



Medication Update

FDA Approves Emsam (Selegiline) as First Drug Patch for Depression

The Food and Drug Administration approved Emsam (selegiline), the first skin (transdermal) patch for use in treating major depression. The once a day patch works by delivering selegiline, a monoamine oxidase inhibitor (MAOI), through the skin and into the bloodstream. *At its lowest strength (6 milligrams), Emsam can be used without the dietary restrictions that are needed for all oral MAO inhibitors that are approved for treating major depression.*

Major depressive disorder is a common psychiatric condition in the U.S. population. Symptoms of depression include general emotional dejection, withdrawal and restlessness that interfere with daily functioning, such as loss of interest in usual activities; significant change in weight and/or appetite; insomnia; increased fatigue; feelings of guilt or worthlessness; slowed thinking or impaired concentration; and a suicide attempt or suicidal ideation.

MAO inhibitors usually require specific dietary restrictions because when combined with certain foods they can cause a sudden, large increase in blood pressure, or "hypertensive crisis". A hypertensive crisis can lead to a stroke and death. Symptoms of a hypertensive crisis include sudden onset of severe headache, nausea, stiff neck, a fast heartbeat or a change in the way your heart beats (palpitations), sweating, and confusion. Patients who have these symptoms should get medical care right away.

The Emsam patch will be made available in three sizes that deliver 6, 9, or 12 mg of selegiline per 24

hours. The patch is a matrix containing three layers consisting of a backing, and adhesive drug layer, and a release liner that is placed against the skin.

Emsam has been shown safe and effective for treatment of major depressive disorder in two 6-8 week studies and also in a longer-term study of patients. The data for EMSAM 6mg/24hr support the recommendation that a modified diet is not required at this dose. Patients are advised to change the patch once a day. The more limited data available for EMSAM 9mg/24hr and 12mg/24hr do not rule out food effects so that patients receiving these higher doses should follow dietary restrictions that advise them to avoid certain foods or beverages. This includes foods and beverages such as aged cheese and wine.

Continued on page 3

Please join us Friday, May 5
and Saturday, May 6
for Tag Day, our annual fundraiser.
Be a volunteer tagger
and hand out candy
and NAMI CCNS information tags
to drivers and passersby
in Glenview.

Please call Julie Savastio for
information
847-370-2243

From the Co-Presidents

Dear Members,

A recent issue of *People Magazine* ran an article about Sean Astin, the actor who starred in “Lord of the Rings” and the television hit, “24.” He is also the son of Patty Duke, the famous actress who played Helen Keller in “Miracle Worker.” I was surprised to learn that Mr. Astin has devoted himself to helping promote knowledge and understanding about bipolar disorder, the disorder his mother, Patty Duke, struggles with. Let’s hope Mr. Astin’s message about mental illness makes an impression in the minds of the countless people who read this article and will influence their behavior the next time they encounter an individual with a mental illness.

Each time that someone comes forward to help combat the stigma and ignorance related to mental illness creates a more positive and proactive public awareness about this topic — hopefully raising awareness for better research, legislative action, public policy decisions, and best practices in diagnosis and treatment.

NAMI National has recently issued a report card that rates how well the individual states in this country address mental illness. Sadly, the state of Illinois received a failing grade on the various indices used for this rating system (*See Legislative Update*). The meaning of this rating is clear: We can each take steps to help Illinois become better about helping individuals with mental disorders and their families. Here are just a few ways we can each help move Illinois further ahead regarding mental illness:

- By sharing our personal and family stories with others to enlighten them about mental illness.
- By following up on Sally Mann’s— our legislative chair’s— suggestions to contact our elected representatives about key topics (*See Legislative Update*).
- By writing letters to the editors of newspapers to alert their readership about news stories about mental illness.
- By joining organizations and committees whose mandates include mental illness.
- By volunteering at our annual Tag Day weekend to help NAMI CCNS educate members of our local community about mental illness (*See page one*).

