



## FEBRUARY MARCH 2007 EDITION

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**NEW PREMISES !!  
NEW HOURS !!  
SAME PHONE !!**

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## Lithium, Lamotrigine and Old Cars

Don't you hate old cars? Always something going wrong or wearing out, oil filters or belts to change, another mechanic taking your money. And then fuel bills!! Two weeks ago my aged Toyota's oil pressure dropped calamitously, somewhere between Kurow and Duntroon and his earthly parts can now be ignominiously traded at Autoworld Oamaru.

A week after my car expired I saw a news article about a new drug available for the treatment of Bipolar Disorder. The article suggested that this new drug would be good for people whose current medication did not work or had nasty effects. Another article on Lamotrigine in the New Zealand Medical Journal says that 160 out of every thousand people get bipolar disorder and that if you do "get it" (bipolar disorder) then you are highly likely to lose your job and relationships and to kill yourself. Depressing information! This article went on to say that the "old drugs" like Lithium are not actually very good at preventing relapses but this new stuff, Lamotrigine, is better and you should use it. It occurred to me that living with bipolar disorder has some similarities to keeping a car in good health. I remembered that I had been in Super Cheap Auto a while back and saw those advanced engine care products. If only I had given my old Toyota some Super Advanced Engine Cleaner it would have:

- Maintained cleanliness of the fuel systems
- Controlled the smoke emissions
- Increased the power and reduced fuel consumption
- Improved the engine lubrication and prevented engine wear

Well, that's what the pamphlet said anyway. Perhaps the old car might still be running today if I had bought some of that stuff. Too late to save my old Toyota now but what about all the people with Bipolar? Shouldn't we make sure they know about Lamotrigine before it's too late for them? Hang on, you might be thinking. How can you talk about treatments for cars and human beings in the same breath? Surely, when it comes to the health of people, we can expect a more professional standard of care, an assurance of treatments that actually work, than if we were taking our Mazda Super Turbo in for a health check?

I had another look at the ODT Lamotrigine article (by the way that is pronounced Lamb-ott-ra-jean). The story came from Pharmac, the NZ government body which subsidises medications in this country. Dr Moodie (!!) from Pharmac said that Lamotrigine adds to a range of treatments already funded for Bipolar Disorder. Fair enough. He then said that the treatments we already have for Bipolar "are effective" but that it is nice to have some alternatives."

Dr Moodie suggests that Lamotrigine will give "...more choice for people who cannot take, or whose condition isn't adequately controlled, on other drugs". Hang on Dr Moodie; you just told us that the drugs we have for bipolar are effective. Do they work or don't they?

I discovered that much of the pressure on Pharmac to subsidise Lamotrigine for use with bipolar disorder had come from a Professor Peter Ellis.

...Continued on page 3

## LUCID

*No matter how wide she smiled the distant pulse of a bleeding drum awakened the ghosts of the past. Blurred boundaries, stony faces: transcending the blue.*

Last October we had the rare opportunity to see at Burns Hall a theatrical performance in which dance



and music were used to explore the experience of Bipolar Disorder. This was an intense and emotional 50 minute display from a group of young Wellington dancers and musicians, one of whom has the disorder himself. The show is promoted as "...a very

personal response to emotional discordance and rupture."

Reviewer John Smythe said: "... *Lucid* is a work I trust because the dancers and musicians do work with a clear sense of purpose. Yet nothing lasts, it seems. A rise is inevitably followed by a fall, any attempt to go in one direction is countermanded by a sudden turn, sustained movement is shattered by sudden breakaway action...

...the build to a crescendo of mind-numbing noise as the dancers throw themselves at a wall that seems to spark in repelling shock (a sort of embedded taser effect) is a startling penultimate image, and the return - recalling the opening - to silence and slow turning, with one in light and the other in silhouette, brings a satisfying theatrical structure to a state of being that, one imagines, may have no end, at least during this lifetime."

### Visit our Website at:

[www.bipolarotago.balance.org.nz](http://www.bipolarotago.balance.org.nz)

(Thanks to Balance for hosting the site)

### An Online Bipolar Forum

[http://health.groups.yahoo.com/group/bipolar\\_and\\_borderline/](http://health.groups.yahoo.com/group/bipolar_and_borderline/)

**Would you like the newsletter by email?  
Let us know. You would get it faster and  
we would save on postage.**

(from the Lucid flyer)

## BIPOLAR

A mind is born unto this world,  
A soul once whole is split in two,  
Opposites engage, chaos unfurled,  
The adventure begins, the trial of few.

