Spring Meetings

April  12
April  26
May    10
May    24
June   14
June   28

All meetings are held on the 2nd and 4th Wednesday of the month from 7:30 to 9:30 p.m. in Room 413 (A & B) at Western Psychiatric Institute and Clinic (WPIC). For more information contact Joan Buttenfield, RN, BSN at 412-246-5588.

Free Parking is available in the WPIC J - lot, upper level only, on DeSoto Street. There is also parking in the lot on O'Hara Street (next door to WPIC) at a nominal cost.

The miracle is this ~ the more we share, the more we have.

Leonard Nimoy

Reflect upon your present blessings ~ of which every man has many ~ not on your past misfortunes, of which all men have some.

Charles Dickens

**If at any time you wish to subscribe or be removed from the mailing list, please call 412-246-5544 or by email reiffrs@upmc.edu. Thank you.**
The NAMI SW PA Sixth Annual Regional Conference will be held April 22, 2006 at the Wyndham Pittsburgh Airport Hotel. The primary focus of this year’s conference will be recovery and best practices. Visit the NAMI website listed below for more information.

NAMI is the regional affiliate of the National Alliance for the Mentally Ill. According to Harriet Baum, Executive Director, “We would like every family member who has a loved one with a mental illness to be made aware of NAMI.” NAMI coordinates education programs, such as Family-to-Family for families of adults and Hand-to-Hand for parents of children and adolescents with serious mental illnesses or behavioral disorders. NAMI SW PA provides peer-led support groups for family members in the southwestern PA region in addition to community education and political advocacy on behalf of people affected by mental illness. For more information, call 412-366-3788 or visit the NAMI website at www.namiswpa.org.

The following information is provided in part by the National Institute of Mental Health (NIMH):

**Men & Depression**

Depression can strike anyone regardless of age, ethnic background, socioeconomic status, or gender. Depression strikes 12 percent of women (more than 12 million women) but also strikes men at about 7 percent (more than 6 million men). In focus groups conducted by the NIMH to assess depression awareness, men described their own symptoms of depression without realizing that they were depressed. These “symptoms” include headaches, digestive disorders, and chronic pain. Unfortunately not all men realize these may be signs of depression.

Common differences between men and women include:

- Women tend to withdraw from their lives, whereas men are more likely to become hostile or agitated.
- Women tend to slow down and may sleep more, whereas men may become more demanding and actually sleep less.
- Men may blame everyone else for the problems they are experiencing, whereas a woman would blame herself.
- Men are more likely to turn to alcohol or drugs to help them feel better or feel more in control.

Men are also concerned that seeking out a mental health specialist will have a negative effect at work if their employer or colleagues find out. They fear that being labeled with a diagnosis of mental illness will cost them the respect of their family and friends. Men perceive seeking help as a “weakness” and often would rather go untreated than admit that they may need help.

As research continues to reveal that depressive disorders are real and treatable, and no greater a sign of weakness than being diagnosed with cancer or any other serious illness, more and more men with depression may feel agreeable to seek treatment and find improved quality of life.

For information about men and depression and the NIMH “Real Men. Real Depression.” campaign call toll-free: 1-866-227-6464 or send e-mail to: menanddepression@mail.nih.gov. You can also visit the campaign website at: menanddepression.nimh.nih.gov/
The following poem was graciously donated to the newsletter:

“To those who live life chasing rainbows, this is for you…”

2-9-06 5:00 am

In a way, we're all addicts, "chasing that high",
Chasing that time in our life where we felt good.
Good about life, good about the world...
Good about ourselves.
So we will chase those drinks, those drugs, those friends... That perfect weight...

We are desperate to hold onto the past,
Desperate, to hold onto that glimmer of hope that we can recreate ourselves,
Because for some reason, if we do all those things, history will repeat itself, and we can be "happy" again,

When in reality we're only chasing our Mania.

It's not until we can accept that sometimes "it's ok to just be ok".

