NAMI Montgomery County

NAMI News

The County's Voice on Mental Illness 10730 Connecticut Avenue, Kensington, MD 20895

December 2003 Volume 25, Issue 11

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Thank you for designating NAMI MC in your workplace campaign.

 # 9273

Bipolar Disorder: Diagnosis and Treatment

Bipolar disorder is a major mental illness thought to affect 3-5% of the U.S. population and cost the country $45 billion annually, primarily in lost productivity. The disorder is significantly under-diagnosed. Twenty five to fifty percent of patients with bipolar disorder attempt suicide. To address this common and difficult disease, NAMI MC was fortunate to have Dr. David Goldstein, a mood disorder researcher at Georgetown University, speak at our November education meeting.

Dr. Goldstein began the talk with one of his guiding principles: Medication and psychotherapy cannot succeed as standalone treatments. Treatment success lies in a combination approach.

With mood disorders, there is often a reluctance to get professional help. Dr. Goldstein encouraged family members not to wait until a person *wants* to get treatment. Even if the family must "drag" the person in, he feels that early diagnosis and treatment can save lives. Getting the correct diagnosis initially can influence treatment course and outcome. He discussed the diagnostic criteria for major depression vs. bipolar disorder. He estimates that as many as 40% of people who visit a doctor during a depressive episode may have bipolar disorder. It is important to distinguish the two disorders because the treatment is different. In fact, for many people, an antidepressant prescribed for depression may initiate a manic episode.

There are three stages of mania. Stage I is hypomania. This is a mild form of mania and is present in many people. In fact, we tend to accept this type of mania and do not necessarily see it as abnormal. It seems to have an adaptive quality in our society as it may be related to increased creativity and productivity. Stage II is mania. This involves more severe distractibility, rapid speech, thoughtlessness (not acting out of common sense), flight of ideas, and a decreased need for sleep. At this stage of mania, family members can usually see that there is something wrong. Stage III is severe mania. At this stage, people are usually in the hospital or incarcerated. It is important to note that many people who are experiencing a manic episode are not euphoric, but rather hyperirritable.

(Continued on page 3)

General Education Meeting — Thursday, December 11, 2003

Future Planning for People with Mental Illness (including adult guardianship and estate planning)

Speaker: Barry Fierst, Disability Attorney

Social Hour: 7:30 p.m., Program: 8:00 p.m.

Cedar Lane Unitarian Church, 9601 Cedar Lane, Bethesda 20814

The printing of this issue of NAMI News was donated by

Susan and Marty Kneller

At this holiday time, let us remember all whose lives are less than joyful, less than peaceful — those who struggle with mental illness.

If you value our NAMI News and would like to help our cause by donating an issue, we are eager to discuss this with you. Please call Susan or Leah in the NAMI

NAMI MC December Events

- **December 2**– Board Meeting, 7:15 pm, NAMI Office
- **December 9**—Child and Adolescent Family Support Group, 7 pm, NAMI Office
- **December 10**– Family Support Group, 2:30 pm, Rockville Unitarian Church, 100 Welsh Park Road, Rockville
- **December 11**– General Education Meeting, 7:30 pm, Cedar Lane Unitarian Church (See p. 1)
- **December 16**— Sibling Support Group, 7 pm, NAMI Office
- **December 20** — Spanish Family Support Group, 6:30 pm, Montgomery General Hospital, Olney, Room 201B
- **December 23**– Family Support Group, 7 pm, NAMI Office

The NAMI office will be closed on December 25, 26 and January 1. Happy Holidays!

NAMI Support Groups

Family Support

2nd Wednesday of each month, 2:30-4 p.m., Unitarian Universalist Church, 100 Welsh Park Drive (off Mannakee St), Rockville. Contact: Ursula 301-384-8100

4th Tuesday of each month, 7 p.m., NAMI office. Contact: Ann 301-774-1960

NEW GROUP! One Saturday a month: Oct. 11, Nov. 8, Dec. 13, 9:30 a.m., Mont. Gen. Hosp. Conf. Room C, 2nd Floor (Community Learning Center) Contact: Karen 301-253-4526 or Helen 301-963-9472.

Child & Adolescent Family Support

2nd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Brenda 301-949-5852

Sibling Support

3rd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Nicole 301-949-5852

Family Support in Spanish

3rd Saturday of each month, 6:30 - 8 p.m., Montgomery General Hospital, 18101 Prince Philip Drive, Olney, Room 201B. Contact: Eric 301-949-5852

Spouse Support

Group meets one Friday each month, 7 p.m., NAMI Office. Contact: Bill 202-482-1287.

Other Support Groups

For Consumers:

All Disorders:

- On Our Own of Montgomery County has a drop-in center, many activities and sharing groups. Call 240-683-5555.
- Recovery, Inc., offers free weekly support group meetings for people with all types of mental, nervous and emotional problems. Saturdays 10:30-12:30 pm, Mid County Service Center, 2424 Reedie Dr., Wheaton. Call Carol (202) 269-2725. For additional groups, call (301) 431-1818 or check www.recovery-inc.org.

