Dr. Michael F. Sheehan, on May, 12th 2009, as part of the DBSA Tampa Bay Blanchard workshop series, presented a question and answer session on Bipolar Disorder held at the Medical Arts Bldg. of St. Joseph’s Hospital in Tampa. The format for Dr. Sheehan’s presentation was informal with interactive audience participation. With an overflow crowd in attendance, he responded to a wide variety of questions submitted to him from individuals prior to the meeting. He also answered multiple questions from the audience.

“Recovery is an orientation rather than a destination”.

Dr. Sheehan acknowledged that it is difficult for consumers to sift through the volumes of information available on Bipolar Disorder and other affective disorders. He focused on many issues regarding recovery and management of Bipolar disorder.

He stated that Bipolar disorder is not an acute disorder but a chronic illness; learning how to manage the disorder is paramount to recovery. Initially, it’s important to accept the diagnosis of a disorder and then to understand its symptoms. It’s not unusual for a person with Bipolar Disorder to not have an accurate diagnosis until 7-10 years following the first episode.

Dr. Sheehan explained the various classifications of mood disorders: Bipolar I, Bipolar II, Major Depressive Disorder, cyclothymia and dysthymia. The primary differentiation between Bipolar I & II, is that Bipolar I Disorder involves a manic episode, which generally results in a psychiatric hospitalization.

With Bipolar Disorder, 75-80% of those affected have anxiety or addiction-20issues. Anxiety, addiction, irritability, and substance abuse are common comorbid issues associated with the disorder. Dr. Sheehan focused on various aspects of recovery. The first episode of Bipolar Disorder is generally associated with a high level of stressful situations. Stress is a course modifier. Genetics is also a course modifier. He went on to explain that, “Recovery is an orientation rather than a destination”.

The recovery process is about making wise and healthy choices; choices become habits, and habits become a lifestyle. It’s vital to be aggressive in treatment to keep symptoms under control. Key components to recovery are medication compliance, adequate sleep and normal sleep patterns, proper nutrition, exercise, a psychosocial support system, keeping stress levels as low as possible and building healthy thought patterns.

Dr. Sheehan emphasized that individuals don’t generally recover on their own without help. Having others to help set the recovery course in a positive direction is vital. Feeling loved and having others to love is part of the recovery process. Even when a person’s mood is stable, judgment may still be impaired. It’s important to have others around to =2 be accountable to, to have trust in relationships to help make wise and prudent decisions.

Managing one’s stress level is a course modifier. Without any stress, people become bored and complacent. Too much stress can trigger an episode and decomposition. Dr. Sheehan stated it is important to learn how much stress is manageable.

A question from the audience addressed how the American society contributes to mental illness and other disorders. Dr. Sheehan commented that America has a system that is based on “productivity” unlike other countries and the belief that people must work to obtain status, power and wealth. Our society frowns when people are less productive or decide to take more than two weeks away from work for leisure or vacation. In Europe most people enjoy 4 weeks or more for vacation or time off.

“The recovery process is about making wise and healthy choices; choices become habits, and habits become a lifestyle.”

Dr. Sheehan shared with the audience his attempts to persuade legislatures to ask for more funding for better services and treatments in the community rather than putting money in high cost jails and hospitals to treat people with mental illness. He said the more people they put in jail the less they have in the hospitals, the more they put in the hospitals the less they have in jails. Dr. Sheehan encourages anyone who is interested in the political aspect of advocacy and lobbying to do so to help increase funding in the needed areas.

Dr. Sheehan is a Board Certified Psychiatrist, the Medical Director of Operation PAR and serves also as the professional advisor for the DBSA Tampa Bay, Inc.
A Message From Our President

As we approach the summer months and leave winter behind us, we at DBSATB continue to be active in reaching those with mood affective disorders and their families. As part of the Blanchard Lecture Series, on February 10, Elliott Steele, founder of Vincent House in St. Petersburg, spoke to us at St. Joseph’s Hospital. The purpose of Vincent House is to assist, promote, and celebrate individuals recovering from mental illness. Social and vocational skills are greatly improved there, with many clients reaching their goals of long-term successful employment. Two members of Vincent House spoke to us about how their lives have been rebuilt through employment and acceptance. Unique to this center, it is a place where clients find hope, inspiration; and most of all, respect. It is a comfortable place to learn new skills, to have freedom to make mistakes, and to feel useful. I feel one great asset clients learn is that their mental illness does not define them but their spirit and resiliency does. Keep up the great work, Vincent House!

