



NEWSLINE

COOK COUNTY NORTH SUBURBAN

DECEMBER 2007 – JANUARY 2008

Medication Update

FDA Considering Changing Labels of Tamiflu and Relenza After Reports of Treatment-emergent Psychiatric Symptoms in Children

The FDA's expert advisory committee recommended that warning labels be added to the popular flu drugs, Tamiflu and Relenza, after releasing its safety review of the two medications in late November. The review includes reports of bizarre behavior (such as running into traffic and falling from windows or balconies), as well as hallucinations and delirium. Initial responses from the drug companies suggest they are willing to consider a label change. The FDA is not required to take the recommendations of its expert advisors.

Source: Perrone, Matthew, FDA Wants Warning on Flu Drugs for Kids, Yahoo! Finance, posted November 23, 2007.

FDA Approves Abilify to Treat Schizophrenia in Children Ages 13-17

The schizophrenic medication, Abilify—originally approved in 2002—received the green light for the treatment of adolescents with schizophrenia on November 6, according to Bristol-Myers Squibb Co. and Otsuka Pharmaceutical Co. Ltd. of Japan.

Source: Reuters Health Information

Medication Information from the National Institute of Health

DailyMed provides high quality information about marketed drugs, including FDA approved labels (package inserts). This web site offers health information providers and the public a standard, comprehensive, up-to-date, look-up and download resource of medication content and labeling as found in medication package inserts:

<http://dailymed.nlm.nih.gov/dailymed/about.cfm>

Other information about prescription drugs is also available through the National Library of Medicine (NLM). The NLM regularly processes data files uploaded from the FDA's system and provides and maintains this web site for the public to use in accessing the information. Additional information about medicines is available on NLM's MedlinePlus web site:

<http://www.nlm.nih.gov/medlineplus/medicines.html>

Professionals and consumers:

Did you know you could report adverse medication effects directly to the FDA? Through the agency's MedWatch program, interested individuals are encouraged to send in adverse event reports.

You may visit MedWatch online, call 1-800-FDA-1088, or write MedWatch, Central Triage Unit, 5600 Fishers Lane, Rockville, MD, 20852-9787.

For drug inquiries, call the FDA at 301-827-4570.

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From the Co-Presidents

Dear Members,

As we close this year and enter into another, please accept our gratitude for a memorable 2007 and a positive outlook for 2008.

Because of your generous emotional, physical, and financial support of NAMI CCNS, we've met new challenges; fulfilled dreams; increased membership; launched programs that will serve as a prototype for other NAMI chapters; made a great strides to garner attention to the plight of the mentally ill; and developed a stronger bond between the mentally ill and their families and caregivers.

During this past year, NAMI CCNS asked for a change and you responded. We are now celebrating the accomplishments of several goals. One, we opened a new office at 420 Frontage Road in Northfield with part-time executive director, Barb Maier, and Candice Savastio and Avigal Rhodes as part-time supporting staff. Two, we've implemented three new programs. Three, we've formed "Care and Share" a support group for family members caring for adults diagnosed with a mental disorder (*see Calendar*). Four, we've piloted the first "Provider Education" program taught by a team consisting of family members, counselors, and a board-certified professional. Five, we've recently launched "Connections," a new support group that is led by and for people who have mental illness (*See Calendar*).

On another note, we would like to applaud two of our "Visions for Tomorrow" teachers who have just completed another successful program, Helene Rhodes and Mary Mays. Thank you for an outstanding job.

On January 28, 2008, you're invited to attend our regularly scheduled education meeting where we will present our annual report prior to the program. Ballots for NAMI CCNS' election of officers are scheduled to be mailed shortly. The slate of candidates for Board positions will also be available during our January meeting. For further information call our office at 847-716-2252. Please remember to take advantage of your opportunity to vote.

Again, thanks for the memories of yesteryear, and we look forward to your continued support and pro-activity in 2008.

Respectfully yours,

Ann George and Julie Savastio

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Sandra Shovers

Vice President

Barb Maier

Executive Director

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Lester Appell

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Questions, comments?

