Algorithms: Treating Mood Disorders with Math

A college math professor would tell you that an algorithm is a process for solving a problem in a certain number of steps. What can that possibly have to do with mood disorders? More than you might think. Medical algorithms are like math equations that help you and your doctor work through difficult problems, like mood disorders or other illnesses, and arrive at an “answer” in a logical way. Often set up as computer programs, flowcharts or diagrams, their mathematical structure tries to take the guesswork out of managing complex illnesses like depression and bipolar disorders.

Many of us know that guessing game, where finding the best treatment plan is like searching for the needle in a haystack. And, as John McManarny says in his article “Algorithms and Guidelines for Meds Treatment” (www.mcmanweb.com/article-166.htm), some doctors take a “shoot-from-the-hip” approach that leaves out important pieces of that plan’s equation. Maybe there’s a new type of therapy that neither we nor our doctor has considered, or even knows about. Maybe a thyroid problem is making our mood swings worse. How can we be sure that something isn’t falling through the cracks? None of us wants to play Russian roulette with our health.

Algorithms combine the best research on the illness with the doctor’s expertise and our values and preferences as consumers. And they work by prompting our doctors in a step-by-step way with important questions they might not know, or might forget, to ask. They’re “equations” that can help us and our doctor decide, for example, if and when a certain type of talk therapy could be helpful. Some algorithms help decide whether a certain drug would be effective or what problems we need, based on our physical symptoms. Others, like one designed by SAB member Dr. Robert Hirschfield, help doctors make the right diagnosis—bipolar disorder or depression.

Algorithms try to prevent mistakes, like the wrong diagnosis, the wrong prescription, the wrong therapy. And they could help pinpoint a part of a treatment plan needing more attention—therapy, peer support, medication or wellness tools. With an algorithm, there’s always a next step to take, or another choice to consider. And in that sense, these “equations” offer hope, help and support along the path to recovery.

So, how can you use algorithms on your recovery path? Find an algorithm for your diagnosis, and use it as a guide to talk to your doctor about what treatment options are available to you. It also helps prompt you to talk about the next steps in your treatment plan. Sometimes our doctors stop when we feel a little better, instead of helping us achieve full wellness. An algorithm is one of the many tools that empower us to take control of our wellness.

For a better idea of algorithm tools, visit The Medical Algorithms Project website at www.medal.org. Here, you’ll find mental health links, as well as links to other fields like cancer treatment and nutrition. And right now, DBSA is putting the finishing touches on an online algorithm tool—myDBSAtracker. This program will track your moods, your sleep patterns, your medication, as well as allow you to keep an online journal and chat in forums with others including those in your DBSA support group or chapter. You’ll also be able to run status reports that you can take to your doctor to help you both objectively gauge how you’re doing. This tool will be available soon to chapters and later this summer to the general public online. It’s a wonderful example of how the math principles of algorithms can help those of us with mood disorders.

Marc “Davka” de Groot, who lived with bipolar disorder, found inspiration in these principles. His artwork, featured on DBSA’s website, reveals his belief that “Mathematics is beautiful.” Coincidentally, his work is a unique type of algorithmic art called fractal art—and its beauty is stunning. In a different sense, the same could be said of mood disorder algorithms, because they have the potential to empower us on the path to recovery. And that is indeed a beautiful thing.
Thoughts from Rosie's Green Room

Some of you were kind enough to notice and comment on the fact that I had the opportunity to be on ABC's The View on Friday, March 9, as the talk show took on the subject of women and depression. The show covered three major areas: dysthymia, major depression and bipolar II disorder.

To be clear, I was in The View's green room, and I'm certain neither Rosie O'Donnell nor the other hosts of The View would consider it “Rosie's green room.” But Rosie used her own experience living with depression to create the one-hour show, so it felt like her room that day.

Now, like most of you, the idea that I was sitting in any green room anywhere was more than a little surreal. The fact that I had a dressing room with my name on it, had full makeup done, ran into Rachael Ray in the hallway, admired soap star Linda Dano's jewelry and actually got to talk with Rosie O'Donnell about something we have in common (our mood disorders) was just...well...amazing.

But here's the deal: the person I was most impressed with, most in awe of that day, was actually DBSA Baltimore County chapter leader, Sabitri “Lisa” Morris. She went on The View and told the world her story of being a young wife and mother, working as a nurse and not understanding, or being treated for, her bipolar disorder. As she talked about her numerous car accidents, her substance abuse, anger and irritability that led to spousal abuse, my respect for this smart, beautiful survivor grew in leaps and bounds. She has gone through more and survived more than most of us ever will. And here she is, now working her recovery, strong, positive and engaged in helping others. She leads groups in homeless shelters, groups for teens and educates people about the illnesses. Giving back is central to her recovery. She went from a life in ruins to a full life where she is a gift to all those she meets.

