



# The Thermometer Times

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

VOL. 20 NO. 7 Out of darkness . . . July, 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 13 for address & map)

**Saturday 10:00 am - 12 noon**

**July 5, 12, 19 & 26**

**Web Site:** [DBSA, Riverside:](http://californiadbasa.org)

<http://californiadbasa.org>

**E-mail:** [DBSA, Riverside:](mailto:dbsaofriv1@aol.com)

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

[DBSA, California:](mailto:dbsaofcal@aol.com) [dbsaofcal@aol.com](mailto:dbsaofcal@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

## Rhode Island News

# A major swing in diagnosing bipolar disorder

By Felice J. Freyer  
Journal Medical Writer

A few years ago, Dr. Mark Zimmerman, a psychiatrist at Rhode Island Hospital, started noticing that many patients were coming to his practice seeking treatment for bipolar disorder. They'd received the diagnosis elsewhere, and they "were invested in it," he said.

But as Zimmerman and his colleagues talked to these patients, it seemed to them that a significant proportion didn't meet the definition of bipolar disorder, a mental illness characterized by dramatic mood swings.

So Zimmerman, director of outpatient psychiatry at Rhode Island Hospital and a psychiatry professor at the Warren Alpert Medical School of Brown University, decided to put his observations to a rigorous test. He conducted a study — and found that fewer than half those who were told they had bipolar disorder actually did.

His findings, if replicated in other studies, could upend the traditional notion that bipolar disorder is under-diagnosed and show that, in fact, it's widely over-diagnosed.

Such errors can put patients at risk for the side effects of drugs that won't help them, and deprive them of the treatment they truly need.

Zimmerman's group assessed 700 patients between May 2001 and March 2005 with a structured three-hour interview that is considered the gold standard in psychiatric research. Those 700 patients were also asked whether they had received a diagnosis of bipolar disorder. Of them, 145 said they had. But fewer than half of the 145 — 43.4 percent — actually met the criteria for bipolar disorder.

To verify his findings, Zimmerman also looked at family history, because bipolar disorder is known to have a genetic component. The researchers compared three groups of patients: those who had never had a diagnosis of bipolar disorder and whom the researchers also didn't think had it; patients who had been diagnosed with bipolar disorder but whose diagnosis was not confirmed by the structured interview; and patients diagnosed as bipolar whose illness was confirmed in the interview.

*Continued on Page 3 (Diagnosing)*

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 July

6:30 PM

**Tuesday, July 8**

**"Mr Holland's Opus"**

**Tuesday, July 22**

**"Five People You Meet In  
Heaven"**

See page 7 for more details

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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**and Neurology**

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

### Riverside Suicide Crisis Help Line

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

### National Suicide Prevention Hotline

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

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

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## DIAGNOSING (Continued from pg. 1)

The family histories of the first two groups showed a low incidence of bipolar disorder in relatives. But those whose diagnosis of bipolar was confirmed by the interview also had significantly more relatives with the same disorder, suggesting that the third group had been accurately diagnosed.

Zimmerman's study was published online last week in the *Journal of Clinical Psychiatry*, and he presented it Wednesday at the annual meeting of the American Psychiatric Association.

Believing that one has bipolar disorder when one doesn't can have serious consequences, Zimmerman said. The drugs given to treat it can have harmful side effects, including damage to the kidneys, liver and immune or endocrine systems.

Additionally, he said, some patients "are very much invested in their diagnosis and disorder and live a lifestyle that is consistent with that. They stigmatize themselves. They view themselves as not being able to do certain things." Some patients are "looking for a magic pill that will cure all ills" when they really need to do the hard work of psychotherapy.

Zimmerman speculates that the over-diagnosis occurs because doctors "prefer to treat something they think is more likely to get better," and medications are available to treat bipolar disorder. "Also, there's been a lot of p.r. in both the professional and public press about bipolar disorder," including celebrities announcing they have it.

Asked about Zimmerman's study, Dr. Michael E. Thase, professor of psychiatry at the University of Pittsburgh Medical Center and the Western Psychiatric Institute and Clinic, said that he, too, has seen people diagnosed with bipolar disorder who don't meet the criteria. "I'm not surprised or shocked by these findings," Thase said of Zimmerman's study. After many

years of hearing that bipolar is under-diagnosed, he said, "the pendulum has swung the other way."

