

“Just the Facts”

A GUIDE TO LIVING WITH BIPOLAR DISORDER AND DEPRESSION

by New Directions Support Group /Abington, PA

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...

...The term “**bipolar disorder**” means the same thing as “**manic depression.**” Bipolar disorder is the newer and preferred term.

...“**Mood disorders**” refer to both **bipolar disorder** and **depression.** They are periods of intense “highs” and “lows” (mood swings) and respond well to medication. Mood disorders are caused by chemical imbalances in the brain. They are inherited and carried by genes that are activated by the environment.

...The term “**consumer**” refers to a person with a mental illness.

MESSAGE OF HOPE FROM SHARON

Twenty years ago, I was diagnosed with “bipolar 1.” My first reaction was actually relief. For so long, I had known there was something wrong with me – I just didn’t feel right. When the doctor told me I was suffering from bipolar disorder, I was relieved to know there was a name for all the intense “ups” and “downs” I was going through. It was also a tremendous relief to know that medication could help me.

My second reaction to the diagnosis was intense embarrassment. It’s not easy to be diagnosed with a mental illness. It’s hard for society, friends and co-workers to accept it, not to mention the individual herself. Fortunately, I was able to return to my job as a registered nurse in about 13 weeks and be able to pay attention to detail the way I’d always done before. It’s been 20 years since my diagnosis. Whenever the illness arrives – it comes and goes – I have always bounced back, which is characteristic of the illness.

In addition to the medication, I found “talk therapy” extremely helpful.

When you are first diagnosed with a mental illness you will need time and patience to adjust, to get used to the idea. You may be afraid and embarrassed. You may be angry or in denial. As we know, mental illness carries a stigma, but we learn to live with that.

Medication and treatment have vastly improved over the years. Most of us will live a meaningful and productive life.

Your three helpers in living successfully with the illness are your doctor, your therapist, and your support system, especially a support group. I also recommend that you become highly knowledgeable about your illness and your medication.

I pay a psychiatrist “out of pocket” for a “medication check” every 6 months. This is because my health insurance will not cover the cost. I also found an excellent support group – New Directions -- for people with bipolar disorder and depression. I find this extremely helpful because it’s a place where I can talk about and laugh about my illness.

Other important aspects of my recovery include compliance with medication, getting adequate sleep, following a good diet, getting 20 or more minutes of exercise a day, maintaining a positive attitude, and living with my personal spirituality.

Keep in mind that close to 80 percent of people diagnosed with depression/bipolar disorder are able to lead productive lives. You will be among them!

BIPOLAR DISORDER

WHAT IS IT?

Bipolar disorder is a brain disorder – a neurological disorder - caused by an imbalance of chemicals in the brain. *The illness is not your fault. It does not mean you are weak or unable to handle your problems.* Bipolar disorder consists of cycles of intense “highs” and “lows” – or moodswings. It is inherited and carried by genes that are activated by the environment. We say that it is “genetically-predisposed” and “environmentally-triggered.”

Bipolar disorder affects 2 million Americans or about 1 percent of the population. It can be successfully treated, although it often takes time to get the correct combination of medication. This can be very frustrating. If this happens to you, talk with your support team to keep up your spirits.

Because research in bipolar disorder and depression is relatively new, you will notice that research findings may change; also new information is constantly being added to the information arsenal.

There are 2 types of Bipolar Disorder:

Bipolar disorder 1
Bipolar disorder 2

Both share the same symptoms – depression and mania. However, in bipolar 2, the mania is far less severe. The depressions are both the same.

BIPOLAR 1

People with bipolar 1 experience both true mania and depression.

Listed below are symptoms of mania. Not every person with bipolar 1 experiences every single one of these symptoms. The person with bipolar 2 experiences these same symptoms to a lesser degree. In bipolar 2, psychosis is absent unless it is part of a “psychotic depression.”

