

# The Compass

A Publication of New Directions Delaware, Inc.

A support group for PEOPLE with DEPRESSION or BIPOLAR DISORDER...and for their THEIR FAMILIES AND FRIENDS

Volume 6 Number 3

Winter 2006

## NEW DIRECTIONS CELEBRATES ITS 15TH ANNIVERSARY AT ANNUAL AWARDS CEREMONY

**O**n Monday evening, November 27th, participants in the New Directions Delaware support group shared their stories of successfully dealing with depression and bipolar disorder. These successes have been achieved despite sometimes overwhelming personal problems and public stigma. Also, for the fifteenth consecutive year, New Directions presented awards to professionals who have assisted the group in achieving its goals.

Professional and public awards were as follows:

**Professional of the Year: Stephen C. DiJulio, Ph.D.**, licensed Psychologist with Behavioral Health Associates, and Clinical Director of Survivors of Abuse in Recovery (SOAR). Dr. DiJulio has been a speaker at both our monthly public meetings and our subscription 12-week Depression and Bipolar Seminar. In his private practice, he is counselor to many New Directions members, and he consistently provides a knowledgeable and professional approach to his work.

**Organization of the Year: Rockford Center, Newark, Delaware**, is a residential and outpatient facility for the treatment of persons with mental ill-

ness. This year Rockford has allowed New Directions volunteers to address inpatients about the benefits of support groups, and to give literature to families of patients about Depression and Bipolar Disorder and the role of support and education in treatment.

**Media Person of the Year: Liz Harrod, News Journal**, is the editor of Delaware Health, and has dedicated several articles to the topics of depression and bipolar disorder, as well as other timely mental health topics. She has thereby not only spread information to help persons suffering from these illnesses, but also provided positive media coverage to help reduce the stigma of mental illness.

In addition to the above awards, New Directions recognized the growth and contributions of its members. Noteworthy participants in New Directions received the following awards: Outstanding Member, Miles H. Bart Chapter Leadership, Special Member Recognition, Members Displaying Greatest Growth, Most Supportive Family, and Unsung Heroes.

Following the presentations, everyone shared a delicious cake celebrating New Directions' 15<sup>th</sup> Anniversary.

# Sharon Jacobs, Ph.D. speaks to New Directions on “Managing Stress”

By Maria G

Dr. Jacobs spoke to our New Directions group about managing stress in our everyday lives. She started out by defining stress for us. There are over 130 different definitions of stress. This tells us that stress is a much-talked about and studied condition. One definition she discussed was that stress is a subjective response of the body to a demand to adapt or change. What is stressful to one person may not be to another. There is good stress and bad stress in everyone’s lives. Those with bipolar disorder experience a higher level of anxiety due to the nature of their disorder. Some of the examples she cited were: situational, environmental and social stress that can trigger anxiety. By helping us identify these triggers, we can respond to them in a less stress producing way. Some of the most stress producing behaviors are: thinking about unresolved issues at night; setting unreasonable goals; putting off everything until the last minute; never seeking help; keeping it all inside; and feeling you must do it all yourself.

What can we do to manage stress in our lives? Alter or avoid stressful situations and take small realistic steps to change the situation. Alter stressful routines, take short breaks to revitalize, build a resistance to stress through exercise, nutrition and develop a positive self-image. These things do have an impact on stress and depression. Studies have shown that a great benefit can be derived from nutrition and exercise. This in turn can promote a more positive self-image. When you find positive things that you have done in the course of the day, write them down. Nutrition has been shown in studies to have a great effect on our physical and mental well being. Other things you can do to eliminate stress in your life are: changing your behavioral response to stress; work smarter not harder; shift gears rather than staying in automatic; set realistic goals; and learn to say “No”. It is also important to work on developing multiple achievable goals to reach one major goal by taking small positive, easily

achievable steps. Seeking support from others can also help you better manage the stress in your life. It is also essential to develop a plan to prepare for predictable stress. It is beneficial to find balance in your life. Remember to reward yourself for the small achievements. Try not to multitask by limiting your attentions to one thing at a time. Find leisure time to enjoy something that you like. Laughter can also be a powerful connecting force that can have a healing effect on many body systems. Step back and re-assess situations before you react. Relaxation training is also a good way to develop skills to avoid or cope with stress. This can have a great benefit for your physical and mental well being by participating in relaxation therapy techniques. But these techniques must be practiced constantly in order for them to be effective. There are many different types of techniques to learn: finding the right one that works for you is important to your success.