Dr. Gary S. Sachs, founder and director of the Bipolar Clinic and Research Program at Massachusetts General Hospital, in Boston, says that Zimmerman's study goes to the heart of "a serious issue for our field": inaccurate diagnoses, arrived at through casual impressions rather than the careful application of formal criteria.

"This is the sacred duty of a caretaker -- to make sure they have the diagnosis right," he said.

Sachs urged patients who receive a psychiatric diagnosis to ask their doctor how many criteria for the illness the patient fulfills. "If the doctor can rattle that off, they have done a formal assessment," Sachs said. The assessment should also include medical records and conversations with family members, because people often don't accurately perceive their own moods and behaviors.

Donna Howard, who heads the local chapter of the Depression and Bipolar Support Alliance, was unconvinced by Zimmerman's study. "I know it's just the opposite," she said, asserting that for 10 years, psychiatry has been biased against bipolar disorder.

Zimmerman's method, she said, "ignores the nature of bipolar," which she said can vary in form and intensity over time. "One could be diagnosed and then six months or a year later present to a different clinician ... a different set of symptoms and not meet the very narrow criteria he's using," she said.

Source: The Providence Journal  
May 12, 2008  
ffreyer@projo.com

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# Steps to take to age Younger

BY STEVEN GRAY  
CHICAGO TRIBUNE

Dr. Michael Roizen, cofounder of RealAge.com, has done an exhaustive review of more than 35,000 medical and scientific studies about aging in humans. He has uncovered many of the mysteries of how and why we age, and shares the simple things we can do to make our "real age," which can be older or younger than what the calendar says, younger.

Here are his tips to help make a woman's real age younger in as little as 90 days. Anyone can receive a personalized, science-based plan to live younger by taking the RealAge Test for free at RealAge.com.

**An aspirin** a day after age 40: Taking one 325 mg. tablet of aspirin per day can make your real age as much as 1.9 years 'younger.

**Floss your teeth:** Flossing and brushing daily can make your real age 6.4 years younger.

**Blood pressure:** A person with low blood pressure (115/75 mm Hg) is as much as 23 years younger than a person with

high blood pressure greater than 160/90 mm Hg).

**Reduce stress:** In highly stressful times, your real age can be as much 32 years older than your calendar age. By building strong social networks and adopting stress-reduction strategies, you can erase 30 of those 32 years of aging caused by stress.

**Quit smoking** and avoid passive smoke: Smoking makes your real age eight years older.

**Be active:** Even a small amount of exercise -- two 20-minute walks per day -- can make your real age nearly five years younger.

**Laugh:** Laughter reduces stress, strengthens the immune system and can make your real age as much as eight years younger.

Source: *Riverside-Press -Enterprise*  
October 10, 2007

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# At-home test for bipolar disorder stirs health debate

By Marcus Wohisen

The Associated Press

SAN DIEGO — Dr. John Kelsoe has spent his career trying to identify the biological roots of bipolar disorder. In December, he announced he had discovered several gene mutations closely tied to the disease, also known as manic depression.

Then Kelsoe, a prominent psychiatric geneticist at UC San Diego, did something provocative for the buttoned-down world of academic medical research: He began selling bipolar genetic tests straight to the public over the Internet last month for \$399.

His company, La Jolla-based Psynomics, joins a legion of startups racing to exploit the boom in research connecting genetic variations to a host of health conditions. More than 1,000 at-home gene tests have burst onto the market in the past few years.

The proliferation of these tests troubles many public health officials, medical ethicists and doctors. The tests receive almost no government oversight, even though many of them are being sold as tools for making serious medical decisions.

Health experts worry that many of these products are built on thin data and are preying on individuals' deepest anxieties.

"People are always rushing to the market on the basis of one or two studies," said Dr. Mum Khoury, director of the National Office of Public Health Genomics at the Centers for Disease Control and Prevention. "We have very little evidence that telling people their genetic information is going to make any difference."

Tests have become available claiming to help predict and diagnose everything from serious illnesses like cancer and Alzheimer's to athletic ability and a person's ideal diet. Psynomics' offering is one of the first psychiatric gene tests on the market.

Kelsoe, 52, acknowledges that bipolar disorder probably results from a combination of genetic factors and life experiences, and that the presence of these gene variations does not at all mean that someone will, in fact, develop the disease. He admits, too, that his findings about the genetic basis of the illness are far from complete.

But he said his test is a vital starting point toward moving away from the notoriously tricky practice of diagnosing bipolar disorder based purely on a person's behavior.