And that brings me back to the green room. It was only about two months ago that I was so ill I could not work for several weeks. Where I had to focus—intently—on breathing in and breathing out to stay here, to stay present, to get through the pain our illness brings. Working my wellness strategies, finding a new doctor and aggressively working my talk therapy moved me through this bad time to a place where I found myself doing something kind of amazing.

Lisa moved from despair to an amazing life by doing what she needed to do to get help—and work her wellness. Rosie O'Donnell works her wellness in some unique ways, and she uses her role as a celebrity to raise awareness of our illness and help the millions who watch The View. Linda Dano used her experience with depression to work with the Support Partners program and give help to as many of us as she can touch.

From despair to amazing acts, real recovery involves reaching out, giving back and providing hope, help and support to our peers in whatever way we can.

All My Life My Heart Has Sought a Thing I Cannot Name

Every day as I walk to catch the train in Chicago, I pass a restaurant with a large aquarium in the window. It reminds me of a fascinating adventure when I was four years old, and my third oldest brother packed all of us into the family station wagon for a trip to downtown Chicago's Shedd Aquarium.

During the action-packed day filled with dolphins, stingrays and sharks, he explained that sea creatures aren't that different from humans. They have families, schools and homes. The only major difference is that they live in water, while we live in air. I began to wonder if these creatures observed us as a form of wildlife while we observed them. When I later learned that the world, like our bodies, is 70% water, my fascination grew.

It often seems that those of us living with mood disorders see the world as a fishbowl, from the outside looking in. Who among us hasn't pondered the beauty of living a tranquil, fluid life, free from the symptoms we regularly encounter? After a lifetime of peering cautiously into apparently serene, stable surroundings, wondering why I always felt like a fish out of water, I had a breakthrough manic-depressive episode. Following diagnosis, I began to see life from the other side of the glass: looking out into the chaotic anti-waters of the world from the peaceful, fluid, serene waters of emotional stability.

Five years after my diagnosis, I discovered DBSA. Finally, I learned what it meant to be among peers. The meeting was hosted by three superb moderators and attended by 22 more guests, each living with a mood disorder. For the first time, I could ask questions of high-functioning mood disorder advocates who successfully managed their illnesses and wanted to share their wisdom. From describing symptoms to identifying triggers, we discussed forms of coping strategies. I felt I'd arrived at the most desired destination of all: The Land of Definitions. People here understood. They were successful, rational citizens of the mood disorder world, sharing their experiences so that those following in their footsteps could avoid the pitfalls so typical in this often troubling world.

Two years later, I look forward to each meeting and the opportunity—dare say, the gift—to share personal experiences with those forging their own paths through this most personal of adventures.

Brian McGing, based in Chicago, Ill., is a member of DBSA’s Speakers Bureau and encourages participation in a DBSA support group.

To find a support group near you, call (800) 826-3632 or visit www.DBSAlliance.org and click on “Find Support.” Under “Find Support,” you’ll also find links to “Live chat,” “Discussion board” and “DBSA blog.”
Person, Privilege, Purpose and Plea

Please allow me to share a little of my perspective. I’d like to tell you about a person, a privilege and a purpose. Then, I would like to make a plea.

First, allow me to introduce the person who, in January, became the new chair of the DBSA board of directors. It wasn’t too long ago that I first attended a DBSA support group in Atlanta. As someone struggling with the difficulties of bipolar disorder, I needed a group that could understand and relate to my situation. Fortunately, that’s exactly what I found. A few years later, I became president of the DBSA chapter in metro Atlanta, a position I’m still fortunate to hold. In 2002, I started speaking at DBSA conferences and for the last four years, I’ve served on this wonderful association’s board of directors. While I have an MBA and used to work in the hospitality field, my focus is now on helping others who live with or confront illnesses like bipolar disorder and depression. Whether I’m working with the DBSA board and staff, training pharmaceutical salespeople, speaking at a conference or writing an article for bp Magazine, I want to positively impact people’s perspectives for the better.

Second, it’s indeed a privilege to serve this organization and its constituents. We have a tremendously talented staff headed by a very capable president, Sue Bergeson. We have 15 dedicated directors serving on the board. I welcome the new board members who have recently joined us, and I thank all of the directors for their devotion to DBSA. Chaired by Dr. Greg Simon, our scientific advisory board is a group of highly regarded psychiatrists and psychologists who have a patient perspective and who have committed to share their time and expertise. We have generous donors who faithfully support our efforts. We also have countless individuals who, like I initially did, turn to DBSA for hope, help and support. So, you can see why I feel privileged to serve as chair.