Our desire at DBSA Tampa Bay is to reach out to the population experiencing economic stress, many living from one week to the next, paycheck to paycheck. Visit our website at dbsatampabay.org for educational and informative information. We try to keep everyone, who comes to the lectures, visits the website, and receives the newsletters, informed with the most up-to-date information on mental health.

Many thanks to the board members, facilitators, and other volunteers who contribute to DBSATB. This organization would not exist without supporters like you, who donate their time volunteering and who donate money, through memberships and grants. For the people who provide the locations and space for our support groups and lectures, we want to thank you. Your support does not go unnoticed. A special thank you to John Balcomb, who served as past editor for our newsletter during 2008. He will continue with his assistance by being on the Newsletter Committee. Great job, John!

This issue is dedicated to Lucy Doyle, who was a member of DBSATB and a co-editor of the DBSATB newsletter. It is with my deepest regret to inform you that Lucy passed away on June 18, 2009. She will always be remembered for her contributions in the field of mental health.

Please tell others about our free services. Have a great summer and stay healthy!

Neil Bush
President
DBSA Tampa Bay

The Blanchard Educational Series 2009

Our lectures, seminars and workshops are held at 7:00 PM at St. Joseph’s Hospital, Medical Arts Building, 3601 W. Dr. Martin Luther King, Jr. Blvd., unless otherwise noted.

September 8 or September 15
November 10

All groups & Lectures may change without notice. Please RSVP with e-mail to info@dbsatampabay.org if you plan to attend.

Educational Resources

American Psychiatric Association
888-357-7924 • www.psych.org

American Psychological Association
800-964-2000 • www.apa.org

Advocacy Center
800-342-0823
www.advocacycenter.com

Child & Adolescent Bipolar Foundation
847-256-8253 • www.bpkids.org

DBSA (National)
800-826-3632
www.DBSAlliance.org

Military Veterans Suicide Hotline
1 800-273-8255

National Alliance for the Mentally Ill
800-950-6264 • www.nami.org

National Association for the Dually Diagnosed
800-331-5362

National Family Caregivers Association
301-942-6430

National Foundation for Depressive Illnesses
800-248-4344

National Institute of Mental Health
800-421-4211 • www.nimh.nih.gov

Panic Disorder Line:
800-64PANIC(7-2642)

Anxiety Disorder Line:
800-888-8-ANXIETY(26-9438)

National Mental Health Association
800-989-6642 • www.nmha.org

Confidential Depression Screening
www.depression-screening.org
Depression and Pain

Suffering from pain, especially chronic pain, often goes hand in hand with depression. Depression itself can be physically painful. In individuals afflicted by both, how is it determined what came first - the physical or the mental turmoil?

“The myth has been that being in pain is depressing, so logically, clinical depression will follow,” says Linda Stone, RNC, APNP, PhD, FAAPM, a fellow of the American Academy of Pain Management and specialist in pain management, anxiety, and depression in Brookfield, Wis. “Although there is a significant connection between the two conditions, it’s not exactly a chicken and the egg situation.”

The Mind/Body Scuffle

The current understanding of the pain/depression connection is that it’s not an issue over which condition comes first, but rather a wrestling match between mood and sensation over limited amounts of shared stores of neurochemicals.

Neurochemicals, including serotonin and norepinephrine, which regulate mood and depression, play a key role in mediating pain response. Endorphins also are part of the picture because these neurochemicals act as a natural pain reliever and pick-me-up by producing analgesia and a sense of well-being.

“Any condition that extensively uses serotonin, norepinephrine, and endorphins will result in less availability of those neurochemicals for other needs in the body,” says Stone. “Because of this link, pain and depression are intimately related. Both conditions intensify the other.”

