



The Thermometer Times

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

VOL. 19 NO. 12

Out of darkness . . . December, 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
December 1, 8, 15, 22 & 29

Christmas at Jo Ann's, Tuesday,
Dec. 25 at 12 noon, *See pages 10 & 11*

TO FIND US ONLINE

DBSA Riv.: <http://californiadbsa.org/riv.html>

E-mail: DBSA, Riverside: aofriv1@aol.com.

DBSA, California: dbsaofca1@aol.com



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



Credit: Sereev Ivanov

Better Mental Health May Be Upside of Getting Old

By Joan Arehart-Treichel

Could it be that mental health, like a good wine, improves with age? Evidence is building that this might be the case, even for people who have a mental illness.

Physical health tends to be better when people are young, but could the opposite be true for mental health?

Barring the onset of dementia or a terminal illness, the answer is often yes, a building body of provocative evidence suggests.

Take, for example, a study reported in the March 2006 *Canadian Journal of Psychiatry* by David Streiner, Ph.D., a professor of psychiatry at the University of Toronto, and colleagues. They assessed the prevalence of mood and anxiety disorders in a nationally representative population of Canadians aged 55 and older to see if the prevalence of these disorders changed with age. They found that there was in fact a linear decrease for these disorders after age 55. This was true for men and women and for people born in Canada and those who immigrated to Canada after age 18.

Or take a study headed by George Vaillant, M.D., a professor of psychiatry at Harvard University and co-director of the Study of Adult Development there. He and his colleagues followed a cohort of 151 innercity men from adolescence until an average age of 75. The men came from socially disadvantaged families, had dropped out of school, and had a low IQ. Nonetheless, a surprisingly large number enjoyed retirement in their later years. And as Vaillant and his group concluded in a report in the April 2006 *American Journal of Psychiatry*: "The very risk factors associated with bleak young adulthood, and the very risk factors associated with bleak midlife adjustment, appeared to exert relatively little effect on whether the

Continued on page 3 (Upside of Getting Old)

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 ANNS*

2nd and 4th Tuesday
of December
6:30 PM

Tuesday, December 11

“A Christmas Carol”

George C. Scott

Charles Dickens holiday classic

Tuesday, December 27

Christmas Day

Christmas movies including “Holiday Inn”, “Elf”, & “Dr Seuss Favorites”

*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

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Child, Adolescent & Adult Psychiatry

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and Neurology

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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.

UPSIDE OF GETTING OLD (Cont'd from pg. 1)

men, followed since 1940, currently enjoyed retirement.... It appeared as if retirement created—for these men at least—a new age and a third chance at a contented life.”

Research conducted by Dilip Jeste, M.D., a professor of psychiatry at the University of California, San Diego, and colleagues on 205 older people living in San Diego County also bolsters the case that mental health tends to improve with age. The researchers asked the seniors, who ranged in age from 60 to 102 and who had common physical illnesses that often afflict seniors, to rate themselves on a scale of 1 to 10 indicating how well they believed they had aged. A rating of 1 was the worst a subject could give himself or herself, and 10 was the best. The researchers expected most of the subjects to rate themselves with a 3 or 4, but it turned out that the average score was 8.4, the researchers reported in the January 2006 *American Journal of Geriatric Psychiatry*.

Age Benefits Those With Mental Illness

One of the major findings from the National Comorbidity Survey Replication, published in the June 2005 *Archives of General Psychiatry*, was that most mental disorders usually have their onset in childhood or adolescence. Such early onset, the researchers wrote, is “opposite of the patterns found for almost all chronic physical disorders” (*Psychiatric News*, July 15, 2005). Thus one might expect mental illnesses to become well entrenched and more difficult to recover from by the time people reach their fifty’s and beyond. However, this does not seem to be the case, growing evidence suggests.

For example, Jeste and his colleagues longitudinally followed several hundred adults with schizophrenia. As the subjects grew older, and even as their physical functioning deteriorated, their hallucinations and delusions appeared to decrease considerably, and their negative symptoms decreased somewhat as well.

