



# The Thermometer Times

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

VOL. 20 NO. 8 Out of darkness . . . August, 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**

**August 2, 9, 16, 23 & 30**

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

<http://californiadbbsa.org>

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

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[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.**

### 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

## Gene Chip for Personalized Meds Psychiatrists Can Now Predict An Individual Patient's Response To A Drug



August 2, 2006 — The first in a new generation of gene microarrays, computer chips that chemically or electrically express DNA, can predict how a person's body will metabolize about 25 percent of drugs on the market, including most antipsychotic medications. The chip tests for mutations in genes that break down drugs. Molecular biologists say that slow metabolizers may be susceptible to side effects, while fast metabolizers may not find a drug effective.

AUGUSTA, Ga. — It can be a game of Russian roulette. When doctors try out different meds on patients, they don't always know how they'll respond — and the wrong guess can have deadly consequences. Now, there's a new way to tell how people break down certain drugs, paving the way for personalized medicine.

Playing tug of war with her horse, Shilo, is the same kind of struggle 62-year-old Lynne Tollison has always had with doctors. She says, "This is the classic answer: 'She obviously takes a lot of medication, and her body builds up tolerances,' like I'm a drug addict."

Pain medications haven't worked for Tollison's arthritis, and side effects prevented her from taking a drug for bipolar disorder. "You get to the point where you don't go to a doctor or dentist when you need to go, because what they give you is not going to help, so you don't go!"

But now, a first-of-its kind gene chip test is solving years of medical mystery. It tells doctors how a person processes about 25 percent of drugs on the market, including most antipsychotic meds.

Psychiatrist Adriana Foster, of the Medical College of Georgia in Augusta, says, "Our slogan is start low and go slow, but patients can't always afford that because they could be terribly depressed and at risk of suicide."

Here's how the test works. First, blood is drawn and DNA is extracted. Then scientists isolate the two genes that break down drugs and look for mutations.

Doctors hope the test will pave the way for a new generation of medicine.

"We have been, you know, waiting for these kind of things for a long time, and

*Continued on Page 3 (Gene Chip)*

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 August

6:30 PM

**Tuesday, August 12**

**Finding Forester**

An accidental meeting between William Forester (Sean Connery) and Jamal Wallace (Rob Brown) results in an inspiring story of two lives which are changed forever.

**Tuesday, August 26**

**Lessons on Living**

Original interviews with Morrie Schwartz by Ted Koppel on ABC that inspired the best seller, Tuesdays with Morrie.

Morrie is dying with Al's (Lou Gehrig's Disease) and shares many important thoughts about what matters in life.

**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**

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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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# Lotus Therapy

By BENEDICT CAREY



The patient sat with his eyes closed, submerged in the rhythm of his own breathing, and after a while noticed that he was thinking about his troubled relationship with his father.

“I was able to be there, present for the pain,” he said, when the meditation session ended. “To just let it be what it was, without thinking it through.”

The therapist nodded.

“Acceptance is what it was,” he continued. Just letting it be. Not trying to change anything.”

“That’s it,” the therapist said. That’s it, and that’s big.”

This exercise in focused awareness and mental catch-and-release of emotions has become perhaps the most popular new psychotherapy technique of the past decade. Mindfulness meditation, as it is called, is rooted in the teachings of a fifth-century B.C. Indian prince, Siddhartha Gautama, later known as the Buddha. It is catching the attention of talk therapists of all stripes, including academic researchers, Freudian analysts in private practice and skeptics who see all the hallmarks of another fad.

For years, psychotherapists have worked to relieve suffering by reframing the content of patients’ thoughts, directly altering behavior or helping people gain insight into the subconscious sources of their despair and anxiety. The promise of mindfulness meditation is that it can help patients endure flash floods of emotion during the therapeutic process — and ultimately alter reactions to daily experience at a level that words cannot reach. “The interest in this has just taken off,” said Zindei Segal, a psychologist at the Center of Addiction and Mental Health in Toronto, where the above group therapy session was taped. “And I think a big part of it is that more and more therapists are practicing some form of contemplation themselves and want to bring that into therapy.”

At workshops and conferences across the country, students, counselors and psychologists in private practice throng lectures on mindfulness. The National Institute of Health is financing more than 50 studies testing mindfulness techniques, up from 3 in 2000, to help relieve stress, soothe addictive cravings, improve attention, lift despair and reduce hot flashes.