Also, please remember, Board meetings are open to all members. We encourage you to attend. This is a good way to learn about what NAMI CCNS is doing (*see Calendar*).

Respectfully yours,
Candice Hughes & Ann George

2006 Board of Directors

Co-Presidents

Candice Hughes & Ann George

Vice President, Julie Savastio

Recording Secretary, Maun Dee

Corresponding Secretary

Patricia Rodbro

Frieda Ankin

Lester Appell

Agnes Byrne

James Brodnicki

Joan DeCleene

Chris Dee

Judy Graff

Barbara Maier

Thomas Maier

John McGuire

Tina Nelson

Robert Peel

Michael Rodbro

Stan Rothbardt

Jill Friedberg-Rubin

Candice Savastio

John Schladweiler

Joyce Shatney

Sandra Shovers

P.O. Box 612

Winnetka, IL 60093

847-724-1460

Editor: Linda Logan, Ph.D.

Questions, comments?

Please e-mail:

Ldatlarge@comcast.net

Visit our website: www.namiccns.org

Website maintained by Tom Maier

April May 2006



NAMI CCNS News Update

New Psychoeducation Class Offered this Spring

By Barb Maier

NAMI CCNS will be offering a new psychoeducation workshop, WRAP (Wellness Recovery Action Plan) beginning Tuesday evenings, April 25 through July 18. WRAP is a free, 12 week self help and recovery course taught by adults in recovery to adults recovering from brain disorders. WRAP was developed by a group of people with mental disorders who were struggling to incorporate wellness tools and strategies into their lives. Renowned mental health recovery educator and author, Mary Ellen Copeland, brought this program to Illinois via the Department of Human Services (DHS). Mary Ellen Copeland, who has successfully coped with her bipolar disorder for more than 60 years, has written several self help books for people with major mental illnesses. DHS subsequently trained veteran teacher Beth Schneider (Wilpower, Inc.) and NAMI CCNS member Nathan Maier to be WRAP teachers; they will combine forces to offer this course in northern Cook County.

WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviors
- Increase personal empowerment
- Improve quality of life
- Assist people in achieving their own life goals and dreams

WRAP is a structured system to monitor uncomfortable and distressing symptoms that can help reduce, modify or eliminate those symptoms by using planned responses. This includes plans for how you want others to respond when symptoms have made it impossible to continue to make decisions, take care of yourself, or keep yourself safe.

People who are using WRAP say:

- "It helps me feel prepared."
- "I feel better more often and I'm able to improve the overall quality of my life." ■

For information and registration, call NAMI CCNS at 847-724-1460

For more information about WRAP go to Copeland's web site: mentalhealthrecovery.com

Medication Update/ *continued*

The only common side effect of Emsam detected in placebo-controlled trials was a mild skin reaction where the patch is placed. There may be mild redness at the site when a patch is removed. If the redness does not go away within several hours after removing the patch or if irritation or itching continues, patients are advised to contact their doctor.

Another side effect that was seen less commonly was light-headedness related to a drop in blood pressure.

The manufacturer and distributor of this new product have planned an educational campaign for patients and prescribers to ensure that advice on dietary modifications for the higher patch strengths is adhered to. They plan to conduct both patient and health care provider surveys to assess the effectiveness of the educational campaign. The manufacturer and distributor will also closely track reports of adverse events, and follow-up on those that might represent hypertensive crises, to further ensure the safe use of this product.

Although the effects of heat on the patch are not known, the drug labeling advises health care professionals and patients about the possible effects of direct heat applied to the Emsam patch. Direct heat may result in an increased amount of the drug absorbed from the patch. Patients should avoid exposing the patch to heating pads, electric blankets, heat lamps, saunas, hot tubs, or prolonged sunlight.

Like all approved antidepressants, this product carries a warning of increased suicidality in children and adolescents.