“There is less depression in late life than any of the epidemiologists expected, especially if you control for Alzheimer’s, alcoholism, and major depressive disorder,” Vaillant said in an interview with *Psychiatric News*. “And even if you follow people with major depressive disorder—people who are really quite crippled during their adult lives—they are often doing much better in their 70s, at least if they survive the cigarette smoking that goes with depression.”

A Swiss psychiatrist—Wulf Roessler, M.D., a professor of clinical and social psychiatry at the University of Zurich—found that a surprisingly large number of people in the general Swiss population showed signs of subthreshold psychosis, but that fewer people showed such signs as they aged (*Psychiatric News*, June 1).

In addition, individuals who abuse substances and those with eating disorders are more likely to get better with age, Joel Paris, M.D., a professor of psychiatry at McGill University in Montreal, told *Psychiatric News*. The same is even the case for people with borderline personality disorder or antisocial personality disorder, Paris has found (*Psychiatric News*, July 7, 2006; June 1). Data from short-term follow-ups of

individuals with obsessive-compulsive personality disorder suggest that they too tend to improve as they age, said Paris.

“The big exception is bipolar disorder, which sometimes gets worse with age,” Paris pointed out. Jeste, however, is not so sure: “Actually we have some very preliminary data on bipolar disorder in older people. Some of the older bipolar patients seem to be doing better than some of the younger ones.”

Hypotheses Offered

Relatively little research has been conducted to find out why mental health and mental illness may improve with age. However, some psychiatrists with a special interest in the subject offer possible explanations.

“Brain myelination is known to increase with age,” said Vaillant, “and the better insulated your brain is, the better it works. Also, the part of the brain that continues to be integrated last is that part of the brain that connects the emotional life—the limbic system—with the frontal lobes. So instead of being uptight or having ‘hissy fits’ like you did when you were younger, you are able to gracefully modulate your emotional intelligence as you grow older. In other words, emotional intelligence increases with age as memory for names gets worse.”

One reason why the mental health of older people may seem to be better than that of younger ones, Jeste suggested, is that those with poorer mental health die earlier. However, his longitudinal study showing that schizophrenia subjects’ mental health sometimes improves with age belies this explanation, he noted.

“My own view is that older people may actually be more vulnerable biologically in some ways...to developing mental illnesses in late life,” Dan Blazer II, M.D., Ph.D., a professor of psychiatry at Duke University, said. “However, I think that from a psychological perspective, and perhaps a little bit from a social perspective too, there are modifiers that maybe protect older persons from developing mental illnesses later in life. And that is one of the reasons we tend to see a somewhat lower frequency of most of the major mental illnesses in late life, except for the dementing disorders.”

For example, Blazer said, “older people tend to accumulate wisdom, and one part of wisdom is that they have been through a number of events and know how to deal with them. That in turn may protect them when they experience crises in later life, such as physical illness, loss of a spouse, or loss of friends.” There is also reason to believe that older persons may respond better emotionally to challenges than younger people do because of where they see themselves in life, Blazer suggested. That is, they may be more focused on the present than on the future because they don’t have all that many more years to live, and focusing on the present may help them cope better with crises, which in turn helps safeguard their mental health.

A possible reason why individuals with borderline personality disorder, antisocial personality disorder, and substance abuse often improve as they age, Paris proposed, is because

Continued on page 9 (Upside of Getting Old)

Symptoms of Depression

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy persistent lethargy
Unexplained aches and pains
- Endings of guilty worthlessness and/or hopelessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former
- Interests, social withdrawal
- Excessive consumption of alcohol or use of chemical substances
- Recurring thoughts of death or suicide

Symptoms of Mania

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, distractability
- Reckless behavior such as spending sprees, rash business decisions, erratic driving and sexual indiscretions
- In the most severe cases, delusions and hallucinations

Treatment

Sometimes, it's hard to ask for help. If you or someone you know has a mood disorder, you may be feeling especially vulnerable, and talking to someone about it may be the last thing you want to do. But finding the right treatment is the first step in becoming an active manager of an illness like depression or bipolar disorder. Finding the right treatment starts with finding the right mental health professional.

