



The Thermometer Times

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

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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 13 for address & map)

**Every Saturday
10 am–12 noon**

February 3, 10, 17 & 24



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

Eli Lilly Said to Play Down Risk of Top Pill

By ALEX BERENSON



Darren Cummings/Associated Press

Zyprexa is Lilly's top-selling drug, with sales of \$4.2 billion last year.

The drug maker Eli Lilly has engaged in a decade-long effort to play down the health risks of Zyprexa, its best-selling medication for schizophrenia, according to hundreds of internal Lilly documents and e-mail messages among top company managers.

The documents, given to The Times by a lawyer representing mentally ill patients, show that Lilly executives kept important information from doctors about Zyprexa's links to obesity and its tendency to raise blood sugar — both known risk factors for diabetes.

Lilly's own published data, which it told its sales representatives to play down in conversations with doctors, has shown that 30 percent of patients taking Zyprexa gain 22 pounds or more after a year on the drug, and some patients have reported gaining 100 pounds or more. But Lilly was concerned that Zyprexa's sales would be hurt if the company was more forthright about the fact that the drug might cause unmanageable weight gain or diabetes, according to the documents, which cover the period 1995 to 2004.

Zyprexa has become by far Lilly's best-selling product, with sales of \$4.2 billion last year, when about two million people worldwide took the drug.

Critics, including the American Diabetes Association, have argued that Zyprexa, introduced in 1996, is more likely to cause diabetes than other widely used schizophrenia drugs. Lilly has consistently denied such a link, and did so again on Friday in a written response to questions about the documents. The company defended Zyprexa's safety, and said the documents had been taken out of context.

But as early as 1999, the documents show that Lilly worried that side effects from Zyprexa, whose chemical name is olanzapine, would hurt sales.

And in that year and 2001, the documents show, Lilly's own marketing research found that psychiatrists were consistently saying that many more of their patients developed high blood sugar or diabetes while taking Zyprexa than other antipsychotic drugs.

The documents were collected as part of lawsuits on behalf of mentally ill patients against the company. Last year, Lilly agreed to pay \$750 million to settle

Continued on page 3 (Ely Lilly)

a note from the Editor

We invite you to submit material for review and possible publication in the newsletter. Articles from you 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 what it is to live and cope with depression and/or bipolar disorder; how you learned of it; what helps, what doesn't.
- * 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: 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

Please note that articles in *The Thermometer Times* are collected from many sources. They do not necessarily reflect the views of DBSA Riverside, nor do we make recommendations based on these articles. Editors.

The Thermometer Times
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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



*James B. Gottstein,
a lawyer who
represents
the mentally ill,
said the documents
about Zyprexa's
side effects raised public health
issues.*

suits by 8,000 people who claimed they developed diabetes or other medical problems after taking Zyprexa. Thousands more suits against the company are pending.

On Friday, in its written response, Lilly said that it believed that Zyprexa remained an important treatment for patients with schizophrenia and bipolar disorder. The company said it had given the Food and Drug Administration all its data from clinical trials and reports of adverse events, as it is legally required to do. Lilly also said it shared data from literature reviews and large studies of Zyprexa's real-world use.

"In summary, there is no scientific evidence establishing that Zyprexa causes diabetes," the company said.

Some top psychiatrists say that Zyprexa will continue to be widely used despite its side effects, because it works better than most other antipsychotic medicines in severely ill patients. But others say that Zyprexa appears no more effective overall than other medicines.

And some doctors who specialize in diabetes care dispute Lilly's assertion that Zyprexa does not cause more cases of diabetes than other psychiatric drugs. "When somebody gains weight, they need more insulin, they become more insulin resistant," Dr. Joel Zonszein, the director of the clinical diabetes center at Montefiore Medical Center in the Bronx, said when asked about the drug.

In 2003, after reviewing data provided by Lilly and other drug makers, the F.D.A. said that the current class of antipsychotic drugs may cause high blood sugar. It did not specifically single out Zyprexa, nor did it say that the drugs had been proven to cause diabetes.