EMSAM was developed by Somerset Pharmaceuticals, Inc. In December 2004, Bristol-Myers Squibb and Somerset entered into an agreement that provides Bristol-Myers Squibb with distribution rights to market EMSAM after approval in the United States. Selegiline was initially approved in capsule form for use in Parkinson's Disease. ■

Source: Food and Drug Administration

Illinois Legislative Update

Compiled by Sally Mann

National

Senate Passes Specter-Harkin Amendment, Adds \$7 Billion for Discretionary Programs Including Mental Illness Research and Services

On March 17, the Senate passed—by a 73-27 vote—the Specter-Harkin Amendment that will add \$7 billion in spending authority to a broad range of health and human service programs as part of the FY 2007 budget resolution. This would allow additional funding authority for FY 2007 spending legislation covering mental illness research and services that will be taken up by Congress this coming summer. The amendment is part of the budget resolution that sets forth parameters for all federal spending for the fiscal year that will begin on October 1, 2006. The Senate later cleared the budget resolution by a narrow 51-49 margin.

Passage of the bipartisan Specter-Harkin Amendment is a big victory for advocates of mental illness research and services. It will allow for the FY 2007 appropriations bills that fund the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to reject cuts proposed in the President's budget and restore funding to FY 2005 levels. Both Illinois Senators Obama and Durbin voted in support of the amendment.

In addition, the Senate voted 43-57 to reject an effort to require an additional \$10 billion in cuts to the Medicare and Medicaid programs for FY 2007. This amendment was offered by Senator John Cornyn (R-TX). The underlying budget resolution also rejected proposals in the President's budget for future reductions to Medicare and Medicaid through cuts in payments to hospitals and further reductions to targeted case management services under Medicaid.

This victory must now be followed up in the House, which has yet to take up the FY 2007 budget resolution. Advocates are urged to contact their House member and encourage support for the additional funding authorized by the Specter-Harkin Amendment. House members will be in their districts next week as part of a week-long recess. All House offices can be reached by calling 202-224-3121 or through www.house.gov

Source: NAMI National, www.nami.org

State

NAMI National Gives Illinois an F for Mental Health

NAMI National's recent report, *Grading the States 2006: A Report on America's Health Care System for Mental Illness*, gave the state of Illinois an F on its mental health report card. Broken down by categories, the states received:

Infrastructure	D –
Information Access	F
Services	F
Recovery Supports	D

The report analyzed state spending, innovations, and needs. The results were as follows:

Spending, Income, and Rankings		National Rank
Per Capita Mental Health Spending	\$66.12	34
Per Capita Income	\$31,987	11
Total Mental Health Spending (In millions)	\$835	7
Suicide Rank		44

Recent Innovations: Real estate transaction fees to fund rental assistance programs

Urgent Needs:

- Balanced hospital and community service capacity
- Broad implementation of evidence-based practices
- Stronger collaboration to promote employment opportunities
- Jail diversion strategies, including re-entry programs

Source: NAMI National, www.nami.org

Children's Mental Health Partnership

The Governor has included \$2 million for the Children's Mental Health Partnership in his FY2007 proposal for the Department of Human Services, Division of Mental Health budget. The request now moves to the Senate and House Human Services Appropriation Committees for consideration. The Governor's budget did not include other funding recommended by the Illinois Children's Mental Health Partnership, including \$6 million for the Illinois State Board of Education to, among other things, implement social and emotional learning standards and expand upon important school-based mental health services. Therefore, we are asking legislators to support

including the \$6 million as part of the \$400 million new funding that the Governor proposed for education in FY2007.

Please contact Elizabeth Coulson, and Rosemary Mulligan and State Senators Jeff Schoenberg and Susan Garrett them asking them to (1) approve the \$2 million proposed for the IDHS budget and (2) support adding the \$6 million to the ISBE budget.

