



The Outlook

Fall Edition, 2006

www.depression.mb.ca

sdmdm@depression.mb.ca

(204) 786-0987 or 1-800-263-1460

Bev's Bit

"Out Of The Shadows At Last" is the title of Senator Kirby's report and recommendations on mental health in Canada. We, as consumers and/or family members, must be writing our MLA's and MP's demanding that the government take mental illness seriously and implement the changes written in the report.

If you are interested in reading the report (all 484 pages!) or the more manageable "Highlights & Recommendations", copies are available on-line at www.parl.gc.ca, on our website at www.depression.mb.ca (under the "Publications" link), or through the Mental Health Education Resource Centre (MHERC) library. Please help us bring mental illness 'Out Of The Shadows' and receive the attention it deserves.

Bev Trachuk,
Executive Director

Mood Disorders Association of Manitoba's Mission is to:

We are a self-help organization whose purpose is helping others to help themselves through peer support, education and advocacy.

We will increase public awareness about mood disorders and empower people to develop and manage mental wellness.

We will provide a welcoming atmosphere to those dealing with co-occurring disorders.



Is S.A.D. making you blue?

Seasonal Affective Disorder (SAD), often called 'Winter Depression', is a depression caused by a reduced number of daylight hours.

MDAM is selling, as well as renting, SAD lamps.

Purchase price: \$240.00, (taxes included)

Rental price: \$20.00 per month

For more information, please call our office at 786-0987

MDAM Garage Sale

**September 16th, 2006
9:00 am to 4:00 pm
4 Fort Street**

Please come out and support Mood Disorders by coming to our garage sale.

All items except clothing will be graciously accepted as donations for the sale. Please contact Edward at 786-0987 to donate items. We will pick up, if needed.

Thank you in advance for your support, and we look forward to seeing you there!

Table of Contents

Bev's Bit	1
Support Groups	2
Crisis Phone List	3
Poem	3
Advice For A Healthy Lifestyle	4
Future Forms Of Treatment	4
Coping Methods For The Family	5
Tick To Your Treatment The Easy Way	6
Just 30 Minutes Of Walking	6
Volunteer In Focus	7
Suggested Readings	7
Predicting Bipolar	8
Nutrition	8
Is It Really Depression?	10
Recovery	11
Notes From The Editor	11

Support Groups

As there may have been changes after the publication of the newsletter, please refer to our website at www.depression.mb.ca for a current listing of groups/activities.

Winnipeg Region

Monday afternoon (weekly)

1:00 - 3:00 pm
4 Fort Street
Mixed Group

Thursday afternoon (weekly)

1:00 - 3:00 pm
4 Fort Street
Mixed Group

Sunday afternoon (weekly)

1:00 - 3:00 pm
4 Fort Street
Mixed Group
(Doors open at 12:30pm and lock at 1:00pm sharp)

Wednesday evening (weekly)

Diagnosis Specific Groups:

Depression
Bipolar Disorder
Family/Friends/Caregivers
7:00 - 9:00 pm
4 Fort Street

(Doors open at 6:30pm and lock at 7:15pm sharp)

1st & 3rd Thursday afternoons

1:00 - 3:00 pm
1st Thursday of the month - Rm. PZ-406
3rd Thursday of the month -
Rm. PX-235
PsychHealth Centre, 771 Bannatyne Ave.
Mixed Group

Tuesday afternoon (weekly)

1:00 - 3:00 pm
Bethesda Church, 1350 Grant Ave.
Mixed Group Open to all.

Burntwood Region

Support groups
to be announced.

Call CMHA Thompson region
(204) 677-6050 for information.

Eastman Region

St. Pierre-Jolys

Desalbury Hospital, Health Corner
3rd Thursday of each month, 7:00 pm

Steinbach

Jake Epp Library
Last Tuesday of each month, 7:00 pm

Whitemouth

Redeemer Lutheran Church, 7:30 pm
4th Thursday of each month.

Pinawa

Pinawa Hospital, Board Room
3rd Monday of each month, 1:00 pm

Pinefalls/Powerview/Fort Alexander

Pine Falls Primary Health Care Centre
3rd Monday of each month, 7:00 pm

Beausejour

Positive Connections Group
(for anyone living with mental illness or
stress issues)
Beausejour Health Centre
Thursday 7:00 - 9:00 pm

Central Region

Winkler

Groups will resume in September.

Portage La Prairie

No groups currently available.

Pilot Mound

Please contact Irene Olnick at 825-2608.

Winkler EA

Evergreen Place
Thursdays
7:30-9:00pm

Interlake Region

Gimli

Bi-weekly Wednesdays
Beginning September 6, 2005
1:00 pm

Gimli Hospital

Stonewall

1st Monday of the month
7:00 p.m.

Stonewall District Health Centre

Riverton

1st Tuesday of the month
1:00 p.m.

Riverton Community Health Office

Lundar

3rd Monday of the month
7:00 p.m.

A. Merritt Support Centre

Teulon

1st Thursday of the Month
10:00 a.m..

Teulon Hunter Memorial Hospital

Selkirk

1st Monday of the month
4:00 p.m.

Selkirk Support Centre

Ashern

4th Wednesday of the month
1:00 p.m.

Ashern Provincial Office

Family Support Group Meeting

3rd Wednesday of the month
7:00 p.m.