Schizophrenia

Thursdays 6:30-7:30 p.m. Hughes United Methodist Church, Wheaton - Call Linda 301-571-7386

Schizophrenia/Schizoaffective

Thursdays 6:30-8 p.m., Wildwood Baptist Church, 10200 Old Georgetown Rd., Bethesda. Contact: Richard 301-977-3507

Depression/Bipolar/Schizoaffective

- DRADA (Depression and Related Affective Disorders Assoc.) Young Adults (ages 18-30), 1st and 3rd Wednesday of each month at Georgetown Univ. Call Emma Thembani at 202-687-6355, Mature Adults, 2nd and 4th Wednesday of each month at Georgetown University. Call Barbara Wolff at 202-687-8804. For additional groups, call DRADA at 202-955-5800.
- Potomac Ridge Mood Disorders Psychoeducation Group. Ongoing group for adults suffering from depression. Tuesdays, 6-7 pm. Call 301-251-4539 to register.

OCD

2nd and 4th Tuesdays, 7:30 pm, 2424 Reedie Dr., Wheaton, Rm. 223. For information call Bruce 301-497-1589.

Borderline Personality Disorder

Metro Washington Borderline Personality Disorder Education & Support Group—Nov. 18th. For info call Diane at 301-469-6101.

For Families and Friends:

All Disorders:

Family Support—every Thursday except the 2nd Thursday of each month, 7:30 p.m., Bauer Drive Rec. Center. Contact Susan at 301-738-2448 to confirm that group is meeting.

Depression/Bipolar/Schizoaffective

Call DRADA (Depression and Related Affective Disorders Association) for groups in Mont. Co. 202-955-5800.

OCD:

Families meet in area homes. For info. call Nancy at 301-340-1452.

Suicide Related Support Groups

Yellow Ribbon Suicide Prevention Program - Call Mary McCausland 301-530-4761.

Seasons— Cedar Lane Unitarian Ch. 2nd Weds of each month. Call Corrine Melton 301-460-4677 or Doug Tipperman 301-330-4984

Griefworks— Contact Celia Ryan 301-871-3478.

What Does NAMI MC Offer?

Helpline:
Our telephone helpline is open 10 am –2 pm, Monday through Friday. We offer confidential referrals to local providers of mental health services, including housing, vocational rehabilitation, legal assistance, day treatment, doctors, therapists and more. Our helpline is staffed by NAMI staff and trained volunteers. For more information or to be trained as a volunteer, contact Leah Nichaman at namioffice@namimc.org

Support Groups:
See previous page

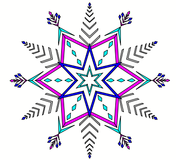
Educational Programs:
Family to Family—This is a twelve-week free course for family members of adults with mental illness. This class covers all of the major mental illnesses, brain chemistry, medication review as well as communication skills, empathy, and self-care for relatives. For more information contact Frances Shuping at fshuping@namimc.org.

Visions for Tomorrow — This is an 8-week free course for primary caregivers of children or adolescents with mental illness. Classes are taught by trained parents who are themselves caregivers. There is no cost to participants and all materials are free of charge. For more information contact Brenda Bickel at bbickel@namimc.org.

In Our Own Voice —
This program is a recovery-education interactive presentation. It is given by trained consumer presenters for other consumers, family members, friends, and professional and lay audiences. For more information, contact Brenda McArthur at 240-602-7439.

Or call the NAMI MC office at 301-949-5852.

Holiday Greetings to All!



NAMI Montgomery County has had a very full and successful year. We could not accomplish this without the support and help from our members. We are constantly reminded of why we are a grassroots organization by the number of volunteers that step forward in order to truly make our organization the "County's Voice on Mental Illness."

All of your efforts in our three-pronged mission of education, advocacy and support have led us to more programs, a bill being passed through the Maryland state legislature and outreach into the community. At this season, I would like to once again thank everyone for making NAMI Montgomery County a very special place for consumers and family members, as well as for all of the staff and volunteers who contribute to our organization.

With gratitude,
Esther Kaleko-Kravitz, Executive Director

Dr. David Goldstein on Bipolar Disorder

Bipolar disorder is divided into three basic types:

Bipolar disorder I – a (full-blown) manic episode sometime in life,
Bipolar disorder II – primarily depression with episodes of hypomania,
Cyclothymia – hypomania alternating with mild depression throughout life. (These people tend to have very chaotic lives)

Bipolar disorder presents itself differently in children than in adults and must be differentiated from ADD/ADHD. Children with bipolar disorder can be aggressive and disorganized like children with ADD, but psychosis would not be characteristic of ADD. In addition, children with ADD respond well to stimulants, while children with bipolar disorder do not. In fact, stimulants may make children with bipolar disorder worse. According to Dr. Goldstein, ADD occurs early in life – a person should have it by age 7 if they are going to develop that disorder.

Dr. Goldstein also stated that some people think seasonal affective disorder (SAD) is a variant of bipolar disorder.

Treatment

Treatments for bipolar disorder include medications and non-pharmocologic therapies such as ECT (electro-convulsive therapy) and light therapy. Dr. Goldstein feels that light therapy is inexpensive, yet underutilized, and can provide some benefit to most people who suffer from mood disorders. Psychotherapy, such as day treatment, is important in bipolar disorder but 2-3 weeks in a day treatment program is usually too short for people to realize the benefits.