Symptoms of mania & symptoms of hypomania (symptoms will be far less intense)

- Incessant, unstoppable talking (“pressure of speech”)
- Racing thoughts
- Heightened energy, taking on of projects (usually unfinished)
- Sleeplessness, loss of appetite
- Reckless or indiscreet behavior (overspending, sexual indiscretions, inappropriate or out-of-character behavior)
- Euphoria (elation) or dysphoria (sadness, despair, depression)
- Grandiosity (inflated self-esteem)
- Delusions of grandeur (“I’m going to be a famous rock star”)
- Psychosis (out of reality thinking, paranoia, hallucinations, delusions, voices)
- Intense anger, rage
- Intense irritability (“snapping” at people; intolerance of “the least little thing”)
- Aggressive behavior, violence.

Important: People often believe that mania includes only the euphoric, energetic behavior we read about or hear about. Keep in mind, however, that the manic phase can just as easily include tremendously heightened irritability and anger, which in some cases can lead to violence.

Some researchers believe that the “irritable” mania is more prevalent than the “euphoric” type. Often, people contain mixed features of each.

As mentioned, bipolar 1 also includes symptoms of depression (sometimes called “bipolar depression”). These depressions can range from mild to severe.

Rapid cycling is defined as four or more episodes (of mania or depression) per year. Many people have much more than four cycles.

BIPOLAR 2

The bipolar 2 person also experiences cycles of depression and mania. The depression is the same as the depression in bipolar 1. It can range from mild to severe. It is referred to as “bipolar depression.” The mania is less severe than the bipolar 1 person. It is called “hypomania.”

People with bipolar 2 do not suffer from psychosis unless it is part of a “psychotic depression.”

Hypomania – While many people consider hypomania an enjoyable, productive period, it is still part of an illness. Use your judgment – and that of your doctor – whether or not you need medication – or the healing effects of time - to calm yourself down. Some hypomanias lead to true mania.

CYCLOTHYMIA

This is a lesser form of mood disorder characterized by less intense highs and lows.

DEPRESSION

WHAT IS IT?

Depression may occur by itself or it may be part of the depressed phase of bipolar disorder.

When depression occurs by itself and is not part of bipolar disorder, it is referred to as either (1) clinical depression, (2) major depression (3) unipolar depression - or just plain depression.

A person may suffer one bout of depression during their life or, more likely, a series of depressions ranging from mild to severe. Some people have a milder version for long periods of time. This is called “dysthymia.”

Like bipolar disorder, clinical depression is a neurological disorder caused by an imbalance of chemicals in the brain. *The illness is not your fault. It does not mean you are weak or unable to handle your problems.* Some people think that depression is brought on by “bad things” they’ve done in the past and that depression is a punishment. This is absolutely not true. Share these fears with your doctor or support system who will put them in perspective.

Always keep in mind that depression is a physical, medical, neurological disorder. Like bipolar disorder, clinical depression is a genetically-predisposed, environmentally-activated illness that responds to treatment.

Symptoms of depression include the following. Not everyone gets each and every symptom.

- Feelings of being sad, unhappy, blue
- Loss of interest in usual activities
- Loss of pleasure
- Difficulty concentrating
- Fatigue - lack of energy - inability to do work – can’t get out of bed in the morning
- Change in sleep patterns - (increased or decreased)
- Change in appetite - (increased or decreased)
- Isolation - (not wanting to be around people)
- Feelings of hopelessness – worthlessness – helplessness
- Psychosis
- Thoughts or wishes of death
- Thoughts of committing suicide

Antidepressants are effective treatments. Sometimes it takes time to get the correct medication and dosage. This can be very frustrating. Speak to your support team to bolster your spirits.

ECT (electroshock therapy), despite its bad name, can be very useful. It has helped thousands of people.

RELATED FEELINGS

...Nearly everyone with depression suffers from **anxiety**. This is an extremely distressing feeling. Anxiety responds to both antidepressants and antianxiety medications. Anxiety can also occur by itself, without depression.

