

THE LITHIUM CLUB NEWSLETTER

MARCH/APRIL 2004

Club News

Forthcoming Events

- 1 The Garden Party takes place at Birdbrook Hall on Saturday June 5th. This year the music will be slightly different. Chas Clowes will kindly play some of his jazz on the trumpet accompanied by his two colleagues, but also this year there will be some music from a new group of musicians.
- 2 Tickets for the Concert to be held on Saturday 2nd October are free to patients but we do need contacting in advance so that we are aware of the number of people we will be catering for.

Changes on Committee

Sue Webber who has been Secretary to the Charity for many years has now retired. Sue has been a tremendous help to the Charity and we are all very grateful to her. We are pleased to welcome Michele Russell as the new Secretary and you will be able to meet her at the above functions.

Ashley Beetson who has kindly done the Charity's accounts over the last few years is also retiring to give more time to his new home and his family. At the moment we are looking for someone else to fill this position on the committee. Please let us know if you know of anyone who would like to help us with the accounts.

Does Political Correctness help the public's understanding of the illness?

I am told that the use of the expression 'Manic Depressive Disorders', which is on all our collection tubs, might upset people from certain cultures and may not be considered to be a polite, good mannered term showing refined taste or political politeness!

It has taken many years for the public to begin to understand the words manic depressive disorder (md. for short). Now we are told to change the words to Bi-polar Affective Disorder (B.A.D. for short!) so that we don't marginalise or insult certain cultural groups.

As a Charity we set out to help people not upset them. So with some regret, in future we will use the now correct medical terminology and call the illness, depending on the patient, Bi-polar or Uni-polar Affective Disorder.

JAJR

On the television last night Jasper Carrot gave his example of political correctness in education:

A teacher had a class of twenty pupils. She wanted to divide them into two different ability groups. She could not call them Group 1 and Group 2 – because Group 2 might feel inferior to Group 1, so she called them the red and blue groups.

She then said to the class ‘Will the red group please discuss the abrupt transmission in an atom from one quantum state to another’ and then turning to the blue group she said ‘Oh! Go and play with your jelly moulds!’

JAJR

Introduction to Valporate semisodium

Bipolar affective disorder (BAD) is a complex condition manifesting in a variety of forms: patients can have manic symptoms or they may be depressed, they may exhibit mixed states where depressive symptoms and mania co-exist or they may cycle between the two states. Because of its complexity the condition may be misdiagnosed or can remain undiagnosed for many years with often adverse consequences for the quality of life of the person with BAD and those around them. Accurate and prompt diagnosis followed by the most appropriate and effective treatment are therefore crucial. Part of that treatment involves pharmacotherapy. Lithium has for many years been the mainstay of treatment of bipolar affective disorder, but the drug is not without its drawbacks. Newer compounds are becoming available that could contribute to more effective management of the disorder and a better quality of life for those who suffer its consequences.

Valporate semisodium (Depakote) has been licensed in the UK for the treatment of acute mania associated with bipolar affective disorder (BAD) for over a year now and experience with the drug is growing. In the USA the drug has been available for seven years and is favoured in a number of conditions associated with BAD.

Valporate semisodium has advantages over lithium, not least in terms of its improved tolerability and efficacy in a wide spectrum of bipolar sufferers such as rapid cycling and mixed mania.

*David Euphor
Chief Pharmacist
Maudley Hospital*

Note that at present Valporate semisodium (Depakote) is not licensed in the UK for the treatment of acute depression.

Valporate semisodium differs chemically from sodium valporate and is providing psychiatrists with an exciting new front line (along with lithium) as a mood stabiliser in the management of mania.

A thought about probable drug side effects – which medication are we referring to?

‘A few people may get skin rashes or other sorts of allergy. Very rarely, taking paracetamol as well can make you feel unusually tired, get unexpected bruising or bleeding, or get more infections (such as colds) than usual.’

This is from the patient instruction leaflet about Calpol Sugar Free Infant Suspension. Indeed if you learn all the possible side effects of any drug you would NEVER take it!

So don’t get too worried about all the side effects recorded for your particular medicine.

CME Information / Journal of Affective Disorders

Bipolar disorder is a chronic and disabling condition. The course of untreated bipolar disorder is characterized by the marked severity of acute episodes followed by high rates of relapse and recurrence. It is associated with a significant degree of morbidity and is regarded as having a greater impact on the quality of life than any other chronic disorder.

‘Does the man in the street know this? If he did would it help?’

How could some mental health difficulties be inherited?