One of the most common medications, and still one of the best treatments for bipolar disorder, is lithium. In Dr. Goldstein's opinion, lithium is underutilized because it is not a name brand drug and pharmaceutical companies tend to encourage doctors to use other drugs that will result in a financial benefit for them.

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We are in need of a laptop computer. Do you have one to donate? If so, please contact our computer volunteer, Sunny, at sraspet@namimc.org.

ACTION ALERT:
WRITE THE GOVERNOR TO INCREASE THE MENTAL HYGIENE BUDGET

Now is the time (early December) that the governor is making final preparations on his proposed fiscal year 2005 budget to submit to the legislature in January. In Maryland, only the governor can add money to the budget. The legislature is limited to making reductions in the governor's budget. The latest estimate we have heard showed an expected deficit of $30 to $50 million dollars in this year's Mental Hygiene Administration Budget. The result is that the state has been continually mandating cuts in services, such as restricting the yearly number of psychiatric rehabilitation services for the uninsured (Grey Zone) (see background information below)

WRITE TO: Governor Robert Ehrlich, Jr.

Mail: The Statehouse, 100 State Circle, Annapolis, Md. 21401
Fax: 410-974-3275
(paper letters are greatly preferable. They get more attention, and should receive a reply.)
email: governor@gov.state.md.us (or go to www.gov.state.md.us and click on "contact the governor".
Be sure to include your full name and address in all communications.

In your own words, make the following points (keep your letter to one page if you want it read)

1. If you are willing (optional) state why you are concerned about mental health services: family member, consumer, provider, friend etc.
2. Thank the Governor for his past increases of funding for mental health services and concern for those with serious mental illness.
3. The FY05 Mental Hygiene Administration budget needs to be significantly increased to meet the needs of extremely vulnerable citizens with serious mental illness and prevent the outcomes of non-treatment: suicide, criminalization, victimization, and homelessness, and violence.
4. Reduction of Mental Hygiene Administration expenditures for needed services just shifts costs to other departments and systems such as hospitals, police, courts, and prisons.
5. Save money overall by funding cost saving evidence based systems such as Assertive Community Treatment and an acuity adjusted case rate system for the most severely ill as was recommended by the Montgomery County Blue Ribbon Task Force on Mental Health.
6. If you have a brief personal story you are willing to share about the effects of inadequate funding of the Public Mental Health System, include it.

PLEASE WRITE TODAY—DON'T DELAY.

BACKGROUND:

In his 2004 budget, Gov. Ehrlich included $30 million to cover the Fiscal Year (FY) 03 deficit of the Mental Hygiene Administration (MHA) budget. He also included an increase of $36 million for FY 04 in an effort to maintain services and prevent further deficits.

However, the state legislature reduced funds for local Core Service Agencies by $2.25 million. The Core Services Agencies use their funds to serve specific identified needs in their local community, such as the Access Team in Montgomery County. Fortunately for Montgomery County, the Core Service Agency, under Ms. Daryl Plevy, has been able to secure Federal Funds to replace these specific cuts. Other counties have made cuts to vital services such as Mobile Crisis Teams.

Due to continued deterioration of the state fiscal situation, the legislature also mandated that MHA limit spending on non-Medicaid services (formerly called Grey Zone) to the $65 million in the FY04 budget. In order to prevent growth in these services, MHA announced that Psychiatric Rehabilitation Services (PRP) for non-Medicaid consumers who are not in Residential Rehabilitation Housing, will be limited to 114 services per year. According to Ms. Daryl Plevy, in Montgomery County, there are no funds available for appeals for additional services.

This mandated reduction in non-Medicaid PRP services, has resulted in the denial of access to PRP services at some providers and the reduction of needed services for current clients. Already in Montgomery County some providers no longer accept new non-Medicaid clients. They are rightly concerned that under current state restrictions, they will not be financially able to meet the needs of such clients, especially those needing intensive services. Once again the system has failed those who are the most vulnerable. (Note: Fortunately there are still some providers in Montgomery County who still accept Grey Zone clients. If you need a provider or are looking for services, call the Montgomery County Access Team: 240-777-1770.)

Emergency Evaluation Bill: Thanks for Your Help!!

The passage of the NAMI Maryland Emergency Evaluation Legislation, which went into effect Oct. 1, 2003, required the efforts of hundreds of NAMI Maryland members as well as other advocates across the state. At the NAMI MC Heroes Award Banquet we recognized the following NAMI MC members and others from Montgomery County who volunteered their valuable time that led to the successful passage of this legislation in 2003.

The NAMI MD treatment committee, which drafted the legislation and educated legislators about mental illness and the need for the legislation, included many NAMI MC members. Also many NAMI MC members testified in favor of the legislation before the House and Senate committees in Annapolis (on a very snowy day). Our thanks to the following members who worked on the NAMI Maryland Treatment Committee and/or gave oral or written testimony to the state legislature: Al Arcand, Joanne Connors, Jim Coyle, Moira Davenport, William Davenport, Ed Francell, Dee Mukherjee, Neal Potter, Roger Russell, Trude Lawrence, Lynn Reed, Randy Bosin, Claire Weinberg, Jim Gleason, Swaroop Rao, Rita Smith, Jennette Friedman, and Carolyn Knight.

