



The Thermometer Times

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

VOL. 19 NO. 10 Out of darkness . . . October, 2007

Dates to Remember

***** CARE & SHARE GROUP

Clients and their guests are invited to come and participate. Professional care providers are always welcome. Riverside County Mental Health Administration Building (see page 13 for address & map)

**Saturday 10:00 am - 12 noon
October 6, 20 & 27**

**Wednesday, October 31 at Jo Ann's
Halloween Party, see pgs. 8 & 11**

**Guest Speaker: Jill Hoffman, MFT
October 20th
"LOVING WHAT IS"**



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

Treatment for bipolar depression: New studies

Depression in bipolar disorder is a condition that lasts longer than mania and causes more suffering and disability. Because the symptoms of bipolar depression often combine despair with agitation and impulsiveness, it is an important cause of suicide. It also raises the risk of death from cardiovascular disease and other causes.

Bipolar depression is often difficult to diagnose, and even when correctly diagnosed, difficult to treat. In studies published this year, researchers have learned more about the limitations of drug treatments while finding evidence for the effectiveness of intensive psychotherapy.

Common drug treatments for acute bipolar depression are lithium and the anticonvulsant lamotrigine (Lamictal). To prevent depression from returning after recovery, clinicians may continue to prescribe these drugs and add others, including the antipsychotic drugs olanzapine (Zyprexa) and quetiapine (Seroquel). When depression does not respond to medications, electroconvulsive therapy (ECT) is an alternative.

Fluoxetine (Prozac) and other antidepressants provide another option. Although the FDA has approved a combination of olanzapine and fluoxetine for bipolar depression, the effectiveness and safety of antidepressants in bipolar disorder are still disputed. Many experts fear that they can cause patients to switch from depression to mania.

spring suggest that neither the hopes nor the tears are justified. Among 366 patients in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) who were treated for six months with lithium and other mood stabilizers, adding either of two anti-depressants—bupropion (Wellbutrin) or paroxetine (Paxil)—had no more effect on depression than adding a placebo. On the other hand, patients taking these drugs were no more likely to develop mania than patients taking a placebo.

This trial was conducted under more realistic conditions than most. The researchers included patients more characteristic of the general population. Subjects had different types of bipolar disorder, and some had additional diagnoses, such as anxiety or addictive disorders. The patients could continue any treatment they were already receiving and they were allowed to reject any antidepressant they did not want to take. In many studies, the outcome is judged by changes on a symptom rating scale; in this trial, recovery was defined as euthymia (absence of mood symptoms) for two months. The unusual study design may help to explain why the results contradict earlier research suggesting that antidepressants can be effective in bipolar depression.

Intensive psychotherapy, in contrast, got good marks in a study in the April issue of the *Archives of General Psychiatry*. Nearly 300 patients were divided

Continued on page 3 (bipolar depression)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Your 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.

Articles, poetry and/or drawings can be on anything pertaining to experiences you have to share regarding depression and/or Bipolar Disorder; what it is to live/cope with it; how you learned of it, what helps, what doesn't. You may write on any other mental health issue or problem that you are passionate about. You can tell us about yourself and how you spend your time and what's important to you. You may want to write a report on a mental health event you attended or a mental health book you have read. We would appreciate that, too.

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: *The Thermometer Times*
% Jo Ann Martin
16280 Whispering Spur
Riverside, CA 92504

E-mail it to: JoAnnMartin1@aol.com

FAX to: 951/780-5758

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

MOVIE NIGHT AT JO ANN'S*

2nd and 4th Tuesday
of the month
5:30 PM

Tuesday, October 9

The Notebook -A touching story
of a couple with a surprising ending.

Tuesday, October 23

"Mr. Jones" with Richard Gere
portraying a man who has bipolar disorder

*Directions to Jo Ann's home on page 1, bottom of column 1 of this Newsletter.

The Thermometer Times 16280 Whispering Spur Riverside, CA 92504 (951) 780-3366

Publisher & Editor in Chief

Jo Ann Martin

Senior Editor

Lynne Stewart

Copy Editor

Karen Cameron

Associate Editors

Nelma Fennimore

Karen Cameron

Staff Writer

Judy Kaplan

Medical Advisor

Andrew J. Rooks, M.D.