Some proponents say Buddha’s arrival in psychotherapy signals a broader opening in the culture at large — a way to access deeper healing, a hidden path revealed.

Yet so far, the evidence that mindfulness meditation helps relieve psychiatric symptoms is thin, and in some cases, it may make people worse, some studies suggest. Many researchers now worry that the enthusiasm for Buddhist practice will run so far ahead of the science that this promising psychological tool could turn into another fad.

“I’m very open to the possibility that this approach could be effective, and it certainly should be studied,” said Scott Lienfeld, a psychology professor at Emory. “What concerns me is the hype, the talk about changing the world, this allure of the guru that the field of psychotherapy has a tendency to cultivate.”

Buddhist meditation came to psychotherapy from mainstream academic medicine. In the 1970s, a graduate student in molecular biology, Jon Kabat-Zinn, intrigued by Buddhist ideas, adapted a version of its meditative practice that could be easily learned and studied. It was by design a secular version, extracted like a gemstone from the many-layered foundation of Buddhist teaching, which has sprouted a wide variety of sects and spiritual practices and attracted 350 million adherents worldwide.

In transcendental meditation and other types of meditation, practitioners seek to transcend or “lose” themselves. The goal of mindfulness meditation was different, to foster an awareness of every sensation as it unfolds in the moment.

Dr. Kabat-Zinn taught the practice to people suffering from chronic pain at the University of Massachusetts medical school. In the 1980s he published a series of studies demonstrating that two-hour courses, given once a week for eight weeks, reduced chronic pain more effectively than treatment as usual.

Word spread, discreetly at first. “I think that back then, other researchers had to be very careful when they talked about this, because they didn’t want to be seen as New Age weirdos,” Dr. Kabat-Zinn, now a professor emeritus of medicine at the University of Massachusetts, said in an interview. “So they

*Continued on Page 4 (Lotus Therapy)*

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## GENE CHIPS *(Continued from pg. 1)*

now it’s here,” Zixuan Wang, a microbiologist at Medical College of Georgia, tells DBIS.

For Tollison, who just found out she is a poor metabolizer, it means validation and hopefully finding effective treatments that will allow her to take care of her family. “I have to struggle to keep myself together sometimes, so that would be wonderful,” she says. If a person is a poor metabolizer, they may be susceptible to side effects and will stop taking a much-needed drug because of them. If a person is a fast metabolizer, the drug may not work, and a depressed patient could commit suicide in that time. Right now the gene chip test costs between \$600 and \$1,000, but in the future it could be something insurance would cover. And the researchers say it could ultimately be cost-effective as there would be fewer trial-and-error prescriptions made.

*Source: Science Daily  
August 1, 2006*

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## LOTUS THERAPY *(Continued from pg. 3)*

didn't call it mindfulness or meditation. "After a while, we put enough studies out there that people became more comfortable with it."

One person who noticed early on was Marsha Linehan, a psychologist at the University of Washington who was trying to treat deeply troubled patients with histories of suicidal behavior. "Trying to treat these patients with some change-based behavior therapy just made them worse, not better," Dr. Linehan said in an interview. "With the really hard stuff, you need something else, something that allows people to tolerate these very strong emotions."

In the 1990s, Dr. Linehan published a series of studies finding that a therapy that incorporated Zen Buddhist mindfulness, "radical acceptance," practiced by therapist and patient significantly cut the risk of hospitalization and suicide attempts in the high-risk patients.

Finally, in 2000, a group of researchers including Dr. Segal in Toronto, J. Mark G. Williams at the University of Wales and John D. Teasdale at the Medical Research Council in England published a study that found that eight weekly sessions of mindfulness halved the rate of relapse in people with three or more episodes of depression.

With Dr. Kabat-Zinn, they wrote a popular book, "The Mindful Way Through Depression." Psychotherapists' curiosity about mindfulness, once tentative, turned into "this feeding frenzy, of sorts, that we have going on now," Dr. Kabat-Zinn said.

Mindfulness meditation is easy to describe. Sit in a comfortable position, eyes closed, preferably with the back upright and unsupported. Relax and take note of body sensations, sounds and moods. Notice them without judgment. Let the mind settle into the rhythm of breathing. If it wanders (and it will), gently redirect attention to the breath. Stay with it for at least 10 minutes.

After mastering control of attention, some therapists say, a person can turn, mentally, to face a threatening or troubling thought — about, say, a strained relationship with a parent — and learn simply to endure the anger or sadness and let it pass, without lapsing into rumination or trying to change the feeling, a move that often backfires.