Gimli Hospital

(The Mood Disorders Association of
Manitoba, Anxiety Disorders Associa-
tion of Manitoba and The Manitoba
Schizophrenia Society)

The following programs are available
upon request:

The 8 Stages Of Healing
WRAP (Wellness Recovery Action
Plan)
ASSIST (Applied Suicide Intervention
Skills Training)

**For more information on Community
Support Group Meetings please
contact:**

Heather McNeill
Phone: 642-7886

Westman Region

Brandon

M-435 Rosser Ave.
(east entrance-upstairs)

Every 2nd Tuesday of the month
7:00-9:00 pm

1st and 3rd Wednesday of the month
2:00-3:30 pm

Family Support Group—
every 3rd Tuesday of the month
7:00-9:00 pm

Minnedosa

Minnedosa Regional Library,
54 - 1st Ave. SE
3rd Thursday of each month,
7:00-9:00 pm

Viriden

Viriden Health Centre
Conference Room
1st and 3rd Thursday of each month
10:30 am-12:00 pm

Parkland Region

Swan River

CMHA Office, Swan River
Depression support group
Every Friday, 10:30 am

Dauphin

Dauphin General Hospital
psychiatric ward, 4th floor
every Tuesday, 1:30 pm
Everyone welcome.

Trinity Lutheran Church
2nd & 4th Thursday of the month
7:00 pm

Ste. Rose

Ste. Rose Hospital
1st Wednesday of each month, 2:00 pm
3rd Wednesday of each month TBA

McCreary/Roblin

If individuals are interested in groups,
please contact Eleanor Snitka at the
number below.

Call (204) 622-4104 or (204) 638-4496
for more information on groups.

Norman Region

Groups to resume in the fall.

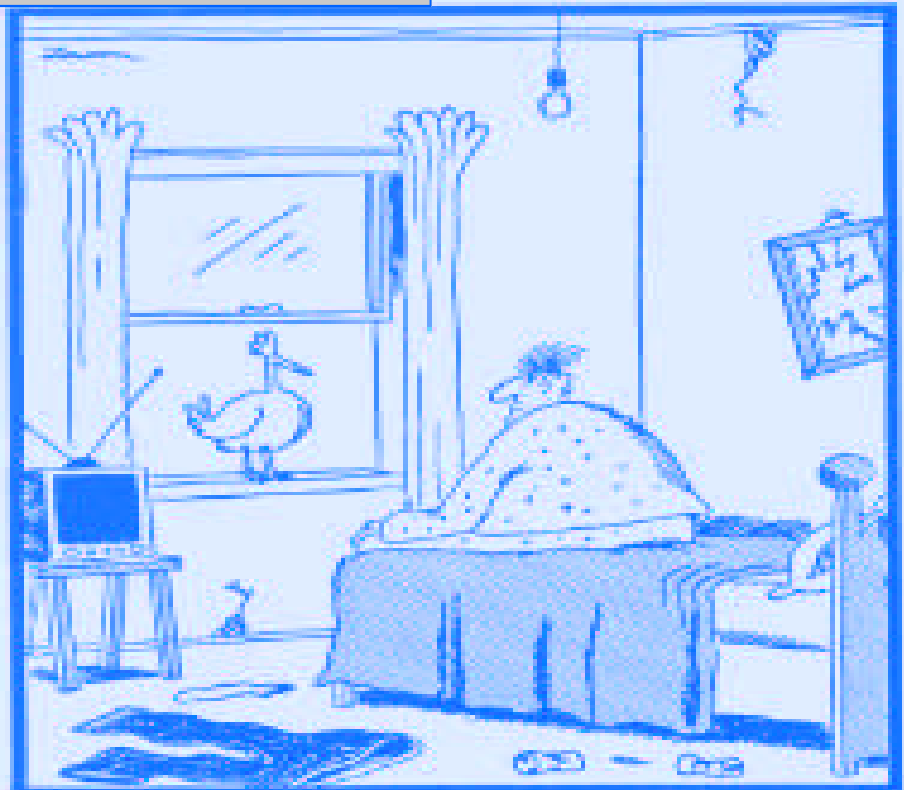
RURAL CRISIS PHONE LIST

All Rural Farm and Rural Stress Line	1-866-367-3276
Interlake.....	1-866-427-8628
North Eastman.....	1-866-427-8628
South Eastman	1-888-379-7699
Brandon and Assiniboine.....	1-888-379-7699
Burntwood.....	677-2381
Flin Flon.....	689-9611
The Pas.....	627-8224
Portage La Prairie.....	857-6369
Winkler.....	325-9700
Parkland.....	1-866-332-3030

CRISIS PHONE LIST

Crisis Stabilization Unit, Henry St.	940-3633
Crisis Stabilization Unit, 110 St. Mary's Road	940-8374
Klinik 24 Hour Suicide Crisis Line	786-8686
Klinik Sexual Assault Line	786-8631
Main Street Project	982-8245
Manitoba Suicide Line (24 Hours)	1-877-435-7170
Mobile Crisis Unit	946-9109
Osborne House Crisis Line	942-3052
Seneca Help Line (7pm - 11pm)	942-9276
Teen Touch	783-1116
Youth Emergency Crisis Stabilization System	949-4777

Trials give you strength, sorrows
give understanding and wisdom.



The Bluebird of Happiness long absent from his life, Ned is visited by the Chicken of Depression.

Parkland Fund Raiser

A golf tournament was held at the Dauphin Lake Golf Course on July 22, 2006. 46 golfers participated in a Texas Scramble tournament. Pat Kozun from Red Deer Alberta was the guest speaker. She has been a controller for large car dealerships in Ontario and Alberta for about 30 years. She told her story of depression, and encouraged employers and staff to be aware and empathetic to co-workers and/or employees who might be suffering with a mental illness. She is a true example that with HOPE and help we can live and function very successful lives.