Third, our purpose is a worthy one, which our mission statement clearly reflects: To improve the lives of people living with mood disorders. We open every board meeting by reading those words and we take them seriously in designing programs that best serve the people who turn to DBSA. Whether someone accesses our toll-free number, visits our website or orders one of the many brochures we produce, he or she experiences the power of an organization that offers much-needed support, tools for recovery and guidance for achieving wellness. Ours is a purpose that no one at DBSA takes for granted.

Now, finally, permit me to make a wholehearted plea. DBSA depends on you to continue fulfilling our mission. Will you consider attending a support group if you don’t already? If there’s not a group in your area, will you consider starting one? Will you attend our upcoming national conference in August? Will you make an ongoing commitment to support our work financially? Your donation to DBSA makes a tremendous difference in the lives of so many people.

Let me conclude by saying that this person considers it a privilege to be a part of an organization with such a terrific purpose, and I restate my plea for you to continue supporting DBSA’s tremendous work. Over the upcoming months, I look forward to staying in touch with you via this column. And on behalf of the entire board of directors, I thank you for your dedication to this wonderful association.
Mood Disorders, Weight and Exercise

Greg Simon, M.D., M.P.H.
SAB Chair

It may not be news to many of you, but more and more research shows a strong relationship between mood disorders and obesity. People living with depression are one-and-a-half to two-times more likely to be overweight or obese than those who don’t live with this illness. The risk of obesity may be even greater for people with bipolar disorder. And obesity isn’t a cosmetic problem. It’s the main reason that people with mood disorders are more likely to suffer from diabetes and heart disease.

There are many possible reasons for the link between mood disorders and weight. Depression might lead to obesity because of binge eating or decreased physical activity. And being overweight might lead to depression because of the stigma and physical problems that often accompany this illness. Fortunately, the reverse can be true as well. Losing weight can lead to an improved mood and overcoming depression can significantly help with weight loss.

Several drugs used to treat mood disorders can cause weight gain as a side effect. These include some antidepressants, mood stabilizers and newer antipsychotic drugs. It’s important to understand how medications can cause weight gain. They don’t change your metabolism or the way your body burns calories, but they can increase appetite. This is sometimes obvious, but often it’s not. Unfortunately, your appetite doesn’t have to increase much for you to gradually gain weight. Just 100 extra calories a day (an amount most people wouldn’t be able to notice) can cause you to gain one to two pounds a month.

What does this news mean for people living with mood disorders? Regular physical activity should, of course, be part of your personal wellness plan. But exercise is even more important for people who struggle with being overweight. If you believe one or more of your medications is causing increased appetite or weight gain, be sure to speak up to your doctor about it. There may be other options, and continued weight gain will affect much more than how you look. If you’re taking a medication that can cause weight gain (like one of the newer antipsychotic medications), then your doctor should be checking your weight, your cholesterol level and your blood sugar.

What does this information mean for an organization like DBSA? At the national level, DBSA has led efforts to understand and publicize the relationship between mood disorders and physical health. A 2003 expert conference led to recommendations to improve the recognition of mood disorders in people with physical illnesses and to better integrate medical and mental health care for people with mood disorders.

At the local level, DBSA chapters can emphasize the connections between mood, weight and physical activity. For example, every week, the DBSA chapter in Tacoma, Wash., holds a support group focused on weight loss and a walking group that meets (rain or shine) in a public park.

Is your chapter ready to take peer support out into the streets, sidewalks and walking paths?
Chapter Highlights

“The Lady One Cubicle Over” DBSA Watertown (Wisc.)

Every year, the ad agency Charleston/Orwig (headquartered in Hartland, Wisc.) participates in the Milwaukee Journal Sentinel’s Building Partners for Humanity program to create a pro bono ad for the nonprofit organization of its choice. Ad agencies around Milwaukee submit their entries to the newspaper for judging. Every ad is placed in the newspaper free of charge, and the nonprofits that win receive future exposure in the paper, as well as a monetary reward.

Last year, the firm chose DBSA. Bill Stadick and Christine Bielke created the DBSA ad, “The Lady One Cubicle Over,” which ran in September 2006 in the Milwaukee Journal Sentinel. Although it wasn’t the program winner, its strategic place during the awards ceremony gave significant exposure to DBSA and the help it offers those with mood disorders. As the ad states, “Anyone can tell you to get over it. We help you get through it.” You can view the ad at www.DBSAlliance.org/certificate.

