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Issue No. 1

Recovery In-Sight Newsletter



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Disclaimer

Any views or opinions in this newsletter are solely those of the authors and do not necessarily represent those of the Recovery In-Sight Group unless specifically stated. While all information is given in good faith, the authors cannot accept responsibility for the accuracy of the information given. In particular readers are advised to discuss with their doctor any change to the nature or amount of their treatment before acting upon any information herein.

Dates for future self help group meetings and other events

Central Herts Bipolar

Recovery In-Sight Group

(Stevenage)

- Saturday 25 April 2009—with guest speaker Dr Heather Straughan—Recovery In-sight Training.
- Saturday 23 May 2009—with guest speaker Jayne Hale, Person Centred Counsellor.
- Wednesday 24 June 2009—Self help.
- Wednesday 22 July 2009—Self help.

Meetings held 4th Saturday of the month in Stevenage. 10.30am—12.30pm up until May

(New venue, day and time from June—4th Wednesday of the month 1.30pm-3.30pm from 24 June 2009).

West Herts Bipolar

Recovery In-Sight Group

(Watford)

- Saturday 9 May 2009—C Swaille—Herts CC Commissioners
- Saturday 13 June 2009—Self-help
- Saturday 11 July 2009 and Saturday 8 August 2009—Walk and Talk/ picnic. Meet at the Watford Quaker House at 10.15am to set off at 10.30am for a leisurely walk around Cassiobury Park, Watford. Bring a packed lunch. Refreshments provided.

Meetings held every second Saturday of the month in Watford. 10.30am—12.30pm

(see back of newsletter for venue addresses).



Group News

Hope you all had a good Easter break, and looking forward to the summer!

You will notice that the name of the group has now changed to Recovery In-Sight, and that we no longer come under the MDF hat. The group will continue to run as a self help support group for people with a diagnosis of bipolar disorder, carers and family.

The two groups, West Herts, Watford and Central Herts, Stevenage will run side by side, making it more of a county wide support network, hopefully with other groups to come in the future.



Group Library Box—Stevenage

Latest additions to the box include:-

- **You don't have to be famous to have manic depression.**
- **A can of worms**
- **The Kitchen Shrink**
- **The Human Brain—A Guided Tour.**

Rosie Berry has kindly offered to organise the group library. If you wish to donate any unwanted books or material please pass these onto her at the group meetings.



Celebrity Profile—Paul Merton, Comedian, aged 44

In 1989 I had a 'manic episode' caused by a combination of overwork and anti-malaria pills. I just think it was a sort of manic excitement, really, because everything was happening and going really well. I felt alive, I felt alert, I was full of energy. It was the people around me who were getting worried because I was talking non-stop, working 24 hours a day and developing paranoia. I wasn't too bothered. I thought: I'm achieving everything.

One day I went to the corner shop and thought everyone was looking at me oddly, and the shopkeeper was reading things about me off my credit card. I remember coming out of the shop and running down the side road back to the flat and I had a filmic image of all the curtains twitching.

I ended up in the Maudsley for six weeks which was the best thing I could have done. I took the stabilising drug Largactil and remember the precise moment when I started to get better. It was a Saturday evening, a friend came to visit me and what I wanted was for somebody to hug me. But he, being a typical middle-class male, was keeping his distance. And his emotional detachment made me feel even more alone. When he went away, I felt so lonely, I howled, like animals cry. But that howl of pain was a sort of catharsis, and after that I recovered quite quickly.

When I left I knew I'd never go back. But still I would have liked to be given a badge or something to certify my sanity. Such is the taboo of mental illness, that I was reluctant for many years to talk about my stay in the Maudsley. What saddened me was that my visitors felt so uncomfortable. They thought the doors were going to slam shut behind them.

The Maudsley made me realise that what I do is only a job. It is a risk, you gamble and hope that people will find what you do funny, but if they don't, it isn't the end of the world.

Most of all people shouldn't feel ashamed for having a mental illness. We don't feel ashamed for having a broken leg, so why a mental illness?