Child, Adolescent & Adult Psychiatry

American Board of Psychiatry

and Neurology

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

Riverside Suicide Crisis Help Line

Call (951) 686-HELP [686-4357] if you need to talk to someone. It is available 24 hours - 7 days a week.

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.

BIPOLAR DEPRESSION (Cont'd from pg. 1)

into four groups. Three of the groups were given different kinds of intensive psychotherapy—up to 30 sessions in nine months. The fourth group received three sessions in six weeks of what the authors called collaborative care, that is, education about the illness and its treatment. All patients took mood stabilizers and some took antidepressant medication.

The intensive treatments were cognitive behavioral therapy, which concentrated on problem-solving, scheduling, stress management, and correction of self-defeating thoughts; interpersonal and social rhythm therapy, which addressed problems in personal relationships and disrupted social and biological routines; and family-focused therapy, which helped relatives to improve their communication with the patient, avoid creating stress that provokes symptoms, and develop plans to prevent relapse. Psychotherapy patients also received the equivalent of collaborative care—information about the disorder and the need to take medications, relapse prevention planning, and lessons in illness management.

The three intensive treatments were equally effective, and all three were more effective than collaborative care alone. Patients receiving intensive therapy recovered, on average, a month sooner, and they were about 60% more likely to be well in any given month of the study.

The authors point out that the advantage of intensive psychotherapy might have been due to more contact with a mental health professional rather than to any specific features of the treatments. They add that future research must consider costs and benefits. Intensive treatments are expensive, but so are the consequences of continued bipolar depression.

Belinaker RH. "Treatment of Bipolar Depression," *New England Journal of Medicine* (April 26, 2007): Vol. 356, No. 17, PP. 1771—73.

Benazzi F "Bipolar Disorder—Focus on Bipolar II Disorder and Mixed Depression:" *Lancet* (March 17, 2007): Vol. 369, pp. 935—45.

Mildowitz DJ, et si. "Psychosocial Treatments for Bipolar Depression: A 1-Year Randomized Trial from the Systematic Treatment Enhancement Program" *Archives of General Psychiatry* (April 2007): Vol. 64, pp. 419—27.

Sachs GS, et al. "Effectiveness of an Adjunctive Antidepressant Treatment for Bipolar Depression" *New England Journal of Medicine* (April 26, 2007): Vol. 356, No. 17, pp. 1711—22.

Source: HARVARD MENTAL HEALTH LETTER
August 2007

Brief Words of Wisdom

The best way to escape from your problem is to solve it.
~Robert Anthony~

Positive anything is better than negative nothing.
~Elbert Hubbard~

If all you want is security, you may become more afraid
of life than death.
~James F. Bynes~

What to do if YOU are Thinking About Suicide

"I wouldn't be here today if my husband had not unexpectedly walked into the room," said Pat, a near fatality. "I felt hopeless and believed he and the children would be better off without me. It has taken a while, but I'm finally thankful to be alive."

If you are considering suicide, please consider these points and take them to heart:

** Communicate with the people who care about you. They cannot read your mind; they cannot know how badly you are hurting unless you tell them. Say to them straight out, "I am thinking of killing myself, and I don't know what to do. Please help me figure this out." Make them believe how much you need help right now. Don't stop seeking help until someone believes you and comes to your aid.

** Tell others what you need in order to feel better. Survivors always say that they would have done anything to keep their loved ones alive. You can say, "I need to tell someone what I'm thinking of doing." Tell them how you are feeling and what is making you hurt so much.

** Know that there are other ways to resolve your pain. Believe that this is so, and ask someone to help you figure it out. There is no shame in hurting, and asking for help takes courage. One way to ask is to say, "I don't know exactly how to say this, but I'm hurting very much inside. If I don't feel better soon, I may kill myself."

** Do not believe anyone will be better off without you alive. They won't. They will be devastated and changed forever. Imagine if someone you love died by suicide today. If you feel this way, you can tell someone, "I'm not sure why I think everyone would be better off if I was dead, but that's the way I feel now. I don't want to feel this way, so I need some kind of help."

** Know that many people care about you and cannot imagine that you are thinking of suicide. Put the idea of suicide away for now, and talk with people you care about. You might say something like, "I feel like nobody really cares about me." Try to remember that no matter how you feel right now, people do care about you.

** You can have a fulfilling life, no matter what you have done or what has been done to you in the past. Stay alive for now, and take responsibility for changing what you don't like about your life.