## *The Compass*

The Newsletter of NEW DIRECTIONS DELAWARE, INC.,  
(an affiliated chapter of DBSA).

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**NOTE: DUE TO THE UNFORTUNATE FACT THAT STIGMA EXISTS, THE ONLINE VERSION OF THIS NEWSLETTER HAS BEEN REDACTED TO REMOVE THE LAST NAMES OF MEMBERS**

Announcing the 12th Annual Drew Sopirak Memorial Program  
featuring Canadian actress, writer and Mental Health Educator

# Victoria Maxwell

## Performing her critically acclaimed one-woman show *Crazy for Life*

her true life story about accepting and living with bipolar disorder, anxiety and psychosis

April 23, 2007 - Brandywine High School Auditorium - Details to follow

## Light Treatment

by Robert M , President of New Directions Delaware

**A**round this time of year there is a lot of interest by New Directions participants in the use of light as a treatment not only for diagnosed Seasonal Affective Disorder (SAD), but also for the general “winter blahs.” I have become concerned about the amount of misinformation and poor understanding of what effective light treatment involves, and by the attempts of people to use ineffective light sources such as fluorescent “grow lights” designed for plant growth and “blues buster” incandescent bulbs marketed to the unsuspecting. To put matters straight, I offer the following scientific information about this treatment.

### What is light therapy?

Light therapy, also called light treatment or phototherapy, involves daily scheduled exposure to bright artificial light. The therapeutic use of light in SAD arose from basic research showing that exposure to room light (less than 500 lux, a unit of illumination intensity) could alter circadian and seasonal rhythms in animals. Some circadian effects of light occur by the suppression of nocturnal melatonin secretion. In 1980, it was shown that higher intensity light (>2,000 lux) was required to suppress human melatonin secretion. This observation led to the first controlled study of light therapy in SAD in 1984.

### Is light therapy an effective treatment for SAD?

Researchers around the world have conducted more than 60 controlled studies of light therapy. Although there are general limitations to each study (e.g., small sample size, brief treatment periods), several qualitative reviews have concluded that light therapy is an effective treatment for SAD, with response rates of 60% to 90% in controlled studies. Two meta-analyses also confirm the efficacy of light therapy against plausible placebo controls. In large series, the clinical response rate for light therapy is approximately 65%.

The most studied light device is the fluorescent light box. The fact that the light box has proven effective in almost every study, regardless of sample size, has placed the light box as the “gold standard” light device. Other light devices include head mounted units, or incandescent light visors. Studies of the head mounted units have shown good clinical response rates (comparable to those of light box studies) but the bright light conditions were no better than dim light, putting into question whether visors are superior to placebo. Dawn simulators are devices that slowly increase the room illumination while subjects are sleeping, to simulate a “summer dawn” during the winter. Early results suggest a beneficial effect of dawn simulators in SAD, but other studies show superiority of light boxes over dawn simulators. Although efficacy has not been established for head mounted units and dawn simulators, these devices may

be helpful for some patients when light boxes are not available or not convenient.

### What are the relevant parameters of light therapy?

Parameters for light therapy generally include intensity, wavelength, and duration of daily exposure and timing of light exposure during the day. Intensity is usually expressed in “lux”, a photometric unit of illuminance that corrects for the visual spectral responsiveness of the eye. As reference, indoor lighting is usually less than 500 lux, outdoor light on a cloudy day ranges from 1,000 lux to 5,000 lux, and midday summer sunlight can reach 50,000 lux or higher. The antidepressant effects of light therapy are thought to be mediated through the eyes, not through skin exposure. The usual “dose” of light therapy used in studies was 2,500 lux for at least one to two hours per day, but recent studies showed similar efficacy for 30 minutes of 10,000 lux exposure. Because of the convenience of briefer daily treatments, the 10,000 lux fluorescent light box has become the clinical standard. Although there has been controversy about the importance of timing of light exposure, new studies have confirmed that, on average, morning light therapy is superior to evening light exposure. The wavelength or type of light (incandescent, fluorescent) is not as important as intensity, but white light may be superior to narrow band wavelengths. Ultraviolet wavelengths

