



The Thermometer Times

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

VOL. 21 NO. 2 Out of darkness . . . February 2009

Dates to Remember

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

February
7, 14, 21 & 28

Web Site for DBSA, Riverside:
<http://californiadbsa.org>
E-mail for DBSA, Riverside:
dbsaofriv1@aol.com
E-mail for DBSA, California:
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.

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

New treatment options for seasonal affective disorder

Possible alternatives to bright white light are under investigation.

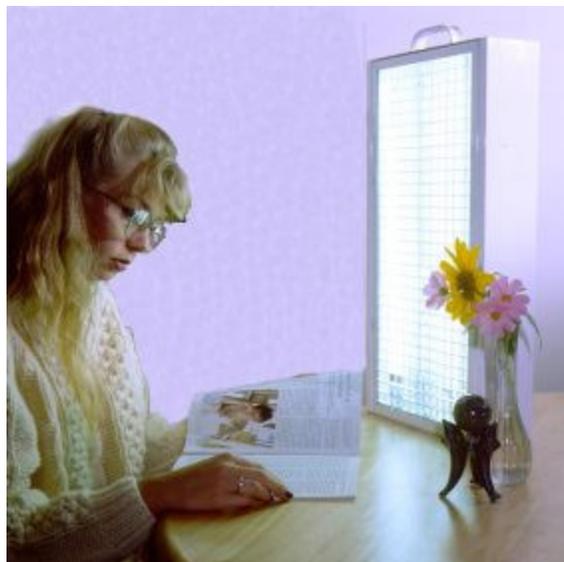
The most common form of seasonal affective disorder arrives in the fall, tends to worsen in January and February, and then subsides in the spring. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) classifies seasonal affective disorder as a subtype or "specifier" of either major depression or bipolar disorder, in which depressive symptoms recur on a seasonal basis. As many as one in five patients with seasonal depressive symptoms actually has bipolar disorder.

About half a million Americans—women more often than men—meet diagnostic criteria for seasonal affective disorder, while many others experience milder symptoms. Symptoms may include loss of pleasure and energy; feelings of worthlessness, inability to concentrate, and an uncontrollable urge to eat sugar and high-carbohydrate foods.

Bright white light therapy has been used to treat seasonal affective disorder for more than 20 years. Although it remains a mainstay of treatment (see *Harvard Mental Health Letter*; November 2004), in the past few years researchers have investigated ways to improve and refine light therapy.

Traditional light therapy

Fluorescent light boxes are most often used to deliver traditional bright light therapy. Patients usually expose themselves to 30 minutes of light, at an intensity of 10,000 lux (a measure of illumination), upon arising—although individual



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a note from the Editors

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 your personal experiences with depression and/or bipolar disorder; what it is to live and cope with 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: joanmartin1@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.
The Editors

MOVIE NIGHT AT JO ANNS*

2nd and 4th Tuesday of January

6:30 PM

Tuesday, February 10

“Brian’s Song”

An inspiring true story of friendship and courage. James Caan, Billy Dee Williams

Tuesday, February 24

“The Secret Life of Bees”

The story of Lily Owens, whose life is shaped around a blurred memory of her mother’s death. Queen Latifah

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

Jo Ann Martin

Senior Editor
Lynne Stewart

Proof Reading
Leroy Merrill
Karen Cameron

Associate Editors
Nelma Fennimore
Karen Cameron

Staff Writer
Judy Kaplan

Medical Advisor

Andrew J. Rooks, M.D.
Child, Adolescent & Adult Psychiatry
American Board of Psychiatry
and Neurology

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Riverside Suicide Crisis Help Line

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

National Suicide Prevention Hotline

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

www.suicidepreventionlifeline.org

NEW TREATMENT *(Cont'd from page 1)*

instructions vary. (By way of comparison, indoorlight is about 100 lux, while a bright sunny day is 50,000 lux or more.) Bright white light acts on cells in the retina that connect to the hypothalamus, a part of the brain that helps control circadian rhythms, which are somehow disrupted in seasonal affective disorder.

Two reviews of multiple studies on light therapy, which included only randomized controlled trials, concluded that bright light therapy was as effective at treating seasonal affective disorder as antidepressant therapy, and in some cases more effective.

But investigators have sought to improve on traditional light therapy for three reasons. First, it doesn't work for everyone. Different studies have reported that 50% to 80% of patients achieve complete relief from depressive symptoms after bright light therapy—and remission may depend upon carefully individualized timing of light.

Second, Dr. Janis Anderson, a psychologist who is director of Seasonal Affective Disorders Clinical Services at Brigham and Women's Hospital, says that dosing remains a major question. Dose depends on the strength of the light source, the patient's distance from the light box, light wavelength, and duration of exposure. The recommendation for 30 minutes of daily exposure to 10,000 lux is based on average response to white light; some patients may not need that much exposure to benefit, or may experience adverse side effects from that amount. Others—such as parents of toddlers—may not be able to sit in front of a device for 30 minutes each morning.