"The goal of this is to try and help doctors make an accurate diagnosis more quickly so the patient can be treated appropriately," Kelsoe said. "Anything is going to help, even if it just helps a little bit."

Bipolar sufferers experience intense mood swings as they cycle between manic, sometimes delusional highs and depressive lows that can lead to suicide if untreated. The disease is often misdiagnosed as other forms of depression, which delays treatment and can result in the prescribing of antidepressants that make some patients' symptoms worse.

To take the test, patients receive by mail a plastic cup that they spit into, seal and send back to Psynomics. The company analyzes DNA in the saliva.

Psynomics will send patients' test results only to their doctors to avoid the risk of self-diagnosis.

The report that accompanies those results instructs doctors that a positive test means patients are two to three times more likely to have bipolar disorder. But the studies from which those figures come also show the gene variations themselves are rare even among those with bipolar.

The report also points out that for now, the test is valid only for whites of Northern European ancestry who show some behavioral symptoms and have at least one other bipolar family member.

Source: *Riverside Press-Enterprise*  
March, 2008

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## Seroquel approved for Dx of bipolar disorder

AstraZeneca's Seroquel Given FDA Approval for Treating Patients with Bipolar Disorder

From Associated Press WorldStream - May 14, 2008  
LONDON—AstraZeneca PLC said Wednesday that U.S. regulators have approved its anti-psychotic drug Seroquel as a maintenance treatment for patients with bipolar I disorder. Seroquel, already on sale to treat schizophrenia and depressive or manic episodes, is AstraZeneca's second-biggest selling drug, generating \$4 billion of sales in 2007, but it is facing strong potential generic competition.

*We have to dare to be ourselves, however  
frightening or strange that self may prove to be.*

MAY SARTON (1912-1995)

Poet and Writer

**Today the world changes so quickly that in  
growing up we take leave not just of youth  
but of the world we were young in...**

PETER MEDAWAR (1915-1987)

Immunologist and Nobel Laureate

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# Your New Online Home for Wellness

This past December, the doors to the Facing Us Clubhouse opened to rave reviews. An innovative and interactive website, [www.FacingUs.org](http://www.FacingUs.org) is an online community created to provide a safe haven for those living with mood disorders and offer inspiration and encouragement to anyone seeking personal wellness. "This is a special place," said DBSA Executive Vice President Peter Ashenden, "where visitors can spend quiet time—journaling, meditating, doing yoga or browsing the media room—early in the morning or in the middle of the night. This is an extraordinary place that will provide hope, help and support, 24 hours a day, seven days a week."

The Facing Us Clubhouse was built to be a comfortable environment where users can feel at home. Several "rooms" in the clubhouse require you to first create a log-in account. This allows you to establish a personal "file," so to speak, so that you can design your own unique wellness tools.

Once inside the Clubhouse, you can:

- Develop a wellness plan to help keep your days balanced and positive.
- Keep a personal online journal of your daily feelings and emotions. Entries are completely private.
- Share wellness tips with others on ways to maintain good mental and physical health.
- Create a wellness book filled with tips for maintaining a healthy life. These tips can be a combination of personal tips and those chosen from a library of shared tips posted to the site by other users. While each person's book remains private, you also have the option to create books for friends and family members as a way to offer inspiration and support.
- Print a copy of your wellness book, wellness plan and personal journal with beautiful artwork as a cover.
- Browse the multimedia room for a variety of art, audio and video presentations, public messages and personal video stories. You can also create your own personal video stories to share.
- Send an e-postcard with a birthday greeting or simple message of support.
- Connect to important resources that offer additional information about mood disorders.
- Feel secure knowing that all of the site's activities are completely private and confidential.

**To explore the Clubhouse and see the winners of the national "Facing Us" art, video and PSA contests, visit [www.FacingUs.org](http://www.FacingUs.org).**

*Source: DBSA Outreach  
Winter, 2008*

# Scientific Advisory Board Update

## Is There a Science of Recovery?

*Greg Simon, MD, MPH, SAB Chair*

I'm certainly a disciple of the mental health recovery movement. But I must admit that my belief in the value and power of peer support and recovery planning is based more on personal experience, anecdotal evidence, than on the results of scientific research. So, the question is: How can we build that evidence for peer support and recovery? To spark more of this kind of research, we in the recovery movement face three significant challenges. We must find a way to

- Broaden psychiatric research's horizons to study people's strengths and goals rather than just symptoms and limitations.
- Illustrate the importance of consumer activation/empowerment and consumer-provider treatment partnerships (collaborative care).
- Demonstrate the decisive benefits to be gained by transforming health care systems into ones that promote recovery and peer support.