Other

- The Senate Joint Resolution 55 asks the Department of Healthcare and Family Services to rescind its restriction on Zyprexa, Seroquel and Risperdol Consta. You are urged to communicate your support for this resolution.
- HB4202, the billing increasing outpatient visits from 35 to 60 in the parity law, has now been assigned to the Health and Human Services Committee. No hearing date is scheduled yet. Please contact members of the committee to support the bill at:
<http://www.ilga.gov/senate/committees/members.asp?committeeID=208> ■

Research Update

Breaking News from the NIMH

Maintenance Treatment Prevents Recurrence in Older Adults With Single-Episode Depressions

People age 70 and older who continued taking the antidepressant that helped them to initially recover from their first episode of depression were 60 percent less likely to experience a new episode of depression over a two-year study period than those who stopped taking the medication, according to a study funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health. The study addresses a major question in the treatment of depression: when to discontinue medication. The study showed that long-term treatment (for at least 2 years) after a patient is symptom-free is effective in preventing future depressive episodes.

“This study demonstrates the benefits of keeping older patients on an antidepressant long after they become symptom-free,” said NIMH’s director Thomas R. Insel, M.D.

The clinical trial tested whether maintenance therapy — long-term treatment given to patients to enable them to maintain a symptom-free or disease-free state — is effective in preventing future episodes of depression in patients 70 years and older. It also tested whether antidepressant medication and psychotherapy were effective, and whether the extent of patients’ medical burden had an impact on rates of recurrence.

According to Charles F. Reynolds III, M.D., and colleagues at the University of Pittsburgh, the study speaks directly to the controversy over the benefits and risks of administering long-term antidepressant treatment to elderly patients who have only one lifetime occurrence of major depression. To

date, the consensus has been that older patients experiencing their first episode of depression should be treated to full remission and then have a limited period of continuation treatment for 6 to 12 months to ensure the stability of the remission and further improve recovery.

“Most geriatric psychiatrists would not have thought that elderly 70 and older who experienced one episode of depression were candidates for longer term maintenance treatment of up to two years,” said Reynolds. “They would agree that elderly with two or more episodes are appropriately prescribed maintenance treatment, but these data allow us to go one step further and suggest that, in fact, even those with single episodes fare considerably better out to two years if they continue use of the medication that got them well.”

Patients ages 70 and older with depression who achieved full remission of symptoms after treatment using a combination of paroxetine (a selective serotonin reuptake inhibitor) and interpersonal psychotherapy (IPT) (psychotherapy that focuses on interpersonal relationships) were administered maintenance treatment where researchers tested the effectiveness of different treatment regimens in keeping patients symptom-free for up to 2 years. These patients were randomly assigned to one of four maintenance treatment groups: (1) paroxetine; (2) placebo; (3) paroxetine and monthly interpersonal psychotherapy (IPT); and (4) placebo and IPT.

The study found maintenance treatment was effective in older people with depression. Across all four treatment groups, rates of remission significantly differed. Among patients who received paroxetine in the maintenance phase, 63 percent remained in remission; 42 percent of those who received placebo remained in remission; 65 percent of

Continued on page 7

Calendar

April 5 Board of Directors meeting at Wilpower, Inc. 444 Frontage Road, Northfield, 7:30 pm. Meetings are open to all NAMI CCNS members.

April 11 “Care and Share” is a support group for caregivers, friends and family, and individuals with mental disorders. Participants are invited to share their challenges and successes in a caring environment. New participants are always welcome. Registration is not required. Rush North Shore Medical Center (Sharfstein 2 East room), 9600 Gross Point Road, Skokie, 7:30 pm.

April 13 “Visions for Tomorrow” support and discussion group for parents of children, adolescents and young adults with mental disorders. Kenilworth Union Church, 211 Kenilworth Ave., Kenilworth, 7:30 pm. Call Barb Maier for information 847-446-8416.

