



# The Thermometer Times

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

VOL. 20 NO. 10 Out of darkness . . . October 2008

## Dates to Remember

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### CARE & SHARE GROUPS

Clients and their guests are invited to come and participate.

*Professional care providers very welcome.*

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

**Saturday 10:00 am -12 noon**  
**October 4, 11, 18 and 25**

**Guest Speaker: Kristen Lennon, MFT**

"Living Well with Bipolar"

Saturday, October 18, 08  
at Jo Ann Martin's home

Web Site for DBSA, Riverside:

**<http://californiadbsa.org>**

E-mail for DBSA, Riverside:

**[dbsaofriv1@aol.com](mailto:dbsaofriv1@aol.com)**

E-mail for DBSA, California:

**[dbsaofca1@aol.com](mailto:dbsaofca1@aol.com)**



**Meetings start promptly at 10 am. Do yourself a good turn: Be on time...visit with friends before the meeting. If you come late, please enter quietly. Announcements will be made at the close of the meeting.**

**Announcements will be made at the close of the meeting.**

### Directions to

#### Jo Ann Martin's Home

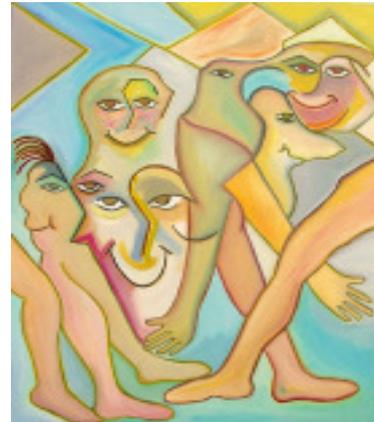
Exit 91 Frwy at Van Buren. Go south  
4.2 miles on Van Buren to  
Whispering Spur. Turn left.

2nd  
driveway  
on the right



16280 Whispering Spur  
Riverside, CA 92504  
951 / 780-3366

## Humor as a tool in recovery



The following is a partial reprint of an article in the Spring 2008 Issue of *BP Magazine*. It's written by Stephen Propst, who has bipolar disorder and uses many of the concepts he writes about to maintain his recovery.

How many times does the average adult laugh per day? The answer, according to the Association for Applied and Therapeutic Humor, is 17. What about a kindergartner? That should be over 300.

See the problem? As we grow up, we lose several hundred laughs a day. If we could be more childlike, smiling and laughing more often, we would profoundly impact our mood and overall health.

Incorporating laughter into our daily lives — much like we try to do with exercise — makes sense. If you're willing to take the stairs instead of the elevator, you should consider taking time out to experience something funny. Laughter isn't the answer to all of our problems, but there's a lot more room for it in our lives. As Victor Borge said, "He who laughs, lasts."

Laughter is an excellent prescription for better health. It reduces stress, fights disease, and helps us manage pain. It improves our mental well-being by providing a harmless outlet for pent-up emotions.

There isn't anyone who wouldn't benefit from giggling every day. Not feeling very funny? Here are some simple hints for increasing laughter in your life.

- 1. Discover what tickles your funny bone.** Each of us has an individual sense of humor, so figure out what makes you laugh. The Internet can help: search words like "jokes," "humor" or "laughter."
- 2. Develop a funny file.** Collect funny films, books, cartoons and jokes. Whenever you need a laugh, refer to your file.
- 3. Schedule time to laugh.** Write it on your calendar just like you would a doctor's appointment.
- 4. Hang out with a funny crowd.** Laughter is infectious. Surround yourself with people who laugh easily and can make you laugh.
- 5. Laugh at yourself.** The people who most effectively protect themselves

*Continued on Page 4 (Laughter)*

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 and cope with the disorder; 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 October

6:30 PM

**Tuesday, October 14**

**"For One More Day"**

Based on Mitch Albom's New York Times best-selling book. *He has one last chance to spend a day with his mother. A touching and revealing movie starring Michael Imperiolo and Ellen Burstyn*

**Tuesday, October 28**

**"A Beautiful Mind"**

**Russell Crowe**

John Nash, a internationally acclaimed mathematician wins over his mental illness.