We are also grateful to the following NAMI MC members who volunteered to be callers for our vital action alert telephone tree or met with their legislators: Ellen Menis, Leah Nichaman, Esther Kaleko-Kravitz, Ed Koenig, Diane Sterenbuch, Jeanne North, Susan Kneller, Karen O'Brien, Mary Howarth, Nancy Wells, Pat Phibbs, Mary Rose Curtis, Carol Bergin, Saroja Kanessa-Thassan, Bonnie Hammerschlag, Susan Kneller, Beverly Metcalf, Joanne Johansen, Marian Forte, Shelly Bobb, and Rose Siegel.

Thank you also to the many, many NAMI MC members who wrote letters or called their legislators. We do not know who you all are, but we do know that after your efforts, when we entered legislators' offices, they and their staff knew what NAMI was, what our legislation was about, and that it had many supporters. You really put NAMI and mental illness on their radar screens!

Finally, we would like to thank those from our community whose efforts contributed to the passage of the Emergency Evaluation bill. The following people served on a county committee to examine the need for a change in the emergency evaluation law: From the county department of Health and Human Services: Daryl Plevy, Roger Peele, Dudley Warner, Dick Kunkel, and Susanne Lord; from the Mental Health Association of Mont. Co: Greg Scherer and Marilyn Kresky-Wolf; from Coalition for the Homeless: Sharan London; from Threshold Services: Craig Knoll; and from Potomac Ridge Hospital: Ann Dodelin. In addition we are grateful to Cari Guthrie-Cho of Threshold Services and Mary McCausland of the Yellow Ribbon Society who gave oral testimony for the legislation.

Please forgive us if we have forgotten to mention some that contributed to this two-year effort, but know that your help was appreciated by many.

The NAMI MD Treatment Committee is now working to ensure implementation of the new Emergency Evaluation law. If you would like to help with these efforts, please contact the NAMI MC office at 301-949-5852.

Gratefully yours,

Evelyn Burton and Katie Crane,
Co-Chairs of the NAMI MD Treatment Committee (and NAMI MC members)

The Senate of Maryland
ANNAPOLIS, MARYLAND 21401-1991

October 29,2003

Dear Esther:

Please convey again to your members my sincerest appreciation for the award that NAMI presented to me at the Heroes Award Banquet. I am honored and humbled by the award.

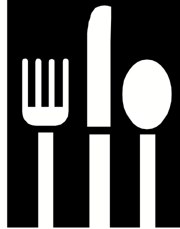
You and your members, especially Evelyn Burton and Katie Crane, deserve to share in this award. Their diligence and persistence helped me to do my job. As a senator, I am very appreciative of advocates such as these who play a large role in a bill's passage.

Together, we achieved a legislative victory and I am grateful to NAMI for the organization's gracious acknowledgement of my work. Thank you.

Sincerely,
Sharon Grosfeld

Focus On: Eating Disorders

Eating disorders commonly begin during early adolescence, coinciding with the onset of puberty. However, an eating disorder may strike as early as age eight and as late as middle age. Eating disorders are 20 times more common in women than in men. Five to 10 percent of adolescent girls and young women in today's society have eating disorders of anorexia nervosa and bulimia nervosa.



Major eating disorders include anorexia nervosa, bulimia nervosa and binge eating disorder.

Anorexia Nervosa

Anorexia Nervosa is characterized by a refusal to eat which leads to extreme weight loss, often to the point of emaciation. Anorexics are so afraid of weight gain that they will stop at nothing in order to stay slim. Unfortunately, an anorexic never reaches her "ideal" weight. Regardless of how thin an anorexic becomes, she still perceives herself as fat.

Bulimia Nervosa

Like anorexics, bulimics are obsessed with food and weight. However, as opposed to not eating, bulimics often binge eat and then purge themselves to avoid gaining weight. During the binge, bulimics eat large amounts of food, very rapidly, and with little self-control. Purging may involve vomiting, using laxatives, or excessive exercise. Despite this cycle, bulimics are usually average weight, or slightly overweight.

Binge Eating Disorder

Like bulimia, binge eating disorder is characterized by episodes of uncontrolled eating or binging. However, binge eating disorder differs from bulimia because its sufferers do not purge their bodies of excess food. More than half of people with binge eating disorder have a history of major depression. Many with binge eating disorder are overweight.

Researchers aren't sure exactly why people develop eating disorders. There is evidence of a genetic susceptibility to both anorexia and bulimia. A variety of psychological factors such as perfectionism, low self-esteem, rigid thinking, and control issues may contribute to the development of an eating disorder. Data also suggest that environmental and societal influences, particularly the emphasis on thinness, are influential factors. It is found that eating disorders frequently coexist with other psychiatric illnesses such as depression, substance abuse, or anxiety.