The drugs are known as atypical antipsychotics and include Johnson & Johnson's Risperdal and AstraZeneca's Seroquel. When they were introduced in the mid-1990s, psychiatrists hoped they would relieve mental illness without the tremors and facial twitches associated with older drugs. But the new drugs have not proven significantly better and have their own side effects, said Dr. Jeffrey Lieberman, the lead investigator on a federally sponsored clinical trial that compared Zyprexa and other new drugs with one older one.

When it was introduced, Zyprexa was the third and most heralded of the atypical antipsychotics. With psychiatrists

eager for new treatments for schizophrenia, bipolar disorder, and dementia, Zyprexa's sales soared.

But as sales grew, reports rolled in to Lilly and drug regulators that the medicine caused massive weight gain in many patients and was associated with diabetes. For example, a California doctor reported that 8 of his 35 patients on Zyprexa had developed high blood sugar, including two who required hospitalization.

The documents show that Lilly encouraged its sales representatives to play down those effects when talking to doctors. In one 1998 presentation, for example, Lilly said its salespeople should be told, "Don't introduce the issue!!!" Meanwhile, the company researched combinations of Zyprexa with several other drugs, hoping to alleviate the weight gain. But the combinations failed.

To reassure doctors, Lilly also publicly said that when it followed up with patients who had taken Zyprexa in a clinical trial for three years, it found that weight gain appeared to plateau after about nine months. But the company did not discuss a far less reassuring finding in early 1999, disclosed in the documents, that blood sugar levels in the patients increased steadily for three years.

In 2000 and 2001, more warning signs emerged, the documents show. In four surveys conducted by Lilly's marketing department, the company found that 70 percent of psychiatrists polled had seen at least one of their patients develop high blood sugar or diabetes while taking Zyprexa, compared with about 20 percent for Risperdal or Seroquel. Lilly never disclosed those findings.

By mid-2003, Lilly began to change its stance somewhat, publicly acknowledging that Zyprexa can cause severe obesity. Marketing documents make clear that by then Lilly believed it had no choice. On June 23, 2003, an internal committee reported that Zyprexa sales were "below plan" and that doctors were "switching/avoiding Zyprexa."

Since then, Lilly has acknowledged Zyprexa's effect on weight but has argued that it does not necessarily correlate to diabetes. But Zyprexa's share of antipsychotic drug prescriptions is falling, and some psychiatrists say they no longer believe the information Lilly offers.

"From my personal experience, at first my concerns about weight gain with this drug were very significantly downplayed by their field representatives," said Dr. James Phelps, a psychiatrist in Corvallis, Or. "Their continued efforts to downplay that, I think in retrospect, was an embarrassment to the company."

Dr. Phelps says that he tries to avoid Zyprexa because of its side effects but sometimes still prescribes it, especially when patients are acutely psychotic and considering suicide, because it works faster than other medicines.

"I wind up using it as an emergency medicine, where it's superb," he said. "But I'm trying to get my patients off of Zyprexa, not put them on."

Source: (excerpted from) *The New York Times*
12/17/06
<http://www.nytimes.com/2006/12/17/business/17drug.html?ex=1167109200&en=f45598...>

What Happens When Your Perfect Cocktail, Isn't Anymore?

By Judy Kaplan
TT Staff Writer

It's over! I finally had control of my condition. The panic attacks stopped, and the depression lifted. That was fifteen years ago. Since then, this mantra has comforted me: *My meds are okay. The problem is tough, but I can go through it.* It allowed me to get through the scads of life problems that make up daily existence. I could think clearly although keeping the depression at bay meant small med adjustments during the year. Initially, my memory suffered, and I hoped it was just an initial side effect that would soon be gone. However, I didn't care. The relief I got sufficed. It allowed me to be calm for the first time since my teens.