April 19 Dr. Royce Lee of the University of Chicago will speak on research in Borderline Personality Disorder and Emotional Dysregulation, sponsored by Treatment and Research Advancements, National Association for Personality Disorders (TARA). Northwestern Memorial Hospital (Feinberg Pavilion, 3rd floor, Conference Room F, 251), E. Huron, Chicago, 6:30-9:00 pm. \$5 suggested donation. New attendees, please contact rh5mail-tara@yahoo.com

April 30 “Sundays at One” is a support group for young adults with mental disorders who’d like to do things together. Borders Bookstore, 49 S. Waukegan Road, Northbrook (corner of Waukegan and Lake Cook Roads), 1:00-3:00 pm. For information and registration, call Nate Maier 847-446-8416 or Alan Carlile 847-736-4587.

May 3 Board of Directors (See April 5 listing)

May 5 and May 6 NAMI CCNS Tag Day Weekend

Join us for Tag Day, our annual NAMI CCNS fundraiser. Each year, members and friends of NAMI CCNS meet in Glenview to hand out candy and NAMI CCNS information tags and to collect donations. You can help our outreach efforts by creating visibility for our organization in the community by volunteering two hours of your time. Those who prefer not to work on the traffic islands (and those under 16) will tag near the Glenview or Post Office. For information or to volunteer, please call Julie Savastio, 847-370-2243.

May 9 NAMI CCNS Educational Program, Rush North Shore Medical Center, 7:30 pm. Details to follow in a separate mailing to members.

May 11 “Visions for Tomorrow” (See April 13 listing)

May 17 TARA Meeting on Borderline Personality Disorder and Emotion Dysregulation (See April 19 listing)

May 28 “Sundays at One” (See April 30 listing)

Save the Dates

June 23-25

*TARA Weekend Family Educational Workshop on Dialectical Behavioral Therapy Coping Skills.
Contact rh5mail-tara@yahoo.com*

June 28-July 2

*NAMI National Convention, Washington, D.C.
For information, call 703-524-7600 or visit
www.nami.org/template.cfm?section=convention ■*

patients who received paroxetine and IPT remained in remission; and 32 percent of patients who received placebo and IPT remained in remission.

Contrary to the researchers' hypothesis, which predicted that IPT would significantly reduce rates of recurrence, according to the study, IPT did not show preventive efficacy in people 70 years and older.

"But that does not mean that other types of psychotherapy are not effective," said Reynolds. "It could be that this population needs a more structured and focused type of psychotherapy — one that works better with cognitive impairment and greater disability than does IPT — such as problem-solving psychotherapy. Involving caregivers to a greater extent may also help."

The study also showed that older people with multiple chronic physical disorders did not do as well on paroxetine as those with fewer medical problems, although they did show some benefit. The burden associated with more chronic and disabling diseases often drives the depression, making it more difficult to treat, the authors conclude. Despite this, the researchers indicate that maintenance antidepressant medication may be effective in primary care settings where patients have multiple chronic diseases

"What makes this study so practical is that it shows you can combine chronic disease management of depression with the chronic disease management of other illnesses to benefit both the patient's mental illness as well as their physical illness," he said.

The study is part of an overall NIMH effort to conduct practical clinical trials in "real world" settings that address public health issues important to persons affected by major mental illnesses. ■

Source: Reprinted with permission, National Institute of Mental Health

<http://www.nimh.nih.gov/press/depressionmeds.cfm>

For original article, see CF Reynolds III et al.,

"Maintenance Treatment of Major Depression in Old Age," New England Journal of Medicine, Vol. 354 No. 11130-1138.

Gene Influences Antidepressant Response

Whether depressed patients will respond to an antidepressant depends, in part, on which version of a gene they inherit, a study led by scientists at the National Institutes of Health (NIH) has discovered. Having two copies of one version of a gene that codes for a component of the brain's mood-regulating system increased the odds of a favorable response to an antidepressant by up to 18 percent, compared to having two copies of the other, more common version.