Historically, psychiatric research has emphasized the connection between mood disorders and disability. Current studies show that, on average, individuals living with mood disorders report that they have a poorer quality of life, they're less likely to work and they spend a longer period of time incapable of fully participating in their lives. The studies also find that reducing people's symptoms reduces disability and improves their quality of life. This is certainly helpful information, but the recovery movement focuses on improving the quality of life **even if** symptoms can't be completely eliminated. What the psychiatric field needs is a revolutionary new type of research—one that studies quality of life **apart from** symptoms. Traditional research has tended to measure negatives rather than positives. And it must change its focus—from the limitations of symptoms to the real possibility that those experiencing these symptoms can live empowered lives, full of meaning and enjoyment.

To study the benefits of consumer empowerment, psychiatry has a good way to go. Recent research on collaborative care programs indicates that educating consumers and supporting self-management leads to increased consumer satisfaction and better symptom management. But unfortunately, most of this kind of research comes from the field of general medicine rather than psychiatry. For example, studies during the 1980s of individuals with hypertension and diabetes found that education and consumer empowerment led to better treatment outcomes for these illnesses. Those with arthritis and other chronic physical illnesses have available to them a series of peer support programs to promote better self-management, a series developed by Kate Long, RN, DrPH, at the Stanford University School of Medicine. It's ironic that the field of general

*Continued on Page 6 (Recovery)*

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# Deep Brain Stimulation Helps Severely Depressed Minimally invasive therapy improves symptoms for treatment-resistant patients, study finds

By Serena Gordon

Posted 4/28/08

MONDAY, April 28 (HealthDay News) — For those with the most severe depression, a novel therapy may offer new hope.

The treatment is deep brain stimulation (DBS), which is used for some people with Parkinson's disease, and researchers found that it cut depression symptoms by 50 percent for about half of those treated.

"This is a new therapy for patients with severe, intractable depression. There's a lot of promise for this approach," said study author Dr. Au Rezai, director of the Center for Neurological Restoration at the Cleveland Clinic in Ohio.

Deep brain stimulation requires minimally invasive surgery to place electrodes into specific parts of the brain that are believed to be malfunctioning. Once in place, the electrodes emit tiny, adjustable, electrical pulses that block dysfunctional activity in the brain. It's been used for about 20 years in the treatment of Parkinson's disease. Rezai added that the current group working on DBS and depression, which includes researchers from Brown University and Massachusetts General Hospital as well, has also had success using DBS to treat obsessive-compulsive disorder.

Severe depression occurs in about 10 percent to 20 percent of depression cases, according to Rezai. Antidepressants, and even electroconvulsive (ECT) therapy, often fail to bring about improvement in depressive symptoms for those with this severe form, leaving them at an increased risk of suicide. The suicide rate in people with major depression may be as high as 15 percent, according to the researchers.

In the current study, 15 people suffering from severe depression for at least five years who weren't helped by other forms of treatment received DBS implants. Six months later, 47.1 percent had at least a 50 percent reduction in their depressive symptoms, based on a commonly used depression scale. At one year, that number was 50 percent.

Even patients who didn't meet the 50 percent reduction criteria used as an endpoint in this study still experienced some symptom reduction, according to Rezai, who added that all of the participants said they would undergo DBS again.

The procedure was well-tolerated, and just one patient had a brief seizure in this study.

"This is not for everyday depression, but for those who have failed everything else, hope is on the way," said Dr. Kathryn Holloway, a professor of neurosurgery at the Virginia

Commonwealth University Medical Center in Richmond. "There are new treatments being developed that are having success where no medication has," she noted. Other treatments that have shown promise include vagal nerve stimulation and transcranial magnetic stimulation. The problem, she said, is that many insurers won't cover these procedures for depression.

Rezai was expected to present the findings April 29 at the American Association of Neurological Surgeons annual meeting, in Chicago. He said that his DBS group is now conducting a larger, controlled study.

Another depression study being presented Monday at the meeting found that people on medications for clinical depression who underwent surgery for a malignant brain tumor, called an astrocytoma, had an increased risk of death after the surgery.