Please e-mail:

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Visit our website: www.namiccns.org

Website maintained by Tom Maier

**December 2007–
January 2008**



Legislative Update

Tell Congress to Fund Housing and Homeless Programs for People with Serious Mental Illness

The stalemate between the President and Congress over the FY 2008 budget continues with additional vetoes expected when Congress returns from its current holiday recess on December 4. Last week, the House sustained the President's veto of legislation funding labor, health and education programs, by a vote of 277-141, just a few votes short of the 2/3 margin needed to override the veto. Also last week, the House cleared a separate bill funding housing and homelessness programs for FY 2008. The vote was 270-147 - just shy of the margin needed to override an expected Presidential veto.

Contact Congress and urge them to fund critical housing programs, by voting to override the President's veto of the Transportation-HUD Appropriations bill, HR 3074. This legislation includes restoration of proposed funding cuts to a Section 811, a critical housing program for people with serious mental illness and other disabilities and increases for programs to address chronic homelessness. *[To contact your legislator, see below]*

We Need Your Help to Push Congress on Parity

When Congress returns to Washington on December 4, there will be only three weeks remaining in this year's session to complete work on insurance parity legislation. We cannot allow this historic opportunity to achieve equitable coverage for mental illness treatment to slip away.

With time running short, it is critical for all members of Congress to hear from advocates on the importance of passing mental illness parity legislation before adjournment. This current two week recess affords a crucial opportunity to reach out to both Senators and House members to make clear that it is unacceptable for Congress to adjourn for the year without sending a parity bill to the President for him to sign into law. *[To contact your legislator, see below]*

Presidential Vetoes Threaten Funding for Mental Illness Research and Services

The House of Representatives is expected to vote on a motion to override President Bush's veto of the FY 2008 Labor-HHS Appropriations bill (HR 3043). This bill includes the budgets for the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) - with increases totaling \$40 million for FY 2008 for mental illness research and services.

Act Now

Call your House member today, at 800-965-4298 or 877-210-5351! Urge them to support the motion to override the President's veto of the Labor-HHS Appropriations bill. Remind your House member that HR 3043 includes:

- A \$37.4 million increase for mental illness research at the NIMH, boosting funding to \$1.441 billion,
- A \$3.9 million increase for youth suicide prevention programs under the Garrett Lee Smith Act, up to \$40 million, and
- A \$576 million increase for the administrative budget for the Social Security Administration (SSA) to address the current backlog of claims for SSI and SSDI disability benefits.

Medicare Drug Benefit Update: 2008 Plan Year Enrollment Begins

November 15 marked the start of the open enrollment period for the Medicare Part D drug benefit for 2008. During the "open season" period for 2008 drug plan enrollment, Medicare beneficiaries will be able to select prescription drug coverage that goes into effect on January 1, 2008. The open season ends December 31.

As the 2008 plan year approaches, NAMI is watching closely to ensure that beneficiaries with serious mental illness, especially low-income dual eligibles, are able to maintain continued access to drug coverage that meets their complex treatment needs. Of particular concern are the 2.1 million dual eligibles and low-income subsidy (LIS) Medicare beneficiaries that are being required to switch to different prescription drug plans (PDPs) on January 1.

To contact your legislators:

Senate

Durbin, Richard
309 HART SENATE OFFICE BUILDING
WASHINGTON DC 20510
202 224-2152
durbin.senate.gov/contact.cfm

Obama, Barack
713 HART SENATE OFFICE BUILDING
WASHINGTON DC 20510
202 224-2854
obama.senate.gov/contact/

House of Representatives

To find your Congressperson, go to the House of Representatives web site <http://www.house.gov/>
Plug in your zip code plus 4 digits (on the upper left hand side) or call 202 224-3121 ■

A Guide to...

Psychotropic-Induced Sexual Dysfunction, or What Happened to My Sex Life?

By Linda Logan

[Psychotropic is another word for drugs used to treat psychiatric disorders. It is used interchangeably with psychopharmacologic drugs. The acronym PISD, which will be used often in this article, refers to psychotropic-induced sexual dysfunction.]