One woman, a doctor who had been in therapy for years to manage bouts of disabling anxiety, recently began seeing Gaea Logan, a therapist in Austin, Tex., who incorporates mindfulness meditation into her practice. This patient had plenty to worry about, including a mentally ill child, a divorce and what she described as a "harsh internal voice," Ms. Logan said.

After practicing mindfulness meditation, she continued to feel anxious at times but told Ms. Logan, "I can stop and observe my feelings and thoughts and have compassion for myself."

Steven Hayes, a psychologist at the University of Nevada at Reno, has developed a talk therapy called Acceptance Commitment Therapy, or ACT, based on a similar, Buddha-like effort to move beyond language to change fundamental psy-

chological processes.

"It's a shift from having our mental health defined by the content of our thoughts," Dr. Hayes said, "to having it defined by our relationship to that content — and changing that relationship by sitting with, noticing and becoming disentangled from our definition of ourselves."

For all these hopeful signs, the science behind mindfulness is in its infancy. The Agency for Healthcare Research and Quality, which researches health practices, last year published a comprehensive review of meditation studies, including T.M., Zen and mindfulness practice, for a wide variety of physical and mental problems. The study found that over all, the research was too sketchy to draw conclusions.

A recent review by Canadian researchers, focusing specifically on mindfulness meditation, concluded that it did "not have a reliable effect on depression and anxiety."

Therapists who incorporate mindfulness practices do not agree when the meditation is most useful, either.

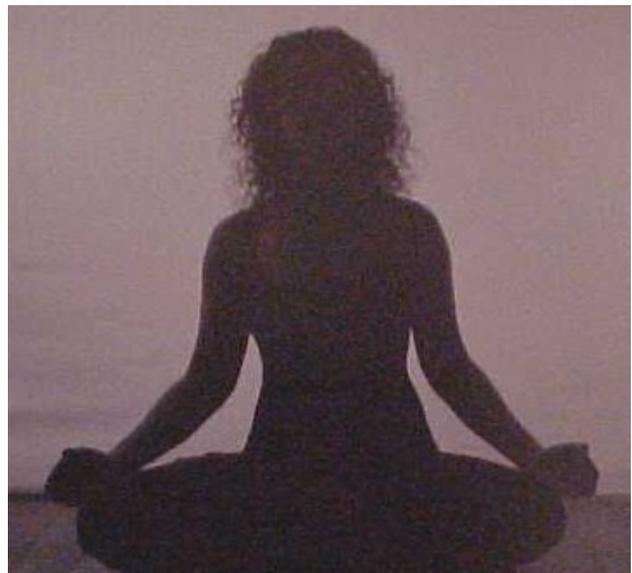
Some say Buddhist meditation is most useful for patients with moderate emotional problems. Others, like Dr. Linehan, insist that patients in severe mental distress are the best candidates for mindfulness.

A case in point is mindfulness-based therapy to prevent a relapse into depression. The treatment significantly reduced the risk of relapse in people who have had three or more episodes of depression. But it may have had the opposite effect on people who had one or two previous episodes, two studies suggest.

The mindfulness treatment "may be contraindicated for this group of patients," S. Helen Ma and Dr. Teasdale of the Medical Research Council concluded in a 2004 study of the therapy.

Since mindfulness meditation may have different effects on different mental struggles, the challenge for its proponents will be to specify where it is most effective — and soon, given how popular the practice is becoming.

Source: The New York Times  
May 27, 2008



# Obesity And Depression May Be Linked



ScienceDaily (Jun. 2, 2008) — A major review reveals that research indicates people who are obese may be more likely to become depressed, and people who are depressed may be more likely to become obese.

To understand the potential links between obesity and depression, researchers led by Sarah M. Markowitz, M.S., examined the correlational data that suggest a connection between the conditions and found evidence for causal pathways from obesity to depression and depression to obesity.

People who are obese may be more likely to become depressed because they experience themselves as in poor health and are dissatisfied with their appearance. This occurrence was particularly prevalent among women and those of high socio-economic status.

People who are depressed may be more likely to become obese because of physiological changes in their hormone and immune systems that occur in depression. Also, they have more difficulty taking good care of themselves because of symptoms and consequences of depression, such as difficulty adhering to fitness regiments, overeating, and having negative thoughts.

