



Otago Mental Health Support Trust

Bipolar Network & Signpost

✔ Information

✔ Support

✔ Education

✔ Advocacy

APRIL/MAY 2007 EDITION

INSIDE THIS ISSUE

- *The History of Bipolar Disorder*
- *Book review*
- *Important Dates*
- *An overview of Seasonal Affective disorder*
- *Brain Teaser & Sudoku*
- *Five steps to developing a strong support system*
- *Physical activity*
- *Women's Group*
- *WRAP dates*
- *Shared Lunch*
- *Sugar & Mental Health*
- *Japan Warns against Tamiflu*

BIPOLAR NETWORK/ SIGNPOST

3rd Floor,
Queens Building,
109 Princes Street,
DUNEDIN.
OPEN
Monday – Friday
10 am – 3 pm

Sometimes due to the nature of our work we may be out of the office. If that is the case leave a message and we will get back to you as soon as possible

Ph: (03) 477-2598
Fax: (03) 477-6749
e-mail: otagomd@es.co.nz

IMPORTANT DATES OFFICE CLOSED

GOOD FRIDAY 5TH APRIL
EASTER MONDAY 9TH APRIL
ANZAC DAY 25th APRIL
STAFF TRAINING 4TH MAY

FUNDING.

Thanks to: Ministry of Health - ODHB, Alexander McMillan Trust, Lotteries Grant Board, Shacklock Trust, Dempsey Trust, C.O.G.S, NZ Post, AAW Jones Trust, Healthcare Otago Charitable Trust, John Ilott Charitable Trust, Bendigo Valley

THE HISTORY OF BI-POLAR DISORDER

Varying moods and energy levels have been a part of the human experience since time immemorial. The words "depression" (previously "melancholia") and "mania" have their origins in Ancient Greek. The word melancholia is derived from 'melas', meaning black, and 'chole', meaning bile, indicative of the term's origins in pre-Hippocratic humoral theories. Within the humoral theories, mania was viewed as arising from an excess of yellow bile, or a mixture of black and yellow bile. The linguistic origins of mania, however, are not so clear-cut. Several etymologies are proposed by the Roman physician Caelius Aurelianus, including the Greek word 'ania', meaning to produce great mental anguish, and 'manos', meaning relaxed or loose, which would contextually approximate to an excessive relaxing of the mind or soul. There are at least five other candidates, and part of the confusion surrounding the exact etymology of the word mania is its varied usage in the pre-Hippocratic poetry and mythologies.

The idea of a relationship between mania and melancholia can be traced back to at least the 2nd century AD. Soranus of Ephedrus (98-177 AD) described mania and melancholia as distinct diseases with separate etiologies; however, he acknowledged that "many others consider illness was recognized by early Chinese authors. The encyclopedist Gao Lian (c. 1583) describes the malady in his Eight Treatises on the Nurturing of Life (Ts'un-sheng pa-chien). The earliest written descriptions of a relationship between mania and melancholia are attributed to Aretaeus of Cappadocia. Aretaeus was an eclectic medical philosopher who lived in Alexandria somewhere between 30 and 150 AD. Aretaeus is recognized as having authored most of the surviving texts referring to a unified concept of manic-depressive illness, viewing both melancholia and mania as having a common origin in 'black bile'. The contemporary psychiatric conceptualization of manic-depressive illness is typically traced back to the 1850s. Marneros describes the concepts emerging out of this period as the "rebirth of bipolarity in the modern era". On January 31, 1854, Jules Baillarger described to the French Imperial Academy of Medicine a biphasic mental illness causing recurrent oscillations between mania and depression. Two weeks later, on February 14, 1854, Jean-Pierre Falret presented a description to the Academy on what was essentially the same disorder Emil Kraepelin (1856-1926), a German psychiatrist considered by many (including Hagop Akiskal M.D.) to be the father of the modern conceptualization of bipolar disorder, categorized and studied the natural course of untreated bipolar patients long before mood stabilizers were discovered. Describing these patients in 1902, he coined the term "manic depressive psychosis." He noted in his patient observations that intervals of acute illness, manic or depressive, were generally punctuated by relatively symptom-free intervals in which the patient was able to function normally.

After World War II, Dr. John Cade, Psychiatrist, Bundoora Repatriation Hospital, Melbourne, Australia was investigating the effects of various compounds on veteran patients with manic depressive psychosis. In 1948, Dr. Cade discovered that Lithium Carbonate could be used as a successful treatment of manic depressive psychosis. This was the first time a compound or drug had been discovered that proved to be a successful treatment of any psychiatric condition. The discovery was perhaps the beginning of psychopharmacological treatments of psychiatric conditions. The discovery preceded the discovery of phenothiazines for the treatment of schizophrenia, and the discovery of benzodiazepines for the treatment of anxiety states, by 4 years.