**Enjoy pizza and an additional movie of your choice!**

\*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**

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**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](http://www.suicidepreventionlifeline.org)**

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# Courtesy and Respect at Share and Care Meetings

By Lynne Stewart

The DBSA-Riverside Board of Directors have some ideas about making our Share and Care meetings more useful to each of us. The list of “Friendly Reminders” for the meetings is posted at the front of the room and gone over by Leroy at the beginning of each group. The Board suggests that by abiding by this list of “Friendly Reminders” we can have courteous and respectful meetings. Following is the list of “Friendly Reminders:”

- Confidentiality—What is said here, remains here.
- Be on time.
- Respect others.
- No smoking in building
- Turn cell phones to OFF or VIBRATE.
- No profanity.
- Refrain from discussing specific religious beliefs.
- Do not disrupt the meetings.
- Please come in quietly.
- We start on time at each meeting.
- Facilitators may take confidential notes.

In addition, it is now a policy of DBSA-Riverside that a member will be considered late to the meeting if they arrive after the small group check-in. A late comer will be given time to share in their small group if there is time remaining after the others have had a chance to speak. This is being done out of consideration to all participants.

The Board would also like to emphasize the need for confidentiality. It is important that we feel safe from gossip. It is necessary to keep what is said in our groups limited to discussion only in our groups. In other words, “what is said here, remains here.” The need for confidentiality cannot be overemphasized, as this is the cornerstone of trust and trust is necessary for sharing and sharing is the basis of the help we offer at our meetings.

As a reminder or if you are new to our meeting rooms, following is an agenda of how our Share and Care meetings proceed.

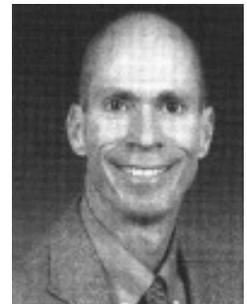
1. It is suggested that you arrive at least 15 minutes before 10:00 am each Saturday. This is to give you a chance to meet and greet each other before the meeting starts.
2. The meeting begins at 10:00 am every Saturday with Leroy going over the list of “Friendly Reminders.”
3. Any one who has community news or events to share makes their announcements at this time. It is requested that before the meeting starts you let Leroy or Jo Ann know what announcements you have.
4. After announcements are made we break up into smaller groups for our Share and Care sessions.

5. Once we are in our smaller groups the group leader will usually have each participant share briefly something about them. Each one will also say whether or not they wish to have additional time to talk about a current issue they are coping with.
6. The group leader will decide the order and amount of time people will speak based on urgency of need.
7. At 11:45 the groups will come together once more in the large meeting room. At this time Leroy will inquire as to who is going to lunch today and where the group wants to go.
8. The meeting is over at 12:00 pm and those who want to meet for lunch at a designated location.
9. On the second Saturday of the month we are invited to meet at 2:00pm at Jo Ann’s home for a poetry session led by Rhue.
10. On the fourth Saturday of the month we are invited to meet at 2:00pm at Jo Ann’s home to do an art project led by Rhue.

Thank you for showing concern, regard and integrity at our meetings. You are appreciated.

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## The Promise of Personalized Treatment



Greg Simon, MD, MPH  
Scientific Advisory Board Chair

“Personalized medicine” is a new buzz word for the genetic age. It promises that we’ll learn why and how people respond differently to different treatments. And, understanding this, we can choose—in advance—the right treatment or combination of treatments.

In the last five years, major health conditions like HIV, breast cancer and heart disease have seen more personalized treatment. Mood disorders, though, are still on the road to that promise. The best example of how far along that road we are is the NIMH-funded **STAR\*D** study. It explored this question (probably familiar to many of us): “When the first antidepressant medication doesn’t work, what would you try next?” **STAR\*D** compared three options: (1) switching to a different antidepressant, (2) adding a second antidepressant or (3) adding psychotherapy.