Finally, side effects of bright light therapy, while mild for many patients, may be more of a concern for others. For example, bright light therapy may trigger hypomania or mania in patients with bipolar disorder, which is why mood-stabilizing medications are often recommended at the same time. And while the risk of retinal damage from light therapy is small over all, some medications and medical conditions increase the risk for some patients (see "Retina risk").

Enhancing light therapy

Investigations are now under way to see if changing the timing of light therapy, or using particular wavelengths of light, might improve response or reduce risk of side effects like mania or retinal damage.

Better timing. Researchers from Columbia University reported that remission from seasonal affective disorder was twice as likely if light therapy was precisely calibrated to melatonin rhythms. They found that 80% of patients achieved remission if light therapy began 7.5 to 9.5 hours after an evening melatonin surge, compared with 38% of patients whose light therapy began 9.5 to 11 hours afterward.

Individual melatonin shifts may vary by five to six hours, which partially explains why some people are morning "larks" while others are natural "night owls." It's not easy to measure melatonin, but the nonprofit Center for Environmental Therapeutics offers a free online Morningness-Eveningness Questionnaire (MEQ) test that may help clinicians and patients

better gauge the timing of therapy. The test is available at www.cet.org.

Dawn simulation. In this variation of light therapy, a preset light device turns on before a patient awakens. Light intensity increases gradually from 0.001 lux (equivalent to starlight) to 250 or 300 lux (similar to sunrise) over a period of 90 minutes.

*Source: Harvard Mental Health Letter
November 2008*

Free Use of Light Box

Georgia De Groat won a light box at our conference in October. She has graciously donated this to DBSA for people to use during the winter months.

If you are interested, please call 951 / 780 - 3366 to set a time aside to come to Jo Ann's.

The light box will be in the library.



Depression Affects How We Handle Pain

By Will Dunham

Scientists have found clues in the brains of people with major depression that might help explain why so many depressed also battle chronic pain. Brain imaging showed that people with depression had more activity in brain regions involved in emotions when they anticipated or experienced pain, the researchers found. Irma Strigo of the University of California San Diego and colleagues told volunteers eight seconds beforehand that a painful experience was coming — being touched on the arm with a device hot enough to cause brief pain but not injury. Her team tested 15 people in their mid-20's who had been diagnosed with major depression but who were not taking medication to treat it. Their MRI brain scans were compared with those of 15 similar people who did not have depression. While anticipating the pain, the people with depression registered increased activation in brain circuitry involved in processing emotions, including structures called the amygdala and insula, compared with the people with no depression. During the five seconds while their arm was touched with the hot device, their brains continued to show increased emotional activation. At the same time, however, brain networks normally involved in mitigating pain were less active in the depressed people than the others. More than three-quarters of depressed people have recurring or chronic pain, while 30% to 60% of people with chronic pain report symptoms of depression, the researchers wrote in the Archives

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Mood Charting Keeping a Mood Diary

A mood chart is intended to provide you with a simple means of generating a graphic representation of your illness daily or monthly. Mood charting will allow you to systemically bring together important pieces of information such as medication levels, mood state, and major life events to see emerging patterns that otherwise might be difficult to discern.

Mood charts can give a patient and his/her professionals a better view of the cycling, symptoms and possible triggers of symptoms over a period of time. Thus, a mood chart is a tool for personal awareness and an aid for the doctor who is prescribing your treatment.

Once you begin to track your mood and become accustomed to the chart, you will find it very quick and simple to enter your information each day as part of your routine. You can find examples of blank mood charts/diaries at: www.psychiatrv24x7.com - in the *search* box, type "mood diary," or go to: www.manicdepressive.org/moodchart.html.

Source: *Life in Balance*
December 2008



Biographies & Profiles: Rosemary Kennedy

Rosemary Kennedy, born Rose Marie Kennedy on September 13, 1918, was the third child and eldest daughter of Joseph and Rose Kennedy. She was slower to crawl, slower to walk and to speak than her brothers, and she experienced learning difficulties when she reached school age. Despite her apparent intellectual disabilities, Rosemary participated in most family activities. In the diary she kept as a teenager she described people she met, dances and concerts she attended, and a visit to the Roosevelt White House. When her father was appointed U.S. Ambassador to Britain in 1938, Rosemary went to live in London and was presented to King George VI and Queen Elizabeth along with her mother and sister Kathleen.