...Feelings of being **overwhelmed**. This, too, is a very distressing feeling. It also responds to antidepressants and antianxiety medication. Feelings of being overwhelmed can occur without depression.

WHO GETS MOOD DISORDERS?

Mood disorders – bipolar disorder and depression – run in families. If you examine your family tree, you may find that other relatives have had problems with depression or bipolar disorder.

You may also find other conditions in your family which may be related to mood disorders: alcoholism, drug addiction, suicide, history of a relative hospitalized in a mental institution. There may also be other emotional problems in the family, such as anxiety or panic disorder.

Some people with mood disorders may not be aware of other family members who suffer with mood disorders. Keep in mind, however, that mood disorders are inherited. They are carried by genes and activated by the environment.

Bipolar disorder or depression can occur at any age. This includes children, teenagers, adults and older adults.

C R E A T I V I T Y

They had it, too:

Van Gogh

Michelangelo

Robert Schumann

William Styron

Winston Churchill

Virginia Woolf

Jackson Pollack

Patty Duke

Dick Cavett

Ernest Hemingway

Vivien Leigh

YOUR SUPPORT TEAM:

PSYCHIATRIST –THERAPIST –SUPPORT SYSTEM

YOUR PSYCHIATRIST

The psychiatrist is your compassionate, knowledgeable link to the foundation of treatment: proper diagnosis and medication.

The majority of people with mood disorders do not see a psychiatrist for treatment. They either see their family doctor or get no treatment at all. Although seeing a family doctor is better than nothing, we strongly encourage you to get treatment from a specialist: the psychiatrist.

Here are some important points regarding your psychiatrist and your relationship with him / her.

...Get the best psychiatrist you can find. Pay out of pocket if necessary. Good psychiatrists practice in large cities, in the suburbs, and in mental health centers. Use all your resources to find the right one for you. If you need a referral, get one from your trusted family doctor, support group members or call a university teaching hospital.

...You and your doctor should be partners. He or she should work with you - your own self-observations and needs - when making decisions on your medication.

...Get “parameters” for your medication. In other words, how much medication is it okay to take by yourself? For example, if you are unable to fall back to sleep at night, have the doctor give you parameters of how much additional sleep medication you can safely take.

...Involve your family in treatment – at least occasionally. Because your psychiatrist is one of the most crucial people in your life, let your family meet your psychiatrist – and let the psychiatrist meet members of your family.

...Before each psychiatry appointment, have a list of questions. Otherwise you might forget an important point.

...If you think your doctor is not on track, get a consultation with a highly recommended psychiatrist.

...Plan with your psychiatrist what to do in times of crisis. Make sure you know specifically how to get in touch with him or her.

YOUR THERAPIST

We can't overemphasize the importance of getting therapy. Therapy is extremely helpful, both in the beginning of your illness or later on. You don't have to be in therapy your whole life. However, when problems arise, you can always go back.

Find a therapist who is caring and intelligent. While most therapists are quite familiar in dealing with depression, many are not familiar with bipolar disorder. If you like your therapist, if they are open to learning and doing a little research, you can help teach them about the illness and your needs.

There are many different kinds of therapy: Eclectic (a little bit of everything) - cognitive behavioral therapy – Gestalt - supportive, pastoral, and others. All will help you deal with self-acceptance and maintenance of mood stability.

It is important that your therapist communicate with your doctor, so each of them can exchange information. This important communication is rarely done, so make sure each of them is aware of each other and that they exchange information.

Therapy is different than a **support group**. Although both are therapeutic, true therapy is called "treatment" and a support group is called "support."

Therapy is practiced by trained professionals who keep up with the latest developments in their field. Therapy can be one-on-one – or it can be "couples" or "family" therapy.

A support group is run by lay people, much the same as AA groups. It uses the experiences of other people to provide problem-solving techniques and compassionate support.