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# Charlie Morgan: Coworker, Friend, and Support Person

by Miles Bart (as told to Arlene H )

## In Memoriam

**On October 18, 2006, Charles E. Morgan, Past Vice-President and Director, as well as all-around right-hand-man for New Directions Delaware, died after heart surgery at the University of Maryland Medical Center. He will be sorely missed.**

**F**or Miles Bart, Cofounder, Past President, and now Consultant for New Directions Delaware, Charlie Morgan's unexpected death was a personal blow. Both Miles and Charlie were born in New York State circa 1930. They first met in the 1950's when they worked together at a specialty chemical plant. It was during their years as coworkers that Miles and Charlie became friends. Even in those early years, Charlie showed himself to be a special person. Both men worked the day shift, but, when problems developed that affected the night shift too, Charlie volunteered to work that shift to try to straighten things out. At some point, each man left his job at the chemical plant and moved on to other work. Miles moved to Delaware in 1958 to work for the Thiokol Chemical Corporation, and, shortly after, Charlie joined Miles at Thiokol.

By the 1960's, Miles had begun to experience periods of depression and hypomania, which made it difficult for him to work or keep jobs. On April 1, 1991, Miles cofounded New Directions Delaware, a support and educational group for those with Depression or Bipolar Disorder and for their families and friends.

Shortly after the start of New Directions Delaware, Charlie happened to see an article about the group in the paper. Charlie called Miles and told him he was interested in getting involved with New Directions, even though he did not suffer from either illness himself.

That phone call began an alliance between Miles and Charlie that lasted 15 years. Charlie and Miles'

work to help others with depressive illnesses and their families also helped Miles become stable. On occasions when Miles did begin to slide back into depression, Charlie was there to listen, sympathize, support and encourage. When Miles felt unable to drive, Charlie was there to give him a ride. Once a month, Charlie and Miles met for breakfast at a restaurant. There they discussed the problems of people who came to New Directions for support as well as their own personal problems. Together they brainstormed strategies to help those in the group and themselves. Often, through the years, Charlie



and Miles helped participants in New Directions with more than suggestions or strategies. Sometimes they put themselves on the line and acted to help those in trouble. Together or separately, they visited people who phoned them and people they met at meetings who were struggling with severe depression or bipolar disorder. Often they called doctors and, when necessary, took people to the hospital or to other support groups in the area that could help—the Mental Health Association, or the National Alliance for Mental Illness in Delaware, for example.

Charlie Morgan has been involved in every facet of the group-- as a member of the initial Steering Committee of New Directions, and, since then, as a member of the

Board of Directors into which it evolved, as well as a Vice President. He has participated in the recruitment and training of consumers and family members for volunteer roles in support groups, speaker meetings, and depression seminars. He created a formal training program required for any participant who wished to become a support group facilitator, and acted as one of the trainers who presented that material. Charlie also trained New Directions participants to speak to patients and family members at the Rockford Partial Hospital program about the availability of the various support groups in the community. And each spring, Charlie took charge of recruiting volunteers for the setup of the yearly Drew Soporak Memorial Program and Mental Health Fair.

In recent years, Charlie was also employed as a Counselor at Upper Bay Counseling and Support Services (UBC) where he provided support for consumers with severe mental illnesses. Charlie especially enjoyed the part of his job at UBC where he took the clients for rides on his boat, to Phillies games, and on other local outings.

Charlie was *always* willing to help people. Whenever anyone needed a ride anywhere, help moving, or someone to listen, if Charlie was available, he would be there. Since Miles has been unable to drive the past few years because of poor eyesight, Charlie often drove him to appointments. In Miles' words, Charlie was good at helping people with problems because he was able to "stay calm." "Charlie was always an upbeat person—optimistic," Miles said. "He didn't let them get him down."

Miles, at nearly 78, agrees that it is particularly difficult at his age to lose a friend of many years like Charlie. "Charlie was a good person," he added. "And he was a good person at solving problems—technical problems and people problems."