Symptoms of Eating Disorders:

<u>Anorexia Nervosa:</u>

- Excessive weight loss in relatively short period of time
- Continuation of diet although bone-thin
- Loss of menstrual periods
- Unusual interest in food and development of strange eating rituals
- Eating in secret
- Obsession with exercise
- Serious depression

<u>Bulimia Nervosa:</u>

- Loss of menstrual periods
- Unusual interest in food and development of strange eating rituals
- Eating in secret
- Obsession with exercise
- Serious depression
- Binging—consumption of large amounts of food
- Vomiting or use of drugs to stimulate vomiting, bowel movements, and urination
- Binging but no noticeable weight gain
- Disappearance into bathroom for long periods of time to induce vomiting
- Abuse of drug or alcohol

<u>Binge Eating Disorder:</u>

- Eating in secret
- Serious depression
- Binging—consumption of large amounts of food
- Abuse of drugs or alcohol

Treatment

Eating disorders are most successfully treated when diagnosed early. Unfortunately, it is difficult to convince most people with the illness to seek help. They may not believe they have a problem or they may fear weight gain as a result of treatment.

If an eating disorder is suspected, particularly if it involves weight loss, the first step is a complete physical examination to rule out any other illnesses. Once an eating disorder is diagnosed, the sooner the treatment, the better. Treatment for eating disorders generally has three goals:

- Correction of medical problems associated with starving or binge eating/purging
- Resolution of the underlying psychological and social dynamics that contributed to the development of the disorder
- Establishment of normal weight and healthy eating behaviors

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Individual psychotherapy, family therapy, and cognitive behavioral therapy are often the most productive. Individual psychotherapy can help the patient regain physical health, reduce symptoms, increase self-esteem and proceed with personal and social development. Family therapy attempts to establish more appropriate eating patterns, facilitate communication and permit family members to feel more connected to one another. Cognitive behavioral therapy is designed to help the patient gain control of unhealthy behaviors and to alter the distorted thinking that perpetuates the syndrome. The treatment uses a combination of procedures to change the patient's behavior, attitudes about shape and weight, and any other cognitive distortions such as low self-esteem and extreme perfectionism.

Although the use of medication is more common for patients with bulimia than with anorexia, there is evidence that some medications do assist with recovery in both illnesses. Antidepressants are helpful for patients with significant symptoms of depression, anxiety or obsessions. They may also have a specific role in reducing the binge-purge cycle in bulimia. In anorexia, use of medication is usually best assessed after weight regain, when the psychological effects of starvation are resolving, although some antidepressants appear to help stabilize weight recovery. In addition to antidepressants, other drugs may be used as well. According to studies, a combination of psychotherapy and antidepressant is slightly more effective than psychotherapy alone.

***This article compiled by Anna Kim, Winston Churchill HS Intern at NAMI MC , from the following sources*:**

NIMH. Eating Disorders. Information Brochure, 1994.

Springwood. Eating Disorders. Information Brochure, (N.D.)

"Treatment of Bulimia and Binge Eating". Harvard Mental Health Letter. (July 2002), 1-4.

"Eating Disorders". NARSAD Research Newsletter. (Summer 2003), 11-12.

For Further Information:

National Eating Disorders Assoc.
603 Stewart St, Suite 803
Seattle, WA 98101
Phone: 206-382-3587
website: www.nationaleatingdisorders.org

www.something-fishy.org
The largest website devoted to eating disorders.

Foundation for Education about Eating Disorders (FEED)
P.O. Box 16375
Baltimore, MD 21210
Phone: 410-467-0603

Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED)
P.O. Box 5102
Eugene, OR 97405
(503) 344-1144
Website: http://www.anred.com

Johns Hopkins University Eating Disorders Program

Meyer 101
The Johns Hopkins Hospital
600 N. Wolfe Street Baltimore, MD 21287
Website: http://www.hopkinsmedicine.org/jhhpsychiatry/ed1.htm

Now Registering

NAMI Family-to-Family Education

Classes begin January 6 and February 4, 2004 in Bethesda.

To register, call Frances at 301-949-5852, extension 4.

Family members who have lived the experience teach this 12-week course for families and friends of adults with a serious mental illness. Registration and course materials are furnished at no cost to you.

In Our Own Voice

A presentation by consumers about living with mental illness.

What are people saying about NAMI MC's In Our Own Voice Program?

- *Thank you for doing this. Given the mental illness stigma in this world, it takes courage to "tell it like it is." But it's essential!*
- *The public really needs to understand how devastating the feelings are—how crushing and dehumanizing these illnesses are.*
- *Excellent and courageous presentation.*
- *Terrific. Vivid. Informative. Moving. Thanks so much!*

(Above comments from mental health professionals at NIMH)

If you would like to schedule a presentation for your workplace or organization, call Brenda McArthur at 240-602-7439.

Staying Smart with Mental Illness: Dealing with Cognitive Impairment

(Reprinted from Ask the Doctor with Anand Pandya, M.D., NAMI NYC Metro Newsletter, April 2003.

John Nash, Kay Redfield Jamison, William Styron and a host of other brilliant minds have made it abundantly clear that intelligence can shine through the challenges of mental illness. However, many individuals suffering from mental illness including these well-known individuals have described feeling intellectually impaired when they are ill. They may have trouble keeping track of appointments or remembering basic information. Or they may feel as if they are trapped in a fog and that, regardless of how hard they try, they can't keep focused long enough to accomplish tasks they once did with ease.