DEFINITIONS:

psychiatrist – a physician who prescribes medication. He or she may also do therapy.

psychologist – a therapist, usually with an advanced degree, who cannot prescribe medication.

therapist – has either a master's degree or an advanced degree.

social worker – same as a therapist.

SUPPORT SYSTEM

Family and Friends

Trusted family and friends are all important parts of your support system.

Support group

Locate a support group in your area. Try it out. See if it suits you.

The DBSA (Depression and Bipolar Support Alliance) sponsors support groups in most major cities of the country. Call them or go to their web site for a support group near you.

Web: DBSAlliance.org. **Phone:** 800-826-3632.

MEDICATION

FOR BOTH BIPOLAR AND DEPRESSION

A few words about medication. (1) It's very common to be on a combination of medications, rather than just one. (2) It often takes a few trials before you and your doctor come up with the right medication. This can be frustrating but hang in there. (3) Medication has different effects on different people. What works for one person may not work for another.

You and your doctor should work as partners, with the patient giving valuable feedback and the doctor responding to the patient's self-observations and needs.

One important caution: Many medications need to be **“titrated.”** This means that the medicine should be changed very slowly. This includes medication that is “lowered” - “upped ” - “started” - or “stopped.” If some medicines are not properly titrated, a patient can become extremely ill. We can't emphasize enough the importance of titration.

Many doctors are not aware of the need for careful titration. Bring this up to your doctor. Have him check this out. You can also speak to your pharmacist or knowledgeable support group members.

CATEGORIES OF MEDICATION

MOOD STABILIZERS (for people with bipolar disorder)

Lithium – Depakote* – Tegretol* – Trileptal* – Lamictal* – Zyprexa –
Topamax* - Geodon – Neurontin*

Note: Some of these drugs are “anticonvulsants” used for people with seizures. It's been found that anticonvulsants also help people with bipolar disorder. We've indicated anticonvulsants with an asterisk.

ANTIDEPRESSANTS (for depression and bipolar depression; also helpful for anxiety.)

Basically, antidepressants come in two broad categories – the **older** drugs and **the newer** drugs. All appear to work with the same efficacy, but have different side effect profiles.

The newer **SSRI's** - such as Prozac, Zoloft, Paxil, Luvox, Celexa, Lexapro. Action is targeted toward the neurotransmitter “serotonin.”

Other **newer drugs** - such as Serzone, Wellbutrin, Effexor, Remeron. Action is targeted to particular neurotransmitters in the brain.

The older **tricyclic** drugs such as Tofranil, Pamelor, Norpramin, Anafranil. These back-up drugs are used in cases that don't respond to newer meds.

MAOIs. Also older, used in cases that don't respond to newer meds. Dietary restrictions.

ANTI ANXIETY DRUGS

Ativan, Klonopin, Xanax are the most popular.

ANTIPSYCHOTIC MEDICATIONS

Originally developed for symptoms of "thought disorders" in people with schizophrenia.

Also used to control symptoms of (1) mania, (2) psychosis in people with or without mania; and people in psychotic depressions and (3) aggressive behavior. May also be used as a mood stabilizer.

Like antidepressants, these drugs fall into two categories – **older** and **newer**. The newer medications have less side effects.

Older antipsychotics include Haldol, Prolixin, Thorazine.

Newer antipsychotics include Zyprexa, Risperdal, Seroquel, Geodon and Abilify. Less side effects than the older antipsychotics.

M E D I C A T I O N :

**IT MAY TAKE TIME TO GET IT
RIGHT.**

BE PATIENT.

TOGETHERNESS: YOU AND MEDS

Medication is the foundation for getting better.

Medication cannot fix everything. The next step is the hard work you need to do to fully recover. This includes “pushing” yourself. It includes doing things that make you anxious. Or things that you are not in the mood to do. Or things you have never tried before.

Ask for help from your support team to: figure out how to get out of bed, how to get chores done, how to look for a job and whatever else you need to do when you get bogged down.

Ask someone to come over and help you, or to work with you over the phone.