Through exponential highs of maddening euphoria,  
And a desperate dance of the endless deep,  
From hypnotic delusion to paranoid unreason  
And back again and again, season after season.

But if time rips past her, a thousand winters a day,  
Should she send it all back, return to the haze?  
Should balance escape her, should chaos reign,  
Would reason betray her, would sanity stray?

"I'd like to say my balance is blending in,  
But I'm here today to tell you why I'm running.  
Beneath internal skies, from a world of lies,  
Chasing the lucid space between all and nothing."

## OBSESSIVE COMPULSIVE DISORDER (OCD) SUPPORT NETWORK

We are a small informal group of people who have experience of OCD. We meet on the second Thursday of every even month at 6.30 pm at the Signpost/Bipolar rooms in Dunedin. The Christchurch OCD Support Group provides us with resources and information and has a website ([www.oed.org.nz](http://www.oed.org.nz)) that may be of interest. If you or someone you know experiences worrying thoughts or repetitive behaviour and would like to contact us, please do so through Signpost/Bipolar Network  
Ph: 477-2598.

Someone will provide you with the contact number for one of our members.

## DISCLAIMER

The opinions and research articles expressed in this newsletter do not necessarily represent the views of the Otago Mental Health Support Trust or anyone associated with the organisation.

**PEER SUPPORT.**

*A new role for Greg.*

As from the New Year we will have a different job to do.

Firstly the Recreation Group will now only be held once a month on the same day as the Shared Lunch (directly after for those interested).

My job will be to support people who need a visit, phone call, help with shopping, getting back into clubs and hobbies which will help them integrate back into the community.

**Greg McLeod**  
(Greg McLeod and Kate Lindsay are available on Tuesdays)



**Men's Group**

In the past the Trust has facilitated "men's groups" and some people have expressed interest in having these again. What would you want from such a group? Would the group discuss "male" issues like violence and difficulties expressing or accepting feelings? Are there particular benefits you might gain from meeting other men with the experience of Bipolar Disorder? Let us know your thoughts.

*Lithium, Lamotrigine and Old Cars continued.*

Prof. Ellis wrote an article for the New Zealand Medical Journal published in March 2006 extolling the virtues of Lamotrigine. He said that Lamotrigine is "...more effective at preventing depressive relapses than most other mood stabilising drugs". Prof. Ellis tells us in the same article that Lithium and other "mood stabilisers", although we have used them for 50 years, are actually not good at preventing people with bipolar disorder from slipping into depression again. Lithium has been our first choice bipolar treatment for so many years. Does it actually work at all?

Going back to my poor old Corona for a moment. Suppose the car had developed an unusual problem. Occasionally it got cantankerous and out of control, speeding up all by itself in the middle of the traffic, ignoring your attempts at restraint. At other times the old car seemed sluggish, really hard to get started in the morning. The mechanic listens to your story and gives the car a thorough examination. He seems very interested to hear that your grandmother's car had similar problems. Solemnly you hear his diagnosis, *Too Hot Too Cold Syndrome*. It seems there is no cure for this affliction. It is not well understood but is thought to be due to a chemical imbalance in the radiator system. Don't worry though, says your friendly mechanic, there are several excellent treatments. Just put one of these tablets in the radiator each morning for the rest of the car's life. There is about a 50% chance that your car will not speed up out of control again for another year or so. Of course, the mechanic explains, with such a wonderful tablet there are bound to be some "side effects". The engine may shake uncontrollably at times and the car might be even harder to start in the morning. If these minor problems annoy you then we can add an extra pill which may or may not help. If the treatment does not work at all, he says, and you survive the crash, just bring the car back in and we will try a different tablet. Would you go back to that mechanic or buy his "treatment"?