The inability to concentrate and make decisions is so common in depression that it is part of the diagnostic criteria. Similarly, schizophrenia can impair one's ability to make decisions or to express one's thoughts, leading an individual with these so-called "negative" symptoms to appear cognitively impaired. Even bipolar disrupts cognitive functioning. Recent studies suggest that individuals with bipolar disorder continue to have problems with memory and other cognitive skills even when they are stable between manic and depressive episodes.

Patients often report that their medications make them feel intellectually "dulled". While many medications have sedating side effects that can make it hard to think clearly, the problem may be inherent to the illness itself. To determine whether it is getting in the way of your ability to focus, consider a common intellectual activity such as reading a newspaper or balancing your checkbook. Did you have trouble doing this activity before you started your medication? Or did you lose your ability to do this when you first got sick? Looking at your ability to conduct specific tasks and activities is a more reliable way to assess your cognitive skills than trying to decide how "clear-headed" you feel at any given time.

In many cases, medication will actually alleviate the frustrating effects of impaired thinking. For example, if an individual with depression has a cognitive impairment due to depression, it is likely to improve with an antidepressant. If an individual with schizophrenia has cognitive impairment due to "negative symptoms", atypical antipsychotic medications may help. However, cognitive impairment seems to be more deeply rooted in schizophrenia than in mood disorders.

Even before schizophrenia was known as schizophrenia it was called Dementia Praecox. Emil Kraepelin, who first described the disease that we now know as "schizophrenia," was also the first to note that it is a "dementia," or a disease that impairs cognitive functioning. Now, over a century after Kraepelin first began thinking about the link between schizophrenia and dementia, we have learned that individuals with schizophrenia may be at increased risk for developing symptoms of dementia as they grow older. This observation has led to some promising new directions in the treatment of schizophrenia, and studies are currently underway to determine whether individuals with schizophrenia and schizoaffective disorder can benefit from the new medications used to treat dementias such as Alzheimer's disease. They early results are promising. However, since none of these medications have yet received FDA approval for the treatment of cognitive impairments due to schizophrenia, it is necessary to try other measures first. These earlier measures include:

- Making sure that you have adequate sleep and are eating well-balanced meals. Sleep and eating problems, both of which are common effects of mental illnesses, can seriously have an impact on your ability to think clearly.
- Making sure that the sedation from medications is not the primary cause of cognitive problems.
- Optimizing treatment for both positive symptoms (such as hallucinations and delusions) and negative symptoms (such as lack of motivation and decreased speech).
- If possible, reducing the total dose of anticholinergic medications, which have been found to impair cognition. These medications include diphenhydramine (Benedryl), benztropine (Cogentin), tricyclic antidepressants, lower potency antipsychotics such as chlorpromazine (Thorazine) and some atypical antipsychotics such as clozapine (Clozaril).

Cognitive problems are frustrating and discouraging and are something that you should speak candidly with your doctor about. Together, you may be able to adjust your treatment plan or modify other aspects of your life, such as your eating and sleeping schedules, in order to help you think more clearly.

New Pharmacy Access Hotline for Medicaid Recipients

Effective October 1, 2003, the Medicaid Program implemented a new Pharmacy Access Hotline for recipients who are having problems obtaining needed medications or experiencing other pharmacy-related issues or problems. The hotline accepts calls from 8:00 am to 5:00 pm, Monday through Friday and has the capability for a caller to leave a message when calling after 5:00 pm. Pharmacy staff will return calls on the next business day. The Pharmacy Access Hotline can be reached by calling (410) 767-5800 or 1-800-492-5231 (toll free) and selecting Option "3".

Dr. David Goldstein on Bipolar Disorder

(Continued from page 3)

Those who may not respond well to lithium include people who have multiple episodes, episodes with psychosis, or have mixed states (mania and depression together). A small percentage of patients will lose their response to lithium when they discontinue the drug and then try to re-initiate treatment with it. When people stop taking their medications "cold turkey," they usually experience a rapid decline and a return of their symptoms. The side effects of lithium include a dulling of the intellect, edema, fatigue and weight gain, however, lithium is one of two drugs that has anti-suicide effects (the other is Zyprexa).

People who don't respond well to lithium may respond well to the antiepileptic Depakote (divalproex). Depakote may cause damage to the liver and side effects should be monitored.

Tegretol (carbamazepine) is an anticonvulsant that is not FDA-approved for the treatment of bipolar disorder. It may help during mania and may have some prophylactic effects. It has minimal side effects but carries a small risk of aplastic anemia (a condition in which there is an increase in white blood cells). One of Tegretol's side effects is a reduced sodium level in the body that may lead to fatigue. People taking Tegretol should ask their practitioner to test their sodium level periodically.

Lamictal (lamotrigine) was approved this year by the FDA for the treatment of bipolar disorder, especially bipolar depression. It is fast becoming the treatment of choice for many practitioners. There is a small risk of a serious rash, the Stevens-Johnson reaction (1/10,000 may develop it). Lamictal also has weight loss properties.