The side effects no one talks about

It's bad enough you or a loved one is struggling with a mental disorder. Now, the same drugs used to treat your disorder are putting a crimp in your sex life. Not that anybody's talking about it. As one researcher writes, "Treatment-emergent sexual problems have been described as 'the unspoken side-effect of antipsychotics.'"

Many doctors fail to warn their patients about the potential for sexual dysfunction when prescribing psychotropic drugs, often leaving the patient to chalk it up to yet another symptom of their disorder. One writer notes, "Counseling patients about the possibility of sexual dysfunction due to an antidepressant is often uncomfortable and avoided by too many clinicians." Communication, however, is a two-way street and it is incumbent upon the person taking these medications to speak to their doctor about adverse sexual side effects. When left unreported to doctors, it can play a part in patient non-adherence.

How do you know it's not just the illness causing sexual problems?

It's hard to know when some cases of sexual dysfunction may be the result of the disorder and not the drug. As one pair of researchers writes, "Depression is characterized by loss of interest, reduction in energy, lowered self-esteem and inability to experience pleasure; irritability and social withdrawal may impair the ability to form and maintain intimate relationships. It would be surprising if this constellation of symptoms did not produce difficulties in sexual relationships." Obviously, experimenting with the suspect medication may clarify the problem.

Which drugs can cause PISD?

Recently, *Public Citizen* published a list of all prescription

drugs that can cause sexual dysfunction—ranging from meds for GI problems to beta-blockers for cardiac conditions. Of the 131 drugs cited, 31 of them were psychotropic medications [see side bar].

The classes of medications that may cause PISD are:

- Tricyclic antidepressants (e.g., Elavil, Pamelor, and especially Anafranil)
- MAOIs (e.g., Nardil, Parnate, Marplan, etc.)
- SSRIs (selective serotonin reuptake inhibitors (e.g., Prozac, Zoloft, Paxil, etc.)
- Atypical antipsychotics (e.g., Abilify, Zyprexa, Risperdal, etc.)
- Older generation antipsychotics (e.g., Haldol, Navane, etc.)

Unfortunately, there are, as yet, no head-to-head clinical trials comparing rates of sexual dysfunction among the different classes of medications.

How prevalent is PISD?

One study showed that 30% to 60% of people taking antipsychotic (dopamine-blocking) psychotropic drugs experienced adverse sexual side effects. When patients were asked directly by their doctor (not via a survey or questionnaire) if they were experiencing any sexual dysfunction from their drugs, 96% said yes.

How do psychotropic drugs cause sexual dysfunctions?

In order to understand this, we may all need a post-graduate degree in biochemistry. Generally speaking, sexual response relies on a complex interplay between the body's hormones (such as prolactin) and the brain's neurotransmitters (such as serotonin, dopamine, and acetylcholine). While less is known about the role of hormones, the effect of neurotransmitters in sexual function is "well established." Many antipsychotic drugs are dopamine-blockers, meaning they inhibit the circulation of dopamine throughout the brain. The problem is that dopamine-blocking drugs—characteristic of most antipsychotic drugs—increase the body's prolactin levels, which can wreck havoc on sexual functioning.

So what does that mean?

Normal sexual response is comprised of four phases:

- Desire (libido)
- Arousal (lubrication for women; erection for men)
- Orgasm
- Resolution (general muscle relaxation and a sense of general well-being following orgasm)

Psychotropic drugs can interfere at any stage of this

scenario. Researchers advise doctors to specify *which* form of sexual dysfunction may occur, “as these have different causes and require different treatment approaches.” For instance, women may describe a loss of libido; men may feel just as desirous as before, but less able to get an erection.

In men, PISD may cause:

- Low libido (sexual desire)
- Premature ejaculation
- Delayed ejaculation
- Erectile dysfunction
- Anorgasmia (inability to have an orgasm)
- Drug-induced priapism (sustained erection)
- Hyperprolactemia (erectile failure; reduced spermatogenesis [the body’s ability to produce sperm]; retrograde ejaculation; painful orgasm)

In women, PISD may cause:

- Low libido
- Arousal or excitement problems
- Sexual pain
- Anorgasmia
- Hyperprolactemia (altered ovarian cyclic function; amenorrhea [cessation of periods]; hirsutism [excessive body hair])

Are adverse sexual effects permanent or do they go away?