** Things will feel different soon. Everyone hurts sometimes. You are hurting now, and that is understandable. Your thinking has become narrowed so that you cannot think about the future. But with work, help, and time, things will feel different. This is a promise.

If you feel suicidal, please call the National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255).

-Reprinted from *Dying to Be Free: A Healing Guide for Families after a Suicide*, by Beverly Cobain and Jean Larch.

Source: *Life in Balance* DBSA Metro Detroit
August 2007

Bipolar Disorder and Anxiety

From a lecture by Dr. David Sheehan, MD on October 10, 2006 at DBSA Tampa Bay, Florida

Reported by Jennifer Shields

Dr. David Sheehan is the Professor of Psychiatry and Director of Psychiatric Research at the University of South Florida Institute for Research in Psychiatry. Dr. Sheehan has written over 200 publications including the bestseller, "The Anxiety Disease".

Bipolar disorder is more complicated than previously thought. There are now believed to be four, not two, prongs of bipolar disorder; irritability, anxiety, mania and depression. Irritability and anxiety are the most neglected aspects of the disease, as they are infrequently studied and discussed. An estimated 50-60% of patients experience prominent anxiety with bipolar disorder. Many patients suffering from treatment resistant anxiety actually have undiagnosed bipolar disorder.

The neglect of the anxiety component stems from the assumption that the medications used to treat mania and depression would treat anxiety as well. It is now known that some are effective in the treatment of mania, some in depression and some in anxiety. The medications however are not interchangeable.

Medications used in the long term treatment of bipolar disorder are often not effective at treating acute mania or acute depression. Often two to three different medications are required to control bipolar disorder. The best anti-irritability drugs for bipolar disorder are the antipsychotic medications Lithium and Depakote, but they only work in 60-65% of patients.

Medications classified as antidepressants have minimal differences and bind to similar receptors. Whereas, antipsychotic medications are lumped together in one category, but are very different from one another. They share a common dopamine thread, but bind to different receptors.

Dr. Sheehan and the USF Institute for Research in Psychiatry, along with the Southwest Medical Center at the University of Texas and the University of Cincinnati, screened 1000 patients and chose 186 patients to evaluate and compare anxiety, general anxiety disorder and panic disorder concurrent with bipolar disorder. This study produced the richest and most intact data set collected on bipolar disorder. The study, funded by Risperdal, an antipsychotic medication effective in the treatment of bipolar mania, hypothesized that Risperdal would work equally as well for anxiety as well as mania.

To the researchers' astonishment, Risperdal was no greater than the placebo. In some cases, it was even worse than the placebo. Of patients who improved or declined, the results were split evenly between Risperdal and the placebo. A new study will be conducted in January 2007 to evaluate Depakote and Seroquel as related to bipolar disorder and anxiety.

At this time, there is no scientific data to utilize to determine which medications work best to treat the various combinations of bipolar disorder with mania, depression, anxiety and irritability. Doctors are currently working under trial and error with medications and therapy to treat bipolar disorder. Dr. Sheehan believes that bipolar disorder is probably not one disorder, but perhaps twenty to thirty different disorders with different genetic drivers. He hopes for future blood testing to determine which variant of the disorder a patient has and the appropriate treatment.

Dr. Sheehan has developed an irritability scale that measures the kinds and levels of irritability experienced. Drug companies are now using this scale to assist with the treatment of irritability

and other diagnoses. He has also developed structured diagnostic interviews to categorize symptoms, using lay language, into proper disorders according to the with DSM-IV. The interview program, M.I.N.I., (Mini International NeuroPsychiatric Interview) strengthens the ability to diagnose and pinpoint disorders with increased accuracy. The interview has been translated into 43 languages covering approximately 70% of the world population.

Source: DBSA Tampa Bay Newsletter
Jun-July-August 2007

Economic Cost of Depression

Fact: Depression and mood disorders cost \$43 billion each year.

Category	Amount	Percentage
Direct Treatment Costs	\$12.4 billion	27%
Absenteeism	\$11.7 billion	28%
Mortality Costs	\$7.5 billion	17%
Lost Productivity	\$12.1 billion	28%

Source: Adapted from Greenberg, et al., "The Economic Burden of Depression in 1990." Journal of Clinical Psychiatry Nov 1995.