The term "manic-depressive illness" first appeared in 1958. The current term, bipolar disorder, became popular only recently, and some individuals prefer the older term because it provides a better description of a continually changing multi-dimensional illness *This entry is from Wikipedia, the leading user-contributed encyclopedia. It may not have been reviewed by professional editors*



BOOK REVIEW

OUT OF MY MIND

by Ben Benjamin & Ian Dougherty

A really compelling read, Ben's personal story of living with mental illness is both moving and informative. His description of the reality of his delusions and paranoia manifested during several long term manic episodes are powerful in the extreme. Anyone who has experienced mania will recognize much of themselves there. For those that haven't, this will be an educational experience. I found his descriptive powers truly awesome

"I was a man with a past, I was also a man without a present in that no longer had any sense of where I belonged, where I fitted in, where my place was in the sun"

And *"I used to feel I was in the drivers seat, I now felt as though I was in the boot"*

I highly recommend Ben's book to anyone with an interest in what it is like to live with Bi-polar disorder.

By Kate

(A Copy of this book is available in our Library)

SEASONAL AFFECTIVE DISORDER AN OVERVIEW

By Mark Golding M.D BSc Psych Dip. Couns
27 September 2006

In the early 1980s, Herb Kern, a research engineer, who thought that his annual cycle of depression might be caused by the shorter and duller daylight hours in winter, approached doctors working at the National Institute for Mental Health in Bethesda, USA. They proposed a treatment where he was exposed to light, equivalent to summer sunlight, for several hours each day. By the fourth day his symptoms had virtually disappeared (Lewy et al 1982). This was the start of our acknowledging the condition that has come to be known as **Seasonal Affective Disorder (SAD)**.

Symptoms of Seasonal Affective Disorder There are four classic symptoms experienced by Seasonal Affective Disorder (SAD) sufferers.

Extreme fatigue and lack of energy

- Greater **need for sleep** and sleeping more than usual
- **Changes in appetite**, especially cravings for carbohydrates and sweets, which can often lead to weight gain
- **Depression** Further, there are a number of other symptoms, which may be experienced by some sufferers.
- **Mood** - sufferers tend to feel sad and low. They're often less interested in life and find it difficult to cope with everyday tasks. They may be irritable and short with friends and colleagues.
- **Sleep** - sleep disturbance is common in SAD but varies from case to case – feeling excessively sleepy during the day is a common feature, and sleep is less satisfying.
- **Anxiety** - tension, inability to cope with stress, phobias.
- **Loss of libido** - decreased interest in sex.
- **Menstrual difficulties** - pre-menstrual tension may be worse.
- Feelings of **hopelessness**.
- **Increased sensitivity to pain** - headaches, muscle and joint pain.
- Other physical ailments - constipation, diarrhea, palpitations.

Human beings are influenced by light. Light determines our sleep/wake cycle. In most animals and humans, the desire to sleep is brought on by the secretion of a hormone called melatonin. In the evening the pineal gland reacts to the diminishing levels of daylight and begins producing melatonin. Melatonin is then released into the blood and flows through the body making us drowsy. Its secretion peaks in the middle of the night during our heaviest hours of sleep. In the morning, bright light shining into the eye reaches the pineal gland, which reacts by switching off the production of melatonin, thus removing the desire to sleep.

The pineal gland communicates with the rest of the hormonal system. Consequently melatonin production also influences the functioning of other parts of the body. During darkness and sleep, melatonin modifies the secretion of hormones from organs such as the pituitary gland, the "master gland" of the hormonal system. The pituitary in turn regulates the secretion of hormones controlling growth, milk production, egg and sperm production. It also regulates the action of the thyroid gland, which is concerned with metabolism, and the adrenal glands, which control excretion of the body's waste. Further, it has been shown that light also effects levels of serotonin and dopamine neurotransmitters

Contd page 4

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.ocd.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.

BRAIN TEASER



Every race car has to finish the first 2 laps (1 mile per lap) with an average speed of 120 miles per hour to be qualified for the final car race. Since Johnny had a mechanical problem with his car, he finished his first lap with an average speed of only 60 miles per hour. What average speed does Johnny have to have in the second lap in order to be qualified for the final race?