Many doctors adopt a “wait-and-see” approach after prescribing a medication with an adverse sexual profile. Sometimes negative side effects will decrease or go away altogether after the initial period. But more often than not, patients experience some degree of sexual dysfunction.

What can be done about it?

Unfortunately, there is no single strategy that will work for everyone. Just as you and your doctor probably spent some time hammering out a successful drug regimen for your mental disorder, finding the solution that may work for your PISD may be an equally time-consuming experience.

Some strategies doctors employ include to combat PISD are:

• Delay taking the drug until after sexual activity

This is generally not a particularly effective strategy, as many of the medications have long half-lives. This, however, may help for troublesome, shorter-acting drugs.

• Dose reduction

While you are trying to lower the drug’s dosage to rid yourself of troublesome sexual effects, you must maintain a level that will ensure you are receiving a therapeutic dose,

Public Citizen’s PISD Medications

alprazolam (Xanax)
amitriptyline (Elavil)
amphetamines (Adderall)
aripiprazole (Abilify)
buspirone (Buspar)
carbamazepine (Carbatrol, Tegretol)
chlorpromazine (Thorazine)
clozapine (Clozaril)
desipramine (Norpramine)
diazepam (Valium)
escitalopram (Lexapro)
fluoxetine (Prozac, Serafem)
fluvoxamine (Prolixin)
haloperidol (Haldol)
imipramine (Tofranil, Tofranil PM)
isocarboxazid (Marplan)
lithium (Eskalith, Lithobid, Lithonate)
nefazodone (Serzone)
nortriptyline (Aventyl, Pamelor)
olanzapine (Zyprexa)
paroxetine (Paxil, Pexeva)
perphenazine (Trilafon)
risperidone (Risperdal)
sertaline (Zoloft)
thioridazine (Merraryl)
thiothixene (Navane)
tranylcypromine (Parnate)
trazadone (Deseyrel)
trifluoperazine (Stelazine)
venlafaxine (Effexor, Effexor XR)
ziprasidone (Geodon, Zeldox)

Source: Worst Pills, Best Pills, Drug Alert, Public Citizen, December 13, 2006

keeping your disorder under control. This is a delicate balancing act and requires good and frequent communication with your doctor.

• Discontinuation

Potentially more problematic than a reduction in dosage,

Continued on page 7

Calendar

December 3 “NAMI Connection,” a weekly recovery support group for adults with mental illness regardless of diagnosis. Free of charge, 4:00-5:30 pm at Beth Emet Synagogue, 1224 Dempster, Evanston, Pearlman Room (lower level). For information, call Candice or Avigal at NAMI CCNS 847-716-2252.

December 3 “Care & Share” support group is open to anyone dealing with mental health issues. 7:00-8:30 pm at the Kenton-Knox Conference Center, Rush North Shore Medical Center, 9701 N. Knox, Skokie. For information, call Jan Magoc 847-297-0396.

December 5 NAMI CCNS Board of Directors meeting, 7:00 pm at WilPower, Inc. 444 Frontage Rd., Northfield. All members are welcome to attend. For information, call Barb Maier, 847-716-2252.

December 10 “NAMI Connection” (*see December 3*)

December 11 The DHS Division of Mental Health invites all mental health stakeholders to “save the date” for an orientation session regarding the Division’s Administrative Services Organization vendor, Value Options. This series of sessions will be focused on provider topics, though all stakeholders are welcome to attend 9:00 am-1:00 pm, Chicago;

December 12 (same time) in Springfield;

December 13 (same time) in Carterville. Contact your DMH Regional representative with questions.

December 13 “NAMI BASICS” (formerly “Visions for Tomorrow Parent Support Group”) for parents of children and adolescents dealing with mental disorders. 7:30-9:00 pm at Kenilworth Union Church, 211 Kenilworth Ave., Kenilworth. For information, call Jean or Jim Jorgensen 847-251-1476.