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## Book review:

*Out of the Black Hole* by

Charles E. Donovan III

Reviewed by Jane R

**W**ith poignant simplicity and dry humor, Charles E.

Donovan III tells the story of his long struggle with depression and his recovery, with emphasis on his participation in the study for the use of Vagus Nerve Stimulation (VNS) in the treatment of depression. The purpose of the book is to inform interested persons about the VNS procedure (where a pacemaker type device is implanted under the skin and wired to send electrical stimulation to the Vagus Nerve, located in the neck) and to encourage them to consider it. In one very readable volume, Charlie Donovan not only tells the story of his own experience with depression and VNS but assembles related information from a number of sources.

Charlie Donovan's depression was probably triggered by his mother's death from a house fire in December 1968 when he was eleven years old. Although his depression was not diagnosed until he was finishing college, his teen years were marked by "isolation, tension, and anxiety." He "spent most of (his) time in (his) bedroom with the door closed." A major

depressive episode followed the end of a close friendship during his senior year in college. Despite the depression, he was very high functioning. His career began with an exciting but stressful life in New York City. He worked hard at his job by day and stayed out late partying and dancing most nights. The stress began to take a toll on him, and he used alcohol to relax. But his "depressive episodes gradually became more frequent, severe, and protracted in duration; and it took longer . . . to recover from them—until finally (he) never did recover."

Many aspects of Charlie Donovan's depression will sound familiar to anyone who has been depressed. He tells of his alcoholism, his struggles at work, his sense of shame resulting from the stigma of the illness, his fear of discovery, his isolation, his agoraphobia, his avoidance of social situations, his excessive sleep, and his weight gain. He had so much difficulty with "the holidays," meaning Thanksgiving and Christmas, that he began to dread them starting on the Fourth of July. In his words,

. . . I felt worthless, guilty, sad, hopeless, and fatigued. I could not concentrate, follow a conversation, or experience pleasure. My misery was unending."

He often looked better than he felt, which baffled his family and friends. He tried every form of treatment that was available, including talk therapy, drug therapy (at least fifteen different medicines), and ECT. He tells of his hospitalizations and of the awkwardness of returning to work after long absences that he could not explain to his colleagues. He tells of his memory problems following ECT, and of the kindness of a co-worker, Denise, who quietly helped him to get back on his feet at work without asking him any personal questions.

In the late 1990s he averaged one job change per year, until finally he could no longer go to work.

Then in October 2000, Charlie Donovan heard of VNS and got himself into the study for the Food and Drug Administration's (FDA's) approval for use of the VNS for depression. (VNS had already been approved for treatment of epilepsy.) The initial study failed because of a flaw in the design of the study. The study was amended, and ultimately VNS was approved for treatment of Treatment Resistant Depression (TRD).

Charlie Donovan's improvement was slow, gradual, and unsteady. He described it as a jagged upward slanting line on a graph, "like the teeth of an upward sloping handsaw." Like many

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are not necessary for the antidepressant response, and should be avoided because of long-term toxicity.

### **What is an adequate length of time for a trial of light therapy?**

Response to light therapy generally occurs within two to four days, and measurable improvement is often seen in one week. Most patients (but not all) experience rapid recurrence of symptoms after discontinuing light therapy. Longer trials have shown increasing response after two weeks, and incremental improvement response at three or four weeks. The atypical depressive symptoms (hypersomnia, increased appetite, carbohydrate craving, and weight gain) are associated with favorable response to light therapy, while the presence of melancholic symptoms or a personality disorder is associated with poor response.

### **What practical tips are there for using light therapy?**

A light device should meet government electrical safety standards, have a filter for the ultraviolet wavelengths and have been tested in reputable clinical trials. Patients must maintain proper distance and positioning to ensure the correct dose of light exposure. Because of the rapid response and relapse with light ther-

apy, patients can become involved as active participants in determining their optimal dosing of light. For example, if patients respond to early morning light exposure, but the time is inconvenient for them, they can try shifting the exposure time to afternoon or early evening. Alternatively, they can try to reduce the duration of exposure to 15 minutes for maintenance.