Treatments such as exercise and stress reduction can help to manage both obesity and depression at the same time. Potentially, dieting, which can worsen mood, and antidepressants, which can cause weight gain, should be minimized.

“The treatment of depression and obesity should be integrated,” the authors conclude. “This way, healthcare providers are working together to treat both conditions, rather than each in isolation.”

This study is published in the March 2008 issue of *Clinical Psychology: Science and Practice*.

Source: *Science Daily*  
June 2, 2008

# Some drugs absorbed poorly by the body

**METABOLIZED:** As much as 80 percent of medicines can end up being excreted.

THE ASSOCIATED PRESS

A furnace can't burn a whole lump of coal; some is wasted. Your body can't use all the medicine you take either; some is excreted.

How much of a drug passes through the body depends on the particular medicine.

Some drugs are very efficient performers, according to data collected by chemist James Shine at the Harvard School of Public Health. The body metabolizes, or uses up, more than 80 percent of the pain reliever acetaminophen and the antidepressant fluoxetine. These metabolized portions are used by the body to make you feel better.

Other drugs are harder to metabolize, but at least half is used. That's true of the antibiotic ciprofloxacin and of digoxin for heart problems.

Yet other drugs, such as metformin for diabetes and atenolol for high blood pressure, are not metabolized as much, and at least 80 percent of those pills end up in the toilet.

Once water borne, the remains of pharmaceuticals find their way into sewers and streams — and eventually into drinking water.

The concentration of a particular drug in water supplies also is determined by how much is taken and how readily the specific drug breaks down in the environment.

Source: *The Press-Enterprise*  
March 10, 2008

## Getting Sharper

The brain health of older Americans is changing—for the better. Men and women over age 70 tested in 2002 showed a significant decline in problems with thinking and memory compared with a similar group tested in 1993.

More schooling, higher income and improved cardiovascular health appear to play a role, the scientists say. “Control your blood pressure and cholesterol, and stay physically active,” advises lead author Kenneth M. Langa, M.D., of the University of Michigan, “because what's bad for your heart is also bad for your brain.” The paper was published online Feb. 20, 2008 by the journal *Alzheimer's and Dementia*.

Source: *AARP Bulletin*  
April, 2008

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# Veterans claim 'epidemic of suicides'

BY PAUL ELIAS  
THE ASSOCIATED PRESS

**SAN FRANCISCO** — The U.S. Department of Veterans Affairs isn't doing enough to prevent suicide and provide adequate medical care for Americans who have served in the armed forces, according to a class-action lawsuit that goes to trial this week.

The lawsuit, filed in July by two nonprofit groups representing military veterans, accuses the agency of inadequately addressing a "rising tide" of mental health problems, especially post-traumatic stress disorder. But government lawyers say the VA has been devoting more resources to mental health and making suicide prevention a top priority. They also argue that the courts don't have the authority to tell the department how it should operate.

The trial is set to begin Monday in a San Francisco federal court.

An average of 18 military veterans kill themselves each day, and five of them are under VA care when they commit suicide, according to a December e-mail between top VA officials that was filed as part of the federal lawsuit.

"That failure to provide care is manifesting itself in an epidemic of suicides," the veterans groups wrote in court papers filed Thursday.

A study released this week by the RAND Corp. estimates that 300,000 U.S. troops — about 20 percent of those deployed—are suffering from depression or post-traumatic stress from serving in Iraq and Afghanistan.

"We find that the VA has simply not devoted enough resources," said Gordon Erspamer, the lawyer representing the veterans groups. "They don't have enough psychiatrists."

The lawsuit also alleges that the VA takes too long to pay disability claims and that its internal appellate process unconstitutionally denies veterans their right to take their complaints to court.

The groups are asking U.S. District Court Judge Samuel Conti, a World War II U.S. Army veteran, to order the VA to drastically overhaul its system. Conti is hearing the trial without a jury.

"What I would like to see from the VA is that they actually treat patients with respect," said Bob Handy, head of the Veterans United for Truth, one of the groups suing the agency. Handy, 76, who retired from the Navy in 1970, said he founded the veterans group in 2004 after hearing myriad complaints from veterans about their treatment at the VA when he was a member of the Veterans Caucus of the state Democratic Party. The department acknowledges in court papers that it takes on average about 180 days to decide whether to approve a disability claim. "I would just like to see the VA do the honorable thing," said Handy, who is expected to testify during the weeklong trial. But government lawyers have filed court papers arguing that the courts have no authority to tell the VA how to operate and no business wading into the everyday management of a sprawling medical network that includes 153 medical centers.