December 17 “NAMI Connection” (*see December 3*)

December 24 “NAMI Connection” (*see December 3*)

December 30 “Sundays at One” is a social group for young adults (ages 20-35) dealing with mental illness. Our fourth annual holiday dinner party will be at Barb and Tom Maier’s home 1:00-4:00 pm. For information, call Kate 847-446-5907 or Chris 847-220-0199.

December 31 “NAMI Connection” (*see December 3*)

January 7 “Care & Share” (*see December 3*)

January 7 “NAMI Connection” (*see December 3*)

January 10 “NAMI BASICS” (formerly “Visions for Tomorrow Parent Support Group”) (*see December 13*)

January 14 “NAMI Connection” (*see December 3*)

January 21 “NAMI Connection” (*see December 3*)

January 27 “Sundays at One” (*see December 30*)

January 28 NAMI CCNS Annual Board meeting followed by Education Program. 7:00 pm Kenton-Knox Conference Center, Rush North Shore Medical Center, 9701 N. Knox, Skokie. For information about the Education Program, call Sandra Shovers, 847-486-0231.

January 28 “NAMI Connection” (*see December 3*)

February 8 Board of Directors meeting (*see December 5*)

Upcoming “Family to Family”

The next 12 week program will begin Tuesday, March 4 at 7:00 to 9:30 pm in Northfield. The summer session will run from June through August in Skokie. The fall session will run from September through November in Northfield. For information or to register, contact Joyce Schladweiler 847-853-6191 or the NAMI CCNS office 847-716-2252. ■

Sexual Dysfunction / continued

some people may have to (or choose to) trade the possibility of symptom recurrence for an improved sex life.

• Switching

Often it's possible to switch out to another drug and get the same benefits as the offending medication. For instance, it's possible to switch from an SSRI to a medication with a lower sexual side effect profile, such as:

- bupropion (Wellbutrin)
- nefazadone (Serzone)
- mirtazapine (Remeron)
- selegine patch (EmSam)

• Augmentation (Add-ons)

Instead of switching medications, some doctors prefer to add on to the person's existing regimen. Frequent add-on meds are:

- bupropion (Wellbutrin)
- buspirone (Buspar)
- cyproheptadine (Periactin)
- amantadine (Symmetrel)
- dextroamphetamine
- sildenafil (Viagra)*

• Drug holidays

Here the person who takes the PISD is taken off the medication for a specified amount of time (usually relatively brief). The downside here is the risk in developing discontinuation symptoms. ■

*Preliminary studies indicate Viagra (sildenafil) drugs may be helpful not just for men, but for women as well.

Sources: Baldwin, David S., *Depression and sexual dysfunction*, *British Medical Bulletin* 2001; 56: 81-99; Baldwin, DS and Andrew Mayers, *Sexual side-effects of antidepressant and antipsychotic drugs*, *Advances in Psychiatric Treatment* (2003), vol. 9, 202-210; Gitlin, M. *Sexual Dysfunction with psychotropic drugs*, *Expert Opinion on Pharmacotherapy*, vol. 4, no. 12, December 1, 2003, pp. 2259-2269; Gutierrez, Mary A. and Glen L. Stimmel, *Management of and Counseling for Psychotropic Drug-Induced Sexual Dysfunction*, *Pharmacotherapy* 19(7): 823-831, 1999; Nurnberg HG, et al. *Sildenafil for women patients with antidepressant-induced sexual dysfunction*, *Psychiatric Services*, 1999 August 50 (8): 1076-1078; Thase, Michael E., *Ask the Experts about Depression, Bipolar Disorder, and Schizophrenia – Sex and Antidepressants*, *Medscape Psychiatry and Mental Health*, posted March 16, 2007.

Disclaimer:

This article is intended for educational purposes only. It is not intended to supplant advice given by a mental health care professional.