### **What are the side effects of light therapy?**

The common side effects of light therapy reported by patients in clinical trials include eyestrain or visual disturbances (19%-27%), headache (13%-21%), agitation or feeling "wired" (6%-13%), nausea (7%), sweating (7%) and sedation (6%-7%). These side effects are generally mild and subside with time or by reducing the dose of light. Hypomania and mania have also been reported as uncommon but serious side effects of light therapy.

Fluorescent light therapy using 2,500 lux to 10,000 lux is considered relatively safe on the eyes. Two follow-up studies did not show any eye or retinal damage after five years of light therapy. Ophthalmologic monitoring is not considered neces-

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depressed persons in recovery, he *looked* better before he *felt* better. He suffered some setbacks, at least partly because his family and friends misunderstood how he was feeling. He was fiercely protective of his brittle recovery and feared that “the boogie monster (depression) could rear its ugly head at any moment.”

As Charlie Donovan’s mood improved, he continued to need help from his therapist to re-integrate himself into society. He no longer needed the coping mechanisms that he had developed during his depression. He had to learn new ways of relating to other people. And his family and friends had to learn new ways of relating to him. He also needed help from medical doctors to cope with the toll that chronic depression had taken on his body. He had gained thirty-three pounds, developed a herniated disc, and acquired severe back pain from the

years of depression. He lost the weight. To get relief from his “chronic excruciating pain”, he tried pain pills, physical therapy, acupuncture, and massage therapy before finally being referred to a specialist who correctly diagnosed and treated his pain.

Charlie Donovan is now in a phase of recovery known as “integration.” He is more engaged in life and appreciates the beauty of the world around him. He still wonders each morning whether the depression will return, but he has much less concern about the fragility of his recovery than he had at first.

The first part of the book is autobiographical. The second part is technical; it answers questions that a person considering VNS might have. In simple language, Charlie Donovan explains what VNS is and what the treatment involves. He discusses the surgery and the anesthesia. He discusses the pace of recovery—slow and gradual. Patients

do not see much improvement for the first three months, but improvement continues for up to two years. He includes pie charts showing the percentages of study patients who were helped by VNS and to what extent they were helped. About 56% of the study patients showed measurable improvement after twelve months.

He lists the benefits of VNS including:

- ◆ No memory loss
- ◆ Efficacy improves over time
- ◆ Quality of life benefits improve over time
- ◆ No drug interactions

He mentions side effects. The most common side effect, “voice alteration” or hoarseness, affected 56% of the study patients. The next two most common were “shortness of breath” (16%) and “neck pain” (13%). The only other side effects, which were reported by 2-6% of the study subjects were “increased

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### **If you do on-line shopping, you can help New Directions in a painless and no cost way!**

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## **We Thank our Contributors**

## Ask the Doctor by Daniel B. Block, M.D.

**I know that a certain amount of "ups and downs" are a normal part of life. But, when you suffer from chronic depression and are first trying medications to treat it, how do you know at what point it is "working well enough" and the dose is adequate?**

When a person has dealt with depression for years and years without medication, it's hard to tell what a "normal" emotional level is.

That's a good question, as you are accurate in describing what many chronic depressives describe when they have not had treatment. The depression itself feels like "normal." You have to gauge your response by looking at your overall outlook - have you become more positive, do others comment that you seem happier or that you're somehow different in a positive way? Do you find you are more interested in things in general on a consistent basis? Do you experience more consistent joy than previously? Do you feel more relaxed, less worried in general on a consistent basis? These would all be long term signs that the medication is working and is at a "good enough" dose.

**Are you aware of research done on deep brain stimulation for drug resistant depression sufferers, and it's affect on "Area 25" in the brain, and if so, do you see any widely available applications for this research anytime in the near future?**

Dr. Helen Mayberg of the University of Toronto, Dr. Andres Lozano of Toronto Western Hospital, and Dr. Sidney Kennedy of Canada's University Health Network (UHN) in 2005 reported in *Neuron* (Volume 45, Issue 5, 3 March 2005, Pages 651-660) that electrical stimulation of a small area of the frontal cortex brought about a

"striking and sustained remission" in four out of six patients suffering from clinical depression, whose symptoms had previously been resistant to medication, psychotherapy and electroconvulsive therapy.

