ENIGMA

NEWS AND VIEWS ON MENTAL HEALTH

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This newsletter was put together by the staff of the Otago Mental Health Support Trust with contributions from lots of other people. Editor: Mike McAlevey

OTAGO MENTAL HEALTH SUPPORT TRUST

- Bipolar Network
- Information
- Education
- Peer Support
- Advocacy
- Resource centre for Tangata Whaiora
- Consumer Networking

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Health Supplement Treats Bipolar

Do you know anyone who has overdosed on paracetamol? There is a good chance that they were treated with an injection of N-acetyl cysteine; let's call it NAC. This drug enhances the ability of the liver to de-toxify substances like paracetamol in the bloodstream. NAC is also widely available through health food shops. It is sold in capsule or liquid form as an antioxidant.

It was of great interest to learn that NAC is now being prescribed for depression in Dunedin. Well, "prescribed" might not be quite the right word. It seems that some people for whom the usual depression treatments do not work are being told by their psychiatrists that NAC might work. Unfortunately the drug is only available in injection form on prescription. If they want NAC they will have to buy it from a health food shop. The doctors do offer a letter to help those on a benefit to possibly get the drug paid for by Winz.

What is the evidence for treating depression or bipolar depression with NAC? A small 2010 Brazilian study suggests that bipolar might involve depletion of glutathione, an antioxidant naturally occurring in every cell of our bodies. NAC boosts glutathione production. In the Brazilian study of 14 people with bipolar II taking their usual treatment there was more benefit from also taking NAC rather than placebo. A 2008 Australian study involved 75 people with bipolar taking NAC as well as their usual medications. Those taking NAC tended to feel less depressed but their next depressive episodes were not staved off any longer than usual.

The latest research to try NAC for bipolar depression was also done in Australia. 149 people with bipolar took 2 grams per day of NAC with their regular pills. According to the HealthCanal.com report they experienced on average a 46% reduction in depressive symptoms. The depressive side of bipolar disorder can be crippling and dangerous, and can waste months and years of a person's life. Given that present antidepressants are often of little use in bipolar depression, and may bring on mania, why is NAC not more readily available? If the doctors are convinced of its value then perhaps they could import and prescribe it themselves instead of sending people off to the health food shop. That would be possible under the Medicines Act 1981. One wonders too, what informed consent issues arise here. NAC is licensed in New Zealand to treat paracetamol overdose. Does sending your patient to the health food shop for NAC for depression constitute "off-label prescribing"? Does such prescribing still require the usual informed consent processes? Perhaps the SDHB would care to comment?

Depression not simply a brain disease

In July John Grohol of <u>PsychCentral</u> slated the idea of depression being a brain disease as one of the top ten myths of mental illness. Grohol was commenting on a UK TV programme where Professor David Nutt repeatedly referred to depression as a "brain disease". Of course there is much more to depression than just some disease process, especially given the absence of any blood or urine test, or any x-ray or scan to diagnose psychological distress. Grohol goes on to say:

"Depression, like all mental disorders, is caused by a complex and still poorly-understood confluence of a combination of factors. Anyone who says, "We know what causes depression, it's ________," is either badly misinformed or simply ignorant. The truth is that we don't know what causes depression. It's not genetics or a single gene. It's not simply a poor upbringing or horrible family situation. It's not just a "depressive" personality or some other psychological factor. It's most definitely not simply a "brain disease," that is a disease of the brain that can be cured by simply shocking it (as in ECT) or drugging it (as in giving it antidepressants). "It doesn't help, either, when major national mental health organizations refer to mental disorders as being "serious medical illnesses," as though medicine could explain everything and is the only profession that offers treatment for them. Medicine is a part of the understanding and treatment of mental disorders, but it is not the whole picture. Proper treatment nearly always requires other professions - especially those from psychology and even social work - to be clinically effective. If you're getting treatment for something serious like depression only from a physician (who isn't a psychiatrist), you're getting some of the worst treatment possible for it.

"There are a lot of clinically-proven, effective treatments for depression and other mental disorders. Yes, they include the use of psychiatric medications when appropriate. But more often than not, they should also include the use of psychotherapy and other therapeutic modalities and support when appropriate (such as social skills training programs, day programs, support groups, etc.)."

PsychCentral 24 July 2011**

A light-hearted take on some medical terms

medical-jokes.com

ArteryThe study of paintings.	BacteriaBack door to a cafeteria.
BariumWhat doctors do when patients die.	BenignWhat you be after you be eight
Cesarean SectionA neighborhood in Rome.	CauterizeMade eye contact with her.
ColicA sheep dog.	ComaA punctuation mark.
D & CWhere Washington is.	DilateTo live long.
EnemaNot a friend.	FesterQuicker than someone else.
FibulaA small lie.	ImpotentDistinguished, well known.
Labor PainGetting hurt at work.	Medical StaffA doctor's cane.
MorbidA higher offer than I bid.	NitratesCheaper than day rates.
NodeI knew it.	OutpatientA person who has fainted.
Pap SmearA fatherhood test.	PelvisSecond cousin to Elvis.
Post OperativeA letter carrier.	Recovery RoomPlace to do upholstery.
RectumDarn near killed him.	SecretionHiding something.
SeizureRoman emperor.	Terminal IllnessGetting sick at the airport.
UrineOpposite of you're out.	VaricoseNear by / close by.