SUDOKU

Each **Sudoku** has a unique solution that can be reached logically without guessing. Enter digits from 1 to 9 into the blank spaces. Every row must contain one of each digit. So must every column, as must every 3x3 square

9	4	6	7	1	
	2	4	3	8	
8					4
		1	8	4	9
		3	2	5	7
4					7
	8	6	4	5	
5	6	8	2	3	

WOMEN'S GROUP

(Meet at rooms)
18th April 1.45
16th May 1.45

Contact Denise for details

LIBRARY BOOKS.

Allen Carr's Easy Way to Stop Smoking is now available in our Library.

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.**

WRAP PROGRAMME

To be held in our rooms

1-3pm

May 3rd

May 10th

May 17th

To secure a place call office

Editorial

Another two months has flown by. Thanks to all for feedback on our last newsletter. A reminder also that if anyone has an article of interest that they may like published let us know. "A day in the life of a fieldworker" was tongue in cheek only and does not reflect how many smokes or coffees are had, quite often none. Lunch on the run is more likely to be the order of the day. Due to popular demand we are running an extra education course in April. Places are already filling for another course to be held in September. We are providing a one day education course on Bipolar disorder, which will run from 9-4pm, on Wednesday the 9th of May.

We can also give presentations on Bipolar of 30 minutes or so. If the one day or shorter presentations interest you, please give us a call. We will endeavor to meet your requirements.

If anyone is interested in helping with organizing resources that have been diligently collected over years, we would love to hear from you. Next year is the 20th anniversary of Bipolar Network and it would be project worth completing before then.

We all here at Bipolar Network wish everyone a Happy and safe Easter.

Physical Activity and Being Active will benefit those living with a mental illness.

This helps a wide range of illnesses in 3 ways:

1. - Mood enhancing chemicals released during and after activity.
2. - Physiological – improves muscle and heart function and increases blood flow to the brain thereby promoting better sleep.
3. - Improves self-esteem with a sense of positive achievement,

help with weight control while giving an opportunity for social support and interaction.

A minimum of 30 minutes per day, perhaps with friends and/or family. Don't overdo it. Choose an activity that suits you. Drink plenty of fluids. Outdoor light improves our mood, especially during the winter months. Create, for yourself, a positive environment. E.g. work out to the tune of favorite music.

Consult your GP about what type of exercise and how often you do so, to get the most benefit for you. Your GP may even give you a 'green prescription' for a particular activity.

Any activity that gets you moving is great – house-work, brisk walking, swimming, dancing, and sports, group activities and clubs e.g. badminton, gym or tennis.

As the seasons change, our moods are often affected (Seasonal Affective Mood Disorder). Also as our hours change with the starting and ending of Daylight Saving Time.

Keeping yourself healthy with exercise increases the 'feel good' factor.

INTERESTING STREET WALKS

Tuesdays

MEET AT 1PM OUR ROOMS

WET OR FINE

April 3rd/10th/17th/24th

May 1st/8th/15th/22nd/29th)

SHARED LUNCH

10th April KFC (\$4) 8th May Pizza (\$3)

Take advantage of walking group leaving rooms 1pm

FIVE STEPS TO DEVELOPING A STRONG SUPPORT SYSTEM

Mary Ellen Copeland

P.O. Box 301, W.Dummerston, VT 05357

Phone: 802-254-2092 Fax: 802-257-74909

www.mentalhealthrecovery.com

Copeland@mentalhealthrecovery.com

1. **Become an active member of a support group.**
Support groups provide an opportunity to be with people who have similar problems, people who understand and can be mutually supportive. They are a wonderful place to make new and lasting friendships. They counter social isolation. Basic support group rules assure us that we can feel comfortable in support groups. They are:
 - No criticism or judging.
 - Sharing is optional. It is neither encouraged nor discouraged. What a person talks about is not limited in any way.
 - Everything discussed at the meetings and who attends the meetings is strictly confidential.
 - Attendance is optional.
2. **Participate in community activities, special interest groups and church groups.**
The hardest part is going the first time. Give yourself a pat on the back for getting there. If you see the same person several times, suggest an activity of interest to both of you. If you enjoy being with this person, get together again. Check your newspaper and listen to the radio for announcements of activities and events which interest you
3. **Volunteer.**
Find a worthy organization that needs help and lend a hand. It's an excellent way to meet new people while doing something nice for someone else and building your self-esteem. Many communities have an organization that coordinates volunteer opportunities.
4. **Keep in touch with friends and acquaintances.**
Always have a plan for your next time to get together. Get together for fun activities - like movies, walks or ball games. Make regular phone calls, send notes and cards. Help them out whenever you can.
5. **Make mutual support a high priority!**
Be there for others as much as they are there for you. If your supporter is not asking as much of you as you are asking of them, treat them to lunch or some other fun activity, or do them a needed favour.