FACT: In a recent survey, 47% of 16-24 year olds said they would be concerned for their safety if a hospital for people with mental health problems was built next door. (mind out for mental health campaign research, 2001)

Mind Out for Mental Health Website 1.2.09





Bipolar Medication Spotlight: Lamotrigine (Brand name Lamictal)

Written by

B Maru



Lamotrigine was initially (and still is) used as an anticonvulsant, however it has been shown to be effective in the prevention of relapse of bipolar depression, where it is robustly effective (n=1315, randomised controlled trial, placebo controlled, double blind, 18 months, Goodwin *et al*, *J Clin Psych* 2004, 65, 432-41). It significantly delays the time to depressive relapse in bipolar depression e.g. lamotrigine and lithium were superior to placebo for prevention of mood episodes in bipolar I depression, with lamotrigine predominantly effective against depression and lithium against mania (n=463, randomised controlled trial, placebo controlled, 18 months, Calabrese *et al*, *J Clin Psych* 2003, 64, 1013–24). It is only the second drug to be licensed as a treatment of bipolar after lithium in the USA, and several other countries. In the UK NICE guidelines recommend its use for bipolar affective disorder (as of September 2008). The following are NICE guidelines

Lamotrigine is not recommended for treating acute mania.

Drug treatment after recovery from an acute episode

If a trial of a combination of medication proves ineffective, the following should be considered: **consulting with**, or referring **the patient** to, a clinician with expertise in the drug treatment of bipolar disorder prescribing lamotrigine (especially if the patient has bipolar II disorder).

Treatment for chronic and recurrent depressive symptoms

Lamotrigine should be considered, **in discussion with the patient**, for people who have an established diagnosis of bipolar disorder and chronic or recurrent depressive symptoms, but who are not taking prophylactic medication and have not had a recent manic or hypomanic episode.

For patients with bipolar II disorder with recurrent depression, lamotrigine alone should be considered for long-term treatment.

Initiating lamotrigine

The dose of lamotrigine should be titrated (adjusted gradually) to minimise the risk of skin rashes, including Stevens–Johnson syndrome. Starting dose usually 25mgs. Titration should be slower in patients also taking valproate as this can increase the blood level of lamotrigine and therefore increase the risk of skin rashes.

When offering lamotrigine to women taking oral contraceptives, prescribers should explain that the drug may decrease the effectiveness of the contraceptive and discuss alternative methods of contraception. If a woman taking lamotrigine stops taking an oral contraceptive, the dose of lamotrigine may need to be reduced by up to 50%.

Monitoring lamotrigine

Regular monitoring of blood levels and monitoring by GP for emergence of side effects.

Stopping lamotrigine

When stopping lamotrigine, the dose should be reduced gradually over at least 4 weeks to minimise the risk of destabilisation.

Risks associated with the use of lamotrigine

Patients taking lamotrigine should be advised, particularly when starting the drug, to seek medical attention urgently if a rash develops.

The drug should be stopped unless it is clear that the rash is not related to the use of lamotrigine.

If an appointment cannot be arranged within a few days or if the rash is worsening, the patient should be advised to stop the drug and then restart if lamotrigine is not implicated in the development of the rash.

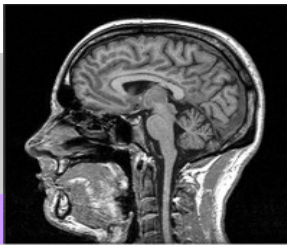
BAP (British Association of Psychopharmacology), CANMAT (Canadian Network for Mood and Anxiety Treatments) and SIGN (Scottish Intercollegiate Guidelines Network) guidelines are essentially the same as NICE.

Additional points to note about lamotrigine are it:

- Does not typically cause fatigue
- Rarely causes generalised allergic reactions
- Has mild side effects such as nausea, dizziness, blurry vision, headache and photosensitivity
- Is cleared through the kidneys, so those with renal problems need closer monitoring

For additional information on the potential benefits of using lamotrigine (Lamictal) to treat bipolar disorder and how to start your treatment, visit [GlaxoSmithKline's Lamictal Bipolar Home page](#). To see what others who've taken Lamictal have to say about it.