Since the less common version was over 6 times more prevalent in white than in black patients — and fewer blacks responded — the researchers suggest that the gene may help to explain racial differences in the outcome of antidepressant treatment. The findings also add to evidence that the component, a receptor for the chemical messenger serotonin, plays a pivotal role in the mechanism of antidepressant action. The study, authored by National Institute of Mental Health researchers Francis J. McMahon, M.D., Silvia Buervenich, Ph.D., and Husseini Manji, M.D., along with collaborators at several other institutions, was posted online March 8 and will appear in the May, 2006 *American Journal of Human Genetics*.

"To our knowledge, this is the first demonstration of significant association between genetic variation and outcome of antidepressant treatment," said Manji, director of the NIMH's Mood and Anxiety Disorders Program. "It brings us closer to the day when clinicians will be able to make more informed decisions about which medication to prescribe for an individual patient. Right now, it still involves a lot of trial-and-error."

In the initial phase of the NIMH-funded trial, about 47 percent of the 2,876 participants experienced some improvement with the serotonin selective reuptake inhibitor (SSRI) citalopram (Celexa). The NIH scientists set out to find genetic factors that might help to explain why some patients fared better than others.

They screened genetic material from 1,953 of the patients, a sample with a higher percentage of responders (69 percent), in part because patients who were doing well tended to stay in contact longer and were more likely to allow a blood sample to be drawn. The researchers looked for associations between treatment response and 768 known sites of variability in 68 suspect genes - sites where letters in the genetic code vary across individuals. They found the strongest connection in the gene that codes for the



NAMI CCNS
Box 612
Winnetka, IL 60093

Place
Stamp
Here

NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

***NAMI CCNS' psychoeducational classes**

***WRAP** New classes start in April (*See NAMI CCNS, News Update, inside*)

***Visions for Tomorrow** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information at 847-446-8416.

***Family to Family** A 12-week class designed for family members and close friends of individuals with mental illnesses. The course covers schizophrenia, depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills, and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191.

General Meeting is an educational program featuring speakers with expertise in the mental health field. (*See Calendar*)

Care and Share is a support group for people with mental disorders, as well as their friends and families. (*See Calendar*)

Visions for Tomorrow Support and Discussion Group is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information at 847-446-8416. (*See Calendar*)

Response Team A "warm line" (not a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect to others) about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-724-1460.

Sundays at One is a social meeting group for young adults (ages 18 to 35) coping with mental disorders. Run by Alan Carlile, Candice Savastio, and Nathan Maier (who struggle with chemical imbalances). Call Nate at 847-446-8416. (*See Calendar*)

Other Organizations

Anorexia Nervosa and Associated Disorders offers information on referrals and local support groups for eating disorders. Call Dawn at 847-831-3438.

Child and Adolescent Bipolar Foundation is a national, parent-led organization of families raising children diagnosed with bipolar disorder. For information on support groups, visit www.bpkids.org or call 847-256-8525.

Depression and Bipolar Support Alliance of Greater Chicago meets the second and fourth Monday of each month at the Devon Bank, 6445 N. Western Ave., Chicago. 7:30 pm. Call Chet for details at 773-465-3280.

Depression Support Group meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:00-9:00 pm. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for information.

Obsessive Compulsive Disorder Support Group meets the first Monday evening of each month at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$20 fee. Call Alana at 847-559-0001, ext. 8.

Obsessive Compulsive Foundation of Metropolitan Chicago has a complete list of area support groups. Call 773-880-1635.

Panic Disorder Support Group meets Wednesday evenings at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$15 fee. Call Marleen Lorenz for information at 847-559-0001, ext. 6.

Recovery, Inc. is a self-help group for people with mental disorders. Call 312-337-5661 for meeting places and times.

TARA Chicago Personality Disorder/Emotion Dysregulation Support Group Professionally-led group for family members of persons with BPD or other emotional dysregulation issues. Meets the third Wednesday of each month at the Northwestern Memorial Hospital conference facility in Chicago. 6:30-9:00 pm. \$5 per session donation. Please email: rh5mail-tara@yahoo.com before attending for information. (*See Calendar*) ■