Ron Lowe (former NHL goalie for the Edmonton Oilers and New York Rangers) and his family participated in the event.

The Mood Disorders Association of Manitoba, Parkland Region is grateful for all of the support and donations received for this tournament. Eli Lilly was a major sponsor as well.

Get your clubs polished up for next year. We hope to make this an annual event.

Advice For A Healthy Lifestyle Part Four: Conversation Skills

Research Before you meet with someone find out what the other person is interested in.

Break the ice To break the ice, bring up simple and general topics such as the surroundings. The occasion that brings you together, how you know the mutual friend who introduced you or the weather.

Listen Listen attentively while the other person is talking. Give exclusive attention to the person you talking to. Try not to interrupt and wait for a pause when you are certain the other person has completed his thought.

Eye contact Maintain eye contact by looking from the person's mouth, back to the eyes, and around the face, but never look away from the face. You may feel more comfortable looking between the person's eyes.

Be interested Ask questions that lead the other person to talk about things they enjoy or their achievements. Restrain your natural instinct to talk too much about yourself.

Topics of discussion
Family, school, hobbies, work, movies, books, entertainment, vacations, church, places you have lived, pets, sports, or other activities.

Read/Watch To ensure that you have plenty to talk about watch or read the news and try to stay up on the current events.

Remember If you are meeting with someone for a second time, but don't know them very well, anything that you remember from your first meeting (i.e. they have kids, enjoy comedy, where they work, hobbies, etc.) can help kick-start the conversation.



Future Forms of Treatment

Experimental Medication Kicks Depression in Hours Instead of Weeks

People with treatment-resistant depression experienced symptom relief in as little as two hours with a single intravenous dose of ketamine, a medication usually used in higher doses as an anesthetic in humans and animals, in a preliminary study. Current antidepressants routinely take eight weeks or more to exert their effect in treatment-resistant patients and four to six weeks in more responsive patients — a major drawback of these medications. Some participants in this study, who previously had tried an average of six medications without relief, continued to show benefits over the next seven days after just a single dose of the experimental treatment, according to researchers conducting the study at the National Institutes of Health's National Institute of Mental Health.

This is among the first studies of humans to examine the effects of ketamine on depression, a debilitating illness that affects 14.8 million people in any given year. Used in very low doses, the medication is important for research, but is unlikely to become a widely used clinical treatment for depression because of potential side effects, including hallucinations and euphoria, at higher doses. However, scientists say this research could point the way toward development of a new class of faster- and -longer-acting medications. None of the patients in this study, all of whom received a low dose, had serious side effects.

"The public health implications of being able to treat major depression this quickly would be enormous," said NIH Director Elias A. Zerhouni, M.D. "These new findings demonstrate the importance of developing new classes of antidepressants that are not simply variations of existing medications."

For this study 18 treatment-resistant, depressed patients were randomly assigned to receive either a single intravenous dose of ketamine or a placebo (inactive compound). Depression improved within one day in 71 percent of all those who received ketamine, and 29 percent of these patients became nearly symptom-free within one day. Thirty-five percent of patients who received ketamine still showed benefits seven days later. Participants receiving a placebo infusion showed no improvement. One week later, participants were given the opposite treatment, unless the beneficial effects of the first treatment were still evident. This "crossover" study design strengthens the validity of the results.

"To my knowledge, this is the first report of any medication or other treatment that results in such a pronounced, rapid, prolonged response with a single dose. These were very treatment-resistant patients," said NIMH Director Thomas R. Insel, M.D.

Ketamine blocks a brain protein called the N-methyl-D-aspartic acid (NMDA) receptor. Previous studies have shown that agents that block the NMDA receptor reduce depression-like behaviors in animals.

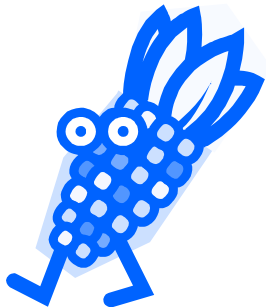
NMDA receptors are critical for receiving the signals of glutamate, a brain chemical that enhances the electrical flow among brain cells that is required for normal function. Studies indicate that dysregulation in glutamate could be among the culprits in depression. Using ketamine to block glutamate's actions on the NMDA receptor appears to improve function of another brain receptor — the AMPA receptor — that also helps regulate brain cells' electrical flow.

Scientists think the reason current antidepressant medications take weeks to work is that they act on targets close to the beginning of a series of biochemical reactions that regulate mood. The medi-

cations' effects then have to trickle down through the rest of the reactions, which takes time. Scientists theorize that ketamine skips much of this route because its target, the NMDA receptor, is closer to the end of the series of reactions in question.

"This may be a key to developing medications that eliminate the weeks or months patients have to wait for antidepressant treatments to kick in," said lead researcher Carlos A. Zarate Jr., of the NIMH Mood and Anxiety Disorders Program.

The researchers who conducted the study now are zeroing in on other areas of the glutamate system. Specifying which components of the system are affected by compounds such as ketamine may help scientists understand how and why depression occurs, reveal biological markers that may one day aid in diagnosis, and point the way to more precise targets for new medications.



