



The Thermometer Times

Published by The Depression and Bipolar Support Alliance of Riverside, California

VOL. 17 NO. 10

Out of darkness . . .

October, 2005

Dates to Remember

CARE & SHARE GROUPS

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

Riverside County Mental Health Administration Building
(see page 11 for address)

**Every Saturday,
10 am–12 noon, Oct. 1
8, 15, 22 & 29**

*Don't miss our Halloween Party
Oct. 31st at Jo Ann's
see page 9 for details*

*Guest speaker October 8th
Pam Haas, MSW
"Dealing With Suicidal Feelings"*



Meetings start promptly at 10 am. Do yourself a good turn: Be on time to visit with friends before the meeting starts. If you come late,

please enter quietly.

Announcements will be made at the close of the meeting.

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 951 / 780-3366

Post-Traumatic Stress Disorder

Post Traumatic Stress Disorder (PTSD) can affect men, women, and even children. First described in male war veterans, it is now believed to afflict people who experience a terrifying event with real or threatened bodily injury and/or the threat of death to oneself or others. When recalling the event feels like reliving that event, with all the emotional and physical reactions, post-traumatic stress disorder may be the cause. This anxiety disorder can last a lifetime, or, it may subside with treatments such as psychotherapy and medications.

Most stressful events do not result in PTSD. It is estimated that 50% of the population will experience a traumatic event such as a car accident, rape, job loss, spousal infidelity, tornado, or earthquake. In time, the majority of people recover from the resulting stress.

It is not only the extent of the traumatic experience that results in PTSD, but also individual traits and perceptions of the events. Although PTSD is diagnosed when a person exposed to an actual or threatened death or serious injury develops the signs and symptoms of the disorder, it is now believed that professionals helping in the aftermath of natural disasters, terror attacks, or accidents can also develop PTSD. An experience that is emotionally overwhelming can result in PTSD, even when that person was not directly affected.

The most common events associated with developing PTSD today are car accidents. Other causes are rape, child abuse (whether force was used or not), physical assault, diagnosis of cancer, and following a traumatic childbirth. In the aftermath of the Asian tsunamis, it is believed that the number of cases of PTSD will be particularly numerous and severe because of the prolonged devastation, loss of livelihoods, and loss of so many people and relatives.

The symptoms of PTSD as described in the article from the May 2005 issue of *Harvard Women's Health Watch* are:

Intrusion: Re-experiencing the trauma in nightmares, daytime flashbacks, unwanted memories, thoughts, images, or sensations. Cues resembling some aspect of the event can cause intense emotional and physical distress, and the person may feel and act as if the event is recurring.

Avoidance: Avoiding thoughts, feelings, activities, places, and people associated with the trauma. This may result in social withdrawal and becoming numb to positive as well as negative emotions.

Arousal: Being constantly on guard, resulting in insomnia, irritability, outbursts of anger, difficulty concentrating, or being easily startled. Some people have panic attacks.

It is normal to experience some of these symptoms temporarily after a traumatic event. When these symptoms worsen or interfere with normal functioning, a person is diagnosed with acute stress disorder. Symptoms longer than 3 months are called chronic PTSD. Delayed PTSD can occur after 6 months.

Researchers have demonstrated changes in the brains of people experiencing

Continued on page 3 (PTSD)

a note from the Editor

This month our "Monthly Featured Member" is Leroy Merrill, who opens our weekly meetings and does so many other things for our organization, too numerous to name. He is a very interesting person and you can get to know him better by reading his article on page 8.

We invite you to submit similar material for review and possible publication in the newsletter. These kinds of articles allow us to get to know one another in greater depth and to learn of the many talents, interests and assets of our members.

We again want to solicit articles and poetry from you, for publication in *The Thermometer Times*.

Articles, poetry and/or drawings can be on anything pertaining to:

- * Depression and/or Bipolar Disorder: what it is to live/cope with it; how you learned of it, what helps, what doesn't, etc., etc., etc..
- * Any other mental health issue or problem that you are passionate about.
- * Tell us about yourself and how you spend your time and what's important to you.
- * A report on a mental health event you attended or a mental health book you have read.

Drawings should be black and white, line or half-tone.

Your work may be submitted to JoAnn, Leroy or Lynne at DBSA Riverside meetings.