For more information about DBSA Watertown, contact Roseann Schmidt at (414) 964-2586 or schmidt9739@hotmail.com.

New Bilingual Support Group DBSA Gold Coast (Fla.)

On February 21, DBSA Gold Coast held the inaugural meeting of its latest offspring: DBSA Costa Dorada (Spanish translation of “Gold Coast”). DBSA Costa Dorada is a support group for Spanish speakers who have a mood disorder, have a loved one with a mood disorder or just want to learn more about mood disorders from an experienced, peer-facilitated perspective.

The nucleus of this new group consists of three DBSA Gold Coast members who saw the need for such a bilingual group in Broward County, Fla.

Lew Yagodnik, one of the new group’s co-founders, reports that, “Everyone in attendance of this milestone meeting left more educated, feeling less isolated and more at ease knowing that we were there for them as DBSA was there for us over the years.”

DBSA Costa Dorada meets each Wednesday at Weston Regional Health Park in Weston, Fla.

In addition to its new support group, DBSA Gold Coast has also been working with ITV (Information Television Network) on a cable-aired “Diagnosing Depression” episode of the series Healthy Body, Healthy Mind. It has aired across the country and you can view the episode by visiting www.itvisus.com/programs/hbhm/episode_709depression.asp.

For more information about DBSA Gold Coast or Costa Dorada, contact Chaz Rogers at (954) 923-0073 or goldcoastdsba@hotmail.com.

Arkansas Starts Eight New Chapters DBSA Arkansas (Ark.)

In the year since DBSA Arkansas was founded, its Executive Director, Jerry Quick, has started eight chapters around the state. That’s quite a feat when you consider that Arkansas had only one chapter, DBSA Little Rock, when Jerry decided to form a state organization in early 2006. The secret, it seems, is a mixture of persistence, preparation and ongoing support for potential chapter leaders.

Jerry starts by identifying an area in Arkansas in need of a DBSA chapter. He then advertises and holds a support group there, with an emphasis on creating a sense of community and camaraderie among the attendees. Over time, Jerry works with the participants to identify leaders for the group and helps group leaders with DBSA’s affiliation process.

For more information on DBSA Arkansas, or any of the state’s nine local chapters, please contact Jerry Quick at (501) 753-4767 or jerjune@sbcglobal.net. You can also check the DBSA website at www.DBSAlliance.org for local chapter contact information.

New Chapters

Chapters affiliating between December 16, 2006, and February 15, 2007

U.S. Chapters
- DBSA Anchorage (Alaska)
- DBSA Cabot (Ark.)
- DBSA OMNI Resource Center (Calif.)
- DBSA Tehachapi Mountain (Calif.)
- DBSA Miami–FIU (Fla.)
- DBSA Mount Dora (Fla.)
- DBSA Statesboro (Ga.)
- DBSA Blackhawk–Grundy (Iowa)
- DBSA Arlington Heights (Ill.)
- DBSA Bureau County (Ill.)
- DBSA Hope–De Kalb (Ill.)
- DBSA Cambridge (Minn.)
- DBSA Reno (Nev.)
- DBSA Stafford (N.J.)
- DBSA Brockport (N.Y.)
- DBSA Clifton Springs (N.Y.)
- DBSA MHC Rochester (N.Y.)
- DBSA Venango County (Pa.)
- DBSA Trittices, Tenn. (Tenn.)
- DBSA Salt Lake City (Utah)

International Chapters
- DBSA West Dorset (United Kingdom)

Correction

In the Summer/Fall 2006 issue’s listing of chapters participating in the Dual Diagnosis Hospitalization/Treatment Center Program, we inadvertently listed DBSA Northwest Michigan as a participant. The listing should have read DBSA Northeast Michigan.

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Living and Giving: New Ways You Can Help DBSA Online

DBSA’s efforts to meet our mission start with you—a person who cares about improving the lives of people with mood disorders. Your donation helps DBSA in so many ways, including our efforts to start support groups, such as the ones that have helped people like Stephen Propst and Brian McGing, and to continue providing helpful information through our brochures and website. Here are some new ways that you can help us to help others:

The Davka Collection:
Through DBSA’s online store, you can now purchase items from this collection of gift paper and note cards, featuring stunning artwork by Marc “Davka” de Groot. Davka was a talented artist and entrepreneur who lost his life to bipolar disorder in 2004. Money raised by the sale of these items is used to further the mission of the Marc “Davka” de Groot Fund: “To educate and train people about mood disorders in the workplace and educational institutions.”