But when the family returned to the United States in 1940, "Rosemary was not making progress but seemed instead to be going backward," as her sister Eunice later wrote. "At 22, she was becoming increasingly irritable and difficult." The following year, after being persuaded by Dr. Walter Freeman from St. Elizabeth's Hospital in Washington, D.C., that a lobotomy would help to calm his daughter and prevent her sometimes violent mood swings, Joseph Kennedy authorized the operation. The relatively new procedure, which at the time seemed to hold great promise, left Rosemary permanently incapacitated and unable to care for herself. On the recommendation of Archbishop Cushing, Rosemary was sent to St. Coletta's School for Exceptional Children (formerly known as St. Coletta's Institute for Backward Children) in Jefferson, Wisconsin, where she would live for the rest of her life.

Eunice Kennedy Shriver had a particularly close relationship with her older sister, and great empathy for Rosemary and others who faced similar challenges. In 1962 Mrs. Shriver started a summer day camp in her own backyard for children and adults with intellectual disabilities, a camp which evolved into the *Special Olympics*, now a global competition that involves 1.4 million athletes from 150 countries.

Rosemary Kennedy died on January 7, 2005 at the age of 86 with her brother and sisters at her side. She died at Fort Atkinson Memorial Hospital in Wisconsin of natural causes. Rosemary is buried in Holyhood Cemetery in Brookline, Massachusetts. Eunice Shriver said in her eulogy that Rosemary had left a legacy that was long and deep. Along with inspiring Mrs. Shriver's own work with the *Special Olympics*, Rosemary

Continued on Page 6 (Kennedy)

Meds not working? It could be your fruit juice

Grapefruit isn't the only fruit juice that could mess up your meds. Two other top juices also pose problems, research indicates.

Orange, apple and grapefruit juice all can interfere with medicines, according to a team of scientists led by David G. Bailey, professor of clinical pharmacology at the University of Western Ontario.

When on the medicine and the juice, you may be able to time your pill-taking to avoid an interaction, or switch to another medicine that's not affected. According to Bailey, the drug-blocking potential of juices identified in the latest research lasts no longer than four hours.

Courtesy aarp.com

Source: *Riverside Press-Enterprise*
November 10, 2008



The Recovery Concept in Mental Health

The Recovery Model is an approach to mental disorder or substance dependence that emphasizes and supports each individual's potential for recovery. Recovery is seen within the model as a personal journey that may involve developing hope, a secure base and sense of self, supportive relationships, empowerment, coping skills, and meaning. Originating in programs to overcome drug addiction, the use of the concept in mental health emerged as de-institutionalization resulted in more individuals living in the community. It gained impetus due to a perceived failure by services or wider society to adequately support social inclusion, and by studies demonstrating that many can recover. The Recovery Model has now been explicitly adopted as the guiding principle of the mental health systems of a number of countries and states. In many cases practical steps are being taken to base services on the recovery model, although there are a variety of obstacles and concerns raised. A number of standardized measures have been developed to assess aspects of recovery, although there is some variation between professional models and those originating in the consumer survivor movement. In general medicine and psychiatry, recovery has long been used to refer to the end of a particular experience or episode of illness. Abraham Low, M.D., a Neuropsychiatrist, established Recovery, Incorporated in 1937 as a self help organization that sponsors peer led support groups using his particular recovery philosophy and model. The professional literature, starting with the psychiatric rehabilitation movement in particular, began to incorporate the concept of recovery from the early 1990s in the U.S. Increasingly, recovery became both a subject of mental

health services research and a term emblematic of many of the goals of the consumer/survivor movement. Consequently the concept of recovery was often defined and applied differently by consumers/survivors and professionals. Specific policy and clinical strategies were developed to implement recovery principles although key questions remained. Professional clinical approaches tend to focus on improvement in particular symptoms and functions, and on the role of treatments; consumer/survivor models tend to put more emphasis on peer



support, empowerment and real-world personal experience. Relief of symptoms is only the first step in treating depression or bipolar disorder. The goal of your treatment is wellness and recovery—a return to a life that is meaningful to you. Recovery happens when your illness stops getting in the way of your life. You decide what recovery means to you. Talk to your health care

providers about what you need to reach recovery. It can also be helpful to work with a therapist, family member, or fellow support group participant to help you define your recovery. Your definition may change at different times in your life.

Information to complete this article came from the DBSA, NAMI, Wikipedia and SAMSA.gov.

The Editor

Source: DBSA Tampa Bay Newsletter
October - November - December 2008

HOW DOES MOOD AFFECT IMMUNITY?

By Jane Collingwood

We are slowly beginning to unravel the complex interactions between mental and physical health. Researchers have found a wealth of evidence that positive emotions can enhance the immune system, while negative emotions can suppress it. For example, individuals can take up to a year to recover a healthy immune system following the death of their spouse, and long-term caregivers have suppressed immune systems compared with persons in the general population.