It may be mailed to:
JoAnn Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com

FAX to: 909/780-5758 (if you have a problem with that FAX call JoAnn at 909/841-4774 and she will turn on another FAX machine.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited for length.

Get your creative juices flowing and share your knowledge and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart,
Senior Editor

Exercise May help In Treating Depression

Many Experts Agree On Health Benefits

by Amy Forliti, *The Associated Press, The Tampa Tribune,*
March 19, 2005

MINNEAPOLIS — Life changed for Reed Steele five years ago when a series of injuries kept him from competing for his college cross-country and track teams.

Unable to run, he became depressed. He turned to drugs and alcohol. But his depression deepened until he was hospitalized and suicidal.

Today, Steele, 25, is better, thanks to antidepressants, swimming, cycling and moderate running.

"Exercise is extremely important for mental health," Steele said. "When I was really depressed, I wasn't exercising!...! didn't have any desire to do anything!"

Although there's no definitive research showing exercise can cure depression, many mental health experts say it has positive mental benefits and can be useful in overall therapy.

Depression is a serious illness thought to be related to chemical imbalances in the brain. It afflicts the whole body—energy level, appetite, concentration.

"What we're really finding is that people that are depressed are quite inactive, both in kind of expending energy and in getting things done, working toward goals, taking care of personal business," said Matt Kushner, a psychologist and associate professor of psychology at the University of Minnesota.

He recommends exercise for his patients as part of therapy that emphasizes routines, habits and goals. He said patients who exercise find they feel better and are less inclined to overeat or abuse drugs and alcohol.

"If I could pick one activity from a long list, ... exercise would always be the one I would go to," he said.

Douglas G. Jacobs, associate clinical professor of psychiatry at Harvard Medical School, said exercise alone doesn't cure depression.

But he said people with depression should try to exercise because it improves their overall health.

Sue Masemer, exercise physiologist at an Eden Prairie athletic club, said there's no definitive research on how exercise affects moods. But evidence shows a link between exercise and neurotransmitters in the brain, and there's no doubt of a connection between the body and the psyche, she said.

Source: *DBSA Tampa Bay Newsletter*
September-October-November 2005



PTSD *(Continued from page 1)*

PTSD. The “fight or flight” response to threats are out of proportion, as shown in an overactive amygdala where vivid emotional memories of threats are initiated. Further, two areas of the brain that help to counteract the amygdala, the hippocampus and anterior cingulate cortex, are either smaller or not functioning as well as in people without PTSD.

It is important to seek professional help. The purpose is not to forget the events, but to learn to eliminate or reduce its ability to disrupt your life.

Co-occurring psychiatric disorders can complicate the picture, making professional help even more important. The tendency to self-medicate with alcohol or other drugs is counterproductive to treatment and another reason to seek professional assistance. If a person becomes increasingly withdrawn and detached from family and friends, seeking professional help is essential. A form of cognitive behavioral psychotherapy called *exposure therapy* provides a safe environment to confront the feared situation. Through gradual and repeated exposure, symptoms can be reduced and help change how a person responds to the triggering situations.

Sometimes medication is also needed in the treatment plan. The selective serotonin reuptake inhibitors (SSRIs) sertraline (Zoloft) and paroxetine (Paxil) are FDA-approved for the treatment of PTSD. A combination of medication and therapy works best.

Efforts are under way to try to prevent PTSD after traumatic events with medication. At Massachusetts General Hospital, researchers are giving a beta adrenergic blocker called propranolol for 10 days after traumatic events, in order to hinder the abnormal memory formation from the action of adrenalin on

the amygdala. In a pilot study in 2002, those who received the propranolol were less likely to develop PTSD or to demonstrate the physical signs of stress (increased heart rate) when re-counting the event 3 months later. A large-scale trial is now under way.

Encouraging people to talk about the details of the event and educating them about stress reactions, may not be helpful. A model called “critical incident stress de-briefing” has been used to try to prevent PTSD. It doesn’t seem to help and may even interfere with recovery from trauma in some people. This approach should not be compulsory.

The authors state: “Social support is one of the most important factors that distinguish those who recover from trauma from those who develop PTSD.” They encourage family and friends to listen and be encouraging, but not to act as therapists.