MDAM 2005—2006 Board of Directors

EXECUTIVE COMMITTEE

Chair— Trevor Jones
Vice Chair— Sergei Sherman
Secretary— Marjolaine Pelletier
Treasurer— Vacant

DIRECTORS

William Ashdown
Raymond Bernier
Katherine Davis
Lisa Dreger
Sam Malamud
Len Soltys

EXECUTIVE DIRECTOR

Bev Trachuk, Fisher Branch, Manitoba

Coping Methods For The Family

Things to consider:

Despite medication compliance, episodes may occur. It may take some time to find the right medications and dosages. Additionally, the symptoms of the disorder may change over time requiring medication adjustments.

Despite your efforts, the symptoms may get worse.

Separate the person from the disorder. Love the person, hate the disorder, and separate the medication side effects from the disorder/person.

It is NOT okay for you to neglect *your* needs. Take care of yourself, ensuring you have a rich and fulfilling life. Do not shoulder the whole responsibility for your family member. You may have to assess your emotional commitment.

There is nothing to be ashamed of if someone in your family has a neurological chemical brain disorder.

It is natural to experience many strong emotions such as denial, grief, guilt, fear, anger, sadness, hurt, and confusion. Healing occurs with acceptance and understanding. Allow your affected family member and other family members to go through their grieving processes at their own pace. This is also true for you.

You may have to re-evaluate your expectations. Your family member's successes may be experienced differently from others. However, recognizing that a person has limited capabilities should not mean that you should expect nothing of them. It is important to set boundaries and set clear limits.

Do not be afraid to ask if your family member is contemplating suicide. Remember that suicide attempts are a cry for help. Often the individual is trying to escape from the consequences of the disorder, and they feel hopeless.

Their thinking and judgment at this time may be impaired: They may not understand that they are seeing the world

through the symptoms of their disorder. Do not put up a barrier to open communication.

Remember that irritability and unusual behavior can be a symptom of the disorder: Do not take it personally.

Forgive your and others' sense of humor.

Allow your family member the dignity to make his or her own choices: do not patronize, but encourage.

Recognize pending episodes

To minimize the effects of mania and depression and the consequences, it is important to identify pending episodes. Early recognition can prevent severe impairment in social and occupational functioning. Potential harm to relationships and the family unit can be minimized. Recognizing and treating episodes in their early stages can allow individuals to lead a healthy, productive life.

Even though your family member may be medicated, prescription drugs may not eliminate all episodes of mania or depression. You can help your family member by recognizing marked changes in their behavior.

Factors that could exacerbate a pending episode may be related to the environment, stress, or an unhealthy lifestyle.

An increase or change in usage of mood altering substances through the use of stimulants and depressants such as caffeine, smoking, alcohol, prescription drug abuse, and illegal narcotics may also indicate a problem exists.

Please do not judge your family member: however the use of these substances will defeat the purpose of the prescribed medications, decreasing their effectiveness, and potentially create an unwanted mood swing.

When I hear somebody sigh, "Life is hard," I am always tempted to ask, "Compared to what?"
- Sydney J. Harris

Stick To Your Treatment The Easy Way!

Having trouble sticking to your treatment? You're not alone.

Half of all people prescribed medications are not using them properly or not using them at all! This can lead to serious health problems, hospitalization, and emergency room visits.

You can protect your health by taking your medication as directed by your doctor. Sometimes this can be hard. Here are a few ways to make it easier:

Many pharmacies offer programs to remind you when it's time to refill your medication. And some pharmacies and drug companies offer reminder services (by phone or email) to help you remember to take your medication. Check with your pharmacist to find out about reminder services.

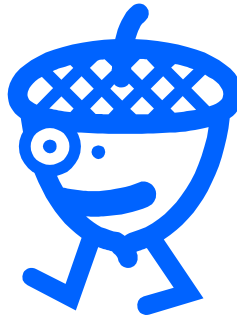
Simplify. Talk to your pharmacist about ways to make your medication routine simpler. You may choose to:

- switch to medications that are taken less frequently (e.g., once a day)
- switch to combination products (pills containing two or more different medications)
- stop medications that you no longer need.

Ask for a medication list. Your pharmacist can review your current medications, suggest changes to simplify and improve your medication routine, and provide you with a medication list to help you remember which medications you are taking and when. Keep your medication list with you and bring it to your medical visits so it can be kept up to date.

Make it part of your routine. Take the medication at the same time as something else you do regularly, such as brushing your teeth. Check with your pharmacist first to see whether your medication needs to be taken with food, on an empty stomach, or at a particular time of day in order to work best.

Organize your medications with a dosette or blister pack. These handy packages organize your medications by day or by time of day (e.g., morning, noon, afternoon, bedtime). Blister packs are made by your pharmacy, while dosettes are filled by your pharmacist or caregiver (or you can fill them yourself). Dosettes and blister packs make it easy to tell which medications should be taken at what times, and let you see whether you've taken a dose.



Use a memory aid. There are many memory aids available. Talk to your pharmacist about which one is best for you:

- Alarms let you know when it's time for your next dose. You can buy special medication alarms or use the alarms you've already got on your watch or cell-phone.
- Calendars can be used to help you keep track of your doses and remind you to take your next dose.
- Electronic caps fit on your medication container and record the time when the vial was last opened. This can be helpful if you forget whether you took your last dose.

Concerned about side effects, cost, or whether you really need the medication? Talk to your doctor or pharmacist. They can listen to your concerns and help you decide whether the medication is for you. If not, they can suggest other options.

Try not to feel discouraged if the first tip you try doesn't work. You may find that a combination of these tips works best. It may take a while to find the way that works best for you. But by trying these tips, you've taken an important step towards improving your health!

