



The Thermometer Times

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

VOL. 26 NO. 2 Out of Darkness . . . February 2013

Dates to Remember

Saturday 10:00 am - 12 noon

February 2, 9, 16, & 23

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.



Speaker Feb 9

Avis Attaway LMFT
"How to be happy with your body."

Web Site for DBSA, Riverside:
<http://DBSAtoday.com>

E-mail for DBSA, Riverside:
DBSAtoday@yahoo.com

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DBSAtoday@yahoo.com

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

Love or Mania

Is this Love that I'm feeling?

GIDDY ROMANCE AND MANIA HAVE A LOT IN COMMON,
SO LEARN THE SIGNS THAT TELL YOU WHICH IS WHICH

By Stephanie Stephens

In Irving Berlin's catchy Broadway tune "You're Just In Love," a puzzled young man wonders why he can't sleep or eat, yet feels like he's walking on air. It's OK, he's told:

*You don't need analyzing, It is not so surprising...
You re not sick, you're just in love.*



When you have bipolar disorder, though, the question becomes more complicated. Is it love when you're swept by euphoria, erotic stirrings, a special feeling of connection and constant thoughts of the one you desire?

Or are those traits actually signs of looming mania?

Turns out a group of psychiatrists has been looking at the love vs. mania conundrum. Members of the Human Sexuality Committee of the Group for the Advancement of Psychiatry—an organization dedicated to addressing the social needs. If people with a mental disorder—are trying to come up with

helpful answers to guide individuals with bipolar.

Elizabeth Haase, MD, an assistant clinical professor of psychiatry at Columbia University and a member of the sexuality committee, says learning to tell the difference can help avert harmful choices.

When you're in a hypomanic or manic state, you're also more likely to feel you're in love," says Haase. "You may then act on that feeling when making major long-term life decisions, not understanding your state had something to do with what you were feeling."

Robin, a 38-year-old artist from the southern United States, remembers diving into toxic relationships during periods of elevated mood.

"I'd feel 'zip-a-dee-doo-dah!' in love with myself in hypomania, but then when someone comes along, I'd feel even more so about him," says Robin, who was diagnosed with bipolar in her 20s.

She recalls a draining love affair with a man she thought was her "absolute perfect soul mate"—despite his controlling behavior and their constant arguing. In retrospect she assesses him as "a fake, a sociopath and narcissist."

Still, she adds, "I wasn't really a victim of him—I was a victim of myself.... I didn't have a healthy gauge then and I was repeating certain patterns."

Continued on page 2 (Love or Mania)

A Note From the Editor

As always I invite you to submit your stories, poetry and/or drawings for review and possible publication in the newsletter. Your articles allow us to get to know you in greater depth and to learn of your accomplishments and your many talents, interests and assets. They also contribute to our readers' well being and recovery.

Your work may be submitted to Jo Ann, 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

I look forward to your contribution. Share your wisdom and experience with your DBSA friends through *The Thermometer Times*.

Thank you.

Lynne Stewart, Sr. Ed.

Materials submitted may or may not be published, at the discretion of the editors, and may be edited.

The Thermometer Times 16280 Whispering Spur Riverside, CA 92504

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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.

Love or Mania (Continued from page 1)

Now that she's stable and better educated about her disorder, Robin says lessons she learned from that tumultuous relationship helped her set better boundaries going forward.

"Even though the roller coaster left me confused and less trusting of myself, I use it as a reminder to slow down and better vet the object of my feelings, along with my feelings themselves," she says.

Love it or Leave it

Slowing down is good advice for anyone caught up in the intense emotions of new love, says David Goldenberg, MD, an assistant clinical professor of psychiatry at Weill Cornell Medical College.

During that early phase, he explains, it's common to shy away from the "uncomfortable parts" of getting to know another person. The impulsivity associated with bipolar can make it even more likely you'll steamroll ahead.

On behalf of the sexuality committee, Goldenberg and Haase prepared a working paper they titled "In the Mood for Love." The key differences between true love and hypomanic exuberance, including a seasonal pattern of love affairs, reckless lack of judgment, and over-the-top impulsive actions. For people with bipolar, "lovesick" can be more than a metaphor.