About two years ago, my confidence allowed me to ask my doctor which of the six meds I took affected my memory.

"Xanax blocks memory."

I hadn't wanted to hear that and bravely asked if any new medications existed which could replace Xanax. I learned that since my magic elixir had been created, many new drugs on the market could block severe anxiety without impairing memory.

My quest for a more efficient cocktail started. I wanted to be able to remember what I'd studied in college, which articles I'd read in the past, and what you said ten minutes ago. However, I told my biopsychiatrist that I would not go completely off Xanax. For me, it stands out as the only drug that can stop breakthrough panic attacks. When taken immediately, in quantities that make a designated driver necessary, it stops attacks in a matter of minutes. The antipanic medication in my cocktail that blocked my panic attacks was Norpramin, generic desipramine. While panic attacks surpass the pain of even the most intense anxiety attack, both severe anxiety and all panic are debilitating and make existence miserable.

Over a period of eleven months, I lowered my Xanax while I increased the dose of Effexor. In the past, any decrease of Xanax meant trauma. This time the switch to the nearly-new medication made the process painless.

I didn't expect the results. With each reduction of Xanax, a part of my memory returned. First I could remember what you'd said just ten minutes ago. Soon I could remember the movies I'd seen, the books I'd read, the material I'd learned in college. With the last drop of Xanax, my reading, writing and verbal vocabularies came back. I thrilled myself by having access to all the ideas I stored and memories I had.

But I continued to experience an emptiness, something missing. People? No. Kids? No. Dogs? No. But what? My research and writing? Yes!

This past August marked one year since I began my writing classes, two days a week. My emptiness disappeared a little each month, and I felt complete. My gratefulness appeared every



day as I finally had found a new perfect, a more perfect cocktail.

So when my doctor called three weeks ago to tell me that my latest lab test showed a low sodium level, shock numbed me. I'd have to stop taking the Effexor, the offending medication. Denial set in immediately. I started hoping the smaller dose of Xanax that had not worked in the past would work now.

I continued to be fine for seven days. Yeah! I'd be able to retain my memory. On the eighth, the anxiety charged in. Daily the situation deteriorated. It scrambled my brain, the electric and chemical charges shooting like fireworks. I saw black gloom descending over my work. As the anxiety made a full comeback, it worsened. I almost took more Xanax. I knew it would put an end to the raging short circuiting. But I wasn't ready yet. It would wipe out a large part of my new world.

Eventually, on day ten, the pain won out. I decided I hurt too much, and for the people around me, shouldn't let myself go on being such a mess. My husband had to live with me, and I felt sorry for him. I took Effexor, and left a voice mail message for the doctor to tell him. In two days, I became almost free of the anxiety. When the doctor called, he said he was okay with my choice. Because I was feeling good when he called with the initial test results, we both chose to use Effexor and monitor sodium levels. So far my sodium levels have improved.

What happened when my more perfect cocktail stopped being perfect? I found myself humbled once again by the power of my disorders. I'm not sure this mixture will always be effective. I'm like everyone else dealing with bipolar and panic and anxiety disorders. I'm vulnerable, but I am once again grateful that I can rely on my mantra.

New Suicide Warning Posed

FDA looks to expand antidepressant labeling

BY ANDREW BRIDGES
THE ASSOCIATED PRESS

WASHINGTON — Antidepressants increase the risk of suicidal behavior for people up to age 24, the government said Wednesday. It plans new warning labels, and says users of all ages should be monitored.

The label change proposed Wednesday would expand a warning now on the antidepressants that applies only to children and adolescents.

The Food and Drug Administration presented its plan to update the drug labels at a meeting of outside advisers on the issue. They endorsed the plan.

The FDA also stressed that patients of all ages should continue to be carefully monitored for signs of suicidal tendencies when they are beginning treatment on the drugs.

Public reaction was split, with some saying the changes were overdue and others arguing they could keep drugs from those who need them.