The researchers reported that, using brain imaging, they noticed that activity in the subgenual cingulate region (SCR or Brodmann area 25) - the lowest part of a band of tissue that runs along the midline of the brain - seemed to correlate with symptoms of sadness and depression. Researchers studied whether a deep brain stimulation to modulate this activity could help patients with treatment-resistant depression. They implanted electrodes into six patients while they were locally anesthetised, but alert. While the current was switched on, four of the patients reported feeling a black cloud lifting, and became more alert and interested in their environments. The changes reversed when the current was switched off.

After two months of treatment, five of the six patients exhibited decreases in their depression scores of at least 50 percent. At the six month point, four continued to have an antidepressant response.

The researchers concluded that, although the study was limited in scope and length, deep brain stimulation "may represent an effective, novel intervention for severely disabled patients with treatment-resistant depression." When reporting the results, the team did caution that the trial was so small that the findings must be considered only provisional.

**What happens when the medications just don't seem to work and the depression just keeps coming back unbearably, as I understand they don't for 20% of cases?**

This is known as treatment refractory

depression and volumes have been written about it, but little progress seems to have been made as of yet. The majority of updates I have read continue to mention the same augmentation strategies that focus on concomitant use of antidepressants from different classes. Sometimes in combination with lithium or other mood stabilizers, such as lamotrigine, as well as the use of second generation antipsychotics. Bupropion, thyroid medication, phototherapy, stimulants, modafinil, pindolol (a beta blocker selective for the serotonin 1a receptor) and numerous other less studied (or unstudied and only reported anecdotally) have also been mentioned. ECT remains a viable option and the vagal nerve stimulator, a permanently placed machine, are non-pharmacologic FDA-approved treatments. Repetitive trans-cranial magnetic stimulation, which works like ECT without the usual side effects, continues to undergo intensive study but is yet unapproved, though it shows promise.

The future of medication treatment is beginning to look away from serotonin, norepinephrine and dopamine and more toward the NMDA receptor and neuropeptides. Riluzole, a treatment for ALS (Lou Gehrig's disease) has shown promise in depression and OCD. Mifepristone, the "morning after pill" (contraceptive) has shown promise treating psychotic depression. And intravenous ketamine, a dissociative anesthetic (and drug of abuse on the streets) has shown some dramatic results in small trials with rapid improvement of depression, though the improvement is not permanent. This strategy bears watching because there are already drugs that are FDA approved that affect the NMDA receptor, including lamotrigine and acamprosate (in use to treat alcoholism). Riluzole also affects the NMDA receptor. So you can see there

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is still reason to be hopeful. For now, with continued recurrence, a person should end up on a mood stabilizer such as lithium or larnotrigine at the very least to try to prevent future episodes.

**Are pain medications sometimes used to help people who suffer from clinical depression? Can and does a psychiatrist prescribe pain medication instead of an antidepressant medication if the patient responds better to it?**

Another good question, as pain often aggravates depression and when chronic can sometimes lead to depression.

The only pain medication that has shown modest antidepressant effects has been tramadol, a synthetic opiate with weak serotonin and norepinephrine reuptake inhibiting properties. It has sometimes been used in OCD as well. Many antidepressants can also have a positive effect on pain and the common feature seems to be the norepinephrine reuptake blockade, as is seen in SNRI's (venlafaxine and duloxetine) as well as the older tricyclic antidepressants. Additionally, mood-stabilizing agents, particularly the anticonvulsant medications, especially lamotrigine, which has antidepressant properties, can help with chronic pain. Pure opioid narcotics are not indicated for the treatment of depression and may actually aggravate depression.

## NOTICES

### Gift Wrapping

Amazon.com has given us a wonderful opportunity to make money for New Directions and have some social companionship as well. Each year around the holidays, they contact various non-profit organizations to help them wrap gift orders. For each gift we wrap, they pay New Directions 75 cents. Last year we found out about it a little late, so only four of us were able to do it; however, we made \$258. If you can donate some of your time anywhere between 7 a.m. and midnight during the last three weeks before Christmas, please contact [Rita@newdirectionsdelaware.org](mailto:Rita@newdirectionsdelaware.org) or call 302-286-1161 and leave a message.