"There is a very strong similarity between that 'swept away' experience of being in love and that of mania," agrees Joseph F. Goldberg, a clinical professor of psychiatry at Mount Sinai Hospital in New York City. However, an individual's orientation is very different in the two states.

In it, they describe the emotional state of limerence—

early stages of romantic love characterized by blissful euphoria and intense longing for another person—and compare it to the egocentricity, grandiosity and elation of mania.

The paper goes on to identify some of the key differences between true love and hypomanic exuberance, including a seasonal pattern of love affairs, reckless lack of judgment, and over-the-top impulsive actions. For people with bipolar, "lovesick" can be more than a metaphor.

"There is a very strong similarity between that 'swept away' experience of being in love and that of mania," agrees Joseph F. Goldberg, a clinical professor of psychiatry at Mount Sinai Hospital in New York City. However, an individual's orientation is very different in the two states. "In love, a person thinks, about the other person—their welfare and well-being are paramount," he explains. "In mania, I'm thinking about you, but I might also think about how you're a means to an end for my own self-aggrandizement."

In a clinical setting, the feeling of being in love isn't usually what brings someone in for treatment, says psychiatrist Lakshmi N. Yatham, MBBS, FRCPC, but it can certainly be one of the symptoms of mania.

Yatham is a professor of psychiatry at the University of British Columbia in Vancouver and regional head of the

Continued on page 3 (Love or Mania)

Love or Mania (Continued from page 2)

psychiatry department at Vancouver Coastal Health. When a patient with bipolar disorder declares undying devotion to someone, he asks questions like, “How long have you known this person?” “How did you meet?” and “Does she love you?” to determine whether the patient’s emotional enthusiasm is part of mania or based in reality.

He also assesses changes in mood, energy, sleep, cognition, and judgment for indicators of a manic episode.

Amy Morin, a licensed social worker in Lincoln, Maine, has her clients consider what she calls the “three Cs” of relationships: chemistry (“You can’t control who you have that with”), compatibility (“Determine if you want the same things”) and commitment (“You should both seek the same level”).

Morin sees a tendency in her clients with bipolar disorder to use romantic relationships as a kind of antidote, at least in the first flush of happiness.

“They say ‘Life’s great. My depression is cured.’ I find women especially may go from relationship to relationship, while some develop a ‘love addiction’—always chasing their next high.”

Love on the brain

The British band Raxy Music sang “Love is the Drug” hack in the 1970s, and decades of research have shown there’s literal truth to those words. In a study published in the *Journal of Comparative Neurology* on December 5, 2005, researchers using neural imaging confirmed that early-stage romantic love fires up the same “dopamine-rich” reward pathways in the brain that are activated in addiction.

Since then, scientists have learned more about the brain in love. For example, people in the intoxicating throes of early love have higher levels of a brain protein called nerve growth factor, which tapers back to normal after about a year.

In people experiencing mania, though, nerve growth factor seems to be lower than average. And functional magnetic resonance imaging shows that completely different areas of the brain’s emotional and reward systems rev up during mania than during the rush of romantic love.

For now, unfortunately, there’s no quick test to find out which sections of your cortex and limbic system are in play when you feel the giddy stirrings of l’amour. The only tool at hand is vigilance—weighing every behavior and feeling as a possible clinical symptom, however distasteful that may be.

“People with bipolar disorder are entitled to the human experiences that anybody else could have—like falling in love,” says David H. Brendel, MD, PhD, medical director of the Mood Disorders Program at Walden Behavioral Care in Massachusetts.

“However, both vulnerability to bipolar disorder and falling in love—when they conspire and happen at the same time—can produce a complex picture.”

Jim, a baby boomer who lives on the East Coast, decided to marry his wife of 25 years two months after they met. He was 29 at the time and hadn’t yet been diagnosed with bipolar.

It happened one night when he came down with the flu and the couple decided to stay in rather than go out to dinner as planned.

“Things just clicked in my mind and I suddenly proposed,” Jim says. They were engaged three months later and married a year after.

Jim is uncertain now as he ponders the impulsivity of that proposal. “About seven years into the marriage, after I was diagnosed, part of me wondered, ‘Was I really manic then? Did we get married too soon?’ It’s still a bit of a sensitive issue to us, even with the strengths in our relationship.”