Mental-health experts worry that additional warnings could curtail use of the drugs and ultimately do more harm than good.

Dr. John Mann, a Columbia University psychiatrist, suggested simply replacing the proposed expanded warnings with the recommendation that doctors more closely monitor their patients.

“We can do more good by providing more treatment for depressed children and adults,” Mann said.

The FDA proposed the changes after completing a review that found use of the drugs may increase the risk of suicidal thoughts and behavior among young adults 18 to 24, as well as among younger patients.

Psychiatrists testified Wednesday that the 2004 addition of a warning for children led to a falloff in antidepressant prescriptions for children 18 — and an increase in suicides in that age group.

Still, overall use of antidepressants continues to grow, with nearly 190 million prescriptions dispensed in the U.S. last year, according to IMS Health, a health-care information company. That suggests doctors have placed more weight on the long-term benefits of the drugs than on any short-term risks, said Dr. Thomas Laughren, director of the FDA’s division of psychiatry products.

Expanding the “black box” or other warnings on the drugs could dissuade patients from seeking or starting treatment, mental-health experts said. They warned that people with untreated depression — about half of those who suffer from the disease — face an estimated 15 percent greater likelihood of death by suicide.

*Source: Riverside Press-Enterprise
December 14, 2006*

Wellbutrin XL Goes Generic

Generic Version of Popular Antidepressant Equivalent to Brand, FDA Says

By Miranda Hitti
WebMD Medical News

Reviewed By Michael Smith, MD
on Friday, December 15, 2006

Dec. 15, 2006 — The FDA has approved the first generic version of the antidepressant Wellbutrin XL (bupropion).

In 2005, Wellbutrin XL — the latest version of Wellbutrin — was the 21st highest-selling brand-name drug in the U.S., with sales totaling more than \$1.3 million, according to the online magazine Drug Topics, the FDA notes. The benefit to consumers of FDA’s generic drug approval is significant because generic drug products, which are used to fill more than 50% of all prescriptions, often cost a fraction of the price of the brand-name drug.

“Bupropion hydrochloride is a widely-used antidepressant, and its generic version can bring significant savings to the millions of Americans with depression,” says Gary J. Buehler, RPh, who directs the FDA’s Office of Generic Drugs.

“This approval is another example of our agency’s efforts to increase access to safe and effective generic alternatives as soon as the law permits,” says Buehler in an FDA news release.

The FDA assures consumers and health professionals that an approved generic drug is as safe and effective as a brand-name drug.

The same thorough and rigorously scientific review standards of safety, efficacy, and quality are applied to generic drugs as are applied to brand drugs, according to the FDA.

Generic bupropion extended-release tablets will be sold in two doses: 150 milligrams and 300 milligrams.

The generic tablets are made by Anchen Pharmaceuticals of Irvine, Calif.

Wellbutrin XL is made by GlaxoSmithKline, a WebMD sponsor.

*Source: WebMD
12/15/06*

Be
with
those
who
help
your
being



Overcoming the Myths and Stigmas of Mental Illness in Society

By Kevin L. Nenstiel

Mental Illness can happen to anyone. There is not a certain type of person that mental illness can't strike. It can happen to anyone; man, woman, child, father, mother, grandfather, grandmother, successful business person, janitor, white collar worker, blue collar worker and the list of people it can strike goes on. Lesbian, Gay, Bisexual, Transgender (LGBT) people are no exception. In fact they especially fall prey to this monster because of the horrible stigmas placed on them by people who can't accept anyone different from themselves or the norm or better yet, some religious myth that gay people are more sinful or even more evil than the rest of society. They don't look at the whole story. Instead they isolate and pick portions of religious teachings that seem to deem gay people as immoral but when the whole story is read, the truth shines forth.