### Facilitator Training

The next Facilitator Training Course will be offered on two consecutive Wednesday evenings, January 10 and 17, from 7 PM to 9 PM at Holy Family RC Church, 15 Gender Road, Newark, DE.

This course will prepare you to facilitate New Directions support meetings. After taking the course, you will NOT be asked to facilitate until YOU feel you are ready! You may sit in as a co-facilitator or participant until you are ready.

There is no charge for the training, but space is limited and you MUST pre-register by contacting [Bob@newdirectionsdelaware.org](mailto:Bob@newdirectionsdelaware.org) or call 302-286-1161 and leave a message.

### Kickball

Do you remember how much fun it was to play kickball when you were a child? Now you can have just as much fun playing with adults while getting exercise too!

We would like to find out if there is enough interest to justify renting a gym, starting in January, for one night a week where we can have an open game of kickball. Each week we would create two teams split from whoever shows up. You can even bring a friend or family member! Sound like fun? If so, express your interest to me at [Rita@newdirectionsdelaware.org](mailto:Rita@newdirectionsdelaware.org) or call 302-286-1161 and leave a message. We will only rent the gym if enough people show interest!

### Do you want to party?

This time of year can be especially trying for those with Seasonal Affective Disorder, but the holidays can also bring out the blues for those dealing with depression issues. I know New Year's Eve is especially hard for me because I'm alone and my siblings and friends are all married with their own families.

I'm going to go out on a limb and say, I don't think I'm alone in that regard. So, I was wondering if anybody would want to help me plan a get together for New Year's Eve? We need a house that's big enough (I live in an apartment), I figured we can each bring a dish and maybe even some games to play. If there is anyone interested, please contact me at [Jennifer@newdirectionsdelaware.org](mailto:Jennifer@newdirectionsdelaware.org) or call 302-286-1161 and leave a message.

### Depression and Bipolar Seminar #29

The next seminar will begin on February 23, 2007, for 12 consecutive Friday evenings from 6:30 to 9:00 at Aldersgate UMC. Cost is \$50; preregistration is required. Mail a \$50 check made out to New Directions and your name, address, and phone number to: Treasurer, New Directions, Box 768, Claymont, DE 19703. For more information, call 302-286-1161 and leave a message.

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cough,” “sore throat,” “tingling,” “nausea,” and “incision pain.” As a rule, the side effects decreased with time.

In the back of the book, Charlie Donovan includes a number of very helpful appendices with information on topics such as the relationship between pain and depression; a comparison between Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), and VNS; Medi-

care issues; the Hamilton Rating Scale for Depression (HMRD or HAM-D); and contact information for mental health resource and advocacy groups. There is an appendix that discusses insurance issues. Insurance companies are described as “giant bureaucracies, with multiple layers of people whose only job is to say no.” This appendix has a guide for the appeal process and includes sample letters. Another appendix is a reprint of an article from Psychology

Today Magazine. The article is called “101 Facts about Depression,” and includes briefly stated facts about connections between depression and such things as alcoholism, anxiety, childhood trauma, chronic pain, sexuality, ADD, and insomnia.

[note: “Out of the Black Hole” can be purchased through a link on our website. Go to

[www.newdirectionsdelaware.org/books.html](http://www.newdirectionsdelaware.org/books.html) and click on the link.]

(Continued from page 6)

sary unless there are risk factors for light toxicity.

#### **Can light therapy be used in other populations and conditions?**

Some studies have shown benefit of light therapy in children and adolescents with SAD, in adults who have “subsyndromal” symptoms of SAD and in adults with nonseasonal depression. There are also studies of light therapy in other psychiatric disorders, including bulimia nervosa and premenstrual dysphoric disorder. The circadian effects of bright light have been exploited to treat jet lag, shift work, circadian sleep disorders and behavioral disorders in dementia. These results are considered preliminary and beyond the scope of this summary.