Choosing a Doctor

Your primary care doctor may be able to treat your mood disorder, or he or she may refer you to a mental health professional. If you don't have a primary care or family physician who can refer you to a mental health professional, ask trusted friends, relatives or DBSA support group members if they know of one. Also, contact your insurance company or community mental health center to find providers available to you.

It's important that you feel confident in your doctor's knowledge, skill, and interest in helping you. You should never feel intimidated by your doctor or feel as if you're wasting his or her time. If you have a problem communicating with your doctor or you feel uncomfortable in any way, consider getting a second opinion from another doctor or changing doctors. We use the term "doctor," even though your mental health care provider may be a therapist, social worker or registered nurse. If you and your provider decides medication is the best course of treatment, remember that only a medical doctor can prescribe medication.

A skilled and interested doctor should address most of your concerns, but there may be questions left unanswered. Don't leave the doctor's office until all of your questions and concerns have been addressed. If you need to, write down all of your questions before the office visit. Don't be embarrassed to bring up any subject. Bring along a friend if it makes you feel more comfortable or ask your questions in the doctor's office rather than the examining room.

Be Sure Your Questions are Answered

Here are some questions you will want to ask your doctor. You may want to write down some of your own, or take this page with you to your appointment.

- What dosage of medication should you take, at what time of day, and how can you increase your dosage if this is to be done before your next visit? (Take notes if this is complicated.)
- What are the possible side effects of your medication(s) and what should you do if you experience a side effect? (Ask for printed materials.)
- How can you reach your doctor if you experience any severe side effects or worsening of your condition? (Be sure you leave the doctor's office with an emergency phone number to reach your doctor.)
- How can you identify early symptoms of an episode and how should you respond to them? (For example, sleeplessness can trigger mania. Treat it as a new symptom and discuss it with your doctor.)
- How long should it take to feel improvement and what type of improvement should you expect?
- What are the risks associated with this treatment and how can you recognize them? If you have any concerns, share them with your doctor.
- How long will it be necessary to take your medication?
- If the medication needs to be stopped for any reason, how should this be done?
- How often will you need to see your doctor? How long will your appointments take?

Continued on page 5 (Treatment)

TREATMENT (Cont'd from pg. 4)

- Is psychotherapy recommended as part of your treatment? If so, what type?
- Are there things you can do to improve your response to treatment? Are there activities you should avoid in order to increase your likelihood of improvement?
- If this medication isn't helpful, are there alternative treatments? What might they be?
- If someone questions why your doctor prescribed medication, or raises doubts about possible dangers of taking medication, how should you respond?

Taking Control of Your Illness

As with other chronic illnesses such as diabetes, heart disease or asthma, people with mood disorders should see themselves as managers of their illness. Depression and bipolar disorder are *treatable* medical illnesses, but they are not curable. It may very well happen that the initial treatment you receive will be the only time in your life you need medication for your disorder. For many, though, severe depressive and/or manic episodes reappear at some point in life. If this happens, don't panic. Your experience with previous episodes puts you one giant step ahead in the process of recognizing symptoms and getting help. Some people are treated briefly, and finish treatment with their physician and/or mental health professional in less than one year. For others, daily medication and periodic visits to the psychiatrist become a part of life. By continuing your treatment plan, you can greatly reduce your chances of having symptoms recur.

Develop a Wellness Lifestyle

Keep the following in mind as you discover your own ways to reduce symptoms and maintain wellness:

- Regularly talk to your counselor, doctor or other health care professional.
- Share talking and listening time with a friend.
- Do exercises that help you relax, focus and reduce stress.
- Participate in fun, affirming and creative activities.
- Record your thoughts and feelings in a journal.
- Create a daily planning calendar.
- Avoid drugs and alcohol.
- Allow yourself to be exposed to light.

• Improve your diet. Avoid caffeine, sugar and heavily salted foods.

• Change the stimulation in your environment.

• Attend a local DBSA support group regularly.

TRUE OR FALSE?