RECOVERY

**MEDICATION IS ONLY
HALF THE
PICTURE.**

**YOUR DETERMINATION
AND HARD WORK
COMPLETE THE PICTURE.**

CRISIS: WHAT TO DO

Call your doctor immediately. Leave an urgent message such as, “This is a crisis” or “This is an emergency.” Don’t stand on ceremony. Without this urgent message your doctor will probably not call you back immediately.

Many people feel they will be “bothering” their doctor if they say they are in crisis. Or, they may feel their condition doesn’t warrant immediate attention. Do not jeopardize your health. Call your doctor.

If you are in a crisis so severe that you can’t wait for a call from your doctor – if you are suicidal, manic, in danger of hurting yourself, or just plain feeling terrible – go immediately to the emergency room.

It is important to have a crisis plan before a crisis occurs. Talk with your doctor and your support system, to the people you trust. Then in times of trouble, listen to them. They know you well and are concerned with your wellbeing. Listen to their advice and “Seek Help!”

IT'S O.K. TO ASK FOR HELP!

HOSPITALIZATION

There are two types of hospitalization: Voluntary and involuntary.

Voluntary: Hospitalization may be necessary when a person feels out of control, is suicidal or manic. The individual and their doctor may decide that hospitalization is necessary. The individual then “checks himself into the hospital.”

Involuntary: Sometimes a person is unwilling to be hospitalized when it is necessary. When they are in an active – (“acute”) - state of mental illness, they may have lost their ability to reason. They may believe that everything is fine, they are not sick, and that they don’t need help.

This can happen when a person is manic, suicidal, violent or is not taking care of themselves, such as not eating. When they refuse to get help, another individual – such as a relative - should step in to have the ill person hospitalized.

In other words, if the person won’t willingly go to a hospital and presents a danger to himself or others, it is necessary to hospitalize the person “against their will.”

This is called “involuntary commitment.” Pennsylvania and other states have their own laws on what criteria are involved to involuntarily hospitalize the severely impaired patient. In Pennsylvania, the family “petitions” the court for an agreement to hospitalize the person. This is called the “302 petition” or “a 302.” The petition can be accepted or denied by an impartial “court.”

Many family members must resort to this drastic and emotionally draining process in order to get help for their severely impaired loved one.

KEYS TO RECOVERY

- 1...Find a good psychiatrist.
- 2...Take the right medication.
- 3...Get “talk therapy.”
- 4...Educate yourself about your illness and your medication.
- 5...Develop and assiduously follow a daily routine, a daily schedule or a “To Do” list. This is vital if you are not working.
- 6...Develop a strong support network. Include family and friends whom you trust. Join a support group and talk to other like-minded people.
- 7...Find people you can phone to “cheer you up.”
- 8...Learn to manage stress.
- 9...Learn to manage anger.
- 10...Stay active and involved at work, in volunteer jobs or in other meaningful activities.
- 11...Practice a healthy lifestyle: Regular sleep - regular medication times – eat nutritious foods – exercise regularly.
- 12...Reach out to help others.

LATEST DEVELOPMENTS

Genetic Research – finding the genes responsible for mental illness.

The MRI (magnetic resonance imaging) or “brain imaging” - tracks brain areas responsible for emotions.

New, improved medication developed by pharmaceutical companies.

“Somatic” treatments – hands-on physical treatments such as improved ECT, transcranial magnetic stimulation (magnets placed on head), and vagus nerve stimulation, still in experimental stages.

IMPORTANT MENTAL HEALTH ORGANIZATIONS

These **national** organizations are your advocates.

... **DBSA** (Depression and Bipolar Support Alliance) (previously named the National DMDA.) For consumers and family members with mood disorders. Support and advocacy. **Web:** www.DBSalliance.org. **Phone:** 800-826-3632. (Local chapter: New Directions / Abington, PA: **Phone:** 215-659-2366.)