He adds, “With , Mania, you come to distrust your own emotions—there’s the risk that you’re getting carried away. I’m much more cautious about myself.”

Source: Excerpts from
B P magazine, winter 2013

I’ve Got You Under My Skin

WHEN A NEW RELATIONSHIP IS TAKING OFF, TRY TO STEP BACK AND CONSIDER COURSE AND CONTEXT:

Cyclical patterns/related symptoms: When Cupids bow strikes every May along with scribbling new movie ideas and cleaning until the wee hours at the morning, this pattern ought to trigger concern.

Judgment/impulsivity: People in love are often impulsive but their judgment remains relatively intact. Have you neglected to discuss safer sex because your mind is racing and concentration destroyed, or are you deciding not to use a condom because you are making a thoughtful commitment to be together forever?

Flying off to Rome to throw a coin in Trevi Fountain would be fun, but it won’t get your union blessed by the Pope, and is it really a good way to spend a first date? Perhaps you should question whether such a grand impulsive plan might not reflect the disinhibition or spirituality of manic symptoms.

Exclusivity: The lover is focused on the beloved, often irritating friends and family with their infatuated raptures over every imperfect inch. A person in mania tends to engage with people and plans more indiscriminately.

—From “In the Mood for Love,” Haase and Goldenberg

What the scientific study of human motives shows is that human nature is neither essentially bad nor essentially good. ...But human nature is essentially flexible and educable.

CORLISS LAMONT

Mental Illness, Creativity Linked

According to a study published in the November, 2012 issue of the British Journal of Psychiatry, creative individuals have a disproportionately higher rate of mental illness, including schizophrenia and bipolar disorder. Further, they and their relatives are more likely to work in artistic and scientific occupations.

Lead author Simon Kyage, MD, said, "Creativity has long been associated with mental disorder, epitomized by Aristotle's claim that 'no great genius has ever existed without a strain of madness.'"

Some 300,000 Swedish patients who had received inpatient treatment for schizophrenia, bipolar disorder or depression and their relatives who did not have a diagnosis were compared with a control group. The study was conducted from 1960 through 1990. Bipolar was associated with scientific professions. Those with schizophrenia were more likely to have visually artistic occupations, and those with depression had an increased likelihood of a creative profession.

Source: ADAMShs ADVANTAGE
Winter 2012

As Seen In: DBSA Tampa Bay Newsletter
September - December 2012

Pharmaceutical Giant GSK to Pay \$3B in Largest-Ever Health Care Fraud Case

July 2, 2012- Healthcare's giant GlaxoSmithKline has agreed to an unprecedented \$3 billion settlement with the U.S. government over allegations that the company advertised drugs for uses not approved by the Food and Drug Administration (FDA) and then used lavish gifts to convince doctors to prescribe the drugs. The



company also agreed to be monitored by government officials for five years to attempt to ensure the company's compliance.

The company agreed to plead guilty to three criminal

counts, including two counts of introducing misbranded drugs — Paxil and Wellbutrin — and one count of failing to report safety data about the diabetes drug Avandia to the FDA.

Prosecutors said GlaxoSmithKline illegally promoted the drug Paxil for treating depression in children from April 1998 to August 2003, even though the FDA never approved it for anyone under age 18.

The corporation also promoted the drug Wellbutrin from January 1999 to December 2003 for weight loss, the treatment of sexual dysfunction, substance addictions and attention deficit hyperactivity disorder, although it was only approved for treatment of major depressive disorder. It is illegal to promote uses for a drug that have not been approved by the FDA — a practice known as off-label marketing.

Some have said one reason drug companies regard the fines as simply a cost of doing business is because aggressively promoting drugs to doctors for uses not officially approved has quickly turned numerous drugs from mediocre sellers into blockbusters.

www.usatoday.com & www.abcnews.go.com

Source: Life in Balance
August - September 2012

Generalized Anxiety Disorder Has Same Life Burden as Depression

October 1, 2012,
BETHESDA, MD

—A new analysis of studies has found generalized anxiety disorder (GAD) comes with a high cost to people's functioning, work functioning and quality of life.