Neurontin (gabapentin) is not as effective in treating bipolar disorder but is effective in treating anxiety as well as alcohol or benzodiazepene withdrawal.

Topomax (topiramate) is not a primary mood stabilizer but may be used as adjunct therapy since it causes weight loss. It can, however, cause a decrease in mental acuity. If managed properly and the dose is increased in very small increments, it can be used successfully by many people with bipolar disorder.

Clozaril (clozapine) is an atypical antipsychotic and has been used successfully as a treatment for bipolar disorder. It may cause agranulocytosis, a potentially lethal disorder of the white blood cells. It must be monitored carefully with blood tests. The atypical antipsychotics have fewer side effects so have increased compliance, but tend to cost more and may cause weight gain and oversedation. In addition, there is an increased risk of developing diabetes while taking these medications. People who take atypical antipsychotics should have their blood sugar tested regularly.

Relapse Prevention:

Both consumers and family members should learn the signs that a relapse is going to occur. These signs are usually the same from episode to episode. One way to manage this is by writing a treatment contract during a stable time. This contract would include who should be contacted, where the consumer wants to go for treatment, and important insurance information. Another important way for the consumer to identify his or her patterns of illness and wellness is mood charting. Mood charts provide a method for writing down, on a daily basis, how a person feels, how much he slept and ate and how easy or difficult it was to concentrate and perform goal oriented activities. For some people with bipolar disorder, it is important to manage sleep because sleep deprivation may be a trigger for a manic episode. Over time, the mood chart provides invaluable information to the consumer and his/her family

Gifts for Springfield Hospital Center

NAMI MC will be collecting gifts for Springfield Hospital patients. **Please bring your gifts to the NAMI MC office by Thursday, December 18th**. If you wrap the gift, please indicate what is inside the package and whether it is for a male or a female or either. Because of safety concerns, please do NOT give the following: razors, all items in glass containers, over-the-counter medications.

Recommended Gifts for Males:
Shaving cream, shaving lotion, aftershave, talcum powder, NEW electric razors, styptic pencils, toothpaste, toothbrushes, deodorants, washcloths, facial tissues, hair dressing, combs, shirts, sweaters, ties, gloves, socks, caps, slippers, pens, stationery, bandanas, handkerchiefs, grooming items for ethnic groups.

Recommended Gifts for Females:
Lipstick, face powder, cold cream, eyebrow pencils, bobbie pins, hair sprays, clips, rollers, barrettes, crochet cotton, knitting wool, etc. Nail polish and remover, emery boards, talcum powder, perfume, lotions, facial tissue, toothpaste, toothbrushes, washcloths, scarves, slippers, bed jackets, tote bags, gloves, jewelry, stationery, pens, grooming items and cosmetics for ethnic groups.

Other acceptable gifts: $1 canteen cards which are divided into 5, 10 and 25 cent sections that the patients can use in the Memorial Canteen for such items as coffee, sandwiches, milkshakes and other small comforts. Magazine and newspaper subscriptions, TV sets, pictures for walls (NO GLASS), stereos, pianos, ping pong tables, bingo sets, VCRs, recreational equipment, playing cards, puzzles and games for ages 18 and over, fruits, candies, cookies, NEW holiday cards (DO NOT WRAP).

Child and Adolescent News

MARYLAND MEDICAID FACTS

The National Association of Children's Hospitals and Related Institutions, together with the American Academy of Pediatrics, have updated their series of one-page, state specific fact sheets about the issue of children and Medicaid. This information can be accessed at www.childrenshospitals.net - click on "State Medicaid Fact Sheets." Some excerpts follow:

What is Medicaid?

Medicaid provides health insurance for 3 in every 10 American children, making it the largest children's health program in the country. It is also the primary source of health care for low-income families and elderly and disabled people. One in 7 Americans under age 65 is insured through Medicaid. Medicaid covers a broad range of health care services with few costs paid by the family. More than half of all Medicaid enrollees are children, and more then 75% live in households where at least one parent works.

How is Medicaid different from Medicare?

Medicaid is a joint program with costs shared by both Federal and State governments, while Medicare is paid for entirely by the federal government. Medicaid mainly serves low-income families, while Medicare covers elderly and disabled people who receive Social Security, regardless of their income. Medicaid also covers many services for low-income elderly and disabled people, which Medicare does not pay for. Both programs are individual entitlements, which means one qualifies if he/she meets certain criteria. In 2000 Medicaid had 44 million people enrolled, including more than 24 million children. Medicare enrollment for 2001 was 40 million. Under broad Federal guidelines, each state establishes its own standards for Medicaid eligibility, benefits package and provider payment rates, although the states must meet certain minimum standards and benefits. In 2003 Federal government contributions ranged from 50% to 77% of expenditures, depending on the state.

Did you know?

- Twenty-nine percent of Maryland's children are enrolled in Medicaid.
- It costs Maryland just $2,439 per year, on average, for each Medicaid-eligible child compared to the average cost per adult Medicaid enrollee of $8,390.
- In general, Maryland children who are in families of four with incomes below $36,800 are eligible for Medicaid. This income eligibility data include Medicaid expansions and cover children younger than age 19.