Just 30 Minutes Of Walking

Just 30 minutes of brisk walking can immediately boost the mood of depressed patients, giving them the same quick pick-me-up they may be seeking from cigarettes, caffeine or binge eating, a small study found.

Researchers at the University of Texas at Austin found that people suffering from depression who walked on a treadmill for 30 minutes reported feeling more vigorous and had a greater sense of psychological well-being for up to an hour after completing the workout.

Those patients and another group that sat quietly for 30 minutes both reported reductions in negative feelings such as tension, depression, anger and fatigue.

But only the group that exercised said they felt good after the session, according to the study, published in the December issue of the journal, *Medicine and Science in Sports and Exercise*.

Lead researcher John Bartholomew said the study reinforces past research that has found consistent exercise, along with medication and counseling, can help people overcome depression.

However, Bartholomew's is among the first to show that exercise can have a positive effect right away.

"It's not something you have to do for 10 weeks and it's not something you have to do at a high intensity," said Bartholomew, an associate professor of kinesiology and health education. "You should derive a benefit very early on in the process, and hopefully that is the kind of thing that will motivate them to continue to engage in the behavior."

The study, funded by Future Search Trials, an Austin medical research company, involved 40 people between the ages of 18 and 55. All were recently diagnosed with major depressive disorder, were not taking antidepressants and did not regularly exercise.

Twenty patients were assigned to exer-

cise for 30 minutes, while the others sat quietly for the same amount of time. They were surveyed five minutes before the session and five, 30 and 60 minutes afterward.

The positive mood effects from walking were sizable, lifting their feelings of vigour to near-normal levels, the study said. But the results were short-lived, returning to pre-exercise levels within an hour.

While the study shows depressed people who self-medicate with cigarettes, caffeine or food binges could get similar positive feelings from exercising, experts said it won't be easy to persuade them to replace bad habits with walking or shooting hoops. It's hard enough to get healthy adults to exercise.

"For people who are severely depressed, that may not be something I'm really going to hang my hat on," said Dr. Erik Nelson, an assistant professor of clinical psychiatry at the University of Cincinnati College of Medicine.

But for mildly to moderately depressed patients, exercise may lessen feelings of helplessness and isolation, he said.

"People shouldn't feel like the only thing they can do is take their medicine and wait till they feel better," Nelson said.

"This kind of shows there are things you can do to help yourself in the short term.



Volunteer In Focus

Matthew S.

Matthew has been a loyal and extremely enthusiastic volunteer here since April of this year.

He has really had his hand into just about everything from general office work to public awareness presenter to support group facilitator to peer support provider to initiating fundraising and public awareness strategies!

Matthew has his mind set on returning to school full time in September and working towards an Applied Counseling Skills certificate at Red River College.

From all of us at Mood Disorders, we wish him the best of luck at this, and thank him for all he continues to do for us.

Fiona Innes-Smith
Education Coordinator

Suggested Readings

Now that fall is upon us, I compiled a list of books that you can curl up with on a cool autumn evening. These are all available at the Mental Health Education Resource Centre (MHERC) Library – located inside FACES - 4 Fort Street, Winnipeg.



The Last Taboo & Beyond Crazy by Scott Simmie and Julia Nunes are quite interesting Canadian books on the subject of Bipolar Disorder and the Canadian Mental Health System. *Beyond Crazy* is also recommended by the Canadian Mental Health Association.



Listening to Prozac & Against Depression by Peter Kramer provide excellent scholarly views on Depression in North America.



Just Checking by Emily Colas is a dark comic take on life, and living with Obsessive Compulsive Disorder.



Running With Scissors by Augusten Burroughs is a very entertaining memoir. From childhood to early adulthood you'll be taken on ride through his bizarre life.



When Someone you love is Depressed by Xavier Amador, is an excellent book for those of you who have a partner that is currently in a depression.

Compiled by
Darryl R.

Fall seven times, stand up eight.

Annual General Meeting

Friday, September 15th, 2006
at 7:00 pm

In the Multi-Purpose Room at
FACES
4 Fort Street, Suite 100

Everyone is welcome but **only** members in good standing are allowed to vote.

Come out and show your support!

In Memory of Alan Hoare

It is with regret we announce the passing of Alan Hoare, one of our dedicated Board Members.

Although Alan had only been with MDAM's board less than a year, he made a difference.

We pass on our sympathies to his wife and family.

Predicting Bipolar

Five factors could predict bipolar disorder

Risk Research presented at the 159th Annual Meeting of the American Psychiatric Association in Toronto, Canada, has revealed five predictors for bipolar disorder risk that could aid diagnosis of the condition.

The five factors were anxiety, feelings of people being unfriendly, family history of bipolar disorder, a recent diagnosis of depression, and legal problems.

In all, 43% of patients who reporting having any three of the risk factors also screened positive for bipolar disorder on the Mood disorder Questionnaire (MDQ).

"Bipolar disorder may be difficult for both patients and doctors to identify because the symptoms are often confused with major depression," said Joseph Calabrese, from Case Western Reserve University in Cleveland, Ohio, USA.

"Given the difficulty of diagnosing bipolar disorder, the five predictors identified in this study may help physicians better assess a patient's risk for bipolar disorder, which could lead to more effective treatment."

For the current study, the investigators selected patients attending community and private practice clinics who were

unsuccessfully treated with antidepressants. Self-reported information was collected for the participants using the Epidemiologic Studies Depression (CES-D) scale and the patients were screened for bipolar disorder with the MDQ.