We know that there are probably about 30 – 40,000 genes contained in each cell of our body. These genes have a lot of influence in our lives including our height, eye colour, whether we are sporty, as well as our moods and feelings. It is thought that about 50% of those genes have something to do with our brain. It is very likely that there are lots of genes that play a role in the kinds of feelings or moods that we have.

These genes are normal and the differences between people is probably due to some people having very few genes ‘switched on’. It is very unlikely that there is only one gene for different kinds of moods. Nearly everyone will have some of the genes that might influence you experiencing depression/anxiety or even bipolar disorder.

This means that what happens in a person’s life is an important part of understanding moods and feelings.

So while the genes explain some of the differences between people, they can never be the whole answer as to why people are different to one another when it comes to mental health difficulties. This means that what happens in a person’s life, when he or she was young, or whether something is happening now, is an important part of understanding moods and feelings.

The Radiant Project

Comply with your doctor's advice for your medication. The risks are too high not to.

The main weakness with lithium therapy which is being much written about at the present time is patient non-compliance. Over the last forty years I have got to know over one hundred patients who have been taking lithium. In my own experience I have met very few who have stopped taking the medication without their doctors advice because they have found they have side effects that they feel unable to cope with. Possibly I have led a sheltered life and tended to meet patients who have been appropriately selected and well supported with their therapy.

Clearly to stop taking your primary mood stabiliser which has probably been masking the unwanted symptoms of your unipolar or bipolar illness exposes the risk that after the medication has ceased you may well have further bouts of depression or particularly mania. It is only after the careful monitoring of your progress while taking lithium that your doctor can decide that you should be taken off the medication.

Your doctor may decide that you no longer require the support that you have been getting from lithium or that in your particular case a different medication eg valporate semisodium or carmazaprine or indeed a combination of mood stabilisers would better suit you.

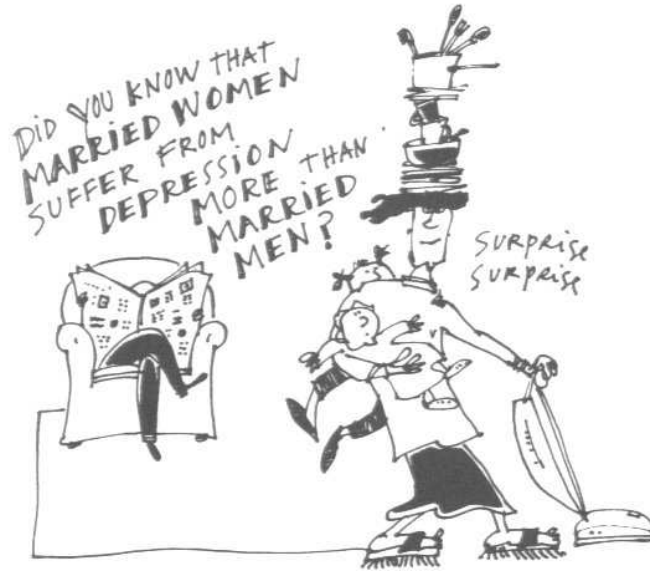
There are of course many alternatives available to your doctor if he decides you should come off lithium and indeed many more than I have suggested. The point I am making is that you should not come off your mood stabiliser, in this case I am referring to lithium, without medical advice, even if you feel you have had enough of it, for one reason or another. You could be provoking a relapse by coming off without tapering the doses correctly and more so by not being aware of the likely outcome of your action, in your own particular case.

Please remember that although you may be diagnosed as a bipolar or unipolar patient this 'label' does not mean that your case is necessarily identical to any other patient with the same diagnosis. We are all individuals, we have all had different upbringings, we all now have different and varied situations in terms of our home life, pressures and problems that we have to face in our daily lives. We also all have a different genetic makeup. One combination of medications may suit patient A but would be entirely wrong for patient B although their broad diagnosis is the same. Many of us respond slightly differently to the medications we are given. Some people are very drug sensitive, others are not so.

Each of us needs a skilled medical appraisal done over a period of time which focuses on our individual combination of problems and then we will be given by the doctor the particular mix or selection of medications that are designed to suit our individual needs. For most of us lithium is a very necessary long term commitment.

I conclude by emphasising that a diagnosed bipolar patient must accept the medical help offered to them if they are ever going to be able to help other people with their problems.

JAJR



Drawing by Christine Roche

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:

The Secretary
The Lithium Club
Birdbrook Hall
Birdbrook
Halstead
Essex CO9 4BJ

Or contact us by e mail at:

TLC@birdbrookfarm.com

Compiled by J A J Rook
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Edited by Dr A D Broadhurst