Depression prior to surgery upped the odds of death after surgery by about 40 percent, according to the Johns Hopkins School of Medicine study. At 12 months after surgery, just 15 percent of those who were depressed before their operation were alive, compared to 41 percent of those who weren't depressed. At 20 months, none of the depressed patients were still alive, yet 21 percent of the non-depressed were still alive. The authors concluded that effectively treating depression before surgery might help improve outcomes.

## More information

To learn more about deep brain stimulation (DBS), visit *American Association of Neurological Surgeons*.

Source: *U.S. News and World Report*  
April 8, 2008

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## RECOVERY (Continued from pg. 5)

medicine is paving the way toward more effective healing relationships, when **psychiatry** is the field that addresses, as the Greek root of the word tells us, the "healing of the soul." We need to understand more about how hope and a sense of empowerment contribute to healing.

One of the recovery movement's main goals is to transform mental health systems so that they promote these healing relationships. And we're only just beginning to think about ways to carry out the research needed to make that transformation a reality. Some time ago, I helped conduct a pilot study of peer support and recovery planning in an outpatient mental health clinic. We began the way researchers usually do, by randomly assigning half of the participants to receive the new, recovery-oriented services and half to continue with "status quo" care. But we soon realized that actually establishing a peer support program in the clinic would mean significant changes in the clinic's culture and structure—an organizational revolution, if you will. And that doesn't fit into the usual research method of randomized, controlled trials. I remember asking a DBSA colleague, "How do you do a randomized trial of a **revolution?**" We're still working on that question.

Source: *DBSA Outreach*  
Winter, 2008

# MOVIE NIGHT AT JO ANN'S\*

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

**Tuesday, July, 8**

## “Mr. Holland’s Opus”

Glenn Holland (Richard Dreyfuss) is a passionate musician who dreams of composing one truly memorable piece of music. But reality intrudes when he reluctantly accepts a “day job” as a high school music teacher.

**Tuesday, July, 22**

## “Five People You Meet In Heaven”

From the book by Mitch Albom with the same title.  
A New York Times Best Seller, the movie explores the mysteries of  
afterlife by reminding us what really matters here on Earth.  
Ellen Burstyn and Jon Voight

**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)  
16289 Whispering Spur Drive

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

**(THIS PAGE FOR  
MEETING AD)**



**Join your DBSA friends at Jo Ann's\***



**12 Noon, Friday,**

**July 4th**

# **Picnic/Bar B Q**

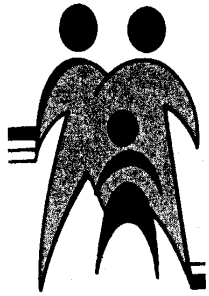


**Swimming, badminton, spa, food and more...**

**Bring a salad, main dish,  
or dessert.**

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

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



### 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

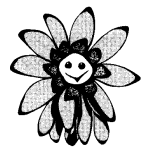
#### Jo Ann Martin's Home

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.

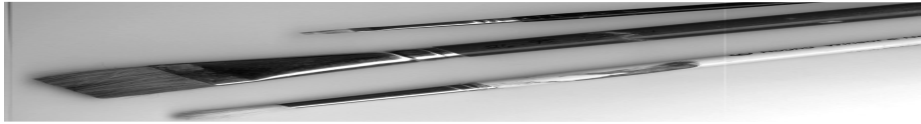
It could save your life.

If you don't have one,

**ORDER ONE TODAY!**

(Available through most pharmacies)





## **The Art Connection**

**Rhue Pritchard is in charge.**

**June 14 - writing**

**June 28 - 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**

### **Household Appliance Opportunities**

Take your clothes out of the wash  
And put them into the fryer  
Denim delight is delicious at night  
When a midnight snack is your desire

Corned beef hash can cost quite some cash  
Try some telephone soup instead  
Whip some cream into your answerAng machine  
And boil it in your waterbed.

Simmer that silicon, toast those transistors  
A robotic meal made just for you  
When awake in the morning you will feel reborn again  
With a taste of some ceiling fan stew

Are you on the run and starving?  
Forget about those expensive sardines  
Pocket lint puree will make your day  
As envious co-workers are seething

As old appliances break down  
There really is no need to frown  
Enjoy them in many different ways  
Leftover lampshade can make the grade  
With a helping of hot rubber tire

Written by Erik Valdez Copyright August 30, 1996