ONLY WEAK PEOPLE GET MOOD DISORDERS

False! In fact, mood disorders tend to strike the most intelligent, insightful and creative people. Here are individuals who have been diagnosed clinically, or are believed to have experienced a mood disorder:

Actors/Entertainers	Authors/ Journalists	Composers/ Musicians/Singers
Marlon Brando	Hans Christian Andersen	Irving Berlin
Drew Carey	James Barrie	Ray Charles
Jim Carrey	Michael Crichton	Frederic Chopin
Dick Clark	Charles Dickens	Leonard Cohen
Rodney Dangerfield	Emily Dickinson	Natalie Cole
Richard Dreyfuss	William Faulkner	John Denver
Patty Duke	F. Scott Fitzgerald	Stephen Foster
Audrey Hepburn	Larry King	Peter Gabriel
Margot Kidder	Neil Simon	Janet Jackson
Ashley Judd	Mary Shelley	Billy Joel
Joan Rivers	William Styron	Elton John
Roseanne	Mike Wallace	Sarah McLachlan
Winona Ryder	Walt Whitman	Alanis Morissette
Rod Steiger	Tennessee Williams	Marie Osmond
Damon Wayans		Charles Parker
		Cole Porter
Artists	Business Leaders	Bonnie Raitt
Michelangelo	Howard Hughes	Paul Simon
Vincent van Gogh	J.P. Morgan	James Taylor
Jackson Pollock	Ralph Nader	
Georgia O'Keeffe		Political Leaders/ World Figures
Athletes	Scientists	Alexander the Great
Oksana Baiul	Sigmund Freud	Napoleon Bonaparte
Dwight Gooden	Sir Isaac Newton	Barbara Bush
Peter Harnisch		Winston Churchill
Greg Louganis		Diana, Princess of Wales
Elizabeth Manley		Tipper Gore
Monica Seles		Florence Nightingale
Bert Yancey		George Patton
		George Stephanopoulos

Source: *Guide to Depression and Bipolar Disorder*
Depression and Bipolar Support Alliance (DBSA)

Review of Research Suggests Omega-3 Fatty Acids Have Antidepressant Effects

However, too soon to say that Omega-3's can treat depression or bipolar disorder.

August 16, 2007

NEW YORK (Reuters Health) - The results of a major review of published research that examined the relationship between depression and level of omega-3 fatty acids in the diet suggest that omega-3 fatty acids have antidepressant effects.

However, the researchers point out that the quality of the studies means it's still too soon to say definitively that omega-3s can treat depression or bipolar disorder.

More studies are also needed to determine the appropriate dosage and the best composition of omega-3 supplements, as well as the patients who are most likely to benefit from the therapy, Drs. Pao-Yen Lin of Chang Gung University College of Medicine in Kaohsiung and Kuan-Pin Su of China Medical University Hospital in Taichung, both in Taiwan, conclude.

Fish and fish oil, as well as flax seed oil, are rich sources of omega-3 polyunsaturated fatty acids (PUFAs). Because areas in which there is high omega-3 PUFA consumption have a lower prevalence of depression, much interest has been generated in their use as antidepressants, the researchers note in the *Journal of Clinical Psychiatry*.

Interest has been particularly strong in using omega-3s for treatment-resistant depression, childhood depression, and postpartum depression. But studies to date have had mixed results.

Lin and Su reviewed 10 clinical trials, lasting 4 weeks or longer, which used two omega-3 PUFAs eicosapentaenoic acid (EPA) or docosahexaenoic acid (DHA) to treat depression or bipolar disorder.

When the researchers pooled the data from all of the trials, they found a significant antidepressant effect of omega-3s.

However, because the trials used different methods to analyze the data, the researchers say, the findings must be interpreted with caution. There is also evidence for publication bias, they add, meaning studies that didn't find a benefit of omega-3s were less likely to have been published than those with positive results.

Because omega-3s are safe and have many other health benefits, the nutrients could be particularly beneficial to patients with depression and heart disease or diabetes, or women who are pregnant or breast-feeding, Lin and Su note.