Advice is like snow - the softer it falls, the longer it dwells upon, and the deeper it sinks into the mind.

Samuel Taylor Coleridge

Seasonal Affective Disorder contd. From page 2

The latter are connected with the Limbic system and the hypothalamus, which effects mood, emotion and autonomic systems, such as digestion. Therefore, fluctuations in light and darkness according to the seasons of the year influence rhythms of growth, reproduction and activity in animals and humans alike. (Lam & Levitt, 1999). Statistics show that despite living and working in closed structures, our bodies still respond to the external environment and to its seasonal variability in duration and intensity.

Studies have shown that growth rates in children are affected by the seasons. For example, surveys carried out in Germany, Sweden and Scotland show that height and weight increase is more predominant in the spring and early summer (Smyth, 1990). In many countries the rate of conception peaks in the summer when the hours of daylight are longest. In numerous trials the seasons have been seen to influence the timing and duration of sleep, pain threshold, alertness, eating habits, mood, the onset of menstruation and sexual activity. Some generally have assumed that millions of years of evolution and adaptation have optimised human biochemical and physiological systems for function and survival under equatorial environmental conditions.

Modern humans began their migration out of Africa only about 150,000 years ago. Little change in our "equatorial" systems might have been expected over this relatively short evolutionary time-span. Susceptibility to seasonal changes in mood and behaviour (that are found to extremes in SAD) may reflect a genetic predisposition to an insufficient adaptation to temperate and high latitudes (Sher, 2000). Unfortunately, research has not yet been able to find a definitive aetiology for seasonal affective disorder (Lam & Levitan, 2000; Lee et al 1998a; Mersch et al 1999; Sato 1997).

Hormonal dispositions can explain perceived phenomena, yet, the systems involved are too complex to fully understand and thus predict cause and affect. Recent research has shown that seasonal affective disorder may be due to retinal sensitivity (Lee et al 1997), though more work needs to be done in this area. Much of the interest in seasonal affective disorder has been stimulated by its response to exposure to bright artificial light. Clinical consensus guidelines have recommended light therapy as a first-line treatment for seasonal affective disorder (Lam & Levitt, 1999).

Next Newsletter, what is Light Therapy?

Japan warns against giving Tamiflu to teens Wednesday March 21, 2007

TOKYO - The Japanese government has ordered the importer of the bird flu drug Tamiflu to warn doctors against giving it to teenagers, domestic media said today. The warning is to be applied after two more teenagers were found to have injured themselves falling from buildings after taking the drug, produced by Swiss drugmaker Roche Holding AG, media said. Two young people fell to their deaths last month, triggering concerns that Tamiflu, seen as effective against a possible pandemic triggered by bird flu, may induce psychiatric symptoms. The drug is imported to Japan by Chugai Pharmaceutical. No one was available for comment at Health Ministry, which made the announcement in the early hours of Wednesday, a holiday in Japan, media said. The move came after Roche said that new data from Japan and the United States indicated that there was no established causal link between Tamiflu and psychiatric symptoms.

REUTERS

ORSOME STUDIOS

FOR ALL YOUR GRAPHIC DESIGN NEEDS, BUSINESS
CARDS, POSTERS, SIGNS, ARTWORK AND MORE
PH/TXT 021 340 5916
orsome.studios@extra.co.nz

Sugar and Mental Health

by Will Meek
September 30, 2006

Reuters had a story a couple days ago on [new research from Norway on sugar intake and psychological problems](#). The study was done on 5000 10th graders in Norway, and they concluded that there was a significant relationship between sugary soft-drink consumptions and psychological symptoms like hyperactivity and various forms of distress.

“For hyperactivity, there was a direct linear relationship — the more sodas a teen drank, the most symptoms of hyperactivity he or she had.

“The worst problems were seen in boys and girls who drank four or more soft drinks a day. Ten percent of the boys and 2 percent of the girls drank this much.”

There was an inverted U-shaped curvilinear relationship between number of soft-drinks consumed and mental health problems, with those drinking the most and the least having the highest rate of problems, although those on the highest end of consumptions had the worst rate of problems.

This type of study is obviously provocative and funnels right into the current political campaigns against the beverage and fast food industries. Although there certainly could be a direct causal connection between soft-drinks and mental health, this study cannot conclude that based on the methodology employed by the authors. Therefore the study should interpreted with caution, but keep an eye out for future studies drawing similar conclusions.

Visit our Website at:

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/

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

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.