...**NAMI** (National Alliance for the Mentally Ill). For families and consumers with all diagnoses. Advocacy. **Web:** www.nami.org. **Phone:** 800-950-6264. (Local chapters in the area: Bucks County, Montgomery County, Northeast Philadelphia. Call NAMI for a chapter near you.)

... **MENTAL HEALTH ASSOCIATION**, consumer advocacy with chapters in major cities. Local chapter: Mental Health Association of Southeastern Pennsylvania. Web: www.mha.org. Phone: 800-969-6642. (Local chapter in Philadelphia: **Web:** MHASP.org. **Phone:** 215-751-1800.)

...**NARSAD** (National Alliance of Research in Schizophrenia and Depression). The largest charitable organization for research into mental illness. Send your donation to NARSAD, 60 Cutter Mill Road, Great Neck, NY 11020. **Web:** www.narsad.org. **Phone:** 800-829-8289.

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BOOKLIST

Connecting a reader with the best book for his or her interests and moods can be a daunting task. Yet, there are a large and growing number of options. Our recommendations are divided into several categories to aid your search. Many of these books are newer titles, and not so available in local libraries. Here are some suggestions for finding them:

- Borrow from the New Directions library or other support group library.
- Borrow from the NAMI of Montgomery County library, Glenside, PA, 215-886-0350 or the Friends Hospital Resource Center (Philadelphia), 215-831-4894.
- Buy on line from DBSA.org (Depression and Bipolar Support Alliance—our national affiliate; web: DBSAlliance.org) or buy from a commercial vendor.
- Buy or browse at Barnes and Noble or Borders. Pull up an easy chair for a comfy read!

** Denotes a book that is strongly recommended.*

Non-Fiction/Self-Help/Fact

***Overcoming Depression** - Dimitri F. Papolos, M.D. and Janice Papolos. *A best-selling classic in the field and the definitive book most recommended by doctors is now thoroughly updated and revised. This vital and accessible guide provides state-of-the-art medical information and solid practical advice for the millions who suffer from depression and bipolar disorder and for their families.*

***The Depression Workbook: A Guide for Living With Depression and Manic Depression** by Mary Ellen Copeland, et al. *Workbook for step-by-step guidance to taking responsibility for one's own wellness. Author is a person with a mood disorder as well as a professional.*

***Coping With Bipolar Disorder: A Guide to Living With Manic Depression** - Steven Jones, et al

***The Feeling Good Handbook** David D. Burns, M.D. *Addresses depression and bipolar issues in a very practical way. Don't be intimidated by the length. It is a "handbook," that can be a general resource or means of dealing with specific issues. Using the approach of cognitive therapy, the book teaches how to have some control over how we think, in order to have some control over how we feel.*

***The Bipolar Disorder Survival Guide** - David J. Miklowitz. *This book talks to you, not at you, without being pompous or talking over your head. The author writes like a friend, explaining a new condition, not a life sentence, and outlines a way to build your life around the diagnosis. The format is truly uplifting and helpful for anyone-- newly diagnosed, long time dealing with it, or family or friend.*

***Bipolar Disorder** - David J. Miklowitz, et al

***New Hope for People With Bipolar Disorder** - Jan Fawcett, M.D. *The very latest information on treatment, research, medications, useful therapies, tools for parenting your bipolar child and much more. This book will instruct you how to manage your illness.*

* **Moodswing/Dr. Fieve on Depression** by Ronald Fieve. 1996 (revised & expanded) -- *Contains information and anecdotal stories about depression and bipolar disorder by the individual who spearheaded lithium therapy. This newer edition updates the research and treatments of depression that have emerged in the last fifteen years. Fieve sheds new light on specific mood disorders such as PMS, seasonal depression, and has new chapters on substance abuse.*

Cognitive-Behavioral Therapy for Bipolar Disorder - Monica Ramirez Basco, Augustus Rush

Essential Psychopharmacology of Depression and Bipolar Disorder - Stephen M. Stahl, M.D. (Author), Nancy Muntner

Overcoming Depression and Manic Depression (Bipolar Disorder) A Whole-Person Approach - Paul A. Wider

Bipolar Disorder: A Guide for Patients and Families - Francis Mark Mondimore M.D.