That anything is better than being depressed,
And if I need therapy to do that,
Or medications,
Or even just a place to talk where other people understand...

Then maybe, I have a little control on this "addiction", that is my life.

Nobody is ever completely happy all the time, but when you're depressed, "that grass is always greener on the other side".

So we will mow it everyday,
Over-load it with chemicals,
Call in the specialists,

Completely overwhelm our selves with that hope for perfection,
When all we really wanted, was "greener grass".

The more we obsess for that "white picket fence", the less time we spend "In the Moment", and before you know it, we've gone through; a Week, Month, Year, or even more of our lives.

I know I will never be "perfect",
But at this point, working on just being "alright",
Is good enough for me...

Danielle

The following is a current list of research studies underway or starting soon. Space limitations prohibit complete descriptions but the contact person(s) at the numbers listed will be able to fully describe and discuss their particular study with you. All calls are confidential.

**Medication Treatment Program: Depression and Anxiety in Adults**

The Depression Prevention Program of Western Psychiatric Institute and Clinic is currently recruiting volunteers to examine the effectiveness of sertraline (Zoloft) medication for major depression. The participants will be seen weekly for approximately 12 weeks. All psychological assessments and medication will be provided at no cost. To qualify you must be between the ages of 18 and 60, have symptoms of both depression and anxiety, and must be either antidepressant-free or taking an antidepressant that is not helping.

If you are interested and you meet these qualifications, please email Traci Salopek at (salopektm@upmc.edu) or call 412-246-5566.
Depression in Adults
The UPMC Depression Prevention Program is conducting a study for people 18 and older who suffer from depression. This study will explore the features of a depressed person's mood, personality, and genetic makeup and how these features may affect a person's response to either medication or therapy. The study will provide approximately 38 to 58 weeks of interpersonal psychotherapy and/or FDA-approved antidepressant medication. Medication, interpersonal psychotherapy, and study assessments are provided at no cost. The study contact is Joan Buttenfield, BSN and she can be reached by email at buttenfieldja@upmc.edu or phone at 412-246-5566.

Research Study Volunteer Program (RSVP) for Mental Health
If you are age 18 or older, please consider signing up for the research study volunteer program (RSVP) and become connected with medical researchers conducting exciting studies at the University of Pittsburgh Medical Center and Western Psychiatric Institute and Clinic. For more information about our research registry, call Mary at 412-246-5566.

Women’s Behavioral Health
CARE of WPIC is dedicated to conducting research that provides insight into illnesses that affect women of childbearing age. Katherine L. Wisner, M.C., M.S. and her staff are gathering information on the effects of antidepressants for depression taken during pregnancy on child development, the effectiveness of therapies for depression before and after pregnancy, and the efficacy of new treatments for bipolar illness. The specific studies are listed:

Antimanic Use During Pregnancy
This investigation is a naturalistic study of pregnancy outcomes and infant development in women with bipolar disorder and their offspring. The choice of whether to use medication for treatment of bipolar illness will have been made by the woman and her treating physician. Women who take medications to manage bipolar illness, as well as women who are unmedicated, are eligible for this investigation. Women in this study will be interviewed for mood assessments throughout their pregnancies and for one year postpartum. Their infants will have health and development assessments four times during their first year of life.

The study team provides expert consultation to the treating physician and patient at no charge for women who enroll in the study and will refer women with no treatment provider to our parallel clinical service, Magee Behavioral Health, located in Magee Women’s Hospital.

Optimal Use of Ziprasidone During Childbearing
Dr. Wisner and her group showed that antidepressant medications are metabolized more rapidly by pregnant women and the dose must be increased for the woman to remain well. The pregnant woman's metabolism of ziprasidone (Geodon) will be evaluated in women who have decided to continue this medication throughout their pregnancies. Women in this study will remain under the care of their physicians. There will be 4 - 8 hour study visits (three during pregnancy and one postpartum) and women will receive compensation for participation.

For more information on these and other women’s studies, visit the Women's Behavioral Health website at www.womensbehavioralhealth.org.
What common therapies are available for treating depression?