Did You Know?

- According to the National Institute of Mental Health, more than 23 million adults in the United States are diagnosed with depression or bipolar disorder – that's one out of every ten people.
- Depression commonly co-occurs with other illnesses: 50 percent of people with heart disease, 25 percent of people with cancer, and 10 to 27 percent of people who have had a stroke also have depression.
- 41 percent of people with bipolar disorder abuse alcohol or drugs when their illness is not being successfully managed compared to 13 percent when the illness is being successfully managed.

Upward Journey

My

BY LEROY MERRILL

Born in Beaumont, California, I moved with my family around Riverside County and the Greater Los Angeles County area until I was fourteen and we finally settled in Riverside County. My parents were always concerned for my safety which made me feel a little over-protected as a child. I learned to put up with it and became less venturesome than my older brother. At Chemawa Jr. High School I had a crush on a really cute girl with blonde hair who wore glasses. Her name was Barbara Jean. I sure hated to leave for summer vacation that year.

In High School I particularly enjoyed volley ball, but baseball and football were played most..

I dropped out of Poly High after one year to go to work to help support my ailing parents in 1946. For about four years I worked for a cement contractor. While I was driving taxi in 1965 and taking classes to finish high school and college a friend I had made at the cement contractor's contacted me. He was working at Rohr Industries and suggested I apply for work there. My main job there was stock room clerk for airplane parts and forklift driver, which I did for thirty years. Then I retired.

I was going to a Methodist Church and I noticed they had a lot of literature left over and I took it to a place then called Girls Town. Going there Sunday afternoons, Julie was there often enough that I asked her for a dinner date. This was 1957 and I was 27. After that she was busy a lot and I got discouraged. Dad had this idea that people who were underprivileged were going to be persecuted and that included our family. So I thought maybe I shouldn't be dating her. Actually I was angry that I couldn't see her more often.

But, I hung in there and eventually it was time to pop the question and I did. Before I worked for Rohr, I worked for the County and I took her to Fedco and Julie picked out a ring. When we were first married I was a little bit cocky. She taught me some things. And I realized I didn't know it all and found out it's fun to learn.

We already had our house picked out by the time we were married in 1957. My son Philip was born six years later and Sara was born two years later. We took her name from the Old Testament. We wanted to be modern so we took the "h" off the end.

Sometime in my early fifties I was in my GP's office and he asked me if I was depressed. I sort of laughed it off, but it did give me food for thought. Julie agreed that I ought to look into it further. I suspected I had been depressed and gave it



Photo by Jo Ann Martin

some serious thought. I went to Uplifters at the Grove Church and to a psychiatrist at Riverside Psychiatric.

At first I was going to show everybody at Uplifters how I was going to tough it out without medication. After several weeks I woke up to the fact that there are people on medications who were doing better and here I was in the same spot. I decided meds can't be so bad after all. So I got faithful to my meds and have been ever since. I don't worry about long term side affects. Ha ha ha. Who cares.

One Saturday at the Uplifters, I walked Kevin Nenstiel and Karen Eggly with some DBSA Newsletters. That is the way I found out about DBSA and decided to try it. That was in 1989. Even though I was very self-conscious in both groups, eventually I felt more comfortable in Jo Ann's group than in the Uplifter's. It wasn't too many weeks after that that JoAnn suggested that I lead a group. She gave me little pointers as if she were training me.

At first she let me say a little, now and then, while she did the leading. It just developed into more and more leadership as time went on. Now I enjoy it and I don't think I would trade it for anything else.

DBSA has made me feel more self confident in being able to talk about not only my needs, but help with other people's needs in terms of emotional and mental health.

My first main job for Jo Ann was taking the phone calls for DBSA and answering questions and making referrals for the organization. Now I maintain the three mailing lists. I proof read the Newsletters. I make referrals for DBSA groups around the state. I send out start-up packets for newly forming DBSA groups in California. I keep a reference file on bipolar and depression related materials for handouts. I transport local people to meetings and doctor appointments. I procure guest speakers for the Saturday meetings as well as lead the Saturday meeting on a regular basis. I'm also a member of the Board of Directors of DBSA-Riverside. I'm also on the "Phone Friends" list, and team up with Jo Ann on speaking engagements. At times I feel overwhelmed by all of this, but mostly it's great. I like the experience of being busy for a worthy cause.