*Continued on Page 4 (Personalized Treatment)*

## PERSONALIZED TREATMENT

(Continued from page 3)

To sum up what **STAR\*D** found out about these three options: “They’re all good.” With all three, 25 to 30 percent of people had very good results on the second treatment even after the first didn’t help. There was no significant difference among the three options, as far as whether they would work. And there were no specific factors (age, gender, etc.) that predicted doing better on one treatment than another.

For those struggling to find an effective treatment, the **STAR\*D** results carry a mixed message. The frustrating news: It’s worth trying a second treatment, but we don’t yet have good indicators of which second treatment to choose. On average, they’re all good. But it’s almost certain that there’s one that will work best for you. And right now, we have to rely on trial and error (or slightly educated guesswork) to find the best one.

The good news: If the first treatment doesn’t work, it’s certainly worth trying a second one. And if that doesn’t work, it’s probably worth trying a third. As my DBSA friends like to remind psychiatrists like me, it’s not the person who “fails” the treatment but rather the treatment that fails the person. If one treatment fails you, it’s definitely worth trying another. This is true of treatment for depression, as well as for certain aspects of bipolar disorder.

It’s also very likely that we’ll soon be able, somehow, to predict how people will respond to treatments (both medication and psychotherapy). But mood disorders are more complicated conditions than cancer or HIV. Whether treatments work depends on many more factors, and so it makes sense that personalized treatment will be slower to arrive. Still, it’s likely that, in the next five to 10 years, there will be genetic or chemical tests to help us customize treatments for these illnesses. And in the meantime, we stay hopeful and keep trying.

Source: *DBSA Outlook*  
2008

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## Mental Illness and Drug Addiction May Co-occur Due to Disturbance in Part of the Brain

Why do mental illness and drug addiction so often go together? New research reveals that this type of dual diagnosis may stem from a common cause: developmental changes in the amygdala, a walnut-shaped part of the brain linked to fear, anxiety and other emotions. Dual diagnosis is common yet difficult to treat. Addiction of all types — to nicotine, alcohol and drugs — is often found in people with a wide variety of mental illnesses, including anxiety disorders, unipolar and bipolar depression, schizophrenia, and borderline and other personality disorders. Clinical reports [indicate] that at least half the people who seek help with addiction or mental health treatment have co-occurring disorders. Epidemiological data says that from two to five of every 10 anxious or depressed

## LAUGHTER (Continued from page 1)

against the continued progress of coronary artery disease are those who are willing to see themselves and their affairs as ludicrously unimportant in the planetary scheme of things. Finding humor, particularly in yourself, helps you lead a healthier life.

**6. Lighten up in difficult situations.** Laughter is called for during tough times. In fact, it’s an essential coping skill. Laughter has always helped me transcend my problems, whether I’m in deep depression or in deep water.

**7. Add laughter to your workout.** Humor makes exercise easier, so take it with you when you work out. It’s a fit and funny approach that strengthens my heart while lifting my spirits.

**8. Be imperfect.** Give yourself permission to do something less than perfect every day.

**9. Act like a kid again.** Go to the zoo and watch the monkeys, visit an amusement park, or go bowling. There’s no limit to what you can do to make yourself laugh. These activities take you away from all of life’s heaviness. The escape is great for your attitude and your health.

**10. Find the funny in the ordinary.** Most anything — a feeding squirrel, a road sign or a dog pulling its owner — can inspire laughs. Don’t get so caught up with your troubles that you fail to see the humor around you.

**11. Fake it.** Even at difficult times, make yourself laugh. Your brain may be smart, but your body benefits the same whether the laughter is real or faked.

**12. Go for the next best thing.** Let’s face it: Sometimes you may be so down in the dumps that you can’t even fake a laugh. No problem. You can do the next best thing --- smile. It’s not a cure-all, but such a simple action can make a difference in how you feel. Need help smiling? Look at yourself in the mirror and vow that at least the person looking back at you will smile.