Personal Accounts

***An Unquiet Mind** by Kay Redfield Jamison. *Many say that this autobiographical account is the first book a bipolar person should read. Jamison's professional and personal witness to her own life's roller coaster of mood swings and search for stability will encourage one to get treatment and try to get on with their lives in as full a manner as possible.*

*Detour: My Bipolar Road Trip in 4-D by Lizzie Simon. *The author set out to write the book that she wishes had been available for her to read when she was an adolescent newly diagnosed with bipolar disorder. This book provides exactly that-- an honest and straightforward account of what it's like to be young person facing a lifetime of coping with a chronic mental illness.*

*Undercurrents by Martha Manning. *One woman's personal experience with severe depression, recounted with honesty, humor, and hope.*

*If You Meet the Buddha on the Road, Kill Him by Sheldon B. Kopp. *A synthesis of myth, philosophy and literature that illuminates the true nature of psychotherapy and the journey toward self-discovery. Recounts the author's personal pilgrimage for self-understanding.*

Journey Not Chosen...Destination Not Known: Living With Bipolar Disorder - Mary Worthen

Combined Fact and Memoir

*The Noonday Demon by Andrew Solomon. *An expansive and astutely observed examination of the experience, origins, and cultural manifestations of depression--set in a broad social context, as well as the author's own battle with the disease.*

*On the Edge of Darkness by Kathy Cronkite. *Narrates the journey from depression's despair to hard-won understanding with a knowledgeable, reassuring style.*

Family/Friends/Caregivers

*Bipolar Disorder: A Guide for Patients and Families Francis Mark Mondimore, M.D. *Very comprehensive introductory reference on bipolar disorder, including diagnosis, treatment, etiology, medication, and counseling. Practical advice for getting the most out of the various treatments now available - from medication, psychotherapy, and electro-convulsive treatment to new approaches such as transcranial magnetic stimulation.*

Helping Someone With Mental Illness: A Compassionate Guide for Family, Friends and Caregivers by Rosalynn Carter

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.

Special Interest

*The Bipolar Child: The Definitive and Reassuring Guide to Childhood's Most Misunderstood Disorder by Demetri Papolos, M.D. and Janice Papolos

***Restoring Intimacy: The Patient's Guide to Maintaining Relationships During Depression** by Drew Pinsky M.D. et al

***Recovering from Depression: A Workbook for Teens** by Mary Ellen Copeland, M.A., M.S. and Stuart Copans, M.D.

Touched With Fire: Manic Depressive Illness and the Artistic Temperament by Kay Redfield Jamison

Night Falls Fast: Understanding Suicide by Kay Redfield Jamison

When Words Are Not Enough: The Women's Prescription for Depression and Anxiety by Valerie Davis Raskin, M.D.

Winter Blues by Norman E. Rosenthal. *Especially helpful for people struggling with both bipolar and seasonal affective disorder (SAD). Extremely useful facts on light therapy and other treatments to help you avoid the highly advertised scams.*

VIDEOS

Depression: Beyond the Darkness - ABC News, Baker & Taylor Video, 1990 -- *Perhaps as many as 20 million Americans each year suffer from depression, while only a third seek treatment for this disease. In this special program, hosted by Hugh Downs, the true nature of this malady is explored.*

Dark Glasses & Kaleidoscopes: Living with Manic Depression (free from DBSA)

WE ALSO HIGHLY RECOMMEND books on the new bio-genetic aspects of mood disorders, such as “The Broken Brain” or “Brave New Brain: Conquering Mental Illness in the Era of the Genome” both by Nancy Andreason, MD, PhD.

New Directions Support Group of Abington, PA. For information, call 215-659-2366.



Xena, the contented cat