It looks like Professor Ellis is partly right. Lithium is a little like that mechanic's magic tablet. Sometimes it appears to stop or delay another manic episode. Sometimes it appears to do nothing. Lithium's "side effects" can be very uncomfortable and sometimes downright dangerous. From my reading I believe Prof. Ellis is exaggerating to suggest that Lamotrigine is any more effective than Lithium at preventing depression from recurring. Various trials which have compared Lamotrigine to Lithium and the other "mood stabilisers" have found no difference in their ability to stave off depression. Lamotrigine's main unwanted effect is a potentially life-threatening rash, particularly in younger people. Perhaps Professor Ellis's declared financial interest in a Lamotrigine manufacturing company explains his enthusiasm for the drug to be marketed more widely in New Zealand?

Please don't misunderstand. I am not preaching against medication per se. If you find a drug which gives you a better quality of life in spite of a diagnosis of Bipolar then by all means use it. The important thing is to find yourself a doctor who will listen to you and treat you with respect and dignity, who will acknowledge her own limitations, and will keep you fully informed. Learn to be assertive with your doctor and ensure that you keep her aware of the effects, both desirable and unwanted, that you are experiencing from any treatment she prescribes for you. Your brain is actually much more complex than a car's engine. Medical science has very little knowledge of the detailed workings of the brain and talk of "chemical imbalance" is pseudo-scientific nonsense. While Bipolar Disorder symptoms are clearly very real and damaging there is as yet very little scientific understanding of the disorder or the reasons why the currently available treatments work some times and not others. Lamotrigine is no wonder drug. It may work for your bipolar symptoms and it may not and it has adverse effects like any other drug. Take it with a grain of salt.

*Whenever I feel blue I start breathing again!*

## WHAT DO WE DO!!!!!!?

A WEEK IN THE LIFE OF A **BIPOLAR FIELDWORKER** FOR THE OTAGO MENTAL HEALTH SUPPORT TRUST MIGHT TYPICALLY INCLUDE:

- Supporting patients in Dunedin Public Hospital and Wakari wards at their multidisciplinary team meetings. These meetings are often daunting for people as they have to face a room full of clinicians with the power to make important decisions about them.
- Coffee.
- Supporting people at meetings with Winz, doctors and needs assessors.
- Smoke.
- Helping people to write letters or writing letters on their behalf. Typical letters are those asking for bills to be reduced or put on hold while people get their lives together after an episode of illness.
- Coffee and smoke.
- Pointing people in the right direction to look for accommodation or a job.
- More coffee with my smoke.
- Sitting beside people while they are at the police station, in court, or at the Probation service.
- A smoke with my coffee.
- Supporting people at CYF meetings.
- Cold coffee.
- Endless phone calls, to doctors, nurses, community mental health teams, hospitals, Winz, accommodation providers, landlords, Public Trust, 420, ASCO...
- Listening to parents concerned that their child may have Bipolar or some other mental illness. We do not offer counselling or sympathy. Rather it is a listening ear in a non-threatening environment, empathy, and a discussion of the options available to them. People are usually referred back to their GP as a good starting point. Sometimes an appointment is made for them at Early Intervention Service.
- Providing information for a range of students and other members of the public with an interest in Mental Health in general or Bipolar specifically.
- Regular support of a small group of people with home visits, chats in cafes, phone calls, and for some, exchanges of that modern form of support, the text message plus a **coffee and a smoke!**



Photo by Chris Riley

**Rogers K 88.**

Built in the 1880's or 1890's in the USA for NZR. It was used for the Christchurch to Dunedin express. This type of engine was also used for the original Kingston Flyer. It was built for speed in "Wild West" style with big wheels in a 2-4-2 arrangement.  
**SEND US YOUR FAVOURITE PHOTO FOR THE NEXT NEWSLETTER**



### **XMAS BBQ 2006.**

The Xmas BBQ at Woodhaugh Gardens was well attended with 28 people coming along. We were extremely lucky with the weather; finishing before the black clouds and showers arrived.

### **LIKE MINDS WORKSHOP.**

8 people attended this workshop held in our rooms. A big thank you to Grant Cooper and Graham Rope who presented this.

### **JANUARY OUTINGS.**

People enjoyed: going for a swim to Brighton beach with Greg, Op Shopping with Teresa & Denise, walking down to Tunnel beach with Greg & Helen and ice skating.

### **LIBRARY BOOKS.**

If you have had any of our library books out for some time and have finished with them please drop them back in. If you have read books recently that you think would benefit other people with bipolar then ask us to purchase them for the library.

### **FUNDING.**

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