The Mental Illness monster can strike from various angles. Those who have been sexually, physically, mentally or religiously abused often suffer the mental pain known as depression. They may choose to hide their anguish in a bottle of alcohol, a handful of illegal and harmful drugs or engage in other dangerous or illegal behaviors so they can hide their true selves from society and prove to society that they are healthy, happy and "normal". This abuse may have an effect on their sexual orientation and rather than trust Mental Health Professionals for help from the abuse because of trust issues, they turn to these substances which ask no questions from them and seem to dull the pain. Still others inherit their mental illness from family members and it can skip generations. Constant on-the-job stress of a fast paced society demands that its people show no signs of fear, anxiety, weakness, depression or negative emotion to be a productive and successful member of society so they self-medicate and think that because they put their hands over their eyes, no one can see their pain or that it just doesn't exist. The longer they deny that there is a serious problem lurking in their lives, the worse it can become. Mental illness can also strike the most physically and mentally healthy and balanced human on planet earth.

There is much pain in society in general but the gay minority who have had to hide their very lives, emotions, fear, anxiety, depression and true loves for the same sex because they are different or for a better word, unique, are the real sufferers here. No mentally ill gay person wants to admit that they may have a mental illness because of the stigma that once raised its ugly head and claimed that homosexuality was a mental illness. A person is often portrayed by society and television as being a psychotic, a criminal or a weak person.

Cheers to LGBT folk who are truly healthy, physically and mentally, and are strong enough to climb to the top of the mountain of true success without having to experience dark demons in their past. These people had the rare opportunity to be raised by loving, healthy, non-judgmental parents who taught their children that they were free to love themselves and the person of their choice.

There is hope for gay people suffering from mental illnesses but they must do the almost impossible feat. They must come out of the dark and into the light by putting their trust in people who want to help them, people who have been there, survived and are able to tell their success stories and from mental health professionals. From pain can come strength, wellness, wholeness, recovery and happiness. Medications can play an important part of a person's recovery but it is only one part. Television tells us that all we have to do is take a pill and we will live happily ever after. The road to recovery isn't that accessible, however. The second and most important part of a person's daily recovery from a mental illness is work. That's right, good old fashioned hard sweaty work and it is truly a minute by minute, baby step by baby step, daily process. Working on oneself to continue to recovery means that people need to face the problems of their past and take the necessary steps to become healthy and happy again. No one is hopeless or helpless or has no control over their lives.

No one ever achieves final recovery from mental illness without ever having problems again, though. With every new problem, setback or depression, there is a new challenge to overcome the problem at hand. It gets easier though, because with each setback, we learn new tools and instead of block walls we once faced, we can have the clearness of mind to create windows

RECENT RESEARCH

Injection of antidepressant safe, effective

A transdermal formulation of the antidepressant selegiline was better absorbed and more effective at managing major depression than the pill version, according to a study reported in a recent issue of the *Journal of Clinical Psychiatry*. It was also noted that the safety profile of transdermal selegiline is much better than that of oral MAO inhibitors.

Depression and the male libido

A couple of recently published studies have addressed depression and male sex issues. A study in the October issue of *Psychoneuroendocrinology* said that middle-aged men with depression have lower levels of testosterone than their non-depressed counterparts.

This study was funded by a pharmaceutical company that makes an orally active testosterone preparation. However, the researchers who made a poster presentation of their study at the annual meeting of the Canadian Psychiatric Association said further testing is needed to determine whether there is any merit to a testosterone supplement for treating depressed men.

Dr. Mark Berber said the study only shows an association between lower testosterone levels and depression in men. The study did not address whether increasing testosterone would affect depressive symptoms.

The other study only looked at two men who had been taking SSRIs and also had low fertility due to problems with sperm transportation. When taken off the SSRIs, sperm fertility returned to normal within a month.

Due to the limited number of persons involved in the study, the researchers stressed they are not urging men to stop taking an antidepressant to improve fertility. Dr. Cigdem Tanrikut with the Weill Medical College of Cornell University said, "What we are saying is there is a concern that SSRIs may affect male fertility, but that at this point it is something to keep in mind."