There are lots of different ways that depression can be professionally treated. The therapies listed here are the more common and widely known. If you feel that you may be depressed, it is advisable that you first schedule a visit with your physician to be evaluated before beginning any type of therapy. If you are severely depressed, a stay in the hospital may be required before proceeding with treatment as an outpatient.

**Talk Therapy**

**Cognitive-behavioral therapy (CBT)** focuses on changing a patient’s negative thoughts and behaviors to change their mood. CBT is based on the idea that depression makes us see the world in very negative ways. These negative thoughts change the way we react to life events and contribute to negative feelings. Negative thoughts may also keep us from doing things that would help to improve our mood. In CBT, patients are given regular ‘assignments’ that may require them to identify the thoughts and feelings generated from an event. These thoughts are then discussed with the therapist so the patient learns how to turn those thoughts around to produce a more positive outcome. Patients are also asked to return to doing activities that they have enjoyed in the past, such as visiting with friends or taking a walk. Increasing activity levels and changing thinking patterns are thought to reduce depressive symptoms in CBT. This treatment is supported by scientific research that indicates that it helps to alleviate depressive symptoms in most people.

**Interpersonal therapy (IPT)** is a short-term treatment (12 - 16 sessions) that focuses on current relationships, social difficulties and the way the depression affects the major roles in the patient’s life. IPT identifies one of four “problem areas” that are related to the depression. These include disputes/conflicts (such as ongoing arguments with your spouse or partner), role transitions (i.e. a change in careers), complicated grief (trouble adjusting after the death of a loved one), and general interpersonal problems, such as having trouble making and keeping friends. IPT helps the patient to identify their interpersonal problem area and then to work toward improving social relationships to make them more positive and less stressful. This in turn helps to alleviate the depression. IPT is another treatment that has good scientific support.

**Psychoanalysis** addresses a patient’s history and any internal conflicts or unconscious factors that may be the underlying cause of the depression. A patient may see their therapist several times a week. During sessions, the patient may be encouraged to talk about the thoughts or feelings that currently come to mind. The goal is to bring to surface any unconscious conflicts of feeling and emotion that may be the cause for the problems that are troubling them. This form of therapy can extend for years at a time and is ultimately one of the most expensive. It is less commonly used because of cost and insurance limits on number of sessions covered. It also has not received as much support from scientific research. Because of this, some insurance companies may not cover psychoanalysis for depression.

**Family therapy** also called family-focused therapy, examines the role of the depressed member in the overall psychological well-being of the whole family; it examines the role of the entire family in the maintenance of the depression. Changes are made in the way the family works together in order to help the person who is depressed. This therapy often uses methods from individual
treatments that have been shown to help with depression.

**Group therapy** involves several people meeting with one or two therapists at the same time. Often group therapy uses aspects of the treatments already mentioned here. The difference is that several people with depression are treated at the same time. Patients in group therapy often benefit from hearing the perspectives of all the group members and groups can help participants understand that they are not alone in suffering from depression.

**Support groups** may offer an inexpensive and rewarding approach to addressing depression. By sharing with others who suffer from the same problem, support groups may prove beneficial to all involved. In some cases, the friends and family of the patient are encouraged to also participate in the group. Often people attend support groups in addition to using other forms of treatment.

**Medical Therapy**

**Medication**, the use of antidepressants, is a very common therapy and is often coupled with some form of psychotherapy. Medication for depression comes in a wide variety of choices and most today are very effective and have few side effects. If a patient has responded in the past to a medication, the same medication is usually tried first. In the case of bipolar disorder or manic-depressive disorder, once medication is administered it may need to be taken indefinitely. There is also a risk that depression will return if you stop taking an anti-depressant. Because of that, some people remain on anti-depressants for an extended time. Medication does have disadvantages. Some critics have argued that medication only alleviates the symptoms of depression, not the patient’s actual underlying issues that may be causing it. Medications also have potential side effects that may be difficult to tolerate.