Clinical depression is an accompanying diagnosis about 30% of patients with chronic pain, and anyone in pain can experience some level of mood change, according to the National Pain Foundation.

Although the pain/depression phenomenon can accompany any pain condition, common examples include chronic back pain, joint pain, fibromyalgia, and migraine headaches.

“People who are depressed have three times the chance that they will begin having chronic migraine headaches and people with migraine headaches are at least three times as likely to develop depression,” says Stone.

Compounding the pain/depression connection is the fact that the mood and pain perception centers are both located in the same areas of the brain. It is also believed people with a family history of depression may be more vulnerable to the pain-intensifying and mood-altering effects of neurochemical depletion.

Cultural influences can impact how pain/depression presents. Seventy-five percent of patients with clinical depression arrive on the doorstep of their primary care providers with complaints of physical symptoms, especially pain, according to the National Pain Foundation. It’s important that nurses and other providers recognize that pain can be a symptom of depression, and depression commonly accompanies pain.

“In primary care in particular, you will see a lot of depression converted into pain symptoms because culturally, it’s more acceptable to complain about pain than about depression,” says Stone. “In reality, both conditions are pushing each other’s buttons.”

The goal of treatment for pain/depression is to improve overall function because when pain is coupled with depression, it results in even higher levels of disability.

 Treatment for pain can include the use of antidepressants and other adjunctive therapies such as exercise, physical therapy, self-hypnosis, relaxation techniques, meditation, and cognitive/behavioral therapy or psychotherapy, as well as antidepressants. “It’s not just about taking pain pills,” says Stone. “It’s about getting people with pain/depression to sleep and eat better and to focus on life, and you can’t do that with just pain pills.”

Antidepressants, especially the tricyclic amitriptyline (Elavil, venlafaxine (Effexor), and duloxetine (Cymbalta) can treat pain/depression because they inhibit reuptake of serotonin and norepinephrine, increasing their concentration and availability in the central nervous system.

Antidepressants can improve appetite, sleep, and pain tolerance, reducing the need for pain medications. They also can help patients to be more social and less withdrawn from their families and friends.

Antidepressants also minimize suffering, which is different than the physical sensation of pain. Suffering is the result of cogitative recognition of what has happened in the past because of pain, such as missing work or a family function, and anticipating it will happen again.

“Suffering is due to our ability to remember the past and project it into the future,” says Stone.

Implications for the Baby Boomer Generation

Nurses need to be aware that as the baby boomer generation ages, they will encounter greater numbers of patients with pain/depression because of painful conditions associated with aging, such as osteoarthritis.

“We won’t be doing these patients justice with long term use of non steroidal anti-inflammatory drugs, acetaminophen, or narcotics. Their systems can’t tolerate the side effects, such as liver damage, gastrointestinal bleeding, sedation, and drug tolerance,” says Stone. “We are going to have to open our minds to helping people stay active and functional by addressing all the components of pain/depression with the use of adjunctive treatments.”

Catherine Spader, RN, is a contributing writer for Nursing Spectrum / NurseWeek

DBSA TAMPA BAY WEBSITE:
www.dbsatampabay.org

The place to learn more! Research back issues of our newsletter. Discover documents of interest. Link to other resources.

Never Adjust or Stop Taking Your Medications Without Consulting Your Doctor.
Take Your Medications AS PRESCRIBED

DBSA TAMPA BAY NEWSLETTER 3 July - August - September 2009
EMDR Therapy
By Baird Helgeson

Eye Movement Desensitization and Reprocessing (EMDR) is a comprehensive, integrative non drug psychotherapy approach. It is being widely used with good results reported by patients who have finished the course of treatments. It contains elements of many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies.

EMDR is an information processing therapy and uses an eight phase approach to address the experiential contributors of a wide range of pathologies. It attends to the past experiences that have set the groundwork for pathology, the current situations that trigger dysfunctional emotions, beliefs and sensations, and the positive experience needed to enhance future adaptive behaviors and mental health.