Scientists Test New Bipolar Remedies

By MALCOLM RITTER
ASSOCIATED PRESS

September 4, 2007

NEW YORK (AP) — Scientists are casting a wide net to find better treatments for the crushing depression and uncontrolled manias of bipolar disorder, and some approaches they're testing seem pretty surprising.

Like skin patches that prevent seasickness. Or a drug that fights Lou Gehrig's disease. And then there's a newly invented device that resembles a hair dryer in a beauty salon.

Some of the strategies were identified by logic, and others by pure chance. Scientists already have evidence that they may someday prove useful against bipolar disorder, also called manic-depression.

Doctors yearn for better therapies to treat the condition, which can rip careers and marriages apart and drive people to suicide. It is so complex and mysterious that researchers haven't developed a medication specifically for it since lithium, more than half a century ago.

Bipolar disorder appears in various forms and degrees of severity in about one in every 25 American adults at some point in their lives, according to a major study published in May.

The disorder is characterized in part by episodes of mania, which are periods of boosted energy and restlessness that can run for a week or more.

"You have so much energy, you have so many great ideas" said Tamara, 26, a Pittsburgh resident who was diagnosed several years ago. She asked that her last name not be used.

"You feel like you're thinking so clear, you've got the answer for everybody. You need to tell them, you need to phone all your friends... Its so hard to sleep. You keep thinking of all sorts of things."

But mania can also bring extreme irritability. Tamara's energy and charisma made her the life of the party, but "if somebody spilled a drink on me, I would just explode," she recalled. "It's like all your emotions are just completely intensified."

She got into fights and experienced road rage. She made bad decisions, plagiarizing a college paper and behaving promiscuously.

"A lot of things sound like a good idea when you're manic," she said, "and they're really not."

During manic episodes many people even get hallucinations or delusions, and Tamara experienced those too. "I was convinced I could hear other people's thoughts, or at least know what they were," she recalled. "I thought everybody was saying bad things about me."

The disorder also brings episodes of depression that last a week or more.

"Nothing is interesting," Tamara said. "You're bored with everything... Nothing sounds fun anymore. All you want to do is sleep. I slept days and days away."

In her senior year of college, thoughts of suicide frightened her into seeking help.

Doctors currently treat bipolar with a variety of drugs including lithium, anticonvulsant medications that can stabilize mood, and antipsychotics. Psychological therapy and patient education greatly boost the effectiveness of the drugs.

Tamara takes lithium and another drug, and says, "I'm doing fine right now." She's lucky. Bipolar disorder is hard to treat chiefly because the depressive episodes are more severe and more resistant to therapy than ordinary "unipolar" depression, notes Dr. Andrea Fagiolini, an associate professor of psychiatry at the University of Pittsburgh.

Overall, current medications for bipolar "certainly reduce symptoms but don't do a good enough job," said Dr. Hussein Manji of the National Institute of Mental Health. "Many patients are helped, but they're not well."

What's more, many patients can't tolerate current bipolar medications because of side effects like weight gain, sleepiness, tremor, and the sense of feeling "drugged," Fagiolini said. (Some

patients also stop taking their medicine because they miss the "highs" of the disease, he noted).

A study of treated patients published last year found that about 60 percent got well for at least eight weeks, but only half of that group remained well when followed for up to two years. That was with very good therapy, noted Dr. Andrew Nierenberg, professor of psychiatry at Harvard Medical School.

"That means there's a lot of room for improvement," Nierenberg said. "ThaVs why we need new treatments."

Just as heart attacks come from chronic heart disease, the manic and depressive episodes come from an underlying chronic brain disease. And "we just don't really understand what's behind the illness," said Dr. Gary Sachs, who directs bipolar research at Harvard's Massachusetts General Hospital.

The mystery and complexity of the disorder have discouraged scientists from trying to develop drugs for it, Manji said. Not since lithium have they developed a drug specifically for bipolar, Manji said.

Like lithium, some of the latest crop of early candidate drugs revealed their potential simply by chance.

Take the experience of NIMH researchers Maura Furey and Dr. Wayne Drevets with the drug scopolamine, which is normally used to keep people from getting seasick or carsick. Several years ago, they were studying whether scopolamine could improve memory and attention in depressed people. So they gave the drug intravenously to depressed patients, trying to find the right dose for a brain-imaging study.