It may take several “trials” of different medications to find the medication that works best for you. Medication can also prove costly, especially if a patient does not have health coverage. However, community programs or clinics may exist to help ease the financial burden of treatment.

There are also herbal remedies that may be helpful such as St. John’s wort, ginkgo biloba, ginseng, and other natural products. These may take the form of pills or teas. The upside is that these are usually less expensive then standard medications and may have fewer side effects. However, be sure to read the label before using any supplement to be certain that it does not conflict with current medications being taken. One downside with herbal remedies is that most are not FDA regulated and sometimes there is a risk that you are not getting an appropriate dose or even the dose that is stated on the bottle. It is always wise to contact your physician before taking any new medication or supplement.

All medications and supplements, including those that treat depression, have potential risks and side effects. Be sure to discuss all the potential risks of any medication with your physician. It is also important to continue to take medication exactly as prescribed by your doctor. Stopping antidepressant medication suddenly can cause ill effects. Be sure to talk to your physician before you quit taking an antidepressant -- he or she can help you to go off the medication in a way that will minimize negative effects.

**Electroconvulsive therapy (ECT)** was one of the first approaches to treat depression. ECT is usually administered several times to get lasting anti-depressant effects. This medical procedure involves sedation and the administration of electrical pulses to the brain. The intent is to interrupt the brain patterns that may be causing the depression. Though not as
common today, it is still used and can be very effective for depression that is quite severe and/or has not responded to other types of therapy. ECT today carries fewer side effects as it had in the past. Be sure to discuss potential risks and benefits with your doctor.

**Combination Therapy**

Often a health care provider may suggest using two or more approaches at the same time in order to effectively combat depression. This is often done to treat depression that is not responding to one therapy alone. The most common combination is medication along with psychotherapy.

You can learn more about the different approaches to treating depression by searching the internet (the NIMH website www.nimh.nih.gov is a good place to start), stopping by your local library, or asking your doctor or therapist what forms of information are available, and what alternatives might work best if you are suffering from depression.

**Thanks to the National Institute of Mental Health for providing background information, in part, for this article. A special thanks to Dr. Morgan Kelly for her assistance in writing this article.**

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**What to do if you or someone you know is feeling suicidal.**

**IF YOU ARE FEELING THIS WAY AND NEED IMMEDIATE HELP, DIAL 911**

Warning signs include:

- withdrawal from friends and family
- not sleeping or getting too much sleep
- irritable or angry
- feeling hopeless, helpless
- threatening suicide
- engaging in reckless or dangerous activities such as using drugs or drinking alcohol
- pronounced mood swings

**First and foremost, you are not alone!** There are many ways of getting information to deal with this life-threatening thinking. Listed below are emergency phone numbers and websites that you can visit to provide you with more information and help in understanding how to deal with suicide.

**National Hopeline Network**
Tel: 1-800-SUICIDE or 1-800-784-2433, available 24 hours a day or go to their website at www.hopeline.com

**Contact - Pittsburgh, Inc.**
Call any of the following numbers in your area: (412) 820-HELP or (412) 820-4357 (412) 787-4357 (Pittsburgh East) (412) 864-4357 (Pittsburgh North) Student and Young Adult Line: (412) 820-4357. (Available 24 hours a day, 7 days a week.)

**Children**
KidsLine PhonePals: 1-800-578-5100 (Weekdays 3:00-7:00 pm)

**Elderly and/ or Homebound**
Reassurance CONTACT: (412) 820-0100, 24 hours a day or go to their website at: www.contactpgh.org

**Pittsburgh Helpline of Allegheny County:** (412) 578-2450 or (412) 255-1155

**Help for Teens.** Call the Teen Hotline at 1-800-361-TEEN or 1-800-361-8336. The hotline is available 24 hours a day.


www.dbsalliance.org/info/suicide.html ~ Depression and Bipolar Support Alliance offers information on suicide prevention. The emergency number is 1-800-273-8255.