

THE LITHIUM CLUB NEWSLETTER JULY/AUGUST 2004

Club News

On this our 21st anniversary the Summer Garden Party went very well on a beautiful sunny day. This year Dagmar Carpenter, Sue Collins and vice chairman Melinda Addington all received well deserved praise for their support for the Charity since 1983.

Chas Clowes our guest entertainer and most able trumpet player was unable to perform for us this year. We are all very grateful for his music over many years. It was however lovely to see him at the party and this year listening with us all to Caroline Anderson and 'her boys' play on many instruments.

It was also a pleasure to see Sue Webber at the party with her daughter Jane and granddaughter Daisy. Sue was, as you know, secretary to the Charity for many years and we will always be grateful to her.

The day of the party was complemented with good food, flowers and drinks to suit all tastes.

The date of next years party to which we hope you will all be able to come will be published in the next newsletter.

Details of the evening Concert on Saturday 2nd October are enclosed. Tickets are free to patients.

Also enclosed is a lithium treatment card. Those of you taking this medication would be wise to complete it and keep it on you at all times.

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WARNING

Do not take a dietary supplement called SERENITY

What are the ingredients?

'Serenity is made from these two main ingredients:

Lithium in its elemental mineral form only.

Orotate – the organic mineral carrier, which does just that: carries the Natural Lithium to exactly where it needs to be delivered; beyond the brain blood barrier – which is where imbalances in people occur.' Urban Nutrition Inc.

This product has not been evaluated by the U.S. Food and Drug Administration.

Dr. A.D. Broadhurst, F.R.C., Psych., D.P.M. a consultant psychiatrist with special knowledge of psychiatric medications discussed Serenity with me – he said that only three tablets a day will in fact give a person a therapeutic lithium level. If a patient who is already on lithium was to take this product –

advertised as a harmless food additive – they would run a very high risk of going toxic which can be very harmful and sometimes fatal.

Serenity like many other medications, health supplements, anti-depressants etc. can very wrongly in our opinion be ordered over the internet even if your trusted doctor would never prescribe it for you.

Please never buy Serenity even though it is easy to be taken in by their advertising blurb e.g. an unsurpassed anti-ageing success, gene repair and treatment of Bi-polar disorder!

How can it be allowed that a product that can easily kill people be advertised when not approved even as a dietary supplement by the Medical Profession. Lithium should only be taken when prescribed for you, and you alone by a consultant psychiatrist.

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No sex please, we're depressed

There are noticeable changes in someone when they are depressed. Their essential personality has temporarily withdrawn. They have lost their sense of humour, they have probably lost weight, and lost interest in sex.

At the onset of the illness, or in mild cases, sex is beneficial and therapeutic. Lovemaking should be an intimate, caring act that offers your partner the reassurance of your love.

When the depression really takes hold, all the pleasures of life, including sex, mean little or nothing at all. There may also be side-effects from the medication which decrease the libido. Your partner's withdrawal from sex is not directed at you, so don't take umbrage and think you have lost your sex appeal. It must not affect your relationship. To make love requires mental and physical energy, which a depressed person does not have. Also, you need to like yourself, to be happy with your body and your own sexuality. This too, is missing.

*Living with a Stranger
Valerie Stillwell*

Note from The Lithium Club

We get several calls a year from partners of patients who feel they have lost their sex appeal. I'm afraid we tell them to try to be sympathetically aware of their partner's state of health. They need help and understanding, not introspective thinking about the well partners own attractiveness or lack of it.



Drawing by Christine Roche

Recognition of depression in the oldest old, ie. 85 plus years of age

The fast growing proportion of the oldest old in society has concentrated interest on mental disorders, especially those affecting quality of life and those leading to increased use of health and home care services. In comparison with dementia, considerably less attention has been devoted to population-based studies of depression in the oldest old despite the availability of treatment.

At the oldest age there seems to be a decrease of the importance of risk factors, which play a part in the younger elderly.

In contrast, problems with daily functioning and cognition are major factors associated with depression in the oldest old. It appears that functional consequences of both ageing and coexisting physical diseases are more important than specific diseases as such. The finding that being institutionalised was linked with depressive mood has been reported in earlier studies (Phillips and Henderson, 1991; Weyerer et al., 1995) and fits in this model, as institutionalisation is associated with disability, cognitive decline and increased dependency. Perceived health, loneliness, impaired mobility, use of analgesics and especially cognitive decline and functional disability seem to be the major correlates of depression in the oldest old. The relationship between depression, disability and cognition is, however, complicated. Among younger adults depression has been shown to be an important risk factor for both physical and psychosocial disability (Penninx et al., 1998; Ormel and Von Korff, 2000). At the same time, disability was found to predict

onset and worsening of depression in younger elderly with relatively high prevalences of medical diseases (Kennedy et al., 1990). In the oldest old it is very likely that depressive symptoms and functional disability are intimately interrelated, negatively influencing each other as part of the frailty concept.

Although the prevalence of functional impairment and disability in the oldest old is high, it is still important to realise that the vast majority of oldest old are not depressed and basically satisfied with their lives.

Conclusions: Where depression is prevalent in the oldest old it is strongly associated with functional disability and cognitive impairment. It is important to enhance recognition of depression in community based oldest old as a first step to possible interventions.

Journal of Affective Disorders

Illness or Eccentricity?

The National Institute of Mental Health in the USA defines manic depressive illness as involving episodes of serious mania and depression. A person in mania may have some or all of the following symptoms according to The National Institute of Mental Health in the USA;

- excessive 'high' or euphoric feelings
- a sustained period of behaviour that is different from usual
- increased energy, activity, restlessness, racing thoughts and rapid talking
- decreased need for sleep
- unrealistic beliefs in one's abilities and powers
- * extreme irritability and distractibility
- uncharacteristically poor judgement
- increased sexual drive
- abuse of drugs, particularly cocaine, alcohol and sleeping medications
- * obnoxious, provocative or intrusive behaviour
- * denial that anything is wrong

Not everyone with manic-depressive illness experiences all of the symptoms. Not everyone who is in a manic state gambles away the house, nor does every person in the depression phase of the cycle try to commit suicide.

*A Brilliant Madness
Patty Duke & Gloria Hochman*

Comment by J A J Rook

The symptoms that I was not aware of as possibly being considered part of a manic episode, I have marked with a *.

How many members of the public would accept that you or I as bi-polar patients having made an obnoxious remark, we should be forgiven for it as we were manic at the time?

A 1991 Survey

A survey performed 13 years ago by the National Mental Health Association of America revealed that 43 percent of Americans believe that depression is not a disease but a personal or emotional weakness. Most people with the disorder continue to blunder through the medical system for years without learning what is wrong with them. Drs. Frederick K. Goodwin and Kay Redfield Jamison in their book *Manic-Depressive Illness* estimate that only 27 percent of those with the illness get treated – the lowest percentage of all major psychiatric disorders.

*A Brilliant Madness
Patty Duke & Gloria Hochman*

If the same survey was carried out in 2004 what percentage of the public would still see depression as a personal or emotional weakness and what percentage of those with the illness now get treated?

JAJR

“When you are manic, there are no consequences!!”

*Patty Duke
A patient in the USA*

*“At least not while you are still manic – but afterwards –
Oh dear!!”*

JAJR Comment

If you have any comments on issues raised in this newsletter or any thoughts about topics you would like covered in future newsletters, please write to us at:

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Or contact us by e mail at: tlc@birdbrookfarm.com

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14.06.04
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