Studies on survivors of sexual abuse and those with post-traumatic stress disorder suggest they have elevated levels of stress hormones, as do students at exam time. In these groups of people and others experiencing loneliness, anger, trauma and relationship problems, infections last longer and wounds take longer to heal. However, having fun with friends and

family seems to have the opposite effect on our immune systems. Social contact and laughter have a measurable effect for several hours. Relaxation through massage or listening to music also reduces stress hormones.

The reasons for this link remain unclear, but the brain appears to have a direct effect on stress hormones such as adrenaline and cortisol, which have wide-ranging effects on the nervous and immune systems. In the short term, they benefit us with heightened awareness and increased energy, but when prolonged, the effects are less helpful. They lead to a profound change in the immune system making us more likely to pick up a bug.

Stress also can overactivate the immune system, resulting in an increased risk of autoimmune diseases such as arthritis and multiple sclerosis. Skin conditions such as psoriasis,

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IMMUNITY (Continued from page 5)
eczema, hives and acne also may worsen and stress can trigger asthma attacks.

The mechanisms behind this are complex and still only partially understood, but what we do know is that our reactions to life events can have far-reaching effects on our health. This can work to our advantage — feelings of relaxation reduce cortisol, together with other beneficial bodily responses. In turn, these changes feed into the immune system, making it function well. This happens spontaneously in our daily lives, but we also can encourage it by choosing to look after ourselves.

A mind-body link also is found in experiments where people with infections are given placebo (inactive) treatments, which they think are the real thing. Even though the treatment has no medicinal effect, these volunteers report milder symptoms than those given no treatment.

The link also can work the other way once we have developed an infection. Volunteers who are given a symptomless infection feel more anxious and depressed for the next few hours than healthy volunteers. The infection also has a detrimental effect on their memory, lasting several hours.

It's also been found that happier people may be less likely to come down with colds.

Dr. Sheldon Cohen, professor of psychology at Carnegie Mellon University, Pittsburgh, suggests in his research that our susceptibility to infection can easily be altered by our lifestyle choices. "Don't smoke, exercise regularly, eat a health diet, try to reduce stress in your life, and strengthen your interpersonal relationships," he advises.

Being depressed or anxious is linked to catching more infections and experiencing the symptoms more strongly. Of course, it's possible that happier people might have a tendency to play down how bad they are actually feeling. We are slowly

beginning to unravel the complex interactions between mental and physical health. Researchers have found a wealth of evidence that positive emotions can enhance the immune system, while negative emotions can suppress it.

Edited from <http://www.everydayhealth.com>. Jane Collingwood is a freelance health writer and journalist based in Bristol, UK.

Source: *Life in Balance*
December 2008



KENNEDY (Continued from page 4)
had inspired her brother, President John F. Kennedy, to initiate sweeping legislation designed to improve the quality of life for Americans with disabilities. She had inspired her sister, Jean Kennedy Smith, to start *Very Special Arts* and her nephew, Anthony Shriver, to start *Best Buddies*. Hospitals, schools and other such facilities around the world have been named in honor of Rosemary Kennedy.

-Edited from www.jfklibrary.org and www.wikipedia.org

Source: *Life in Balance*
December 2008

Antidepressants Similar In Effectiveness

Side Effects May Differ Studies Show

Today's most commonly prescribed antidepressants are similar in effectiveness to each other but differ when it comes to possible side effects, according to an analysis released today by HHS' Agency for Healthcare Research and Quality.

The findings, based on



a review of nearly 300 published studies of second-generation antidepressants, show that about six in 10 adult patients get some relief from the drugs. About six in 10 also experience at least one side effect, ranging from nausea to sexual dysfunction. Patients who don't respond to one of the drugs often try another medication within the same class. About one in four of those patients recover, according to the review. Overall, current evidence on the drugs is insufficient for clinicians to predict which medications will work best for individual patients. Second-generation antidepressants, which include selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs), are often prescribed because first-generation antidepressants (such as tricyclic antidepressants, or TCAs) can cause intolerable side effects and carry high risks. Ask your doctor or pharmacist; they would be glad to help you to determine which type you have been prescribed. "Second-generation antidepressants provide hope for many of the millions of Americans who struggle with depression," said AHRQ Director Carolyn M. Clancy, MD. "But often trying to find the right drug is trial and error, and in many cases relief is temporary or comes with serious side effects. It's clear we need more evidence to help patients and their doctors make the best choices." For someone who is suffering debilitating depression, it can be the only thing that alleviates it, but must be taken as prescribed to be of any help. Good results are quite often attained by following through with prescribed medications and therapy. Medical treatment for depression, bipolar disorder and anxiety will likely include between one to three different medications including an antidepressant, a mood stabilizer or anti-psychotic and an anti-anxiety agent. Also, seeing a therapist for either individual or group therapy and attending a local support group for peer support helps most individuals to recover significantly.

Some information and statistics for this article were derived from *The Center for Health Studies.org*.

The Editor

Source: *Life in Balance*
December 2008