Nevertheless, they conclude, "more large-scale, well-controlled studies are warranted to find out the favorable target subjects, the optimal composition and the dosage of EPA and DHA, and the long-term efficacy of omega-3 fatty acids in treating depression."

*Source: Journal of Clinical Psychiatry
July, 2007*

Personal Bill of Rights

The following is adapted by Mary Ellen Copeland from the Anxiety and Phobia Workbook by Edmund Bourne

- 1 I have the right to ask for what I want.
- 2 I have the right to say no to requests or demands I can't meet.
- 3 I have the right to change my mind.
- 4 I have the right to make mistakes and not have to be perfect.
- 5 I have the right to follow my own values and standards.
- 6 I have the right to express all of my feelings, both positive and negative, in a manner that will not harm others.
- 7 I have the right to say no to anything when I feel I am not ready, it is unsafe, or it violates my values.
- 8 I have the right to determine my own priorities.
- 9 I have the right not to be responsible for others' behavior, actions, feelings or problems.
- 10 I have the right to expect honesty from others.
- 11 I have the right to feel angry at someone I love and to express this in a responsible manner.
- 12 I have the right to be uniquely myself.
- 13 I have the right to feel scared and say "I'm afraid."
- 14 I have the right to say "I don't know."
- 15 I have the right to make decisions based on my feelings, beliefs and values.
- 16 I have the right to my own reality.
- 17 I have the right to my own needs for personal space and time.
- 18 I have the right to be playful and frivolous.
- 19 I have the right to be healthy.
- 20 I have the right to be in a non-abusive environment.
- 21 I have the right to make friends and be comfortable around people.
- 22 I have the right to change and grow.
- 23 I have the right to have my needs and wants respected by others.
- 24 I have the right to be treated with dignity and respect.
- 25 I have the right to grieve.
- 26 I have the right to a fulfilling sex life.
- 27 I have the right to be happy.

*Source: ADAMhs ADVANTAGE
September/October 2007*

I find the great thing in this world is not so much where we stand, as in what direction we are moving.

~Oliver Wendell Holmes~

Why Memories Haunt Us Whether Happy or Painful, Emotional Memories Resist Forgetting

By Daniel J. DeNoon

Reviewed by Louise Chang, MD

WebMD Medical News

"I have done it, "says my memory. "I cannot have done it," says my pride, refusing to budge. In the end, my memory yields.
— Friedrich Nietzsche

In memory everything seems to happen to music.
— Tennessee Williams

Aug. 17, 2007 — Why do we remember things we'd rather forget? Emotion is the culprit, researchers find.

There are some things — perhaps many things — each of us would just as soon forget. Psychologists have proven that it's possible to intentionally forget things. So why can't we forget these things?

That's the question explored by University of North Carolina psychologists B. Keith Payne, PhD, and Elizabeth Corrigan.

You really can't simply erase memories from your mind, Payne and Corrigan note. But you can keep yourself from remembering things — some things — by using two simple strategies. First, you isolate the thing you want to forget from other memories. And then, if the memory tries to emerge, you block it.

That's very helpful when you want to keep the memory of where you parked yesterday from interfering with the memory of where you parked today. It might also be helpful if it worked to forget a painful or embarrassing event. But for some reason, that almost never works.

Exactly what makes such memories hard to forget? Emotion, theorized Payne and Corrigan. To prove it, they had 218 college students study two sets of pictures. There were 32 emotionally stirring pictures — half pleasant and half unpleasant -- and 32 emotionally neutral pictures.

Students were told to study the first set of pictures. Half of the students were then told to forget the first set, and remember just the second set. The other students were told to remember both sets of pictures. Then both groups were asked to recall all of the pictures, regardless of what they'd been told before.

In earlier studies using word lists, researchers showed that people easily forgot the first list of items. And when they did, they were better at remembering the second list of items than those who tried to remember both lists. This is because the "forgetters" minds were less cluttered by the first list.

Payne and Corrigan found that their students were good at forgetting neutral pictures. But they did not manage to forget the emotionally stirring pictures, regardless of whether

they were pleasant or unpleasant.