During treatment various procedures and protocols are used to address the entire clinical picture. One of the procedural elements is “dual stimulation” using either bilateral eye movements, tones or taps. During the reprocessing phases the client attends momentarily to past memories, present triggers, or anticipated future experiences while simultaneously focusing on a set of external stimulus. During that time, clients generally experience the emergence of insight, changes in memories, or new associations. The clinician assists the client to focus on appropriate material before initiation of each subsequent set.

More information on this subject can be found at http://www.emdr.com/
For someone without health insurance, it can be difficult to afford the expense of a psychiatrist, much less the cost of medications. Now, there are affordable medications available through pharmaceutical companies and through a variety of pharmacies. The information in this article is directed towards the uninsured population, to be able to access low cost medications. It is worth looking into. Various programs exist for the uninsured and in some cases, regardless of their income. 

Newer, mental health medications, manufactured by GlaxoSmithKline and Pfizer, are available for a low or no co-payment through their patient assistance programs for the uninsured and financially disadvantaged. These companies work with patients through their doctor’s office.

GlaxoSmithKline offers the Bridges to Access Program. Some of the medications available through Bridges to Access include Lamictal, Paxil, and Wellbutrin. This program requires an advocate, who is someone the doctor appoints from their office to send in the paperwork. For those who qualify, after the first medication is picked up from a pharmacy for a low co-payment, the following prescribed medication is mailed to the patient, free of charge.

Pfizer has the Pfizer Helpful Answers Program, which is also active in helping the uninsured and unemployed receive their medications. Some of the medications available through Pfizer are Geodon, Navane, and Zoloft. The medication on this plan is mailed to the doctor’s office to be picked up by the patient. There is also savings available on medication from Pfizer, regardless of income. On the Pfizer website there are various programs to inquire about, including government programs. For further information contact:

GlaxoSmithKline, Bridges to Access Program: 1-866-728-4368

Pfizer Assistance Program: 1-866-706-2400.

Also, Walmart, Target, and Kmart offer savings on generic mental health medications. Though they are generic, there are many available to choose from. Both Walmart and Target currently have generic medications for $4 for a 30-day supply and $10 for a 90-day supply. Kmart offers generic medications from $10-$15 for a 90-day supply.

These medication names are very familiar to those persons, who have been suffering with mental illness for a long time. Some have tried and may be tolerable during a crunch or a financial hardship, when it can be much better to take them, than to take no medication at all. The lists at Walmart, Target and Kmart are very similar, with Target listing their mental health medications under separate categories for anti-anxiety, antidepressant, and antipsychotic medications and Kmart listing them under behavioral health.

CVS Pharmacy offers a Health Savings Pass, which covers 400 generic prescriptions, which covers a wide range of illnesses, for $9.99 for a 90-day supply. Enrollment is $10 annually per person. Walgreens Pharmacy’s Prescription Club offers savings on more than 5,000 brand name and generic prescriptions. There is a drug pricing tool on the Walgreens pharmacy website, where the cost of a prescription can be checked, before joining the plan. Enrollment for the individual is $20 per year for the individual and $35 for an entire family. There are discounts on some brand name medications with this plan. Some of the same generic medications can be bought from Walmart, Target, and Kmart without having to join a plan.

Hopefully, this information will benefit any one in need of mental health medication while experiencing financial problems. It is comforting to know that with the assistance of a doctor, there is medication readily available for mental illness, at an affordable price, in order to prevent a potential breakdown.

Sources:
http://www.bridgestosuccess.com
http://www.pfizerhelpfulanswers.com
http://www.walmart.com/4prescriptions
http://sites.target.com/site/en/health/generic_drugs.jsp
http://www.cvs.com/CVSApp/promoContent/promoLandingTemplate.jsp?promoLandingId=1046
https://webapp.walgreens.com/MYWCARD-WebServlet/walgreens.wcard.proxy.WCardInternetProxy/RxSavingsRH
The Great Drug Switcheroo

By Richard Laliberte

Your pharmacist may be changing your medication without your knowledge—and what you don’t know could hurt you. Here’s how to stay safe.