The veterans are asking the judge "to administer the programs of the second largest Cabinet-level agency, a task for which Congress and the executive branch are better suited," government lawyers wrote in court papers.

The VA said it is besieged with an unprecedented number of claims, which have grown from 675,000 in 2001 to 838,000 in 2007.

Source: *The Press-Enterprise*  
April 20, 2008

*Character is perfectly educated will.*

NOVALIS

[*Friederich von Hardenberg*]

(1772-1801)

Poet

It is easy to dodge our responsibilities, but we cannot dodge the consequences of dodging our responsibilities.

Josiah Stamp(1880-1941)

Economist and financier

# Thoughts Can Heal Your Body

By Robert Moss

Our thoughts can make us sick, and they can help us get well. That may seem like NewAge thinking, but medical research increasingly supports the role played by the mind in physical health.

“People have been seeking healing through prayer and intention since Paleolithic times” notes Dr. Herbert Benson, founder of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. “What’s new is our detailed scientific knowledge of how the mind-body connection operates.”

Scientists first proved a link between stress and disease in the early half of the last century. Since then, researchers have examined old and new practices— including biofeedback, meditation, guided imagery, spiritual healing and deep breathing. The fast-expanding field of psychoneuroimmunology, which examines how the neurological and immune systems interact, is providing new clinical evidence of the connection between thoughts and health.

“We now can measure changes in immune cells and the brain in ways that give us objective scientific proof of the connection between them,” says Mary Jo Kreitzer, director of the Center for Spirituality & Healing at the University of Minnesota.

Some people still are surprised to discover that thoughts can control physical sensation. “The body responds to mental input as if it were physically real,” explains Larry Dossey, a physician and an advocate for mind-body study since the 1980s.

“Images create bodily changes—just as if the experience were really happening. For example, if you imagine yourself lying on a beach in the sun, you become relaxed, your peripheral blood vessels dilate, and your hands become warm, as in the real thing.”

Similarly, under clinical hypnosis, someone who is told he is being touched by a red-hot object often will produce a burn blister, even though the object touching him was at room temperature.

Brain scans show that when we imagine an event our thoughts “light up” the areas of the brain that are triggered during the actual event. Sports psychologists have done pioneering work in this area. In one study, skiers were wired to EMG monitors (which record electrical impulses sent to the muscles) while they mentally rehearsed their downhill runs. The skiers’ brains sent the same instructions to their bodies whether they were doing a jump or just thinking about it.

The “placebo effect” is an example of how the connection between brain and body works in healing. It has been demonstrated that when a patient believes something will relieve pain, the body actually releases endorphins that do so. In a recent study, Parkinson’s patients who were given fake surgery or fake drug treatments produced dopamine (a chemical their bodies lack) in quantities similar to those they might have received in a genuine intervention. Medical research

has suggested that 30% to 70% of successful treatments may be the result of the patient’s belief that the treatment will work.

There is ample evidence that negative thoughts and feelings can be harmful to the body,” says Lorenzo Cohen, director of the Integrative Medicine Program at the M.D. Anderson Cancer Center in Houston. Stress is known to be a factor in heart disease, headaches, asthma and many other illnesses.

Studies by Janice Kiecolt-Glaser and Ronald Glaser at Ohio State University demonstrate how even minor psychological stress—that of newlyweds having their first fight or of students facing an exam—can compromise the immune system. The researchers found that a marital spat delays wound-healing and that the stress of caring for an Alzheimer’s patient leaves the caregiver more vulnerable to illness even years later.

When the body fights a virus or heals a wound, it releases cytokines (literally, “moving cells”)—chemical messengers that call in immune agents. The Glasers’ research showed that stress distracts these cytokines from doing their proper work, instead sending them ranging wildly through the bloodstream. “When the cytokines are misdirected,” says Kiecolt-Glaser, “they produce something you don’t want—a prolonged inflammatory response that far exceeds what is needed with infection”

Just as our thoughts can make us ill, they also can help us heal, say those who practice mind-body therapies. There is growing clinical evidence that imagery is beneficial in treating skin disease, diabetes, breast cancer, arthritis, headaches and severe burns, among other conditions. Imagery also has been helpful in managing pain. “The mind is our most potent weapon in the battle for health,” says Lyn Freeman, a researcher of mind-body therapies for chronic diseases. “It can be both slayer and healer.”