They noticed that patients started feeling less depressed the night after the injections. Most antidepressants take weeks to kick in.

"Some patients would say it was the best night of sleep they'd had in many

Continued on page 7 (Remedies)

REMEDIES (Continued from page 6)

years, and the next morning they woke up feeling a substantial lifting of their depression,” Drevets said. “In many cases that improvement persisted for weeks or even months.”

Drevets and Furey quickly changed their research focus to test the drug’s effect on depression itself. And in October 2006 they published an encouraging, though preliminary, result with a small group of depressed patients, some of whom were bipolar.

Now Furey is leading a study using scopolamine skin patches — like travelers wear to prevent motion sickness — to treat depression in bipolar disorder as well as ordinary depression. For now, people shouldn’t try patch treatment for depression on their own, she said.

A similar bit of serendipity showed up at McLean Hospital in Belmont, Mass., in 2001. Depressed bipolar patients who were getting their brains scanned for a study of brain chemistry suddenly felt a lot better. Alerted by a research assistant, scientists started taking a closer look. And in 2004, they published their conclusion that the electric fields produced by the brain scans might lift depression. It’s still not clear how.

Follow-up studies have had inconsistent results. But researchers have now built a device that resembles a hair-salon dryer to produce electric fields. They plan to start testing it this fall. Researchers have also used the few insights they have into the disease to develop potential treatments.

That’s the story with riluzole, now used to treat the paralyzing disorder Lou Gehrig’s disease, also known as ALS or amyotrophic lateral sclerosis. Scientists found that a drug that’s effective against depression in bipolar disorder boosts the abundance of a certain protein in rat brain cells, and that riluzole does too. So the researchers tried riluzole in a small number of depressed bipolar patients, and in some patients the symptoms virtually disappeared, Manji said.

So riluzole, which is distributed by Sanofi-Aventis, might become a treatment for bipolar disorder, he said.

Similar research used an off-the-shelf drug to get a lead for developing a new medication. Studies in rats showed that lithium and another anti-mania drug hamper the effect of a particular enzyme in the brain. That suggested other drugs that hamper the enzyme might work against mania too, Manji said.

The best available candidate: tamoxifen, used to fight breast cancer. Manji’s recent study in a small group of bipolar patients found that tamoxifen quickly quelled mania. Other studies have found similar results, he said.

That shows the value of blocking the enzyme, and now Manji is trying to develop other drugs that will do that, perhaps for use in emergency rooms. He wants to avoid tamoxifen itself because of concern about long-term side effects, since his work requires a higher dose than women use to stave off breast cancer for years.

Scientists say the real key to unlocking the mysteries of bipolar disorder — and thereby exposing targets for drugs — lies in a new generation of research into DNA.

In recent months, scientific journals have begun to publish the early results of a revolution in DNA analysis: the abil-

ity to scan entire genomes in detail to find genetic variants that predispose people to particular diseases. Some of the new work is implicating dozens of variants in bipolar disorder.

Such work can expose the hidden biological underpinnings of disease, and tip off researchers to unsuspected targets for intervening.

“We’ve been stumbling in the dark for most of our history” of bipolar research, said gene expert Dr. Francis McMahon of NIMH. But “these kinds of studies ... will really give us the chance to reason from biological insights back to the patient.”

Sachs, of Harvard, agreed: “I think these whole-genome scans will in fact be the important bridge to better treatments.”

And not just in some far-distant future. The new gene studies, Sachs said, help give “a great potential to advance the field in our lifetimes and treat people who are living now.”

Source: http://ap.google.com/article/ALeqM5gkH_YYCseK6ek-PmcDu3vsMbDifg
9/5/2007

A HERO

- A hero is someone who has earned the friendship of his grown children.
- A hero is someone who has created joy and laughter in the lives of others.
- A hero is someone who is respected by his friends, even when it was difficult for him to respect himself.
- A hero is someone who has worked hard to identify his greatest talents and used them to help others.
- A hero is someone who has learned to trust his own intellect, even when he had been taught to distrust it as a child.
- A hero is someone who didn’t do to his children what was done to him.
- A hero is someone who has worked very hard to understand and express his emotions.
- A hero is someone who has struggled to overcome one adversity after another, stretching over his entire life.