Summary of “Not Getting Over It: Post-Traumatic Stress Disorder,” *Harvard Women’s Health Watch*, March 2005. DBSATB summary.

Selected Resources:

International Society for Traumatic Stress Studies, (847) 480-9028 istss.org.

National Center for PTSD (a program of U.S. Department of Veterans Affairs), (802) 296-6300 ncptsd.org.

National Institute of Mental Health, 1-866-615-6464 (toll free) nimh.nih.gov/HealthInformation/ptsdmenu.cfm

PTSD Alliance, 1-877-507-7873 (toll free) ptsdalliance.org.

*Source: DBSA Tampa Bay Newsletter
September-October-November 2005*

Would lower medication doses achieve desired result without side effects?

The lead story in the August 2005 issue of *Consumer Reports On Health* newsletter asked that very question. The short answer:

Probably yes — particularly for older persons, women, and those who are thin. It says that even though patients may be prescribed a medication at the lowest recommended dose for an illness, that dosage may be higher than necessary.

The article explains that the standard dose approved by the FDA was arrived at by the pharmaceutical company’s testing which is designed to determine a medication’s effectiveness as quickly as possible while keeping side effects to a tolerable level.

“Pharmaceutical companies tend to use high doses in initial clinical studies submitted to the FDA to demonstrate the drug’s effectiveness in most people,” the article says. Once the FDA gives approval at those levels and more people use the drug and more studies are completed, “recommended starting doses may drop, but drug companies may not make the smaller doses available.”

The article first recommends that if medications are achieving the desired outcome and pose no serious side effects, then the patient should continue the medication at the prescribed dosage. However, if the side effects are not well tolerated or if this is an initial prescription, the patient should ask their physician about a lower dosage. Under no circumstances should a patient do anything to change the dosage without first consulting their physician.

A chart accompanying the article noted that studies have shown several depression treating drugs are effective for some people at lower doses than the manufacturer typically recommends. The medications cited were Wellbutrin, Prozac, Pamelor, Zoloft, Desyrel, and Effexor.

For more information or to subscribe to the newsletter, you can go to the web site: www.ConsumerReports.org/crh.

*Source: ADAMhs ADVANTAGE
September/October 2005*



Two New Clearinghouses National Suicide Prevention Hotline

Call 1-800-273-TALK (8255) if you need to talk to someone in any of 109 crisis centers in 42 states. The National Suicide Prevention Lifeline has just been launched by SAMHSA (Substance Abuse and Mental Health Services Administration) as part of the National Suicide Prevention Initiative (NSPI). In addition, a new Web site has been established at www.suicidepreventionlifeline.org.

One-Stop Shop for Prescription Assistance

The number to call is 1-888-4PPA-NOW (1-888-477-2669) if you are seeking answers to questions on prescription assistance programs sponsored by government agencies and pharmaceutical companies. The Partnership for Prescription Assistance is a coalition consisting of the NAACP (National Association for the Advancement of Colored People), National Mental Health Association, American Academy of Family Physicians, and others. You can also visit their Web site at www.pparx.org.

Source: *The Initiative, Summer 2005*

GAY, LESBIAN, BISEXUAL AND TRANSGENDERED
FRIENDS OF THE INLAND EMPIRE
Gay Depression Bipolar Support Alliance (GDBSA)



Gays In Search of Hope

<http://www.geocities.com/mddariv/gayhope.html>
(use lowercase letters only in web address)

THIS IS A GAY, LESBIAN, BISEXUAL
AND TRANSGENDERED SUPPORT GROUP.
Parents, family and friends are welcome here and are
encouraged to participate in the support group in a relaxed non-
threatening atmosphere. Please join us!

No One Should Suffer in Silence!!!

Where: County of Riverside,
Mental Health Administration Building
4095 County Circle Drive, Room A
Riverside, CA

When: Saturdays from 1 pm to 2:30 pm
Call or email us for the current dates.

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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,
ORDER ONE TODAY!

(Available through most pharmacies)



Seroquel Safe for Bipolar Disorder

The use of quetiapine (Seroquel) is safe and effective for bipolar disorder, according to a report in the July issue of the *American Journal of Psychiatry*.