**13. End every day with a smile.** No matter how difficult it is, laugh before you sleep. Keep track of your progress by making a mental note of how much you laughed that day

Source: *ADAMH’S ADVANTAGE*  
July/August 2008.

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people, and from four to eight of every 10 people with schizophrenia, bipolar disorder, or anti-social personality also have some type of addiction.

Source: *DBSA Metro Atlanta News*,  
February 08  
as taken from *Science Daily*.

**Do what you can, with what  
you have, where you are.**

**-Theodore Roosevelt-**

~

## 5 Mistakes to Avoid with Bipolar

By Julie Fast

The following are five things that persons with bipolar disorder need to avoid.

**1. Too much caffeine.** Ah yes, coffee, tea, Mountain Dew, energy drinks and super dark chocolate. They all sure either taste good or give you so called energy. The facts are they don't give real energy --- they pump you up for awhile and then either lead to the shakes or a crash. Then, they cause sleep problems. If more than one cup of coffee a day does not affect your sleep, then have at it! Otherwise, it might be wiser to drink decaf.

**2. Staying in relationships that are argumentative.** There is nothing worse for bipolar disorder than fighting. When I used to allow fights to happen in my family, I would have an immediate suicidal thought such as, "I just want to die." In order to stop the thoughts and the pain that come with them, I stopped arguing. This meant that some people had to go. It also meant that my contact with some family members had to change. Yes, it was me or them. I chose me. I'm the one who gets sick and has to live with the psychosis and the depression. Interestingly, many people understand this and know that I have to leave contentious situations no matter what. That helps.

**3. Letting irritation take over.** Bipolar disorder can lead to a lot of irritation and anger. I wasn't having a very smooth day yesterday. I could feel that I was irritated and that I needed to just calm down and make sure I didn't take it out on anyone. On a busy road yesterday, I honked my horn at a stupid driver and he flipped me off. This sent me a bit over the edge. I actually had the thought to chase him down. It is hard to explain that this feeling is different than just normal anger — it feels like a need as though it would be the right thing to do.

**4. Traveling without planning for bipolar disorder mood swings.** Traveling is a microcosm of bipolar disorder triggers. Time changes affect sleep that can then cause mood swings. You may be stuck with people you really don't want to be around. You may have to go places that are too over-stimulating. Whether you are a family member or friend or the person with bipolar disorder, you need to have a plan just as much as you need tickets and reservations.

**5. Getting trapped in the bipolar conversation.** This one is for family members. The bipolar conversation is when you think you're talking to the person you care about, where, in reality, you're simply talking to the illness. If you try to talk normally to a depressed person, for example, and say, "But your life is fine. Why are you so upset?" they can't answer that question. They will say, "My life has no purpose. I can't find a reason to keep on living like this." If you keep trying to reason with them, the bipolar conversation starts and no one wins.

*Julie Fast is a six-time author and award winning bipolar disorder advice columnist. Her work specializes in helping people manage all aspects of their daily lives, despite the complications that bipolar disorder creates.*

*Source: Mood Points, of DBSA Greater Houston  
Spring 2008*



## RECENT RESEARCH

### Abnormalities found in teen brains with bipolar

Preliminary brain-imaging findings of teen brains affected by bipolar disorder suggest that the illness develops in adolescence and that future treatments might be able to reverse or halt the progression of brain changes. This was reported in May at the American Psychiatric Association annual meeting.

"Adolescence may be a very important time in developing bipolar disorder, a time when those with genetic predisposition to the disorder may be at high vulnerability for developing the disorder as the adolescent brain changes," Dr. Hilary Blumberg of Yale university School of Medicine said.

"There is some very preliminary evidence that treatment may help reverse structural and functional abnormalities and prevent progression," she noted. "We are very hopeful that on the horizon, with lots of work, this will lead to the ability to prevent this disorder."