American researchers looked at studies in North America, Europe and Australia and found GAD had about the same impairments in terms of quality of life as depression or panic disorder. GAD was associated with significantly higher medical costs compared to people without the disorder, and quality of life was even more impaired among people with both GAD and depression, the study found.

The researchers said GAD was frequently under-recognized in primary care settings, with only 20 to 32 percent of people with the disorder receiving adequate treatment.

The study, which appeared in the *Journal of Affective Disorders*, was entitled "Humanistic and economic burden of generalized anxiety disorder in North America and Europe."

Source: esperanza
fall 2012



How Drawing, Painting, and Writing Can Help in Your Recovery

By Lynne Stewart

Writing came first. I was a mystery to myself, a jumble of feelings and thoughts that puzzled and confused me. I put some of this down on paper just to get them out of my head. I talked to my self with pen and paper. Sometimes I ranted at others on paper. Using reasoning and logic, I sorted, fathomed and unraveled on paper. I documented events and created fantasies, too.

I believed no one was interested in what I had to say, so I said nothing to anyone. I believed my thoughts and feelings were dangerous to me. They would get me into trouble by causing others to ridicule and criticize me. This would bring me pain.

Writing in my journals allowed me to express and communicate without risk of ridicule and criticism, except from myself. I wrote that, too.

It takes no special talent or skill. We all have the basics needed - a pen and some paper. Writing even when I have nothing important to say gets me accustomed to swirling the pen over paper and making words come out that hang together. This in itself is satisfying and will evolve into spontaneous writing when it is important to get it out.

My journal writing was a sanctuary to me. It provided a place of safety and respite from the grim reality of my life. My soul was hiding inside of me. Through writing and drawing I became able to give a voice to my hidden self.

Drawing and painting became vital to me when my feelings and thoughts were indescribable with words.

In conjunction with my psychotherapy as visions came to me, I felt to describe them took too many words. A picture of the images in my mind would more efficiently express them.

I had no skills or techniques in drawing and painting because my education in that area stopped at the fourth grade.

Learning to draw and paint became necessary so that I could express and communicate the images I pictured in my mind. I wanted to do this for my sake, but also, to communicate more efficiently with my therapist what was in my mind.

I enrolled in a beginning drawing class at the local community college. My excellent teacher broke the elements of pictorial representation down to a comprehensible level. I learned to duplicate and render what she requested by doing it. I drew even though I felt inferior in that area, even though, I felt I would be ridiculed and criticized. To my surprise I have produced some acceptable drawings and paintings.

It was a matter of maturing my skills and accepting my outcomes in charcoal and paint.

Drawing and painting don't have to be oppressive or denigrating. Anyone can improve their skills. It is simply a matter of doing the lessons over time and your skill will

improve. My mantra at the time was, "You can't get any worse. You can only get better at it."

Making art is a process, not a finished product. It is the process of writing, drawing, and painting that brings satisfaction. The outcome of a completed picture or essay is secondary, especially when you are learning. Even as a child I enjoyed the feel of creating with colors or words. It brings a quiet calm that I can escape to and get lost in. Today it is the same, only now, my skills have matured, and I am more satisfied with the outcomes.

As my writing and drawing became more coherent and decipherable, I derived encouragement and praise from others. This boosted my self-esteem and permitted me to connect with others. People who view and read my work can identify themselves in it, thereby allowing us to relate to each other.

More than this however, learning to make my art better, exposed me to a world of icons of art history with whom I first connected and found commonality. If I work very hard at it, I can sometimes see what the great masters of art see when they look at the world around them. It also exposed me to teachers, students and artists in the here and now, with whom I have commonality. These connections and relationships are what initially pulled me out of the isolation and loneliness of my earlier life.

Creating art eases my day to day journey by increasing my ability to concentrate and focus on being in synchronicity with all aspects of myself, physical body, intellect, heart and soul. Drawing, painting and writing support my effort to structure and prioritize my time and energy. Studying, creating, and showing my art gives meaning to my life.

Most of all, exhibiting art works can have a beneficial effect on the viewer or reader. It can give a message of hope to the hopeless. Art has done this for me. Studying, creating, and showing art can bring to anyone who suffers, another way out of pain. I did it. You can, too.