Dr. Joseph Calabrese, of University Hospitals of Cleveland and Case Western Reserve University School of Medicine, led a group of researchers in a study of 542 subjects with bipolar disorder experiencing a major depressive episode. The eight week study reported symptom improvement from the very first week and by the end of the study, 58 percent of the patients receiving Seroquel met the response criteria compared to 36 percent of those taking the placebo.

An unexpected finding was Seroquel's ability to reduce suicidal thinking from the beginning of the study. It was twice as effective as the placebo at producing this result. "To my knowledge, this is the first time any drug has been shown to have an ability to reduce suicidal thinking in a short-term study of bipolar disorder," Dr. Calabrese said.

Source: *ADAMhs ADVANTAGE*
September/October 2005

The most beautiful thing in the world is the
conjunction of learning and inspiration.
Wanda Landowski (1879-1959)
Musician



SAVE THE DATE

October 28-29, 2005

15th Annual Conference

Mental Health, A Capital Idea

Depression and Bipolar Support Alliance of California

Keynote speakers:

Darrell Steinberg, author of the Mental Health Services Act, former Assemblyman

Dr. Stephen Mayberg, Director, California Department of Mental Health

Rusty Selix, Director, California Mental Health Association

Donald M. Hilty, M.D., Associate Professor, of Clinical Psychiatry UC Davis

Featuring: Self-Help workshops, Panel Discussions, Art Show, Talent Show and much more

Location: The Holiday Inn (Downtown Sacramento)

For more info: 951/780-3366

Depression May Raise Women's Diabetes Risk

Symptoms of Depression Linked to Insulin Resistance
By Jennifer Warner

WebMD Medical News Reviewed by Brunilda Nazario,
MD on Wednesday, December 22, 2004

Dec. 22, 2004 - Feeling blue may raise women's risk of developing type II diabetes, according to new research.

The study shows that symptoms of depression in middle-aged women are associated with higher levels of insulin resistance, which is a precursor to diabetes.

Researchers say the findings may help explain why depression is twice as common among people with diabetes compared with the general population. Depression is also associated with poor diabetes management.

Depression and Diabetes Linked

In the study, which appears in the December issue of *Diabetes Care*, researchers looked at the association between symptoms of depression and diabetes among a group of 2,662 middle-aged women who took part in the study of Women's Health Across the Nation. All of the women were free of diabetes when the study began.

Three years later, 97 cases of diabetes were diagnosed among the women.

Researchers found that depression predicted a 66% greater risk of diabetes in the women, but this association disappeared after they adjusted for other risk factors associated with the development of diabetes, such as excess fat around the midsection (a heart disease and type II diabetes risk factor known as central adiposity).

However, symptoms of depression were linked to greater levels of insulin resistance among the women.

In addition, depressed African-American women were more than 2.5 times more likely to develop diabetes, even after adjusting for other risk factors.

Researchers say the results show that depressive symptoms can increase the risk of diabetes and are related to higher levels of insulin resistance -- another risk factor for diabetes.

They add that depression can alter hormones relating to how the body handles stress. This in turn can affect body fat distribution and how it handles blood sugar metabolism.

They say people should be encouraged to seek treatment for depression and maintain and adopt active lifestyles, healthy diets and weight loss, if needed, to reduce their risk of diabetes.

SOURCE: Bipolar Disorder Everson-Rose, S. *Diabetes Care*, December 2004; vol, 27: pp 2856-2862.

Source: *Mood Challenge July 2005*

The fullness of life is in the hazards of life. And, at the worst, there is that in us which can turn defeat into victory.

Edith Hamilton (1865-1963)

Scholar and educator

My Father's Windowbox

My father was 103 when he died the summer before last. He grew up on a farm in Ohio, was the only one of seven children to leave farming, found his way through some complicated paths to Harvard and to Columbia, doing his Ph.D with John Dewey (on rural education) and taught at Ohio State University until he was 60. Then he and my mother bought an old abandoned farm of several hundred acres in northwest Connecticut, remodeled the house and moved there to live.

He set about to clean the fence rows and to clear the woods the way he had been taught to do as a boy in Ohio. For many years he roamed the hillsides and mountaintop, thinning trees, trimming brush and taking pride in looking up from the porch at his clean and tidy mountain. As he grew older, his legs and back would tire earlier in the day; sometimes he'd get a friend or a young hired man to help him keep up the place.