When you hand your pharmacists a prescription, you expect to get the medication your doctor ordered. But because of a perfectly legal loophole in rules that govern how prescription drugs are dispensed, you may not—and the consequences can be dire.

To understand the nuance, think of statins. They constitute a single class of medication because they all lower cholesterol by reducing its production in the liver. But not every statin lowers cholesterol by the same amount or with the same balance of LDL to HDL. So if your doctor orders a brand-name drug but your pharmacist switches it for the cheaper version of a different medication (but still a statin), you may not get the precise benefit your doctor had in mind—and may, in fact, suffer unexpected side effects.

In one way, at least, patients can benefit from substitution—smaller co-pays. But two-thirds of people who reported having meds switched in a National Consumers League survey said they weren’t consulted. Of those, 40% said the new prescription drugs were not as effective, and a third said it had more side effects. “It’s not okay for your insurance company or pharmacist to change your drugs without your knowledge,” says NCL Executive Director Sally Greenberg.

Unfortunately, therapeutic substitution is likely here to stay—meaning you need to be on the lookout to make sure you’re not harmed by the practice. Here are steps you can take to ensure you get the medication to treat your condition properly.

If your doctor believes her drug of choice should not be switched for another, ask her to write “medically necessary,” “may not substitute,” or “DAW”—for “dispense as written”—on the prescription. That obligates the pharmacist to check with you and your doctor before making any switches.

If a pharmacy tells you the law requires a substitution, find out which ones your state allows, and challenge the switch if the pharmacy has overstepped its authority. To get the information you need, contact your state’s board of pharmacy; go to nabp.net and click on the Boards of Pharmacy button to bring up a contacts list for every state office.

Pick a pharmacy you like and stick with it. “That way, your pharmacy will have a long record of your prescription history and know if a drug didn’t work for you,” says Carmen Catizone, whose father had stopped going to a neighborhood drugstore when his insurance company changed to mail-order prescriptions only.

Ask your pharmacist to put a blanket statement in your records that you don’t want any medications switched unless you and your doctor approve. “It’s a way of getting your pharmacist’s attention,” says Catizone. “When pharmacists know more, they can do a better job of advocating for patients.”

Ask your doctor up front—before you fill your prescription—which generics, if any, are acceptable subs for the drug that she wants you to take: A switch at the pharmacy may be perfectly fine (and often cheaper for you). Write down the name of the prescribed medication and the approved subs on a piece of paper separate from the prescription slip, and then check the filled order against your list. If your pharmacist makes an unapproved switch, call your doctor right away so she can begin documenting why insurance should cover the original drug or an appropriate alternative.

If your doctor doesn’t fight a substitution, make sure he isn’t just taking the path of least resistance or losing your prescription in the shuffle. “Busy doctors sign papers quickly, so it’s easy for a substitution to sneak through,” says Robert Reneker, MD, urgent care physician at Spectrum Health, a hospital system in Grand Rapids, MI. Ask: Will the new drug work better? How will I know if it does or doesn’t? Are side effects different from those associated with the original prescription? How will it interact with other medications or supplements I might be taking?

Shop for prescriptions at stores that have slashed prices on generics—a move that lowers profit margins and reduces the temptation for pharmacists to make sneaky switches. Giant retailers like Wal-Mart and Target have led the way on price cuts, pressuring smaller pharmacies to match their discounts. “Drugs have become a way to attract people to stores so they’ll spend money on other items,” says Reneker. Call your insurance provider to confirm whether a drug is really covered if your pharmacist says it isn’t.

Permission to reprint portions of this article was granted by Prevention Magazine. To read the entire article, go to the website at http://www.prevention.com/cda/article/the-great-drug-switcheroo/411bb2d0061f0210/gnVCM10000013281eac__news.voices/in.the.magazine/may.2009/issue/0/0/1

Are you a victim of “medication switching”? Medication switching occurs when a prescription is “switched” from what a doctor has written on a prescription form, to becoming filed as a generic by the time you pick up your medication, without your prior knowledge. Serious side effects have been reported by this practice. We at DBSATB would like to know. Contact us at info@dbsatampabay.org if you have had this happen to you.
A Tribute to Michael Jackson
August 29, 1958 – June 25, 2009 (50 Years Old)

During an interview with Oprah Winfrey, Michael Jackson said that the song entitled, Childhood, was his most “honest” song. He said, “If you want to know about me, then listen to this song”. We can reflect upon his life, with the words of this song. The #1 Pop Star Artist, Michael Jackson, sold more copies of any album than anyone in history, at any time, when “Thriller” was released, selling an estimated 60 million copies.