#### **Where can I obtain a Light Therapy Device?**

Commercial light devices are now widely available in medical supply stores or via mail order and on-line. Some people express concern over the cost of quality light devices (\$200 - \$300), but this cost needs to be compared to the cost of pharmaceuticals and therapy. Some psychiatrists have “loaner” lights that you can try in order to see if you have a positive response, and some psychiatrists may have arrangements for “discount” prices. If a light device is prescribed by a medical doctor for a diagnosed medical condition, it is possible that some reimbursement will be made by your health insurance. A listing of reputable manufacturers can be obtained from a link on our website; go to [www.newdirectionsdelaware.org/links.html](http://www.newdirectionsdelaware.org/links.html).

## **Upcoming Program and Support Meeting Schedule**

### **Educational Meetings:**

- Dec. 18 **Catherine Adams Memorial Spirituality Program / Annual Holiday Gathering** – Speaker: James Walsh, PA, Ph.D., LPCMH, Pastoral Counselor
- Jan. 22 **Diagnosis and Treatment of Postpartum Depression**-- Speakers: Judith Marcus, M.D., psychiatrist, Director of Education, and Janet (Keogh) Brown, MSN, APU, Gardener Perinatal Behavior Health Program, Department of Psychiatry, Christiana Care Health System (CCHS)
- Feb. 26 **Diagnosis and Treatment of Anxiety Disorders** -- Speakers: Sandeep Gupta, M.D., Medical Director, Adult Transitional Care Program and Director, CAPES Unit, Wilmington Hospital, CCHS and Frances Klaff, Ph.D., licensed psychologist, Behavioral Health Associates, Wilmington, DE
- Mar. 26 **Treatment Options for Low or Limited Income Persons with Clinical Depression or Bipolar Disorder** -- Speakers: Christene Donohue, M.D., Medical Director and Kate McGraw, Ph.D., psychologist, West Side Health, Wilmington, DE
- April 23\* **Drew Sopirak Memorial Program – “Crazy for Life”** starring Victoria Maxwell, award winning Canadian actress. A one-woman show about her true-life story of accepting and living with bipolar disorder.

### **Support Meetings:**

December 11; January 8 and 15; February 12 and 19; March 12 and 19; April 16 (no meeting April 9 Easter Monday)

**“Great opportunities to help others seldom come, but small ones surround us every day.”** Sally Koch

As we continue to provide free support and education meetings to a group that has increased in size by 20% each year, our need for financial support continues to grow as well. We are able to reach out to people affected by depression and bipolar disorder and their families and friends on a very small budget – we have no paid staff, no rented office space and are fortunate to be able to use low-cost meeting-room space. This year we have made all our regular meetings free of charge. This means that we need your help paying for the little things that make a difference – such as the cost of room rental, materials for our educational programs, the cost of printing and mailing monthly publicity, the cost of the Annual Drew Sopirak Memorial Program, etc.

Every year we offer:

- 1 Two support meetings a month, each with at least four separate support groups, where people can find help in living with the illnesses and helping others.
- 2 Monthly educational speaker meetings on a variety of topics, presented by local psychiatrists, psychologists, social workers and other members of the community support system, all of whom donate there time.
- 3 An annual speaker meeting featuring a nationally known speaker and a mental health fair. In 2007 we are delighted to have Canadian actress and bipolar patient, Victoria Maxwell, performing her one-woman show “Crazy for Life”.
- 4 Hospital visits to offer our message of hope and wellness to patients and families.
- 5 Two 12-week Depression and Bipolar Seminars per year. The meetings provide support, education and speakers on mental health topics.

We welcome any financial contributions you may be able to make to allow us to continue to help others. If you would like to volunteer your time as well, please call us for more information. Keep in mind that New Directions Delaware has a Federal 501( c ) 3 non-profit designation, so all donations are tax-deductible to the full extent of the law.

I wish to contribute the following to help New Directions Delaware achieve its purpose to educate, inform, and support individuals, families and professionals about depression and bipolar disorder

<i>Friend - \$15</i>	<i>Contributor - \$25</i>	<i>Sponsor - \$50</i>	<i>Patron - \$100 up</i>	<i>Other Amount</i>

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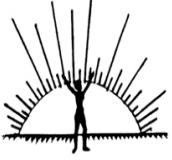
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**The Compass Newsletter, Volume 6 Number 3**

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