"Emotional memories were persistent, loitering even when they were asked to leave," Payne and Corrigan conclude. "The painful or unhappy memories people would most like to leave behind may be the ones that are most difficult to dislodge."

The researchers suggest that emotion makes intentional forgetting much more difficult. It's hard to isolate emotionally charged memories from other memories. And it's hard to suppress memories that are bright with emotion.

"Even a relatively mild emotional reaction can undermine intentional forgetting," Payne and Corrigan conclude.

The study appears in the September issue of the *Journal of Experimental Social Psychology*.

Source: http://www.webmd.com.mental-health.news/200708_1_7/why-memories-haunt-us?print=true 9/28/2007
WebMD 2007

JUST A THOUGHT...

The biggest step you can take is the one you take when you meet the other person half way.

Life is like a game of tennis; the person who serves well seldom loses.

Friends are made by many acts---they can be lost by one.

The best way to preach love is to practice it.



10 suggestions on how to become a successful self-advocate

Everyone is capable of some form of self-advocacy – even those who find the idea of speaking up for themselves intimidating. Here are a few hints from the Freedom of Self-Advocacy Curriculum to help you get started.

- **Believe in yourself.** Remember that you are someone who is worth advocating for. You can accomplish a great deal, even if you are used to people telling you what you can't do.
- **Define your needs.** Before you start contacting people, make sure you can explain exactly what you need. Sometimes it's a specific service, but maybe it's just an apology.
- **Seek out problem-solvers.** Target people who have ability to make decisions or influence people who do. If someone tells you that he has no control over the situation, find out who does and talk to them.
- **Do a reality check.** Sometimes we are so convinced that we are right about something that we can't see the other side. Bouncing ideas off a trusted friend can help you see where your case is strong and where it's weak.
- **Find an outlet for your anger.** While it is important for people to understand your anger, it is not always helpful to let them see it in action.
- **Promise yourself a reward for unpleasant tasks.** Picking up the phone, writing a letter or bringing up a difficult topic can be less daunting if there's a reward waiting.
- **Practice active listening.** Let people talk, but don't remain silent. Ask questions or restate the person's position to make sure you've heard it correctly.
- **Stick to the facts.** People are more likely to be swayed by hard facts that they are by your opinion. For example: "My therapist has cancelled three appointments on short notice." Instead of: "My therapist is unreliable."
- **Follow up and send thank you notes.** Self-advocacy is about building relationships. It's important to let people know you appreciate their help.

*Source: ADAMhs ADVANTAGE, an affiliate of DBSA Archbold, Ohio
July/August 2007
As seen in. The Alliance, Newsletter of NAMI of Greater Toledo
May-August 2007*

Antidepressant use doubles risk of bone fracture, study says Adults 50 and older

Jan Ravensbergen

CanWest News Service

Tuesday, January 23, 2007

MONTREAL - Daily use of a widely prescribed class of antidepressants more than doubles the risk of low-trauma bone fractures for adults aged 50 and over, according to a study led by McGill University Health Centre researchers.

The study evaluated the incidence of such fractures — known as fragility fractures — among users of Zoloft, Prozac, Paxil, Celexa and Lexapro. It determined with a 95% confidence level that bone-fracture risk from simple events such as a fall from standing height increases by a factor of 2.1 when these antidepressants—known as selective serotonin reuptake inhibitors (SSRIs)—are being used on a daily basis.

"Basically what this shows is that the SSRIs produce a doubling in the risk of developing fractures than if you were not taking them," Dr. David Goltzman, the study's senior author and director of McGill's Metabolic Bone Disease Centre, said yesterday after the report was released.

"It's still an association study, but it certainly suggests very strongly that SSRIs can pre-dispose to fractures, probably by reducing the amount of bone and possibly by altering the quality of bone as well.

The study also concluded daily SSRI use was associated with increased risk of falls and decreased bone-mineral density. SSRIs can cause a drop in blood pressure and fainting in some people.

Those 50 and older taking SSRIs should pay particular attention to lifestyle issues, Dr. Goltzman said, which include ensuring a diet rich in calcium and Vitamin D, regular physical activity, no alcohol and no smoking.

