith Wells, Ph.D., assistant professor of psychology at Eastern Kentucky University, investigated the possible functions and psychological and organizational effects of pets in the workplace.

Wells surveyed businesses that allow pets in the workplace and found that employees believe that the animals reduce stress and improve their mental and physical health. Even employees who did not bring their own pets to the office but worked with people who did, said that pets improved the organization as a whole. "In sum, employees perceive many benefits of pets in the workplace," Wells notes. "I was surprised at how extremely positive employees were."

Although further research needs to be done to understand how widespread these findings are, it seems that a dog (or cat) may also be an office's best friend.

*Source: The Tampa Bay DMDA Newsletter,
February- March, 2002*

Just Say No

By Judy Hoffmann

How would you respond to the following offers?

"How'd you like to take care of my puppy Rufus for two weeks while I'm on vacation? He doesn't eat much for a Saint Bernard, and he's almost completely paper-trained. And you're the perfect person to help with that, because you're home all the time and could watch him. Plus your stuff isn't expensive, so it doesn't matter how much he chews on it.."

"I'm bored with my volunteer work. How'd you like to take over for me for the next six weeks?"

"My friends are putting on a new play—well, performance piece—in an unheated garage somewhere way out in Alphabet City. It's all improvisation, but what's new and different is that the audience does the improvising. The tickets are \$50.00. Wanna go?"

Well, unless you consider suffering part of your job on earth, you'd probably respond, "No way!" So why do we depressed people so often find ourselves encumbered with unwelcome visitors, doing favors that will never be returned or attending Tupperware parties when we don't have anywhere

continued on page 5 (Just Say No)

Getting the Best Medicine From Your Pharmacist

How can you take advantage of the expertise your pharmacist has to offer? Probably no one knows the answer better than the nation's pharmacists themselves.

"Every patient should demand to know things like, 'What is this medication going to do for me?'" says Florida pharmacist Leonard Camp, "and 'What's it going to do to me?'"

But don't stop there. Also ask:

What is the medication? Why's it being prescribed?

What are possible adverse reactions?

What side effects can I expect?

How's it going to react with other medications I'm taking?

What time & day should I take it? Should I take it on an empty stomach? Can I drink alcohol with it?

Are there any foods I should avoid?

How will I know if the drug is working?

When should I expect a response? What will it be?

Is it possible to substitute a generic?

How should I store the medication? How long should I take it?

What about refills?

When your pharmacist asks you questions about your health and what medication you're taking, be honest and thorough.. Include all over-the-counter products, too; these can be important in helping your pharmacist determine how a prescription drug will affect you.

Source: Health , February/March 1992

National DMDA Conference 2002

Start planning for the National Depressive and Depressive Association's 15 th Annual Conference this year in Orlando, Florida.

The date is August 9 through 11th.

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

Just Say No

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to put these wares in our kitchens?

One reason:

We're afraid saying no will be offensive. People with depression may be unusually susceptible to this problem, because we too easily imagine the negative consequences of anything we do. We're afraid that if we refuse, we'll lose a friend.

Another reason may be the feelings of worthlessness that come with depression. We're so overwhelmed with gratitude at every invitation, we can't bear to turn one down, even a request for the pleasure of our company on-line at the Department of Motor Vehicles.

Guilt and shame may make us self-sacrificing, susceptible to abusive demands. Or maybe the isolation of the depressed lifestyle makes us unusually willing for any offer of human contact, even if distasteful. Well, MDSG's *MOODS* will make you an offer you can't refuse: a lesson on how to say 'no' nicely.

Just say, "I'm terribly sorry, but I just can't." It's that simple.

'Gee, why not?' your friend may ask. Here's where it's easy to go wrong. Just say, "I'm afraid it's just impossible." You can say this as often as it takes. Then change the subject, if you can.

It's also perfectly okay to fall silent at this point, *but don't give a specific reason for refusing*. Giving a reason may lead you into one of two traps.

The real reason may lead to an argument—about the loyalty of Rufus, the appropriateness of the volunteer work, your duty to support the arts, how special this or that event may be or whatever.

You may be tempted to make up false reasons—fibs about mythical previous engagements, home repairs, or illnesses you plan to have on the key date. *This is a mistake*. You will have to remember what you said in case your friend asks about it later.

He or she may ask follow-up questions, leading to increasingly farfetched explanations. You may even get so embarrassed by these whoppers that you'll 'fess up and agree to do whatever is asked.

More advanced students can try a more long-winded refusal:

'Oh, thank you so much for asking me. It's such a shame to have to tell you that I'm not able to do that right now. It's so

kind of you to think of me, and if it ever does become possible for me, I'll be sure to let you know, but I just don't see it happening any time in the foreseeable future.'