Over the years, hardly with any notice, the upper part of the mountains was no longer within range, and gradually his level of aspiration lowered, coming down the hillside, so to speak, into the trees around the house and a new large investment of energy in gardening...both vegetables and flowers. At one time he had plots of asparagus and rows of raspberries and fields of gladioli and would supply his friends throughout the northwest corner of Connecticut with armloads of "glads". He cultivated these with a power tiller, much like a lawnmower. Later, as it became harder for him to bear down on the handles to lift the tiller's front end to turn, the width between the rows grew larger. On his 90th birthday he bought a small riding tractor.

One year he did not plant the gardens and his attention turned to the little border flowers around the house and to four large window boxes at eye level when he stood; they required no knee bending to cultivate. The window boxes served well for years, but then his failing sight and muscular strength meant that even these were not tended without great effort. But he focused on a new activity; listening to "talking books"...novels, biographies of great poets and a good sampling of the world's drama.

After a few minor strokes during his 102nd year, he could not see well enough to deal with television or hear well enough to use talking books. His window boxes were still there, and he would go outdoors to see them dimly. He felt the soil and watered them when needed. Although planted by someone else, they still were his achievements. He would file his garden tools, especially his hoe, to keep them sharp; it was easy to do by touch. Having seen the scope of his life shrink dramatically to its narrow compass ("There's so little left of me," he said), he told me he would like to leave...but not through his own action; he was waiting and hoping.

This man was as happy and fulfilled at 101 as he was at age 60. He spontaneously used some of the most important principles that modern psychology has uncovered for living well with the changes and challenges we confront in the course

of life. In dealing with the gaps between his aspirations and achievements, he altered his methods, such as adding help, both personal, and mechanical; he lowered his level of aspiration; being willing to settle for less; and he shifted goals as he grew older. An unyielding drive for growth and mastery; a rational mind and a capacity for change determined my father's methods, his levels of aspiration and his goals in his later years. But my father's way of managing reality was not unique to him...it is part of every naturally dynamic, striving human being.

Source: "Losing and Winning; The Nature of Ambition in Everyday Life" by Gilbert Brim, courtesy of DMDA of Oregon...February 1989 Newsletter

As We Progress

by Nancy Bullinger

As we progress - through the years,
And collect - all our tears!
May they be - turned into rain,
From God's angels - that do reign!
We create - our own fears,
Stop that - in your early years!
Don't wrinkle - or frown,
Be happy - be a clown!
Your own experience - do create,
Even if you have to - meditate!
There'll always be - a better day,
Don't ever give up - hope and pray!
Share with others - and learn from life,
Not to be bitter - or to have strife,
Be mature and take care - of your tasks
Responsibilities - that will last!
Keeping busy - don't be bored,
Laziness is not - of the Lord!
When - on bended knees,
Remember - God does see!

Ziggy

By Tom Wilson



Ask the Doctor?



Dear Doctor:

How can I maintain a healthy weight when my meds make me gain weight? This is different than normal weight gain because it happens so quickly. I gained 50 pounds in three months. That alone makes me depressed. Which mood stabilizers and antidepressants generally do not make people gain weight?

Dear Kim:

Weight gain in our society in general, and particularly in people who need to take various medications, is a very serious problem for the individual and for our country, in terms of a public health problem. Not only is weight gain associated with a low self-esteem, but there are significant health risks associated with weight gain. Though you did not inquire about the weight gain induced by the atypical antipsychotic drugs, these medications for the most part have been associated with weight gain, as well as high cholesterol, high triglycerides, and high blood sugars. Diabetes mellitus can also be induced without weight gain. Atypical anti-psychotics have been used alone and in combination with mood stabilizers and/or anti-depressants in the treatment of bipolar illness. Atypical anti-psychotics, listed in descending order from the chance of most weight gain to those less likely to affect weight gain are: clozapine (Clozaril), olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel), aripiprazole (Abilify), and ziprasidone (Geodon). (The propensity for weight gain is only one of many factors the physician considers when an atypical anti-psychotic is selected to help the patient).