Michael Jackson had substance abuse problems, while using pain medication prescribed by his doctor. He was also taking antidepressants, before his death. He described his childhood as “sad”, working in a recording studio while other children were playing in a park, near his studio.

We are not all so different, after all. Perhaps the stigma of emotional illness will one day be reduced; whereby, we can openly discuss our afflictions, without judgment, or loss of a reputation.

Childhood
Have you seen my Childhood?
I’m searching for the world that I come from
‘Cause I’ve been looking around

In the lost and found of my heart...
No one understands me
They view it as such strange eccentricities...
‘Cause I keep kidding around
Like a child, but pardon me...

People say I’m not okay
‘Cause I love such elementary things...
It’s been my fate to compensate,
for the Childhood I’ve never known...
Have you seen my Childhood?
I’m searching for that wonder in my youth
Like pirates and adventurous dreams,
Of conquest and kings on the throne...

Before you judge me, try hard to love me,
Look within your heart then ask,
Have you seen my Childhood?
People say I’m strange that way
‘Cause I love such elementary things,
It’s been my fate to compensate,
For the Childhood I’ve never known...

Have you seen my Childhood?
I’m searching for that wonder in my youth
Like fantastical stories to share
The dreams I would dare, watch me fly...

Before you judge me, try hard to love me.
The painful youth I’ve had
Have you seen my Childhood....

OUR MISSION

The Depression and Bipolar Support Alliance Tampa Bay’s mission is to provide education, self-help, fellowship and other direct services to people with Affective Disorders and to their relatives and friends.

This organization is a non-profit, 501(c)(3) organization operated by it’s members. DBSA Tampa Bay is affiliated with the national organization now called DBSA. Contributions are non-taxable as provided by law.

2009 Membership Application

Name ____________________________________________

Address ____________________________________________

City/State/Zip ____________________________________________

Phone ____________________________________________

How did you hear about our organization? ____________________________________________

Confidentiality is very important to us. Our membership list stays within DBSA Tampa Bay only and will not be sent to any other organizations.

Please print clearly and mail to DBSA Tampa Bay, PO Box 340572, Tampa, FL 33694

MEMBERSHIP (includes newsletter)

☐ $20.00 Individual or Support Person
☐ $30.00 Family/Household
☐ $100.00 Individual Lifetime

NEWSLETTER

☐ $10.00 Newsletter only / year
☐ $24.00 Priority Packet / year (*6/issue)

☐ $_________________ DONATION

☐ $_________________ TOTAL

July - August - September 2009
Support Group Guidelines

* We are here to support mental health and your prescribed treatment. Family and friends are welcome.
* We maintain confidentiality: What is said in group stays there.
* As volunteer facilitators, we help guide your discussions. We share experiences, wisdom, successes, and common problems.
* We limit the discussions to depressive, bipolar, and other effective disorders.
* We are not mental health professionals. We do not diagnose, advise or recommend specific treatments or doctors.
* Our participants respond with compassion, not judgment. Sharing is encouraged, how ever you are not required to. You may remain silent if you wish.
* We are support groups and not therapy groups. We are here to give and receive support.

Multiple Copies?
DBSA Tampa Bay members, affiliates and supporters may order multiple copies of our newsletter via Priority Mail for $24/year (4 issues). A packet holds about 25 newsletters

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Call 813-878-2906
or you can also email us at: info@dbsatampabay.org

Would you like to become a member of the DBSA Tampa Bay?
Would you like to receive our newsletter? Please refer to the application on page 7. We also appreciate any donations which help to defray the cost of our services.

Thank You.

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