NAMI Montgomery County invites you to consider creative giving opportunities to NAMI MC

- <u>donating appreciated securities to NAMI MC.</u> You can maximize your gift to NAMI MC while eliminating capital gains taxes on appreciated securities that are transferred to and sold by NAMI MC.

- <u>giving opportunities that do not have an immediate financial impact on you and your family.</u> You can name NAMI MC as a beneficiary or contingency beneficiary of your Will, retirement plan or life insurance policy.

To discuss your giving options, please call NAMI MC, Executive Director Esther Kaleko-Kravitz at 301-949-5852.

Save the Date:
NARSAD
(National Alliance for Research on Schizophrenia and Depression)
Mission Possible Gala

Saturday, February 7, 2004
at the International Spy Museum.

A Time To Remember Those Whose Light Will Always Shine

The Yellow Ribbon Suicide Prevention Program-Maryland Chapter will have our 4th annual Tree and Candle Lighting Service in memory of our loved ones and friends who have died by suicide.

Their Memory is a Blessing Forever.

Wednesday, December 17, 2003 at 7:00 pm
North Bethesda United Methodist Church
10100 Old Georgetown Road, Bethesda, MD 20814

There will be a service in the Chapel before the Tree and Candle Lighting. Refreshments will be served after the Tree and Candle Lighting. If you or anyone you know would like to submit a name of a loved one or friend who has died by suicide please contact Mary at 301-530-4761 or by e-mail, Yellowribbonmary@aol.com Please share their first and last name, birth and death date to be included in our memorial reading and have a yellow ribbon with their name placed on the tree.

Please RSVP by Friday, December 12, 2003
to Mary McCausland 301-530-4761
Yellowribbonmary@aol.com

Help us print the NAMI News

Our newsletter goes out to 1000 members, supporters and providers every month. Thanks to the generosity of our membership, the printing of every newsletter last year was donated by a member in honor of a course or a person, or in memory of a loved one. Please consider donating all or a portion of our printing costs. Please call Leah or Susan in the NAMI office to join the cause: 301-949-5852.

Welcome new members:

Robin Garvey
K. Goodwin
Tom Harr
Suzanne Harvey
Bernard & Emily Kanstoroom
The Kass Family
Jason Lawrence
Alison Malmon
Linda & Jay Mathews
Paulo Negro, M.D.
Sophie Peters
Maureen Stawick

Acknowledgements

NAMI MC gratefully acknowledges gifts received in October 2003

Contributors ($100-$249):
Ian and Elizabeth Bartky
Blakely Burke
Jim and Georgette Gleason, *to help start the Peer-to-Peer Program*
Andrew and Mary Kundrat
Mary and Bill Lemonovich, in memory of Nicole Lynn Lemonovich

Friends (up to $99):
Mr. and Mrs. Frederick Abel
Carl Calo, Jr.
Roxanne Davidson
Frances Dearman
Michelle Etlin
Alan and Leslie Kerxton, *in memory of Hyman Berman*
Dona Houseal,
Gary and Margy Lawrence
Barbara Manos and Peter Manos, *in memory of Tom McDougal*
Rachel Ritvo, M.D.
Nancy Schallhorn
Ruth Shapiro

A NAMI Member is looking...

- To rent a room. Smoker, taking meds, willing to do cooking and help around house. Does not use alcohol or drugs. Does not have pets;
- To sell his personal artwork;
- To collect jokes, pet peeves or personal colloquialisms for a book he is writing.

If you can help with any of the above, please call Lawrence at 301-528-4989.

A heartfelt thanks to Winston Joefield, store manager of Staples Georgia Avenue, for his generous contribution to the NAMI "In Our Own Voice" program. Winston reproduced 275 packets of materials on mental illness by having his staff print and collate them at no charge.

NAMI Montgomery County
The County's Voice on Mental Illness

10730 Connecticut Avenue
Kensington, MD 20895
Phone: 301-949-5852
Fax: 301-949-5853
Email: namioffice@namimc.org
Web: www.namimc.org
Thrift Shop: 301-949-5731

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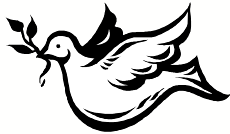

NAMI MC wishes you and your family a healthy and peaceful holiday season.

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Become a part of a 25-year old grassroots organization — with over 220,000 national members and 800 members in Montgomery County alone.

Membership Benefits:

- Support from people who understand
- Concurrent membership at local, state and national NAMI levels
- Our informative monthly affiliate newsletter
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Membership Dues: ___ New Membership ___ Renewal
___ $35 Basic ___ $50 Sustaining ___ $55 Professional ___ $100 Patron
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___ $15 Non-member, NAMI MC newsletter only $15
Additional contribution $_________
TOTAL $_________ (dues and donations are tax deductible)
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Acct# _____________________________Expiration Date_____________
Make check payable to: **NAMI Montgomery County (MD)**
10730 Connecticut Ave, Kensington, MD 20895

Please Check:
___Parent of Adult ___ Child of Mentally Ill Parent ___ Sibling
___ Consumer ___ Parent of Child under 21 ___ Spouse
___ Friend ___ Mental Health Professional ___ Other