SSRIs may raise risk of sleep problems

Use of SSRIs may increase the risk of poor sleep efficiency in older women, according to a study in the October issue of the *Journal of the American Geriatrics Society*.

SSRIs begin working during 1st week

According to a report in the November issue of *Archives*

of *General Psychiatry*, people with depression who take selective serotonin reuptake inhibitors (SSRIs) may start to feel a lessening of symptoms by the end of the first week of treatment with more improvement over the following weeks. The findings are a result of the pooled estimates of treatment effectiveness of some 28 randomized, placebo-controlled trials involving 5,872 patients.

Dr. Matthew Taylor from the University of Oxford in England said, "As a clinician, this work will help my patients and I make better informed decisions about treatment. Previously, if a patient had started taking an SSRI and described feeling better after only a week of treatment, we might have thought that response was too quick, and perhaps they would have improved even without the medication. Now, we will know that the treatment may have played a role."

Newer schizophrenia drugs increase diabetes risk

Results of a study reported in the October 1 issue of the *American Journal of Epidemiology* provide more evidence of an association between the use of second generation antipsychotic medications (olanzapine, quetiapine and risperidone) and the onset of diabetes.

"There is growing evidence of metabolic side effects, such as hyperglycemia and weight gain, following the use of certain second-generation antipsychotic agents," explained Dr. Bruce Lambert of the University of Illinois. "Prescribers should be mindful of diabetes risk when treating patients with schizophrenia."

The study included some 15,767 patients with schizophrenia who started treatment with one of the antipsychotic drugs or the conventional anti-psychotic haloperidol between 1999 and 2001. The diabetes risk increased 60 to 70 percent with the newer medications compared to the haloperidol. In actual numbers, Dr. Lambert said about 2 of 100 patients using the haloperidol would develop diabetes every year compared to 3 of every 100 patients on olanzapine, risperidone or quetiapine. The study did not examine the newest class of drugs -- aripiprazole or ziprasidone.

Seroquel ok'd for bipolar, but...

The US FDA has approved the anti-psychotic drug Seroquel (quetiapine) to be used for bipolar disorder; however, the regulatory agency has told AstraZeneca Plc that it must modify the promotional material it is using for the drug to reflect the possible risk associated with Seroquel for diabetes and hyperglycemia. The drug company said it would work with the FDA to correct the problem.

Source: ADAMhs ADVANTAGE
January/February 2007

Poet's Page

WHAT AM I GOING TO DO WITH YOU?

By Claudia Verduzco

What am I going to do with YOU?
YOU have been with me since I was born
Did not know it, but the moment I was
Conceived so were YOU.

What am I going to do with YOU?
I had lived with YOU all my life
But I have been only aware
Of YOUR presence in the last eight years.

What am I going to do with YOU?
Since I feel that I can tame you
For awhile and then you come back
Full blown into my life again.

I know what I HAVE to do with YOU
That's not the problem
The problem resides in learning
To love YOU, to embrace YOU
To accept YOU.

And as soon as I can make peace with that
I will love, embrace and accept
Myself as well.

I have been working very hard
For the past eight years
I can't say that I have been tolerant
With YOU
I can't say that I have been complying
With YOUR needs
For all that, I ask YOU to forgive me,

In the last months I have been more
Understanding of YOUR desires
I have been more aware
Of YOUR needs
And we have been doing much better
Haven't we?

But please, understand my wishes as well
I want to be in balance

I want to be able to enjoy life
To the fullest.

If I need to cry, let's cry
But with moderation
If I need to laugh, let's laugh
But with control
If I need to stop and rest, let's relax together
But with self-control
If I need to love, let's love
But with restraint.

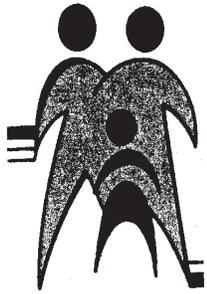
Oh, blessing! You are from God
It took me eight years to finally admit it
And it's such a relief
To acknowledge YOU as part of who I am
Yes, YOU are a BLESSING
Regardless of all the unhappy moments
We have shared together
Of all the turmoil
Of not knowing YOU as well as I do now.