The weight gain caused by these medications seems to be due to an increased appetite. Though metabolism may slow down, most researchers and clinicians feel that the weight gain is a consequence of increased food consumption. Also, if certain medications decrease the patient's physical activity level, the patient may expend fewer calories because of less activity, and therefore, gains weight. Prior to going on these medications, a patient should get counseling from the physician, and/or dietician to develop a healthy diet and exercise plan. Ideally, the patient should begin a good diet prior to the initiation of these medications, and also, plan to increase the amount of exercise, under the supervision of the doctor. Also, baseline weight, waist size, and certain laboratory tests should be done before starting the atypical anti-psychotics.

Virtually all the medicines used to treat mood disorders can induce weight gain. All of the SSRI's (Selective Serotonin Re-uptake inhibitors) can induce weight gain. With many of the SSRI's there may be a decreased appetite for the first three to six months, but then an increased appetite follows. The SSRI's include sertraline (Zoloft), fluoxetine (Prozac), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), and L-Citalopram (Lexapro).

Bupropion (Wellbutrin) may indeed be weight neutral or associated with a very modest weight loss. Other anti-depressants can cause modest increases in weight loss. Other anti-depressants can cause modest increase in weight, e.g. venlafaxine (Effexor). Mirtazapine (Remeron) is also associated with weight gain. However, the choice of the antidepressant should be discussed with your doctor so that the propensity for weight gain will be considered, as well as the other side effects associated with each particular medication.

Generally, the mood stabilizers can induce weight gain. This includes lithium and divalproex (Depakote). Carbamazepine (Tegretol) and oxcarbazepine (Trileptal) may be associated with a modest weight gain. Lamotrigine (Lamictal) is not associated with weight gain, and is also considered to be weight neutral. Topiramate (Topamax) may be associated with weight loss. However, Topamax has its own side effects which include perhaps mental dulling and kidney stones.

Weight gain is a very serious problem and though physicians are very much concerned about the potential for weight gain because of the psychological and physical consequences, careful monitoring of diet and exercise are critical so the patient can remain on the medication safely. Besides stimulants (including phentermine—Aripex or Ionamin) which can reduce appetite, other medications sometimes used for weight loss include orlistat (Xenical) and sibutramine (Meridia). However, all these medications can have very serious side effects, and most clinicians are therefore reluctant to prescribe them.

In summary, the mood stabilizer which seems to be weight neutral is lamotrigine and the antidepressant which may not induce weight gain is bupropion. However, these medications, because of the other side effects and other clinical considerations, may not be in the patient's best interest. The decisions about which medications to use for a particular patient are complex, and involve careful discussion between the patient and the physician. Further questions should be explored with your doctor.

Thank you very much for bringing up this very important side effect which occurs with many of the medications used to treat mood disorders. I hope this information is of some help to you. Hopefully, you will be able to reverse the weight gain with the help of your doctor and a dietician. On a more positive note, often the weight gain tapers off after several months.

I want to thank Dr. Richard Berchou for reviewing this response and for his suggestions.

Sincerely,
Alvin B. Michaels, M.D.

Source: *Life In Balance*,
DBSA of Metro Detroit
September/October 2005

A Lesson Well Learned

By Leroy Merrill



Hello. I'm Leroy Merrill, vice president of the Riverside DBSA Chapter. I love apple pie, clean jokes, and fill-in puzzles. But more than those, I love my wife, who has

been marvellously supportive, even through my heaviest bouts of depression.

One day in my early fifties, I reported some uncomfortable emotions to my family doctor, and he suggested I see a psychiatrist. What! I (gasp). I see a psychiatrist? That's ridiculous, I said to myself.

While I was still struggling with to go or not to go, my wife told me that there was a support group for depressives at our church. I decided to go so that I could show people how to "tough it out" without medication and with just plain will-power.

Soon I began to notice that several people who were on antidepressant meds kept reporting improvement in their fight against depression, while I was still sitting in my pit going nowhere.

Well, it turned out that meds were very good for me, and now I wouldn't give up my citalopram for anything. Meanwhile, an important lady in my struggles, Arlie Kirkpatrick, leader of the church group, told me about Jo Ann Martin's similar support group; and so, another important lady entered my life.

Soon, Jo Ann offered me a volunteer job answering phone-callers about the DBSA (then called MDDA, the Manic-Depressive and Depressive Association). At first, the job was very unnerving because people would often talk about depressive worries that I was still struggling with. I once thought of quitting the job, but I am SO thankful I didn't quit, because now I wouldn't dream of giving up the experience. I enjoy learning about depressive people and I'm even learning more about myself!

