Summer Meetings

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>July</td>
<td>12</td>
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<tr>
<td>July</td>
<td>26</td>
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<tr>
<td>Aug</td>
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<td>Sept</td>
<td>27</td>
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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.

*Healing may not be so much about getting better, as about letting go of everything that isn't you - all of the expectations, all of the beliefs - and becoming who you are.*

*Rachel Naomi Remen*

*I can be changed by what happens to me, I refuse to be reduced by it. In the face of such uncertainties, know these two things: you are stronger than you think and you are not alone.*

*Maya Angelou*

**If at any time you wish to subscribe or be removed from the mailing list, please call 412-246-5544 or email reiffrs@upmc.edu. Thank you.**
Maybe it's more than just depression: How to recognize Bipolar Disorder (Manic Depressive Illness) **

Bipolar Disorder is characterized by episodes of depression but with an additional component: mania or hypomania. A person diagnosed with bipolar disorder experiences “mood swings” between depression and mania or hypomania. While depression is easier to recognize, the mania associated with bipolar disorder may be more difficult. Mania, or its milder form hypomania, is characterized by periods of increased energy, decreased need for sleep, racing thoughts and speech, reckless behavior, and/or aggression. Mania may “feel good,” or make you “more productive,” but may also lead to reckless behavior such as out-of-control spending sprees, behaving in a sexually promiscuous manner, or/and poor judgment. Hypomania is milder form of mania and is less intense. Hypomania may allow a person to still function in the day-to-day world, whereas mania can be incapacitating.

According to the DBSA (Depression and Bipolar Support Alliance) more than two and a half million adult Americans are affected by bipolar disorder. And a good number of them may not know they have it. How to tell if you may have bipolar disorder?

** Step 1: Look for signs of bipolar disorder **

In the following list, put a check next to each item that sounds like you now or in the past.

** Signs of Mania **
- I feel like I’m on top of the world
- I have lots of energy
- I don’t seem to need much sleep
- I have a lot of sexual energy
- I feel restless all the time

** Signs of Depression **
- I am always tired
- I find it hard to focus and am very forgetful
- I don’t enjoy doing the things I’ve always enjoyed doing
- I am really sad most of the time
- I don’t like me very much

** Other Signs of Bipolar Disorder **
- I go back and forth between feeling really “up” and feeling really “down”
- My ups and downs cause problems at work and at home

If you have checked several boxes in these lists, you may need to contact your doctor to discuss these results. Take the lists to show your doctor. You may need to get a checkup and find out if you have bipolar disorder.

** Step 2: Understand that bipolar disorder is a real illness **

Bipolar disorder is more than the usual ups and downs of daily life; it is a serious medical illness. Most people with bipolar disorder go back and forth between mania and depression. Bipolar disorder may have several causes:

- It tends to run in the family. If other members of your family, extended family included, have bipolar disorder then you are more at risk.

- Bipolar disorder may be caused by changes in the brain.

- Any stressful event may also be involved in its onset.

- Sometimes the cause is not readily apparent.

Sometimes bipolar disorder can cause people to feel like killing themselves. If you are thinking about killing yourself, get help: call 911 or go to the emergency room of the nearest hospital.
Step 3: See your doctor

Make an appointment with your doctor to discuss how you are feeling and what might be the cause of your mood swings. Your doctor may refer you to a psychiatrist who is trained in helping people with this disorder. If you do not have a doctor, look for “health clinics” or “community health centers” in the blue pages of the phone book. Call one near you and ask for help.

Step 4: Get treatment for your bipolar disorder.

There are two common types of treatment for bipolar disorder:

Medicine ~ your doctor may prescribe medicines called “mood stabilizers” that work to control your moods. You may need more than one type of medication to help treat your illness. These medications may take several weeks to work but keep your doctor current on how you are feeling. If you are not feeling any better, you may need to try a different medication.

Psychotherapy ~ “Talk” therapy involves talking to someone such as a psychologist, social worker, or counselor. Your doctor can recommend one of these for you.

You can feel better. Taking the first step is always the hardest, but getting help will lead to living a more enjoyable, productive life for you and those around you.