Caution: Never stop taking any medication cold turkey, especially an anti-seizure medication. Withdrawing an anti-seizure medication too quickly can actually cause seizures. Always consult your doctor before you stop or decrease your medication.



Functional MRI Studies in Bipolar Disorder— Dr Belinda Lennox

At the first support group meeting at Stevenage one of our group members bought up the subject of functional MRI, and requested more information on the subject. She has kindly forwarded an article which was published in the Cambridge MDF's newsletter on this subject. Dr Lennox and others are striving to research into the use of fMRI in the possible treatment of bipolar disorder, and more work is being done on this as I write. This summary was kindly provided by her as some background information of the subject, when Dr Lennox gave a presentation for the Cambridge Group. She has kindly given her permission for us to reproduce this article.

What is functional MRI?

Functional magnetic resonance imaging (fMRI) is an exciting tool for psychiatry. Every MRI scanner has the potential to look at brain function with a bit of adaptation.

Essentially, by taking an MRI scan of the brain every couple of seconds and then comparing the scans it is possible to show the areas of the brain that are active at any particular time. We then give subjects tasks to do while they are having repeated MRI scans so that we can work out which areas of the brain are active in performing the tasks

What are the uses of functional MRI?

For the first time we can directly show which parts of the brain underpin clinical symptoms. It will have practical uses – both in helping with diagnosis and in helping to decide which treatments to use. However it is still early days. At the moment we are only doing fMRI as part of research projects, but in the future I predict it will become a routine part of clinical practice.

Functional MRI studies of bipolar disorder

I have used tasks of emotion processing in the study of bipolar disorder. The task I use is to ask people to look at faces with different emotions, both positive ones such as happiness, and negative emotions such as fear and sadness.

Happiness and sadness

I ask subjects to rate how sad or happy they think the faces are. My main findings are that when manic, patients have difficulty recognising negative emotions such as fear and sadness. This is associated with underactivation in the parts of the brain that normally respond to negative emotions. To find out whether these findings persisted, I followed this group of subjects up until better, and were neither manic nor depressed. This time subjects could recognise all the different emotions without a problem, but interestingly their brain activation was very different, with increased activation in areas involved in emotion processing compared with a control group. What does this mean? It may reflect an increased sensitivity to emotion in people with bipolar disorder that is present even when mood is stable, or it may be something to do with the medication that people were taking. We will need to do some research to work that out. I have done further studies of people with bipolar depression, and these seem to show different patterns of activation to studies of people with unipolar depression. This may mean that brain imaging could be used to help with diagnosis in those presenting with depression. Again we need to do some more work to see if this is feasible.

Dr Belinda Lennox

Department of Psychiatry, University of Cambridge

Brief notes from Dr Matthew Kempton of Kings College London, Institute of Psychiatry Compiled by Linda Stoneman

Dr Kempton is a postdoctoral researcher at the Institute of Psychiatry and one of his big interests is neuroimaging in bipolar disorder. The website he created with Professor Steve Williams can be found at—
<http://tinyurl.com/dgt9og>. It doesn't have a lot exclusively on functional MRI but reviews a number of different imaging methods and results in bipolar disorder.

There have been a large number of studies using functional MRI in patients with bipolar disorder. A well known study can be accessed here for free <http://tinyurl.com/dbvhmd>.

A psychologist from The Institute of Psychiatry, Dr Fergus Kane, explains they are still using fMRI to investigate the basic mechanisms of bipolar disorder. They are not at a stage where fMRI can directly help in the treatment of bipolar disorder—although they hope that the findings of fMRI studies will help develop new and better treatments in the not too distant future.