Among the 602 patients enrolled in the study, 18.6% screened positive for bipolar disorder on the MDQ. The researchers identified five key variables that they found were associated with bipolar risk: the CES-D item "people were unfriendly" ($p < 0.001$), comorbid anxiety ($p < 0.002$), depression diagnosis within 5 years ($p < 0.001$), family history of bipolar disorder ($p < 0.010$), and legal problems ($p < 0.026$).

For the 41 patients with none of the five risk factors, 2.4% screened positive for bipolar disorder on the MDQ. Among the 103 patients reporting that "people were unfriendly," 31.1% screened positive for bipolar disorder.

The presence of this factor in addition to comorbid anxiety increased the rate of screening positive for bipolar disorder to 35.4%, with the addition of a recent diagnosis of depression onset increasing the likelihood of a positive screen for bipolar disorder to 41.2%. The combination of feeling people were unfriendly and a family history of bipolar disorder was associated with a 75% rate of screening positive for bipolar disorder on the MDQ.

All patients who reported the presence of all five factors screened positive for bipolar disorder on the MDQ, as did 43% of patients who had any three factors.

The researchers conclude that the five factors may prove useful indicators of bipolar disorder risk among patients with major depression from whom antidepressant treatment has failed.

Nutrition

Diet-Busting Foods That May Surprise You

Beware of the counterfeit food, disguised as healthy and seemingly good for your diet, but secretly packing quite a calorie punch. There are plenty of suspects out there, ones that might seem like they should be obvious, and others that sneak past your lips without you even knowing it. Either way, they add a significant number of calories to your diet. From soup to nuts, here are the biggest culprits.

Soups

"We frequently think of soup as a filler, but not necessarily a rich source of calories," says Susan Moores, a registered dietitian and spokeswoman for the American Dietetic Association.

So for lunch, you have a nice light salad (Warning! See below!) and a hearty soup complete with crackers, all the while patting yourself on the back for sticking to your diet. The bad news is that certain soups can be packed full of calories and fat, especially favorites like New England clam chowder or cream of broccoli.

"Broth soups are great, but cream or milk-based soups can be fairly high in fat, with more than 300 calories for 8-12 ounces," says Moores.

Sugar-Free Cookies

5th Annual Comedy Night

Saturday, October 28th

Burton Cummings

Theatre

364 Smith Street

Doors open at 6:30 pm,

show begins at 7:30 pm.

Tickets:

\$15 from MDAM

\$20 through Ticket Master

Support MDAM and have

a hilarious time doing it!

For more information call

786-0987

"Sugar-free cookies fall into the fat-free phenom," says Moores. "When an ingredient considered bad -- such as fat or sugar -- is removed, often people will think that means fewer calories or even no calories."

In other words, they give themselves a license to eat and eat and eat until the package is empty because, hey, no sugar means no calories, right? Wrong -- sugar-free doesn't necessarily mean good for your diet.

"Checking the package label will tell the true story," says Moores. "It's not uncommon for a fat-free or even sugar-free food to have nearly the same number of calories as its regular counterpart, and taste-wise, there's no comparison to the real deal."

Pork

Is it the other white meat?

"Some cuts or preparation techniques make pork great," Moores tells WebMD. "Others don't."

Depending on the cut, the piece of pork in front of you can be comparable to low-fat, low-calorie chicken, or as high in fat as a hot dog. And even if it's a lean cut of meat, adding sauce or cheese to a nice slice of pork can ruin its value to your waistline.

"Loin cuts such as tenderloin and sirloin are lean," says Moores. "Often it's preparation or sauces that make pork a boon or a bust."

Coffee

You can't get your day started without a big cup of java, and as a stand-alone, you'll be glad to hear it's OK for your diet. "Coffee by itself is calorie free," says Moores.

But start adding on accessories and your seemingly innocent morning coffee turns your diet in the wrong direction.

"Coffee drinks can be astronomically high in calories depending on the ingredients and size of the drink one selects," says Moores. "I've seen one coffee drink that contained more than 1,000 calories for 16 ounces. Ouch."

Salad Dressings

Salad dressings are notorious for sneaking loads of extra calories and fat onto what might seem like a healthy meal.

"Some studies show that women who are high salad eaters get up to 60% of their total fat each day from salad dressings," says Rick Hall, a registered dietitian and advisory board member for the Arizona



Governor's Council on Health, Physical Fitness, and Sports.

Throw on a little cheese, croutons, and bacon bits, and your lunch is starting to look less healthy, more calorie packed, and detrimental to your diet.

Breakfast Bars

Don't be fooled by the wrapping.

"Some breakfast bars look healthy and even have healthy looking pictures on the box," Hall tells WebMD. "But if you look at the actual calories and extra sugars in its ingredients, it's pretty high."

The telltale trick, explains Hall, is to see what's listed first on the ingredient list.

"When one of the first two or three ingredients is high-fructose corn syrup, that's something to be very cautious of," says Hall. "And that's what you see with a lot of the breakfast bars."

Dried Fruits and Granola

"Dried fruits don't contain any water, which makes them very dense in calories," says David Levitsky, PhD, who is a professor of nutrition and psychology at Cornell University.

Foods like raisins, dried apples, and apricots look healthy on the outside, but on the inside, they're secretly carrying more than their fair share of calories.

"A handful is OK," says Levitsky. "But if you sit down and eat the whole package thinking they're low-calorie, you're wrong."

The same goes for granola.

"Granola sounds great, but it's very rich in fat, so you have to watch how much you eat," says Levitsky.