Soaring by Lynne Stewart

Grapefruit Juice and Medications

Medicinenet.com

A nutraceutical is a food or part of a food that allegedly provides medicinal or health benefits, including the prevention and treatment of disease. Grapefruit juice has been touted as containing many compounds that can reduce hardening of the arteries (atherosclerosis) and even the risk of cancer. Grapefruit juice can, therefore, be justifiably referred to as a classic nutraceutical. However, for many persons taking certain medications, grapefruit juice might actually better be termed a “nutrapollutical!”

It turns out that grapefruit juice can directly or indirectly interact in important ways with a number of medications. This is especially important since grapefruit juice is consumed by approximately one fifth of Americans for breakfast - a time of the day when medications also are commonly taken.

Grapefruit juice blocks special enzymes in the wall of the small intestine that actually destroys many medications and prevents their absorption into the body. Thus, smaller amounts of the drugs get into the body than are ingested. When the action of this enzyme is blocked, more of the drugs get into the body and the blood levels of these medications increase. This can lead to toxic side effects from the medications.

Amazingly, this remarkable food-drug interaction was discovered completely by accident over a decade ago! Researchers were investigating whether alcohol could interact with felodipine (Plendil) and used a solution of alcohol with grapefruit juice to mask the taste of alcohol for the study. Researchers discovered that blood levels of felodipine were increased several fold more than in previous studies. This increased blood level caused an increase in the effect and side effects of felodipine. Further research revealed that the grapefruit juice itself was actually increasing the amount of the study drug in the body.

Research about the interaction of grapefruit juice with drugs suggests that compounds in grapefruit juice, called furanocoumarins (for example, bergamottin), may be responsible for the effects of grapefruit juice. Researchers believe that furanocoumarins block the enzymes in the intestines that

normally break down many drugs.

One glass of grapefruit juice could elicit the maximum blocking effect, and the effect may persist for longer than 24 hours. Since the effects can last for such a prolonged period of time, grapefruit juice does not have to be taken at the same time as the medication in order for the interaction to occur. Therefore, unlike similar interactions, where the interaction can be avoided by separating the administration of the two interacting agents by a couple of hours, administration of grapefruit juice with susceptible drugs should be separated by 24 or more hours to avoid the interaction. Since this is not practical for individuals who are taking a medication daily, they should not consume grapefruit juice when taking medications that are affected by grapefruit juice.

The grapefruit juice-drug interaction can lead to unpredictable and hazardous levels of certain important drugs.

These are medications with which grapefruit juice should NOT be consumed unless advised by a doctor:

- Statins (Cholesterol Drugs)**
- Antihistamines**
- Calcium Channel Blockers (blood Pressure Drugs)**
- Psychiatric**
- Intestinal Medications**
- Immune Suppressants**
- Pain Medications**
- Impotence Drug**
- HIV Medication**
- Antiarrhythmic**



Toxic blood levels of these medications can occur when patients taking them consume grapefruit juice. The high blood levels of the medications can cause damage to organs or impair the organs normal function, which can be dangerous. If you or a family member are taking any of these medications, beware of the “nutrapollutical” grapefruit juice.

Source: DBSA
Tampa Bay Newsletter
September -
December 2012

Body Clocks May Hold Key for Treatment of Bipolar Disorder

Scientists have gained insight into why lithium salts are effective at treating bipolar disorder in what could lead to more targeted therapies with fewer side-effects.

For the last 60 years, lithium salt (lithium chloride) has been the mainstay treatment for bipolar disorder but little research has been carried out to find out whether and how lithium impacts on the brain and peripheral body clockwork.

“Our study has shown a new and potent effect of lithium in increasing the amplitude, or strength, of the clock rhythms, revealing a novel link between the classic mood-stabilizer, bipolar disorder and body clocks,” said lead researcher Dr. Qing-Jun Meng, in the University’s Faculty of Life Sciences.

“By tracking the dynamics of a key clock protein, we discovered that lithium increased the strength of the clockwork in cells up to threefold by blocking the actions of an enzyme called glycogen synthase kinase or GSK3.