Bipolar be at ease, so I can be also
In peace!

OVERCOMING (Cont'd from pg. 6)

and ways to move through, around or over the doors that were once firmly locked in order to keep people everywhere from overcoming the myths and stigmas of mental illness.

Regardless of your sexual orientation, there are organizations that can support you in your efforts to recover and become mentally whole. Gays In Search of Hope, gay depression and bipolar support group, <http://geocities.com/gayhopel/>, (951) 359-0739, The Depression and Bipolar Support Alliance (DBSA) of Riverside, <http://geocities.com/mddariv/>, (951) 780-3366, The National DBSA, <http://www.dbsalliance.org>, (800) 826-3632 are some organizations that can help you. If you are a family member or friend of a loved one suffering from a mental illness, NAMI (National Alliance for the Mentally Ill) is there to support you. You may reach them at (800) 950-NAMI (6264). You may also go to their website at <http://www.nami.org>.



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 us for the Holidays

Picnics or dinners
at noon at Jo Ann's

Swimming, badminton, spa, food and more...
during summer months.
Friendly sharing during the winter.

Bring a salad, main dish,
or dessert.
If you can't bring a dish, come anyway.
Meat & beverage will be furnished.

Holidays include: Memorial Day,
4th of July, Labor Day,
Thanksgiving, and Christmas.

See page 1, lower left column of this
newsletter for directions.

Check us out on the web!

Website for DBSA Riverside:

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

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

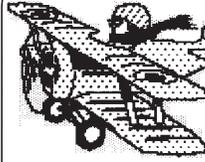
6 a.m. to 9 p.m.
951/352-1634

Yen

951/315-7315

Kevin

kevin2004n@aol.com



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 - mts. 1st & 3rd Saturdays, Room # D-4.
Contact Sheri 951/565-8131 smatsumoto@sbcglobal.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 the cornerstone 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:

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—

GAY, LESBIAN, BISEXUAL AND TRANSGENDERED FRIENDS OF THE INLAND EMPIRE



Gays In Search of Hope

<http://www.geocities.com/gayhope1/index.html>

THIS IS A GAY, LESBIAN, BISEXUAL AND TRANSGENDERED DEPRESSION AND BIPOLAR 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 93503

**WHEN: The 2nd Saturday of the month, 1 pm to 2:30 pm



Kevin: (951) 359-0739
E-Mail: gdbsa@aol.com

Flyer Updated 1/7/2006

***Gays In Search of Hope* will be meeting on February 10th. *This is the last face-to-face meeting. From now on this support group meets online at: <http://geocities.com/gayhope1/index.html>

DBSA- Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

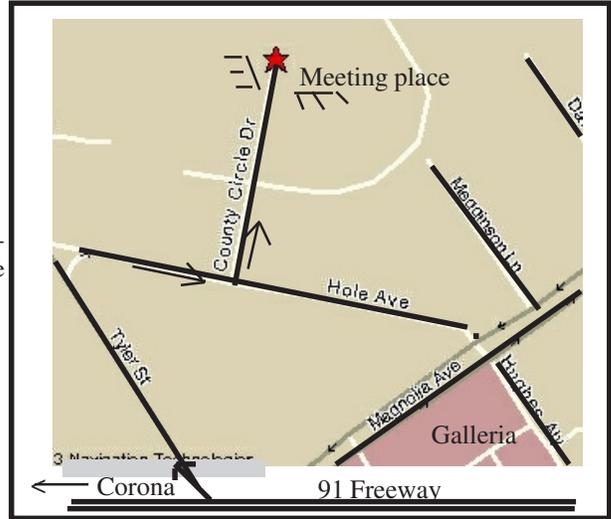
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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