Team Lithium—based in Newcastle are researching into lithium and its effects. The team including Dr David Cousins is an MRC Clinical Research Training Fellow working in the field of academic psychiatry. His research is focussed on lithium and aims to integrate various approaches to better understand its effect on the brain. Team Lithium is a group of clinicians and professional scientists from a diverse range of disciplines. They are striving to understand the nature of lithium in order to improve the treatment of common psychiatric illness. In their work they use fMRI at the Newcastle Magnetic Resonance Centre. For more information on Team Lithium, visit their website www.teamlithium.co.uk

(If you are unable to access the internet, some information on Team

Lithium and the other links from this article can be found in the Central Herts Group information folder in the group library box).





Free In-Sight recovery training for users and carers affected by bipolar disorder

The Recovery In-Sight group & Centre for Mental Health Recovery Funded by the Innovations Fund, Adult Care Services, Herts County Council

In-Sight is a comprehensive lifestyle development group training enabling people in their recovery from bipolar disorder. It includes mood management, life skills development, healthy lifestyle, and wellness planning. Its effectiveness in enhancing recovery has been demonstrated for trainees, compared to people receiving their usual care, in a research study undertaken at the Centre for Mental Health Recovery, University of Hertfordshire.

This free course is offered to people with a diagnosis of bipolar disorder, and to carers of a family member with a diagnosis of bipolar disorder to increase their understanding of the illness and to enable them to improve their support of their family member.

Venue: The Friends Meeting House (Quakers), 150 Church Road, Watford, WD17 4QB.

Duration: 8 full days over 8 consecutive weeks, with a 9th half-day session one week later.

Time: 10am – 5pm.

Start: Thursday 3rd September 2009

Thursday 10th, 17th and 24th September

Thursday 1st, 8th, 15th and 22nd October

Finish: Thursday 29th October (9th half day session).

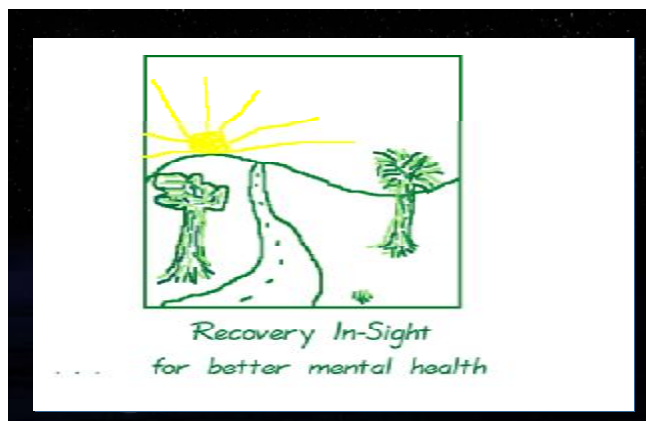
The course will be delivered by service user and carer trainers who have previously completed the course, and trained as trainers.

The course is free, and a full course manual together with tea/coffee are provided. Trainees need to bring a packed lunch. A commitment to attend regularly is required for maximum benefit.

To explore how the training may have benefited trainees, there is a requirement to complete feedback questionnaires, and to attend the two focus group discussions: one is held before the course starts on Wednesday 2nd September at 2pm, and one is held after the course finishes on Thursday 29th October at 2pm. Each focus group lasts for about an hour.

The training course is limited to a maximum of 12 people.

For more information, contact: Dr Heather Straughan, Research Fellow, Centre for Mental Health Recovery, University of Hertfordshire, Yorkon building, Hatfield AL10 9AB. h.straughan@btinternet.com (01923-239489)



Person Centred “Way of Being” Through counselling— Jayne Hale



Person Centred Counselling fits into the group of counselling styles called the “Humanistic” approaches and was particularly developed by Carl Rogers in the 1950’s. The Person Centred approach has the client as the centre of the therapy, allowing them to experience first hand a relationship offered with positive regard, empathy and congruence, allowing them to hopefully experience themselves and to believe in what they feel. Rogers describes the maladjustment and disorganisation as a theoretical formulation that applies to every individual to a greater or lesser degree. Central to Rogers theory is the idea that it is the clients own incongruence between “self” and “experience” that can become skewed, usually through layers of conditions of worth adopted when seeking love, approval and acceptance from significant relationships. The greater the incongruence the bigger the disturbance the client may live with. As much as any human being needs to seek food we also seek love, approval and acceptance from those around us to fulfil our basic nature as a sociable being. We are not naturally solitary beings, preferring to live in groups and close relationships.

