

Club News

Summer Garden Party

The Garden Party held on June 11th was well attended and a great success. This year the weather was unkind to us and it was a very cold day to have to sit outside. Everyone made the best of the weather and enjoyed the barbeque and the music by Ashley Beetson's 'Basically Acoustic'.

Next year's Garden Party will be held on Saturday 10th June 2006.

Concert

The Concert by Diversity will be held at St Augustine's Church, Birdbrook at 7.30pm on Saturday 1st October. Tickets for non members of the charity are £15 each and include supper in the Great Hall at Moyns Park, Birdbrook by kind invitation of Mr & Mrs John Gardiner. Tickets will be available from this office from September 1st by telephoning 01440 785727. This concert provides a unique opportunity to see this excellent example of an Elizabethan mansion.

A comment on mania from 'MD and Creativity'

Mania continues to be unrecognised in its most common manifestations. Like depression, mania is a spectrum and most people who experience it spend most of their manic hours where the spectrum merges with normalcy. This variety of mania makes them energetic, cheerful, optimistic, friendly and productive. Those who are in that state consistently tend to become very successful in their professions. They don't go to psychiatrists with complaints. It is only the few who slip into the outer limits of mania who find themselves being labelled and treated as mental patients. Manic depressives can be found everywhere from the top to the bottom of the social order, in prisons and in pulpits, in homeless shelters and in Beverly Hills

*Manic Depression and Creativity
Julian Lieb M.D.*

How long will I have to be on lithium?

This will vary from person to person, depending on the course of the condition, and it's something to discuss with your doctor at the beginning. You should not start on the drug if you are not prepared to take it for quite a long period. Lithium is not a cure for manic depression, but a preventative medicine. At the very least, it usually needs to be taken for two years to be beneficial, but you may need to take it for the rest of your life. Psychiatric research shows that a large number of lithium users will relapse if they stop taking lithium, but it's not possible to tell, in advance, who will have further mood swings and who will not.

You should have regular reviews with your doctor to discuss whether you still need to take it. If you have been completely free of relapses while taking lithium for three to four years, some doctors may be willing to reduce and stop your lithium for a trial period, under supervision, if this is something you would like to try. As lithium can take a long time to become effective as a preventative treatment, you may run the risk of a lengthy period of instability.

*Mind
Making Sense of Lithium*

As a lithium patient -

Why do I need regular blood tests?

Blood tests are important because they enable your doctor to monitor the amount of lithium in the bloodstream, and therefore to ensure that your dosage is both effective and safe. You need to have blood tests more often in the early stages of treatment, or when your dosage is being adjusted. In these circumstances, you may need to have one every week. Once serum levels have steadied, you will need blood tests only once a month, and every three months later on. Lithium reaches a steady level in the blood about five days after starting fixed daily dose. People aren't always given blood tests as often as they should be, and because of this, the medication doesn't always work as well as it might.

Your doctor may also ask for a blood level check if there are signs that the manic depression is returning (suggesting that the lithium level may be too low) or if there is an increase in adverse side effects (a sign that the lithium level may be too high).

What about drug interactions?

Before prescribing lithium or any medication, your doctor should be aware of all the medicines you are currently taking, so that any possible drug interactions can be avoided. If you are admitted to hospital for any reason, you should tell the medical staff that you are taking lithium. Make sure you are given a lithium treatment card and remember to carry this with you.

Prescription medication

Lithium has potentially serious interactions with a number of different prescribed drugs, including steroids (treating asthma, for example) and drugs for high blood pressure and for water retention.

Antipsychotic drugs (major tranquillisers) may increase side effects, such as muscular disorders, if you take them while on lithium. This particularly applies to phenothiazines, such as chlorpromazine, (Largactil), and butrophenones, such as haloperidol (Haldol, Dozic or Serenace). There's also a risk that the two together may have a poisonous effect on the nervous system (neurotoxicity). Lithium and haloperidol are often given together during a manic phase, because lithium can be slow to take effect. In this case the antipsychotic is normally started at a lower dose than usual.

SSRI antidepressants (the Prozac group) can also affect the central nervous system, if combined with lithium. It can also increase the risk of serotonin syndrome, which causes hyperthermia (high temperature), tremors and convulsions (fits).

Over-the-counter drugs

If you buy medicines over the counter, without a doctor's prescription, you should let the pharmacist know about any other medicines that you are taking, so that he or she can tell you of any potential problem with drug combinations.

Drugs like Neurofen, Proflex, Onoven, Hedex and other similar preparations contain ibuprofen which can reduce lithium excretion, especially at high doses, and therefore raise serum lithium levels.

Lithium may also interact with herbal and other complementary medicines. Take advice from a qualified professional before taking any of these with lithium.

*Mind
Making Sense of Lithium*

How Lithium Works

Lithium does not 'cure' manic depression in the sense that it eliminates it as surgery would do. Rather, it controls the condition in the way insulin does diabetes. Lithium is absorbed freely into the bloodstream and moves into all body tissues, including the brain. It leaves the body entirely through the kidneys and is excreted in the urine.

No one knows for sure why lithium is effective. It has been speculated that it may alter the way certain brain neurotransmitters work – serotonin, noradrenaline (also known as norepinephrine), and dopamine (and perhaps others), the ones that control emotion and behaviour. Or it may alter the productivity of certain nerve cell proteins whose job is to maintain normal cell metabolism. Lithium may drive those cells back to normal, whether they are causing mania or depression.

In any case, Dr. Fieve says, "Few experiences in psychiatry are as dramatic as watching lithium carbonate in one to two weeks utterly transform a manic-depressive personality."

*A Brilliant Madness
Patty Duke*

HIGH

A poem by Sally Plumb

I'm dancing on the ceiling,
Dancing fast and free.
I'm without a partner,
Will you dance with me?

I'm higher than the ceiling.
I'm floating in the sky.
I will be your partner
And teach you how to fly.

We love to hear from patients, carers or other supporters of our charity on any topic relating to either the newsletter or matters concerning the work we do. So please do take part in our competition as well as writing to us on any topic that particularly interests you. We are always happy to publish articles sent into us when requested to do so by the author.

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