Note the total absence of specifics. I can go on like this for at least five minutes, by which time everyone else has left the room. Stop when you see glazed eyes. Here's another common social dilemma: I've got some great stuff [fill in the name of a *nonprescription*, illicit psychoactive substance]. Want some?'

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Phone in to Lucinda Bassett every Saturday at 6 PM on KLAC 570 AM, Los Angeles. She will help you cope with everything from personal relationships, emotional challenges, career, difficult situations and people, anger, depression or anxiety, parenting and anything else.
Call in Lines: 1 800/977-5522 Switchboard 213/385-0101
www.570klac.com

DO YOU HAVE BIPOLAR DISORDER?

Have you gained weight taking
medication to treat bipolar disorder?

Bipolar Disorder Research Study

Being conducted at UCLA

If you are 18 to 65 and have gained weight taking medications to treat bipolar disorder, you may be eligible to participate in a yearlong research study. Please call 310/794-9913 for more information. You will receive free medication as part of this study.

UCLA MOOD DISORDERS

RESEARCH PROGRAM

Mark Frye, M.D. ■ Lori Altahuler, M.D. ■ Natalie Rasgon, M.D. P.h.D.

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.

~~Riverside~~
~~Crisis~~
~~Line~~
@
(909) 686-HEP
[(909) 686-4357]
24hr. Hotline
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!

The Importance of Sleep

Most people who suffer from depression or manic-depression have experienced some type of irregular sleep pattern. Some find they wake early in the morning and cannot return to sleep, while others have restless sleep.

When managing depression and mania, sleep is a good indication of mood. When depression or manic-depression is treated successfully, mood difficulties usually diminish or disappear.

Moreover, sleep disturbances may actually cause a manic episode for those suffering from bipolar disorder.

It is important to maintain good sleep habits and keep your doctor informed about any disturbances you may be experiencing.

*Source: Rollercoaster Times,
Orange County DMDA, March 2002*

**Emotional Problems?
Emotional Health Anonymous
Saturday Riverside Meeting**

Do you suffer from DEPRESSION, ANXIETY, or other EMOTIONAL PROBLEMS not related to substance abuse?

We are not professionals. We are a group of men and women who share their experience, strength, & hope with each other that they may recover from their emotional illness and help others who still suffer from emotional problems to find a new way of life.

EVERY SATURDAY: 4:00pm - 5:00pm
AT KNOLLWOOD PSYCHIATRIC CENTER
at 5900 Brockton Ave., Room 2

For more info: 626/287-6260, San Gabriel Valley Intergroup of Emotional Health Anonymous, P.O. Box 2081, San Gabriel, CA 91778 www.flash.net/sgveha



**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

Arnold

(909) 685-1663

Georgia Ann

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

Georgia

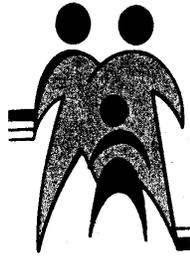
12 noon to 6 p.m.
(909) 354-8727

Marlene and George

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

Dawn

12 noon to 9 p.m.
909/688-1803



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

Just Say No

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For this, "No, thank you" is the appropriate answer. This also applies to goodies that aren't on your diet or drinks that interfere with your medications. Once again, do not explain why you're refusing. You could wind up saying more than you want to about the details of your illness or your life. But what about this situation?

"I'd love to hear all about your hospitalization/firing/family troubles. Please don't leave anything out, because it's painful or embarrassing. You can tell me."

Special techniques can be used here. So-called normal people (I call them the not-yet-diagnosed) can display a morbid curiosity about your illness, your treatment, your career difficulties, or the fight you had with your sister.

Neither the details of what happened nor your feelings about it are anybody else's business unless you want them to be. But it's rude, even if accurate, to say so. *Practice this line:* "I'd really rather not talk about it right now." Another good reply: "Oh, that's such a long, boring story, you really don't want to hear it."

And then change the subject. How? Ask, "But what about you? How have you been?"

People love to talk about themselves. Give them the opportunity, and they may not notice you didn't answer their question. What's more, they'll regard you as a charming conversationalist. Works every time.

Source: Moods, Mood Disorders Support Group,

NY, NY, 2002, Number 1

A Message to Parents...

The shocking statistics:

- Suicide is NOT about death; it is about ending pain.
- Suicide is the second leading cause of death for young people aged 15 to 24.
- One in five youths has suicidal thoughts; one in ten has made a suicide attempt (Washington State Department of Health).
- For every completed youth suicide there are 20 attempts.
- More 15- to 24-year-olds die from suicide than cancer, AIDS, heart disease, birth defects, stroke, pneumonia, influenza, and chronic lung disease COMBINED (Centers for Disease Control).
- Talking about suicide is good. It opens the door to a difficult subject and is often a relief.
- 95 percent of all youth suicide is preventable.