“Our findings are important for two reasons: firstly, they offer a novel explanation as to how lithium may be able to stabilize mood swings in bipolar patients; secondly, they open up opportunities to develop new drugs for bipolar disorder that mimic and even enhance the effect lithium has on GSK3 without the side-effects lithium salts can cause.”

- *Science Daily, March 13, 2012*

Source: *Locks and Keys*
Autumn 2012

Canada’s top medical journal takes stand against spanking

September 4, 2012, TORONTO, ON

—A major Canadian medical journal called on parents, doctors and lawmakers to end the practice of spanking children.

In an editorial in the *Canadian Medical Association Journal*, editor-in-chief John Fletcher said it’s time to strike down a section of the Criminal Code of Canada that allows “corrective” physical punishment of kids by their parents. He also called for more education in “positive parenting” discipline techniques.

Fletcher noted that a recent review of 20 years of research found that spanking is not effective for discipline. It may actually be harmful, he said, leading to increased levels of childhood aggression and emotional and behavioral problems in adulthood.

American researchers have found that between 2 and 7 percent of mental disorders were linked to harsh physical punishment in childhood, including pushing, grabbing, shoving, slapping or hitting.

Source: *bp magazine*
Fall 2012

Therapy’s benefits get overlooked, says psychologists’ group

August 9, 2012, WASHINGTON, DC—People need better access to and better understanding of psychological and behavioral health care, the American Psychological Association (APA) said after conducting a review of psychotherapy’s effectiveness.

The project found that psychotherapy helps reduce the overall need for health services and produces long-term health improvements. However, the association said, government and insurance industry data show a shift over the last decade away from use of psychotherapy and toward increased use of medications to treat mental health problems.

Melba J.T. Vasquez, PhD, a past APA president and leader of the review project, said consumers need to hear more “research-based information about ... safe, effective and long-lasting improvements” that psychotherapy provides.

Source: *bp magazine*
Fall 2012

Identify social fears to aid treatment



September 1, 2012, PITTSBURGH, PA

—People with bipolar disorder are prone to social phobias that can make managing the disorder even more challenging, according to a new study.

American researchers examined data on hundreds of outpatients with bipolar, along with major depression, to look for coexisting social phobias.

They found people with bipolar are prone to traits representing general features of social anxiety including fear of social disapproval, childhood social anxiety, excessive agreeableness, behavioral submission, and somatic social anxiety that can result in symptoms such as trembling, blushing, and sweating.

The researcher, also found the group was prone to specific fears, including fear of speaking, fear of eating or writing in public, fear of dating, fear of using public washrooms, shopping fears, and fear of unstructured social interactions.

The researchers said the findings could guide the development of tailored treatment strategies for people with coexisting mood disorders and social anxiety.

The study, which appeared in the *Journal of Psychiatric Research*, was entitled “The multiple dimensions of the social anxiety spectrum in mood disorders.”

Source: *bp magazine*
Fall 2012



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
951 358-4987/1-800-330-4522

Phone Friends

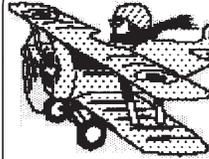
If you need someone to talk with:

Leroy

951 / 686-5047
6 a.m. to 9 p.m.

Ms. Carly Jenkins

951 / 522 - 3500
10 am to 8 pm



ANNOUNCEMENTS

DBSA Temecula

Mark Monroe @ 951 / 551-1186

DBSA Hemet

Trinity Lutheran Church
Mondays, 5 to 7 pm.
Lyla @ 951 / 658 - 0181

Rancho Cucamonga DBSA

Meets Thursdays
Contact: Gena Fulmer
909 / 367 - 8944 OR
e-mail: genafulmer@yahoo.com

DBSA Alta Loma

1st and 3rd Wednesdays
6 to 8 pm.
909 / 944-1964

Stigma Reduction and Suicide Prevention

AdEase/Riv.Cou.Mental Health:
Julia Sullivan 619 / 243 - 2290
www.adeaseonline.com

DBSA Riverside (Uplifters)

Grove Community Church
Mon 7:00 pm. Room B8
Janie Doles @ 714 / 585-5363

For Family Support People:

Riverside County Mental Health Administration Building
4095 County Circle Dr. (off Hole Ave. near Magnolia)
7:00 pm, 1st Monday each month
800 / 330 - 4522 (se habla espanol)

Jefferson Transitional Programs

Invites you to

AFTER WORKS!