Robert Moss is the author of “*The Three ‘Only’ Things: Tapping the Power of Dreams, Coincidence & Imagination.*”

## What To Do

Adjust your mind set to promote good health:

•**TAKE A DEEP BREATH** Hold it, exhale, then repeat for 10 minutes. Take a walk preferably in nature. Breathe in the fresh air

•**LAUGH!** When you do you pump more oxygen into your lungs improve blood flow and boost your immune system

•**KEEP A JOURNAL** Writing about emotionally charged events helps us deal with them mentally and physically.

Source: *PARADE*  
March 9, 2008

# MOVIE NIGHT AT JO ANN'S\*

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

## Tuesday, August 12

“An accidental meeting between William Forester ( Sean Connery) and Jamal Wallace (Rob Brown) results in an inspiring story of two lives which are changed forever”

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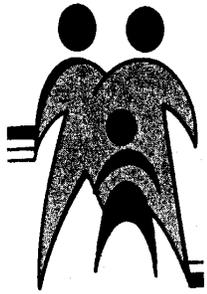
**Pizza is ordered and a second movie of your choice is shown during the evening.**

*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

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



### 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

## 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.

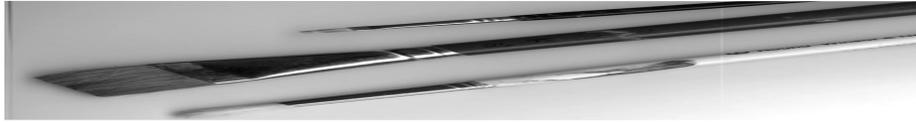
It could save your life.

If you don't have one,

**ORDER ONE TODAY!**

(Available through most pharmacies)





## **The Art Connection**

**Rhue Pritchard is in charge.**

**August 9 - poetry**

**August 23 - 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**

## **What Caused the Mania?**

**By Geeta Dardick, MFT**

I am a person who was diagnosed with bipolar disorder back in 1991. I've attended a number of meetings with the Bipolar Support Alliance of Riverside, and I've been receiving *The Thermometer Times* for many years. I often read it cover to cover. I think it was in 2006 or 2007 that I read an article in *The Thermometer Times* that said that research was showing that SSRIs such as Zoloft were causing a significant increase in bone disintegration in seniors. Since I was taking 225 milligrams of Zoloft at the time and I am a senior with early stages of osteoporosis, the article really attracted my attention.

At the moment I read that article, I had no psychiatrist to talk to (mine having dropped me from his practice after a seven year relationship). I also was extremely involved with my husband who had been in the ICU at several hospitals for 11 months with a terrible disease called necrotizing pancreatitis.

So without a second thought, I decided to go off Zoloft which I had been taking for 12 years, still keeping lithium and buspar on board in my cocktail. Tapering down from 225 milligrams of Zoloft took months and was a terrible ordeal. At one point I even had a car accident that I attribute to the tapering process. It was a hellish adventure, and I was quite proud of myself when I finally was all the way off.

Nothing happened to me at that point. I wasn't depressed at all. Life went on as usual. My husband came home from the hospital. I was extremely busy taking care of him. I was okay for many months.

Then suddenly in late February, 2008 my husband had a health crisis during the night, and after caring for him, I could not go back to sleep. I knew immediately that I was too wired, and called a new psychiatrist whom I saw the next day. He felt I might "go bipolar" and put me on some seroquel. That episode was followed by a bigger episode, about a month later, which my psychiatrist called "dysphoric mania." It felt like being totally overloaded with adrenalin. It was extremely painful and frightening to be so anxious, and such a surprise as I hadn't had an episode in 18 years. Then came another episode, and now after almost two months of being ill, I think I am getting better. I'm taking 300 mg. seroquel, a drug I'd never even heard of before.

Of course I am wondering if this bipolar episode would have happened had I not read that article in *The Thermometer Times* and gone off Zoloft. My thoughts about going off Zoloft seemed so logical at the time, that I never for a moment considered that I could destabilize myself. To this day I am not at all certain that a lack of Zoloft played any role at all, but I wonder if any other bipolar people have had episodes after going off SSRIs. I'd be happy to hear from you at [geeta@gotsky.com](mailto:geeta@gotsky.com).

*Always listen to experts. They'll tell you what can't be done and why. Then do it.*

**ROBERT A. HEINLEIN (1907-1988)**

Novelist