~Brief Words of Wisdom~

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

~James F. Byrnes~

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

~Robert Anthony~

There are no insoluble problems. Only time-consuming ones.

~James A. Michener~
Space, 1982

UPSIDE OF GETTING OLD (Cont'd from pg. 3)

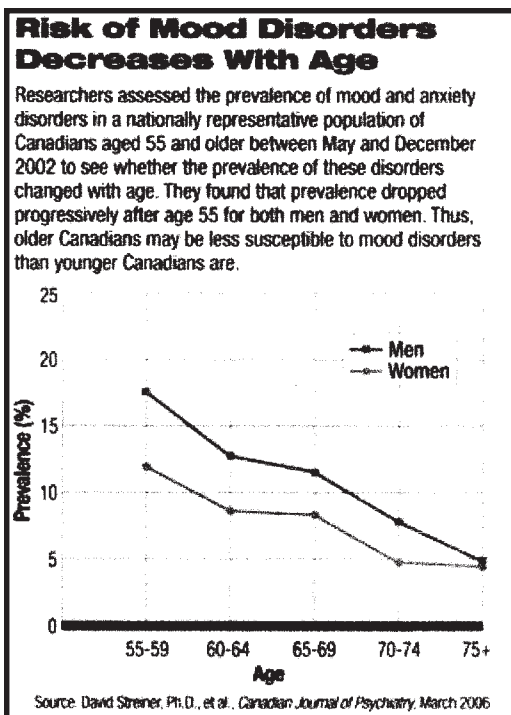
people tend to become less impulsive as they grow older, and impulsivity is a key factor in all three of these disorders.

How Do Findings Affect Practice?

So if people's mental health tends to improve with age—a hypothesis that not all psychiatrists endorse, and one with many exceptions—what are the implications for psychiatric practice?

“We have a cultural belief that it is better to be young than old,” said Paris, “but from the point of view of psychological symptoms, it seems to be untrue. So that's worth noting. Another implication is that people may get better with time with or without intervention, even within a shorter time frame, like five years. So that's useful to know. I think the problem is that we [psychiatrists] end up seeing cases that don't get better. This leads to a bias [in our outlook]. The people who get better disappear, so there is a tendency to see illnesses as more chronic than they really are.”

Vaillant agreed. “Psychiatrists tend to meet the people who are doing badly... They simply don't have an adequate perspective on adult development.... When you study people for 40 years as I have, you see a different world.”



Source: American Psychiatric Association, Inc
2007
www.appi.org

The “difficult” can be done immediately; the “impossible” takes a little longer.
~George Santayana~

Seasonal Depression Tied to Serotonin

People With Seasonal Affective Disorder May Have Less of the Brain Chemical in Winter

By Jennifer Warner
Reviewed by Louise Chang, MD

WebMD Medical News

Sept. 19, 2007 — People with seasonal affective disorder (SAD) may have lower levels of the brain chemical serotonin in winter than other people, according to a new study.

But those lower serotonin levels bounce back to normal if their seasonal depression is treated — and in summer.

Researchers say the finding could lead to improved treatments for SAD, which is a form of seasonal depression that worsens in winter and improves in summer. Symptoms include weight gain, increased need for sleep, irritability, and inability to concentrate.

SAD Tied to Serotonin Levels

Previous studies have shown that in depression the brain has too little serotonin, but it's not known exactly why.

In this study, researchers at the Medical University of Vienna looked at how the brain removes serotonin through the serotonin transporter and compared the rate of removal in 73 people with untreated seasonal affective disorder and 70 healthy people.

The results, published in *Neuropsychopharmacology*, showed serotonin was removed from the brain at a faster rate among those with seasonal depression, causing serotonin levels to drop below normal. But serotonin removal rates returned to normal with treatment and during the summer months.

Researchers say the results could help identify people at risk for seasonal depression and more effective treatments.

Currently available treatments for seasonal affective disorder include increased exposure to light sources, such as natural sunlight or a light box, and antidepressants.