I have lived a life of accomplishments, not accumulations. I have lived a life of goodwill and good deeds, not material wealth. I have lived a life of respect for others. I have lived a life of struggle, not giving up or blaming others. I have overcome adversity, time and time again.

I am a hero.

By Bob Dillaber, DBSA Metro Detroit Board of Directors

Source: *Life in Balance*
DBSA Metro Detroit
September 2007

Halloween Party

Friday, October 31, 2008

7:00 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 and big gate.*

*16280 Whispering Spur
Riverside, CA 92504*

951 / 780-3366

*Dear Neighbor:
You are invited to a*

Halloween Party

*at the home of Saul Kent & Jo Ann Martin
16280 Whispering Spur, Riverside, CA 92504*

Friday, October 31, 2008

7:00 pm - ???

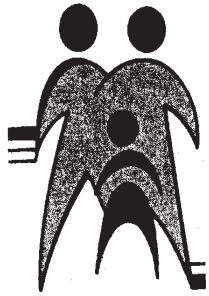


Shauna (our psychic) will do readings.

COSTUMES and children

WELCOME

For more info: 909 / 841 - 4774



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
951 / 358-4987 or 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



Halloween Party

at Jo Ann Martin's*



Wednesday, October 31, 2007
6:00 pm - ??

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

Shauna (our psychic) will do readings.

Costumes Welcome



*See page 1, lower left column of newsletter for directions. to Jo Ann's home.

Check us out on the web!

Website for DBSA Riverside:

<http://californiadbasa.org/dbsariv.html>

E-mail addresses: DBSA, Riverside: dbsaofriv1@aol.com.

DBSA, California: dbsaofca1@aol.com.

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)





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

Georgia

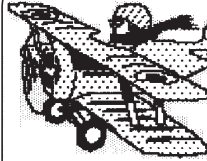
6 a.m. to 9 p.m.
951/352-1634

Yen

951/315-7315

Kevin

knenstiel@sbcglobal.net



ANNOUNCEMENTS

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 19900Grove Community Drive (off Trautwein) Riv. 92508 951/571-9090 - meets 1st & 3rd Saturday, Room # D-2. Contact Sheri 951/565-8131 or s1-matsumoto@charter.net

TEMECULA DMDA

Mark Monroe
951/926-8393

UPLAND DMDA

Meet Thursday evenings
Call David or Samantha Johns
909/944-1964 OR
e-Mail dmjbf@aol.com

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

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 a component for recovery.
- ▶ They periodically present at 1 1/2-2 hour workshops, during working hrs.



Stipends will be paid for presentations.



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

Lisa Partaker, IOOV Coordinator
(951)686-5484, ext. 102

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



Gays In Search of Hope

Online Support Group

Gays In Search of Hope is a Depression and Bipolar peer support group (Yahoo Group) for the Lesbian, Gay, Bisexual, Transgender, Intersexual and Questioning Community (LGBT). Please Check our website for more info and resources.

Gays In Search of Hope Website:
<http://geocities.com/gayhope1/index.html>



Kevin, Founder and Moderator
E-mail Address: gays4hope@yahoo.com
Phone: (951) 359-0739

I am available by phone from 8am to 10pm. If I am unavailable, please leave a message and I will return your call as soon as possible.

DBSA - Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

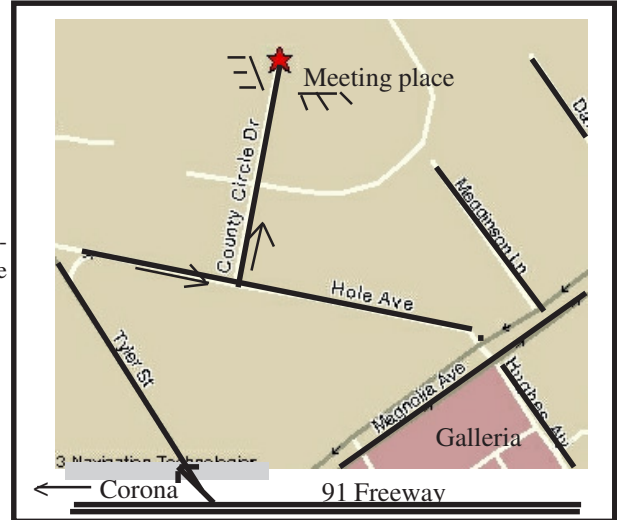
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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