Source: RollercoasterTimes,

Orange County DMDA, Dec. 2001



"This next one is a sad little blues tune about love and pain that I wrote before I started taking Celexa."

Seniors With The Blues May Be More Likely To Suffer From Heart Failure

Elderly women who are depressed may be more likely to develop heart failure than their happier peers, according to a study funded by the National Institutes of Mental Health. Roughly 17 million Americans suffer from depression, a mood disorder in which feelings of loss, anger, sadness, or frustration interfere with everyday life.

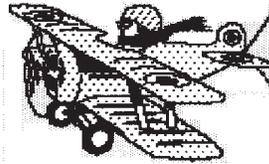
Researchers from Yale University and Emory University observed 2501 elderly men and women for 14 years. At the beginning of the study, the researchers collected information about the participants' physical and mental health as well as their age, sex, years of education, race, and marital status.

At that time, 188 of the participants were diagnosed with depression. Individuals suffering from depression were more likely to be female, have high blood pressure, or diabetes than those who were not depressed.

During the 14-year follow-up period, 313 participants developed heart failure. The researchers found that women who were depressed at the beginning of the study were significantly more likely to develop heart failure later in life than those who were not depressed. Although depressed men were also more likely to suffer from heart failure, the results were not as compelling as with women. "The present investigation supports the hypothesis that a high level of depressive symptoms is an independent risk factor for heart failure among elderly women but not elderly men."

References: Williams SA, Kasl SV, Heiat A, et al. Depression and risk of heart failure among the elderly, a prospective community-based study.

Source: *Psychosom Med.* 2002;64(1):6-12
Jan.31, 2002 & *Mood Challenge*, Feb. 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

TEMUCULA 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)



Calling all interested consumers.

We are looking for consumers who are interested in sharing their personal recovery story. Living With Schizophrenia and Other Mental Illnesses (*LWSOMI*) is a recovery-education program given by trained consumer presenters for other consumers, family members, friends, professional, and lay audiences.

Individuals need not be active in mental health advocacy at this time, but they:

- "have been there"
- are in recovery
- believe in treatment, with medication as the cornerstone for recovery
- must be able to present professionally
- have the time to be trained, and periodically present at 1 1/2 to 2 hour workshops, often during working hrs.

Stipends will be paid for presentations.

NAMI - - *Living With Schizophrenia and Other Mental Illnesses*

Please call for more information: Lisa Partaker, Program Coordinator
(909) 686-5484 or email: lpartaker@excite.com

A collaborative effort brought to you by:

Riv. County MH Dept. — NAMI, Western Riverside County —
Jefferson Transitional Programs



New Drug For Depression Possible; Company Zeros In On Enzyme That Regulates Behavior

HOUSTON (The Houston Chronicle) - Lexicon Genetics announced Monday that it has made a discovery that could lead to promising treatments for depression.

The discovery is an enzyme that is known to regulate behavior. But it could take years for these new therapies to reach pharmacies and their customers, if the ideas pan out.

This is the third such find for Houston company, which uses gene knockout technology to develop pharmaceuticals, said Dr. Arthur T. Sands, president and chief executive officer.

"It's extremely exciting because I believe central nervous system drug targets are very difficult to find," he said.

The brain is the body's most complex organ, yet "little is known about the fundamental switches" that operate it. "So this target gives us an anchor point around which to build a new drug-discovery program for depression."

Lexicon's scientists found that mice lacking the enzyme LG527 showed a dramatic increase in activity levels and mobility.

Because depression's symptoms include decreased energy and movement, finding a drug that inhibits this enzyme could result in a new approach to managing the illness.

LG527 is the third major target from Lexicon's drug-discovery program to be

publicly disclosed, and there are more in the pipeline.

In October, the company of 500 employees announced the discovery of LG3 14, a new target for developing potential treatments for heart disease, obesity and related conditions such as diabetes.

And in December, it reported uncovering a new role in the immune system for enzyme LG293, with plans for creating drugs to block inflammation and perhaps prevent organ transplant rejection.

Monday's announcement failed to have a positive effect on trading. Shares closed down a few cents at \$11.60, closer to the 52-week high of \$15.38 last January than the year's low of \$5.41 in April.

By Sands' estimate, Lexicon is 12 to 18 months away from locating lead molecules that work against the target. Then three to five years of clinical trials would be necessary to test if the drug is safe and effective. That's still far swifter than the eight to 10 years it usually takes a pharmaceutical company to bring a product to market.

SOURCE: The Houston Chronicle. / January 3, 2002

mood Challenge, February 2002

SAVE for May issue