The Ketamine Saga

The National Health Board report on ketamine use is due out early September, too late for this issue of Enigma. The Health and Disability Commission continues to investigate.

Rhythm Method for Treating Bipolar Depression

Interpersonal and Social Rhythm Therapy is recognised as being of great value in treating the depressive side of bipolar disorder. But just what are social rhythms? The <u>Mothers Matter</u> website explains:

"We all have rhythms and routines which are usually **fairly regular and stable.** These include the time we go to sleep, the time we wake, the times we eat, the number of people we interact with, plus work and play schedules. These can **become disrupted by life events** (Zeitstörers) such as childbirth, a long haul flight, a change to shift work. In turn this life event disrupts the 'prompts' in our environment (Zeitgebers) that keep our social rhythms stable. The most important physical factor in our environment is **sunlight/dark.**

Disruption in social rhythms changes our biological and hormonal rhythms and **leads to mood symptoms** which in some cases **can be extreme**. For example after an argument a partner may keep awake mulling over the event. The **disrupted sleep then leads to a drop in mood**. Childbirth can lead to sleep loss and this, coupled with the tiring demands of breastfeeding, and change in the times of interaction with a partner, can lead to symptoms. By paying **careful attention to the regularity of daily routines** and the extent to which both positive and negative life events can influence these daily routines, symptoms can be addressed and often prevented.

When an **individual has bipolar disorder** it is even more important to be aware of changes in social rhythms as disruptions can lead to depressive or manic symptoms or even full-blown episodes.

Targeting biopsychosocial rhythm changes:

- **Find the most unstable rhythm.** e.g. changes in sleep/wake cycle following childbirth can lead to not going to bed till 1am, and still being in bed or disorganised at 11am.
- Set goals for change. e.g. always try to go to bed at 10pm or get out of bed by 8am (give or take an hour).
- **Set reasonable expectations for change.** e.g. do it gradually over the next few weeks by shifting the time you go to bed or get out of bed by quarter of an hour per day.
- **Search for triggers to rhythm disruption.** e.g. breastfeeding times can a partner give expressed milk by bottle while you sleep or get yourself organised.
- Find and maintain the right balance how much rest, activity, stimulation is ideal for you?
- **Adapt to changes in routine** Planned e.g. travel with children vs. Unexpected for example illness in children

Watch out for these Mental Health Awareness Week events

Community Memorial Thursday, Oct. 6, 6 p.m. St. Paul's Cathedral, Octagon

Laughter Yoga Volunteering Otago, 11 Oct., 7.30 p.m. (Venue to be confirmed. Entry by donation)

OMHST Open House Wed., 12 Oct., 11 a.m. to 2 p.m.

Schizophrenia Awareness Wed., 12 Oct., 7:30 p.m., Oamaru, featuring Sarah Gordon, venue to be announced

Bipolar Awareness Thursday, 13 Oct., Pact at Filleul St.

Artsenta exhibit 18 Oct to 30 Oct, Art Station at Railway Station

DISCLAIMER

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

Phobic phone line

This is a 24 hour a day, seven day a week free phone line staffed by volunteers. It is to help people who are experiencing panic attacks or OCD thoughts and need to talk to someone. 0800 142694389



Light Boxes Go Blue

Remember light boxes? Many people swear by them to relieve the symptoms of depression which accompany the long dark winter months. Advances in LED technology, usually associated with flat screen TV's mean that light boxes can now be made much more compact and efficient. With LED's (light emitting diodes) now available in many colours, blue light boxes are becoming available. According to manufacturers like Philips, the particular type of blue sunlight we experience in summer is much weaker in winter and this can lead to feeling the winter "blues".

The blue LED light boxes are used for half an hour a day or so. Apparently the light is completely free of UV which is a hazard with too much sunlight. There is of course the advantage that LED's last for 50 years or more. No more lamps or fluorescent tubes to replace.

Too much of anything can cause harm and some scientists are cautious about exposing the eyes to blue light. They suggest that blue light is particularly likely to cause damage to the retina. How much is too much? No-one seems to have the answer to that question. The suggestion is that people with retinal problems and particularly people who have had cataract surgery may be more at risk. In fact some doctors doing cataract surgery now insert replacement lenses tinted to block blue light, even though this makes night vision poorer. Perhaps the Finns have the answer to avoiding blue light eye damage. Finland lies very far North and winter there can be long, dark and cold. A Finnish company has recently tested a blue light device at the University of Oulu. Results are said to be remarkable, with winter depression completely cured and intellectual capacity boosted. There is no risk of eye damage however as the light is shone into the ears through a pair of ear buds!! The Valkee device looks for all the world like an MP3 player and sells in Europe for about NZ\$400.



Mindfulness Yoga Jenny Haydon is happy to run courses on yoga related subjects. Mindfulness is an integral part of her practice. Please phone us if you would like to get in touch with Jenny.

Many thanks to these people for their support:













ACE Shacklock Charitable Trust, Balance, Dempsey Trust, , Colortronics. DCC, Pat Sivertsen –Dehaan Travel, Lone Hill Vineyard, 17 Frames, DCC Community grants Scheme