Check out the “Is It Really Depression?” website at: http://www.isitreallydepression.com

**portions of this section were reproduced from the National Institute of Mental Health

Community Mental Health Resources

Please turn to one of the following resources for help if you are interested in seeking treatment for depression or bipolar disorder, getting an evaluation or second opinion about your treatment, or receiving mental health literature and information on support groups. For emergencies, call 412-624-2000 or 911

Depression Prevention Program for Adults
412-246-5566
www.depressionprevention.info

Late-Life Depression Evaluation and Treatment Program
412-246-6004
www.latelifedepression.org

Mood Disorders Treatment and Research Program
412-246-6111
www.wpic.pitt.edu/research/DTRP

Services for Teens at Risk (STAR-Center)
412-246-5619
www.wpic.pitt.edu/research/star

Western Psychiatric Institute and Clinic
412-624-1000
http://wpic.upmc.com/

What is clinical research and how can I participate?

Clinical research includes the evaluation of new investigational medications and/or new and existing forms of psychotherapy. Research serves many purposes; it helps us to become educated in our condition (depression, anxiety, etc.), and also helps the mental health community to better understand what affects us and how to possibly approach a solution.

Clinical research is experimental and all participants are carefully followed to ensure their safety. In most cases, participants may
receive treatment that is often more expensive than routine care; and incur no cost for office visits, medications, and other related tests. In some cases participants may be compensated for their involvement with the study.

Every participant will be informed completely of any procedure that will be done and any medications that may be involved. To participate in a study, check the listings below or go to the clinical research website at:
http://www.clinicalresearch.pitt.edu/

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.

**Risk for Adolescent Depression Study**

Children with a family history of depression have a higher risk of becoming depressed themselves during the teenage years. The Family, Emotions, Neuroscience and Development group is conducting a study of factors that may prevent depression in children and teenagers whose parents have a history of depression. The study involves up to 2 visits and 1 phone interview over 18 months and includes interviews, questionnaires, and noninvasive psychophysiological measures conducted with you and your child. To qualify you must be a female between the ages of 25-55, have symptoms of depression, and have a 9-14 year old child. This study does not involve any medications or treatments. Families will be paid up to $225 upon completion of the study. If you are interested and you meet these qualifications, please email Diana Whalen (whalend@upmc.edu) or call 412-647-9282.

**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 Joan Buttenfield at (buttenfieldja@upmc.edu) or call 412-246-5566.

**Emotional Regulation in Bipolar Disorder**

If you are aged 18-40, and are right handed, you may be suitable for our research study at the Western Psychiatric Institute. The study
involves having a brain scan and performing tasks whilst in the scanner. The commitment involves approximately 8 hours of your time. The research takes place in Oakland at the South Side. You will be compensated $150.00 if you complete the study. Please email Natalie Kerr at kerrn@upmc.edu or call Natalie at 412-246-6142, or Sharon Nau on 412-246-6250.

**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 phone at 412-246-5566 or by email at buttenfieldja@upmc.edu.

**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.

**Helpful Websites**

http://www.helphorizons.com/

This website states that it intends to provide a “safe and supportive environment in which to learn more about successfully meeting life’s challenges.” Several different “Care Topics” are listed on the website including depression and anxiety.

http://www.mind.org.uk/

This website boasts of being the “only not-for-profit, editorially independent mental health magazine in the UK.” The website has numerous bits and pieces of information. Some of the booklets offered online are free. The Openmind magazine is an open forum for all; those in need of mental health services and those who provide them.

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**Talking to your Health Care Providers about the Importance of Peer Support**

by Ellen Frank, Ph.D.

(an excerpt from the Spring 2006 Depression and Bipolar Support Alliance – DBSA - Outreach newsletter)

Depression and bipolar disorder are isolating illnesses. So it is not always easy to say to your health care provider, “I need someone to talk to who understands exactly what I am going through, someone who’s been there.” But support is an important part of your treatment, as a part of a three-pronged approach that also includes therapy and medication. When you attend a support group and learn more about coping with symptoms and life events, you learn more about staying well. And when you know more about staying well, it helps your health care provider treat you.

Unfortunately, not all health care providers are familiar with the power of DBSA support groups. And DBSA support groups are needed in many communities. Sharing the benefits of peer support with your health care provider can touch countless lives. Even if it is difficult for you to bring up the subject, find out if your provider is willing to serve as a professional advisor to a support group and/or recommend DBSA support to his or her other patients.