And the depression? It's under such good control that, most mornings, I feel really great about meeting the day (after coffee, of course); and working with Riverside DBSA is my addiction.

Coming up in a few days is National Depression and Mental Health Screening Day—October 6. If you or someone you know is struggling with worry about whether you may be clinically depressed, or maybe worrying about being stigmatized with the label, please, PLEASE go and get tested as soon as possible. You're not admitting anything; you're just investigating! Go to www.parade.com and click on "Intelligence". Get brave. And, best wishes!

Leroy Merrill

Parker & Waichman File Class Action Against AstraZeneca on Behalf of Seroquel Patients

Parker & Waichman LLP announced that a class action lawsuit has been commenced in the United States District Court for the Middle District of Florida on behalf of all patients who have used the popular anti-psychotic drug Seroquel. Seroquel is part of the new class of anti-psychotic drugs known as atypical antipsychotics, and is manufactured, distributed and marketed by AstraZeneca PLC.

A recent study has linked the use of Seroquel to an unacceptable rate of diabetes. Data from this study showed that patients on Seroquel had a significantly higher number of cases of diabetes than those on other drugs. The lawsuit argues that AstraZeneca was aware that Seroquel caused a high occurrence of diabetes, but failed to adequately warn about the risk of diabetes and specifically inform medical professionals regarding the need for medical monitoring. The class action lawsuit seeks to establish a medical monitoring fund to pay for any person who has taken Seroquel to be tested for diabetes and other blood sugar disorders.

Additionally, the lawsuit alleges that AstraZeneca aggressively marketed and promoted the Seroquel off-label use that was beyond its FDA approved indications. AstraZeneca offered incentives to doctors and other medical professionals to increase the number of Seroquel prescriptions that were written. A plaintiff in the lawsuit, a minor in Florida, was prescribed Seroquel after sales representatives encouraged its use in children. The plaintiff has since suffered from rapid weight gain, increased thirst, frequent urinating, and other symptoms commonly associated with the onset of diabetes.

For more information, go to Seroquelclassaction.com.

Drug may benefit in treating bipolar depression

Patients with bipolar depression may get some additional relief by taking agonmelatine (Valdoxan) along with a mood stabilizer. The findings were reported at the Sixth International Congress on Bipolar Disorder in June.

Dr. Joseph Calabrese, one of the researchers who is with Case Western Reserve University, explained that the antidepressant works on melatonin in the brain. He said they hope that this medication would be less likely to cause hypomania and rapid cycling than SSRIs.

Source: ADAM's ADVANTAGE
September/October 2005

*can't find
this in
Source
sugg.*





Halloween Party

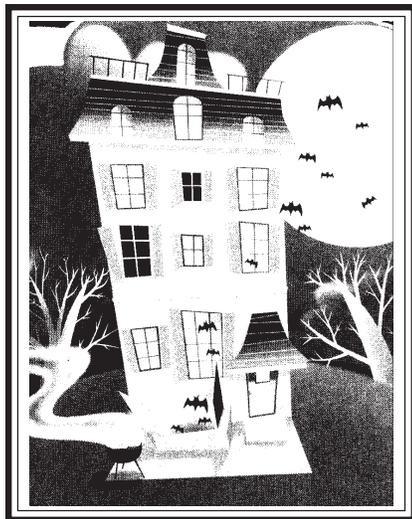
Monday, October 31, 2005

6:00 pm - ???

There will be scary doings and fun pranks and yummy treats for all.

Shauna (our psychic) will do readings.