Whilst many other styles of counselling are important and helpful in helping a client to recognise situations that cause additional incongruence/stress and to help formulate plans of how to deal or approach situations, the Person Centred Therapist will always let the client set their own pace and agenda, to explore their own feelings surrounding events and relationships. The Therapist will offer the three core conditions of the theory - positive regard, empathy and congruence at all times allowing the client to feel heard and accepted allowing them to begin to accept and feel comfortable with their own feelings and emotions rather than ones which they must employ to gain that external satisfaction. This is why the approach is often referred to as a “Way Of Being.” It is about being comfortable in your own skin and true to your feelings as you experience them.

I will be talking to the Stevenage Group on the 23rd May at 10.30am, and hope that you can come and ask me any questions about the approach or counselling in general. I will try to answer those questions for you. If you would like to contact me directly please do so via email -

jayne-counselling@hotmail.co.uk

(Information on Carl Rogers can be found in the Stevenage Group Resource folder)



Carl Rogers



Useful Phone Numbers:-

Herts Parts NHS Foundation Trust
Mental Health Helpline - 01438 843322
(out of hours support and help)

Benefit Enquiry Line— 0800 882 200

Disability Information Bureau -
01438 737447

Please note we ask for a voluntary donation of 50p at the meetings to go towards coffee and tea making facilities. There is no membership fee, but if you would like to make a donation to the Group it would be very much appreciated. Suggestions on how funds are spent, if raised, would also be appreciated for consideration.

Thank you!

Your Newsletter articles wanted!

Please submit articles to Linda for future publication in the newsletter. It can be anything from interesting articles, experiences, medication, poems, pictures, etc etc. Ideally, please forward in Word format on the computer and email to her at the Group's email address as shown below.

Handwritten material is also fine—please give to Linda at the meetings. **Next deadline 27 July 2009**

GROUP CONTACT DETAILS

Central Herts Bipolar Group (Stevenage)
(Offered by The Recovery In-Sight Centre)
The Wellbeing Centre
13 Town Square
Stevenage
Herts SG1 1BP

Meetings held 4th Saturday in the month up until 23 May
10.30am—12.30pm PLEASE NOTE
FROM 24TH JUNE MEETINGS WILL BE HELD 4TH WEDNESDAY IN
THE MONTH 1.30PM—3.30PM AT: THE FRIENDS MEETING HOUSE,
21 CUTTYS LANE, STEVENAGE, SG1 1UP

Group Contact Phone No. 07727725311
Email: recoveryinsightbipolargroup@googlemail.com

Group facilitators: Natalya Shieff & Ruth Redd
Newsletter Editor: Linda Stoneman

Useful Website Addresses

www.recoveryin-sight.com (NEW GROUP SITE)

Prof John Geddes talks about diagnosis, symptoms and treatment of bipolar –
(NHS Choices Website)

<http://tinyurl.com/d4d85n>

Treatment of bipolar disorder –
(NHS Choices Website)

<http://tinyurl.com/cj8nyk>

Mind Information Booklet – Making Sense of Lithium

<http://tinyurl.com/66bm2>

History of Lithium film –

<http://tinyurl.com/dne3q4>

Patient Information Leaflets—Medications

www.emc.medicines.org.uk

Dr Liz Miller—Food and Mood -

www.drlizmiller.co.uk

Equilibrium—

www.bipolar-foundation.org

Hertfordshire Health Walks—

<http://tinyurl.com/d8am6g>



West Herts Bipolar Group (Watford)
(Offered by The Recovery In-Sight Centre)
Friends Meeting House
150 Church Road
Watford
Herts WD17 4QB

Meetings held 2nd Saturday in the month—
10.30am—12.30pm

Phone: 01923-239489
Email: h.straughan@btinternet.com

Group Facilitator: Dr Heather Straughan