—The Editor

Thank You

“Sundays at One” members would like to thank Teresa and Harley Hutchins and their daughter, Kate, for a terrific afternoon of bocce, bowling, and a delicious lunch at Pinstripes. We are so pleased we could offer such a fun, active afternoon for our “Sundays at Oners.” The timing was perfect: we got to work off too much turkey and beat back those holiday blues. Kate, who co-chairs the group along with Chris Jordan, showed off her considerable skills at bocce, and we had several superstar bowlers, sponsors Brenda Jordan and substitute sponsor Chris Dee amongst them, bowling strikes right and left. It was truly a memorable day thanks to the generosity of the Hutchins family.

Did You Know...?



NAMI CCNS wants you to be aware that the mentally ill may qualify for a service dog, an accommodation of the Americans with Disability Act. Under this act the dog is permitted to go anywhere with their owner because they are considered an emotional support to that person. As the holidays near, a service dog may be an ideal gift. Check with your doctor for a prescription.

“May you have enough happiness to make you sweet; enough trials to make you strong; enough sorrow to keep you human; and, enough hope to make you happy.”

—Anonymous



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NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

**NAMI CCNS psychoeducational classes*

***Visions for Tomorrow** An 8-week course designed for primary caregivers 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 847-716-2252.

***Family to Family A** 12-week class designed for family members and close friends of individuals with mental illnesses. The class 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. *(For a schedule of upcoming sessions, see Calendar)*

NEW NAMI Connections A weekly recovery support group for adults with mental illness (regardless of their diagnosis), led by trained individuals also in recovery. Beth Emet Synagogue, Pearlman Room (lower level), 1224 Dempster, Evanston, 4:00-5:00 pm. Call NAMI CCNS 847-716-2252 and ask for Avigal or Candice. *(See Calendar)*

Education Program features 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)*

NAMI BASICS (formerly **Visions for Tomorrow Support and Discussion Group**) is for parents of children, adolescents, and young adults with mental disorders. Call Jean or Jim Jorgensen 847-251-1476. *(See Calendar)*

Response Team A "warm line" (not a crisis hot line) for anyone looking for resources, referrals, or support about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-716-2252.

Sundays at One is a social meeting group for young adults (ages 18 to 35) coping with mental disorders. Call Kate, 847-446-5907 or Chris, 847-220-0199 for information. *(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.

Autism Society of America, North Suburban Autism Support Group is held the first Tuesday of the month and is open to anyone interested in meeting families, professionals, and others involved with autism spectrum disorders. Skokie Village Hall (Community Room, lower level), 5127 W. Oakton, Skokie, 7:00 p.m.

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 p.m. 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 p.m. 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 Family Support Group

Professionally led group for family members of persons with borderline personality disorder or other emotional dysregulation issues. Meets the third Wednesday of each month at Feinberg Pavilion (3rd floor), Northwestern Memorial Hospital, (conference room F), 251 E. Huron, Chicago. 6:30-9:00 p.m. Suggested donation \$5. Contact rh5mail-tara@yahoo.com before attending for information.

Drop-in Center for Adults with Mental Illness open Mondays, Tuesdays, Thursdays from 5:00-9:00 pm. Sundays from 11:00 am-3:00 pm. Snacks provided; meal on Sunday. Josselyn Center, 130 N. Waukegan Road, Suite 102, lower level, Deerfield. For information, call 847-441-5600 X 350. \$2 donation. **Trichotillomania (hair-pulling) support group** meets monthly at the Anxiety and Agoraphobia Treatment Center in Northbrook. Call Karen Cassiday, PhD, at 847-559-0001, ext. 3 for information, dates and times.

Raising Complicated Children support group is for mothers of complicated children. Mothers of children suffering from multiple diagnoses and developmental delays are welcome. Meets at the Anxiety and Agoraphobia Treatment Center in Northbrook. Call Karen Cassiday, PhD, for information at 847-559-0001, ext. 3.

Social Anxiety Disorder support group forming at the Anxiety and Agoraphobia Treatment Center in Northbrook. Call Karen Cassiday, PhD, for information at 847-559-0001, ext. 3. ■