Costumes Welcome



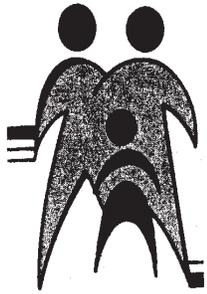
Directions:

*Exit 91 Freeway at Van Buren.
Go south 4.2 miles on Van Buren to*

*Whispering Spur. Turn Left.
2nd house on the right
with the cat mailbox.*

*16280 Whispering Spur
Riverside, CA 92504*

951 / 780-3366



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

The Starting Point SUPPORT GROUP FOR DEPRESSIVES AND BIPOLARS

Mesa Clinic, 850 Foothill Blvd., Rialto
Mondays from 10:30 to 12:10
For more info: *82 (909) 864-4404

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

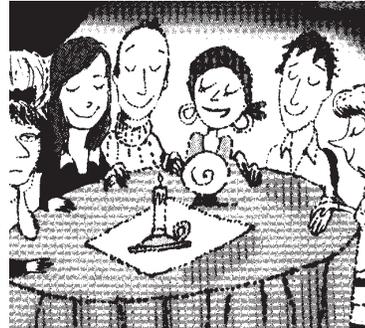
DBSA P.O. Box 51597 Riverside, CA 92517-2597
FAX 951/780-5758



Join us for the Halloween Party

6:00 pm at Jo Ann's

You may come in costume,
although it is not mandatory.



Shauna will do readings.
Lots of scary sights and "treats".

Other holidays include: Memorial Day,
4th of July, Labor Day,
Thanksgiving, and Christmas.
See lower front column of this
newsletter for directions.

Alliance Library

DeAnza Professional bldg
225 N. San Jacinto Ave., Ste. 8
Hemet, CA 92543

NEW BORROWERS MUST REGISTER FIRST

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.

For further information or registration,
please call
at 951/652-2811, Ext. 5762



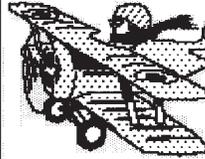
Phone Phriends

If you need someone to talk with, you may call one of the following members at the specified time.

Leroy
6 a.m. to 9 p.m.
951/686-5047

Yen
951/315-7315

Kevin
kevin2004n@aol.com



ANNOUNCEMENTS

TEMECULA DMDA
Mark Monroe
951/926-8393

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

HEMET SUPPORT GROUP
Hemet Support group meets at
Trinity Lutheran Church
Tuesdays, 7 to 9 pm. Fridays,
1:30 to 3:30 pm
Please call 951/658-0181 (Lyla)

THE UPLIFTERS
(Christian emphasis) meets at
The Grove Community Church
Contact Sheri 951/784-7402
S1-matsumoto@sbcglobal.net

For Support People:

NAMI - Riverside Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month 951/369-1913 - Rosanna
No meeting July or August

Calling all interested consumers!

NAMI-In Our Own Voice: Living With Mental

Illness

We are looking for consumers who are interested in sharing their personal recovery stories. In Our Own Voice: Living With Mental Illness (*IOOV*) 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, during working hrs.



Stipends will be paid for presentations.



For more information, or to be put on a waiting list, please call:

Allison Hoover, IOOV Coordinator
951/ 686-5484

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

DBSA-Riverside

Map Legend

★ Meeting Location

TTTT = Parking

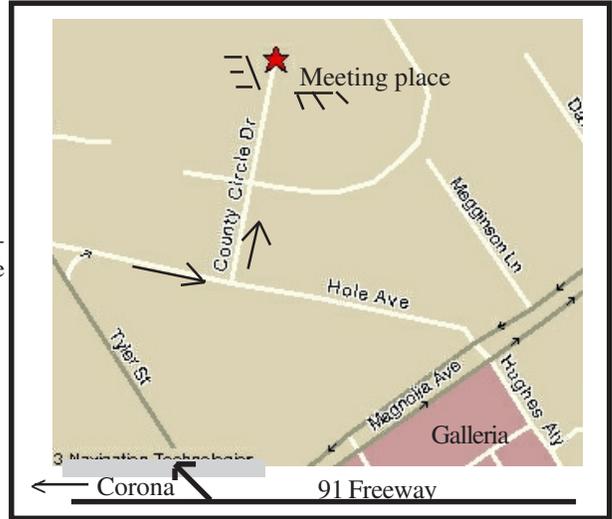
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For meeting-day

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.

About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA 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 JoAnn Martin on the Saturday afternoon following the last sharing 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 JoAnn or Leroy at 951/ 780-3366. Our sharing meetings are held every Saturday of each week 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. We welcome professional care providers and adult family members and friends. Please note our new area code - 951, effective on July 17, 2004.



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance 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, please indicate below.

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print New Renewal
NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____
ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression
I am a Family Member Professional
None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA 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.