The study used MRIs to identify areas of the brain that were smaller or had different structures in individuals with bipolar disorder.

### Normal serum lithium levels might be harmful for older persons

In a study of bipolar patients treated with lithium, serum lithium levels did not correlate with brain lithium levels in older patients. Additionally, the higher brain lithium levels, but not higher serum lithium levels, predicted greater dysfunction and symptoms of depression in older patients.

Reported at the annual meeting of the American Association for Geriatric Psychiatry in March, Dr. Brent Forester with the Harvard Medical School said that older persons who are treated with lithium and show subtle signs of attentional problems should be tested even if their serum lithium levels are normal.

He added that there is no reason to take older bipolar patients off lithium if they show mild lithium neurotoxicity if their kidneys are functioning well. However, the physician may want to consider a lower dose and not just rely on serum levels to make these decisions.

*Continued on Page 7 (Recent Research)*

# **Movie Night At Jo Ann's\***

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

**Tuesday, October 14**

“”

**Tuesday, October 28**

“”

**Pizza is ordered and a second movie of your choice is shown during the evening.**

## *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.

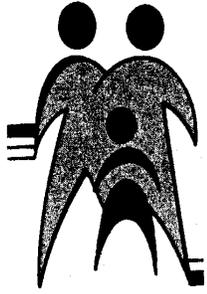
2nd driveway on the right (cat mailbox)

16280 Whispering Spur Drive

Entryway construction is underway ...you can still drive down the new driveway.

**(THIS PAGE FOR  
MEETING AD)**

**Lynne: Please cut back two  
page<sub>s</sub>**



### 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 the

## Holidays

Picnics or dinners  
at noon

~

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.

~

### \*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



## 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.

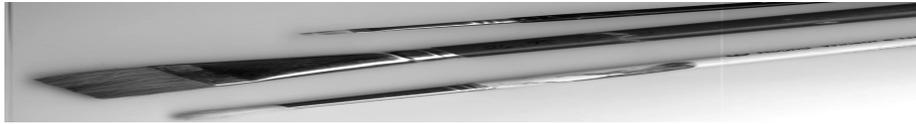
It could save your life.

If you don't have one,

**ORDER ONE TODAY!**

(Available through most pharmacies)





## The Art Connection

Rhue Pritchard is in charge.

October 11 - writing

October 25 - mixed media collage

at

Jo Ann's after lunch

Many of us who are dealing with depressive or bipolar disorders are creatively gifted. Here is a chance

to try your "wings", learn from others, and share.

For more details:

call us at: 951 / 780 - 3366

DBSA - Riverside

### RECENT RESEARCH *(Continued from page 5)*

#### Generic Wellbutrin Ok, says FDA

This spring the FDA said cheaper generic versions of Wellbutrin XL made by Teva Pharmaceutical Industries Ltd. and Impax Laboratories Inc. were just as safe and effective as the name brand. The review was prompted by 85 reports received by the FDA complaining about the generics. Some 78 of the patients claimed they relapsed with the generic version with half of those patients returning to the name brand, saying their condition improved.

#### Migraine common with psychiatric disorders

Migraine is commonly associated with a variety of psychiatric disorders, according to a report in the April issue of *Headache*.

Compared to persons without migraines, those with the

condition had a higher lifetime and 12-month prevalence of major depression, bipolar disorder, panic and social phobia. And, the association did not differ significantly according to gender, age, place of residence or education level.

#### Treating SSRI-resistant depression

The best treatment for depression that is resistant to selective serotonin reuptake inhibitors may be switching to a different class of antidepressants according to a study in the April 1 issue of *Biological Psychiatry*. The researchers noted that in recent trials only about 30 percent of the depressed patients achieve remission with SSRI treatment. For those patients who were then switched to a non-SSRI antidepressant, remission became 29 percent more likely than it was for those patients who were instead switched to a different SSRI medication.

Source: ADAMhs ADVANTAGE

July/August 2008

B.C.