AFTER WORKS is a FREE art social event that takes place at Art Works Gallery on Fridays from 5-7 PM. The goal of the program is to bring local professionals, artists, peers and families together in a relaxing environment to create and to learn a new arts skill. Past programming included artist and exhibition receptions, poetry readings, as well as workshops such as mixed media collage, zine-making, and drumming. No experience required!

For more information, visit
www.jtpfriends.org or call Art
Works at (951) 683-1279.

Art Works Gallery
3741 Sixth Street
Riverside, CA 92501



DBSA - Riverside

Map Legend

- ★ Meeting Location
- TTTT = Parking

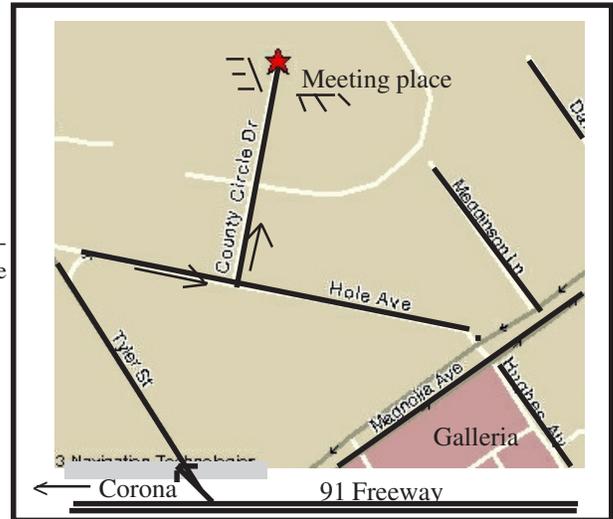
Due to route changes, no RTA regular bus crosses County Circle Drive anymore. However, several routes stop at the Galleria (Tyler Mall), which is only a three-block walk from where we meet. Those routes include Canyon Crest, Corona, Country Village, Hemet, La Sierra, Perris, Norco, and Sun City.* For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

route times, please call RTA at 800/266-6883 toll free. If you qualify for Dial-a-Ride, a door-to-door service for the handicapped, info is available at the same phone number. * as well as other parts of Riverside.

About DBSA-Riverside

DBSA of Riverside is a support group for people who have depression or bipolar (manic-depressive) disorder and who have sought or are seeking treatment for their illness. DBSA is totally patient run, which means we need volunteers like you to help with mail-outs, telephoning and planning. A work time

is held at the home of JoAnn Martin on the Saturday afternoon following the last sharing meeting of each month to assemble the newsletter for mailing. Directions are printed on the lower left corner of the front page of this newsletter. You may reach JoAnn or Leroy at 951/780-3366. **Our sharing meetings are held every Saturday of each week from 10:00 a.m. to 12:00 noon at the Riverside Mental Health Administration Building, 4095 County Circle Drive (off Hole Avenue near Magnolia), Room A.** We welcome professional care providers and adult family members and friends.



MEMBERSHIP INFORMATION

Individual membership for the Depression and Bipolar Support Alliance of Riverside is \$20.00 per year. This helps defray the cost of the monthly newsletter and helps pay for the cost of our meetings. Subscription to the newsletter is \$10.00 per year. If you are unable to help financially, the newsletter may be sent upon request. Volunteers are always needed. If you would like to volunteer, please indicate below. 

Mail to DBSA of Riverside, 16280 Whispering Spur, Riverside, CA 92504

DATE _____ Please Print New Renewal

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ E-MAIL ADDRESS _____

Please check one of the following:

I have: Bipolar Disorder (Manic-Depression) Depression

I am a Family Member Professional

None of the above

Birth Date (Optional) : Month _____ Day _____ Year _____

Enclosed is my payment for DBSA Membership _____ \$20.00 (includes newsletter).

Enclosed is my donation of \$ _____ to help others receive the newsletter.

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