The positive effects of peer support on treatment adherence and treatment outcomes are well documented:
Interpersonal support
Increased understanding of treatment
Help decreasing or eliminating hospital stays
Help making decisions
Help communicating with health care providers
Increased motivation to stay with treatment
Help re-discovering your strengths and humor

There is one local DBSA chapter and contacts may be reached at the following:

Pittsburgh
DBSA Pittsburgh
Contact 1: David E. Roos
Phone: (412) 321-6325
Contact 2: Joan Buttenfield
Additional Phone: (412) 246-5588
Fax: (412) 246-5520
Email: buttenfieldja@upmc.edu
Website: www.wpic.pitt.edu/research/dmdpp/bigdnews.htm

You can also access the DBSAlliance by website at:
www.DBSAlliance.org/bookstore/SupportGroups.html

Boosting Self-Esteem

We can all use some help on this. Here are a few simple ways to feel a little bit better.

- Put on something that makes you feel good, i.e. favorite t-shirt.
- Rent a movie: choose something that will make you laugh, even if you have already seen it.
- Do something that you enjoy, such as gardening, painting, or reading a good book.
- Get your mind off of yourself; do something nice for someone else.
- Act “as if” you already have a healthy opinion of yourself.
- Get in contact with people who usually make you feel better when you are around them.
- Make a list of what you know you are good at: pitching in to help with projects; walking around the park lake twice; being a good listener; cooking; etc.
- Take care of yourself.
- Try these websites:
  - http://www.thehappyguy.com/

**Depression: Myth or Fact??**

Myths about depression may separate people from seeking the help they need. Some of the most common myths are listed below:

**Myth:** It is normal for teenagers to be moody; teens don’t suffer from “real” depression.
**Fact:** Depression can affect people at any age or of any race, gender, ethnic, or economic group.

**Myth:** Talking about depression only makes it worse.
**Fact:** Talking through feelings may help a friend recognize the need for professional help. By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to their doctor about getting treatment.

**Myth:** People who claim to be depressed are weak and just need to pull themselves together.
**Fact:** Depression is not a weakness but a serious health disorder. People who are depressed need to seek professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with
problems, or handle relationships. A physician may prescribe medications to help relieve the symptoms of depression. For many people, a combination of psychotherapy and medication is beneficial.

Depression, which saps energy and self-esteem, interferes with a person’s ability or wish to get help. The most important step toward overcoming depression – and sometimes the most difficult – is asking for help.

**portions of this section were reproduced from the Department of Health and Human Services

**Recommended Reading**

The following selections are intended for providing information to help our families cope:

*When Someone You Love Is Depressed: How to Help Your Loved One without Losing Yourself* by Laura Epstein Rosen, Ph.D. and Xavier Francisco Amador, Ph.D. This book can be checked out at any of the Carnegie Libraries in the Pittsburgh area.

*How You Can Survive When They’re Depressed: Living and Coping with Depression Fallout* by Anne Sheffield. This copy can also be checked out at any local Carnegie Library. This book is not so prevalent so you may want to call ahead of time to see if the book is available or arrange to have it sent via interlibrary loan.

*Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends and Caregivers* by Rosalyn Carter. This book can also be checked out at most of the Carnegie Libraries in the Pittsburgh area.

Is there a particular topic that you would like to see addressed in The Big D? Do you have a story or poem that you would like to submit? If so, please email your request to: reiffrs@upmc.edu or call 412-246-5544.

**New Technology Treatment:**

Vagus Nerve Stimulation (VNS)

VNS (vagus nerve stimulation) Therapy is a unique treatment approach now available specifically for treatment-resistant depression. What is VNS? A small pulse generator is implanted in the left chest area and is connected to the vagus nerve in the left side of the neck. Small pulses are sent to the brain via the vagus nerve. The pulses target specific areas of the brain that affect mood and other symptoms of depression. This treatment is not for everyone. Therapy is indicated for treatment of chronic or recurrent depression for patients 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more antidepressant treatments.

For more information call Steve Duchi at 412-225-8018 or go to [http://www.vnstherapy.com/](http://www.vnstherapy.com/)

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**Have a Healthy and Safe Summer!**