Juice and Soda

"You might think it's just a drink, and not even notice the calories, but they add up," says Levitsky.

You have a juice midmorning, and a soda midafternoon, and next thing you know, you've consumed an extra 400 calories in liquids.

"Don't get carried away with the idea that drinks other than water are calorie-free," says Levitsky. "You have that extra snack or drink each day thinking it's not a lot, but you're not thinking about the long-term consequences."

Low-Fat/Low-Cal Foods

"When these low-carb diets came out, people would look at a cake and see that it was labeled as no fat and low calorie, and they'd eat the whole thing," Levitsky tells WebMD.

Unfortunately, no fat and low calorie doesn't mean you can have your cake and eat the whole thing, too.

"At the end you have to be careful because they still contain calories," says Levitsky. "Low calorie does not mean no calorie."

Nuts

"Nuts are generally healthy," says Levitsky. "They're a good source of protein and vitamins."

But the tricky thing about nuts is that they're only healthy if you can eat just one serving.

"The problem with peanuts is that most people don't eat half a cup and walk away," says Levitsky. "Once you get started it's hard to put a jar of peanuts down."

That's when your diet goes south.

"Nuts are extremely high in fat and calories," says Levitsky. "And if you're sitting there with a bag or jar of peanuts, look out."



Is It Really Depression?

This sad, hopeless feeling just can't go on. It's affecting your job, your life. It seems like depression. But could it be something more?

Many people with depression also experience some degree of anxiety - anxiety that goes beyond the typical tension we experience when we face life's challenges. For people with an anxiety disorder, the overwhelming worry and fear is constant - with obsessive thoughts, feelings of panic, trouble sleeping, heart palpitations, cold or sweaty hands.

"Very often, we find that people have more than one condition -- both depression and anxiety disorder," says Charles Goodstein, MD a professor of psychiatry at New York University School of Medicine, with a clinical practice in Tenafly, N.J. "As a matter of fact, it's very hard to find patients who are depressed who don't also have anxiety. It's equally hard to find people with anxiety who don't have some depression."

Mood Disorders Similar to Depression

Indeed, sadness, depression, and anxiety are often triggered by life events - and the symptoms are not easily separated out, says Andrea Fagiolini, MD, a psychiatrist and medical director of the Bipolar Center at the University of Pittsburgh School of Medicine.

"We see this very frequently," he tells WebMD. "Financial, relationship, and family problems - all these can trigger anxiety and sadness, so we consider these feelings to be normal. They are not normal when the feelings are extremely intense, when they impair everyday functioning, affect quality of life. When all that is happening, it becomes difficult to solve the very problems that started the depression."

In addition to anxiety and depression, there might be something else going on - bipolar disorder. This is a condition that involves shifts in a person's mood from severe depression to manic phases - with soaring highs, restlessness, difficulty concentrating, racing thoughts,

impulsive decisions, reckless behavior, and poor judgment. In many cases there is normal mood in between the phases.

"Anxiety is nearly always part of bipolar disorder," Fagiolini tells WebMD. "Not only is it difficult to distinguish between anxiety and mania, it is sometimes impossible."

Antidepressant Not Always Best

Because of the difficulty in diagnosing these mood disorders, it's important to talk to your doctor candidly about what you've been feeling. It's also crucial that your doctor take time to ask enough questions, Goodstein adds. "Many people go to a general practitioner first.



They've been feeling depressed and think they may need an antidepressant. But if that doctor is very busy, he or she can't do much evaluation."

Under those circumstances, an antidepressant is often prescribed - yet that may or may not be the right choice. "Antidepressants are used to treat both anxiety disorders and depression. However, someone with bipolar disorder needs a different set of drugs -- a mood stabilizer and antimanic medication," Fagiolini tells WebMD. There are several types of mood-stabilizing drugs, which include medications like lithium and anticonvulsive drugs such as Depakote or Lamictal.

The danger: "Giving an antidepressant to someone with bipolar disorder could trigger a manic episode," he explains. "Manic episodes can be dangerous, because you have very poor judgment, tend to use more drugs, drive recklessly,

spend a lot of money, have much more sex - and have it completely unprotected. There's a higher risk of high-risk behaviors because there is poor judgment."

Treating a Mood Disorder Takes Time

What's most important, psychiatrists say, is to recognize that something is wrong. Then see a doctor regularly.

"It's a good sign if your doctor wants to see you more than once before prescribing something," says Goodstein. "It's better if your doctor wants to see you regularly, rather than prescribe the medication and say, 'check back with me in six months.'"

Because bipolar disorder is a condition that is ongoing but not always evident, the National Institute of Mental Health recommends long-term preventive treatment. The institute notes that a combination of medication and psychotherapy works best to keep the disorder under control over time.

With most people, "things are more complicated than they seem on the first visit," Goodstein tells WebMD. "Almost always, there's something more going on, and a doctor just can't know all that in one visit. It's erroneous if they think they can."

It's important to get treated for any mood disorder, because it can affect your own quality of life -- as well as the people around you, Goodstein adds. When you're depressed -- for any reason -- "You don't care about yourself. You don't care about those around you. And often, you don't have the motivation to get help because you feel hopeless," he says. "You might think there's no way to solve your problems. But that's not true. We can treat your depression, so you'll be better able to find solutions to your problems."

Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.

- Elie Weisel

Recovery

Many people using the health care system are in the process of recovery: for some it's healing from surgery to walk without pain and return to work; for some it's getting past the effects of chronic asthma and being able to join in activities again; for some it's beating cancer and watching a son or daughter graduate from high school.