There are two ways of meeting difficulties: you either alter the difficulties—or you alter yourself.
~Phyllis Bottome~



Join your DBSA-Riverside friends

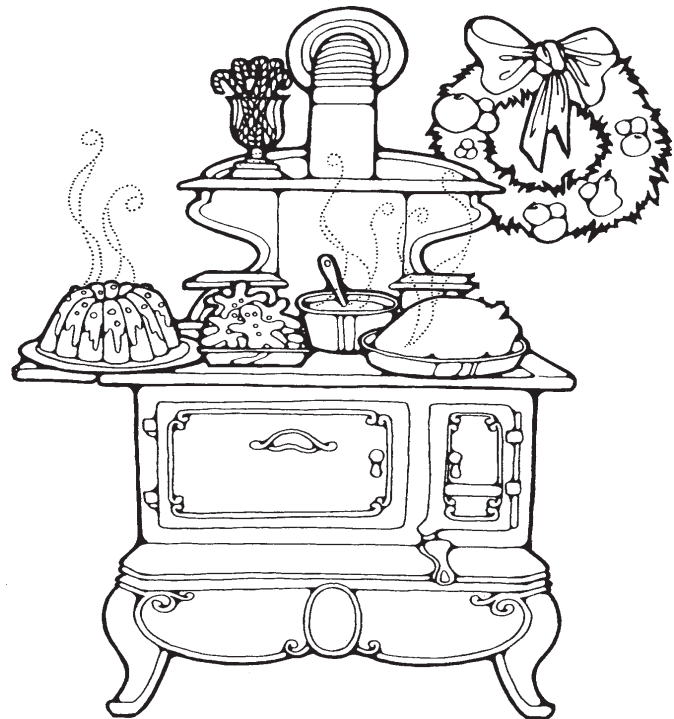


Christmas

Tuesday,
December 25
12 noon



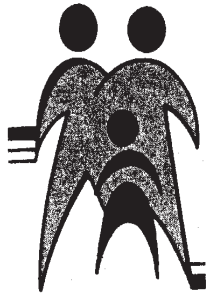
At Jo Ann
Martin's*



Friendly sharing and good company
Christmas Carols ~ Christmas Movies
Bring a salad, main dish, or dessert.
If you can't bring a dish, come anyway.
Prime rib & beverage will be furnished.



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



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



Join friends of DBSA-Riverside At Jo Ann Martin's* for Christmas

Tuesday, December 25 at 12 noon



Friendly sharing and good company

Bring a salad, main dish, or dessert.

If you can't bring a dish, come anyway. Prime rib & beverage will be furnished.



*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://californiadbbsa.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

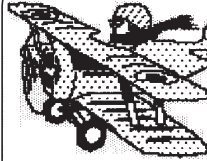
6 a.m. to 9 p.m.
951/352-1634

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 19900 Grove Community Drive (off Trautwein) Riv. 92508 951/571-9090 - meets 1st & 3rd Saturday, Room # D-4.
Contact Sheri 951/565-8131
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 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:

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

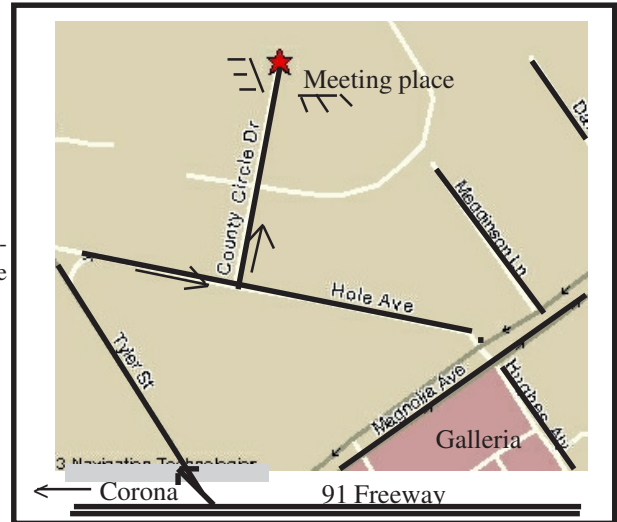
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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