For roughly 8 million Americans who live a serious mental illness* and their families, recovery means living life to its fullest, having relationships, being part of a community, holding down a job, going to school. Recovery means living a satisfying, hopeful and contributing life, with or without the limitations of a psychiatric disability.

Is recovery possible?

While the way in which recovery happens may be different for each person depending on the nature of the issues he or she is struggling with, research on advances in mental health demonstrate that recovery from serious mental illnesses (for example, schizophrenia, bipolar disorder and others) is a real possibility.

In the past, people with serious mental illnesses often were told they would probably get worse over time and lose much of what was important to them, such as their jobs and friends. Contrary to this myth, people with psychiatric disabilities can recover. For example, data from around the world show that more than 50% of those struggling with schizophrenia over several decades, significantly improve or even recover.

People living with a serious mental illness work as managers, professionals or anything they have an interest and talent for. They go back to high school, college or other types of education.

What is recovery like for someone living with a serious psychiatric disability?

Recovery from a mental illness involves more than recovery from the illness itself. People with mental illness may have to recover from the discrimination they have incorporated into their very being, from lack of recent opportunities

to self-determination from the negative side effects of unemployment, and from crushed dreams.

The recovery journey often happens in phases. At first, the person may be in shock, denying that anything has changed or happened. The person may go through grief, despair and depression, as the meaning of his or her situation sinks in. Over time this often gives way to periods of anger and then acceptance. Finally, hope coping and a sense of empowerment develop as the individual's recovery strengthens.

Recovery for people living with a serious mental illness is a journey that involves a network of supports. These supports may include self-help groups, families, and friends. They may also include the use of medications and supportive therapy along with rehabilitation to develop needed skills and supports.

In recovery, people reclaim their sense of self, their connectedness to others, and their power over their own lives, the roles they value, and their hope for themselves.

Resources

Part of recovery includes increasing knowledge and control. Here are some organizations that can provide more facts about the topics discussed and/or connections to local resources.

- Center for Psychiatric Rehabilitation, www.bu.edu/cpr
- Nami: National Alliance for the Mentally Ill, 800-950 NAMI (6264), www.nami.org
- National Empowerment Center, 800-POWER2U or 800-769-3728, www.power.org
- The National Mental Health Consumers' Self-Help Clearing house, 800-553-4539, www.mhselfhelp.org
- National Mental Health Association, 800-969-NMHA (6642), www.nmha.org

*A serious mental illness is a mental, behavioral, or emotional difficulty that lasts 2 years or longer and limits a person's capacity to function in important roles such as worker, student, family member or community resident.

Notes From The Editor

Many thanks to those who have renewed their memberships and welcome to our new members! If you find errors on your mailing label, please contact the office at **1-800-263-1460**.

We are grateful for the donations received in memory of:

Norman Calof
Randy
Chris
Brent Tramer
Godelieve Sones
Bob Moffatt



Volunteer Reception Position

MDAM is looking for friendly, dependable individuals for our front reception area.

Duties will include directing clients to appropriate organizations and assisting with some office duties, if desired.

The positions are part-time.

Please contact Fiona at 786-0987 for an application form, if you have any questions, or if additional information is required.

We look forward to hearing from you!

Provincial Office

4 Fort Street, Suite 100
Winnipeg MB
R3C 1C4

Phone: (204) 786-0987
Toll-Free:
1-800-263-1460

**Westman Outreach
Office**

M-435 Rosser Ave.
Brandon MB
R7A 6S2

Phone/Fax:
(204) 725-8555

**Central Outreach
Office**

Box 593
Altona MB
R0G 0B0

Phone: (204) 324-6110
FAX: (204) 324-6100

**Eastman Outreach
Office**

#3 – 227 Main St.
Steinbach MB
R5G 1Y7

Phone: (204) 326-3623
Fax: (204) 346-0423

**Selkirk Mental Health
Centre**

Box 9600
825 Manitoba Ave.
Selkirk MB
R1A 2B5

Phone: (204) 482-3810 Ext 416

MDAM

*Helping Others Help
Themselves!*

PsycHealth Outreach Office

PZ-395 PsycHealth Centre
771 Bannatyne Ave.
Winnipeg MB
R3E 3N4

Phone: (204) 787-3220

**Burntwood
Outreach Office**

43 Fox Bay
Thompson MB
R8N 1N2

Phone: (204) 677-6056

**Interlake Outreach
Office**

Box 1004
Gimli MB
R0C 1B0

Phone: (204) 642-7886
Fax: (204) 642-7877

**Parkland Outreach
Office**

Dauphin Regional
Health Centre
Room 446-448
625 3rd St. S.W.
Dauphin MB
R7N 1R7

Phone: (204) 622-4104

Membership Renewal / Application

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

New: _____ Renewal: _____

(Circle One) Adult / Family / Student / Senior

I agree to abide by the bylaws of the association and to maintain confidentiality in respect to all personal information of any member of the association.

Signature: _____ Date: _____

Please return to:
100– 4 Fort Street. Winnipeg, MB R3C 1C4

Membership Fees:

Student \$15.00 / year
Senior \$20.00 / year
Adult \$25.00 / year
Family \$35.00 / year

**Why become a member of the Mood Disorders
Association of Manitoba?**

If you want to be part of an organization that is consumer-driven and believes that everyone can help themselves in their own recovery, you should belong!

If you believe in the work MDAM is doing, please show your support through membership.