Tribute Gifts: Make a one-time memorial or honorary tribute donation, or create a fund-raising web page in honor of someone who has touched your life. Visit www.DBSAlliance.org/donate _donateonline and click on “Tribute” to learn more.

On tribute pages, friends and family tell the stories of special people who have inspired and helped them. On memorial pages, friends and family share the meaning of the lives of loved ones who have died, some because of depression or bipolar disorder. Visitors to these pages can make an online donation to DBSA, which goes directly to support our suicide prevention programs.

GoodSearch.com: DBSA has signed up with GoodSearch.com, a new search engine that donates half of its revenue to charities that its users designate. You use it just as you would any search engine and it’s powered by Yahoo!, so you get great results. Every time you search, DBSA earns a penny!

If 100 people do two searches a day, DBSA will receive $730 a year without any cost to you or to DBSA. Just go to www.goodsearch.com and be sure to enter Depression and Bipolar Support Alliance as the charity you want to support.

Make GoodSearch your homepage and every time you start your web browser, GoodSearch automatically loads as the first site you see. Plus, no matter where you are on the web, you can always click your browser’s home button and return instantly to GoodSearch.

Amazon.com: Shop for any item on Amazon.com through our online bookstore (www.DBSAlliance.org/bookstore) and Amazon will donate a percentage to DBSA. Depending on the number of items sold each month, we receive between 4 and 8 percent of the purchases.

Other Online Shopping: DBSA also receives a portion of your online purchase with the following vendors, whenever you access their site through the DBSA website:
- Wal-Mart®
- Tupperware®
- iTunes®
- Netflix®
- PetSmart
- Office Depot
- Overstock.com®

Just go to www.DBSAlliance.org/store/OnlineShopping to click on the store’s site. You’ll get the same pricing and any specials or sales that you would if you went directly to the store site. But this way, you’re helping DBSA!

DBSA National Conference
Continued from page 4

An Interactive Café Exhibit Hall, where you can interact with peers and find new multimedia tools to aid you in your recovery.

A Connections Lunch on Saturday, to recharge and connect with other attendees.

Peer-Led Wellness Workshops, with short presentations on a wellness tool or strategy, followed by Q&A and informal discussion.

Two Pre-Conference Institutes, on Friday morning. One is parent-focused and the other is for mental health care providers.

A Post-Conference Institute, which offers five days of “Certified Peer Specialist” training.

A Movie Night on Saturday, with a showing of informative videos.

Save the Date
Saturday, November 3, 2007

Living and Giving: New Ways You Can Help DBSA Online

“We’re very excited about the new changes and features in this year’s three-day conference,” says Cindy Specht, DBSA’s director of programs. “New activities, like the Interactive Café Exhibit Hall, peer-led Wellness Workshops and several pre- and post-conference institutes, will allow attendees to better tailor their conference experience to their specific interests … and to truly make the recovery connection.”

Register online now and save!
Early Bird Registration for this three-day conference starts as low as $75.* Register now for the best deal! Online conference registration, discounted hotel rates and more about the conference are available at www.DBSAlliance.org/conference2007.

*includes Saturday’s Connections Lunch and Movie Night
Federal Budget Cuts to Mental Health Programs: Just Say “NO!”

Last month, the mental health community received a huge blow when the administration released its 2008 budget recommendations. If approved, the $2.9 trillion budget would cut major funding to mental health programs, as well as to Medicaid.

The Center for Mental Health Services (CMHS)—part of the Substance Abuse and Mental Health Services Administration (SAMHSA)—faces the largest cuts, an astronomical $76 million. This would drastically reduce, or even eliminate, CMHS funding for many important programs like the National Training and Technical Assistance Centers (NTTAC). The NTTAC strengthens consumer organizations by providing research, informational materials and financial aid. Another example is Statewide Family Network Grants which promotes improvements to state programs for children and adolescents with serious emotional disturbances and their families. Beyond these cuts, the budget would also keep funding for basic CMHS programs at this year’s levels, with no increase for inflation.

The administration’s recommendations also mean less Medicaid spending on many significant public mental health services funded under the Medicaid program. The budget would cut approximately $25 billion over five years through changes in legislation and regulations. While this would save more than $1.2 billion over five years, it would, in turn, increase costs for states and/or reduce services for people served by Medicaid.

In an effort to save $2.3 billion over five years, the administration’s plan would also restrict rehabilitation services that are now allowed. The result? States will either be forced to pay more to cover these services or individuals who need these services will be left without them. People living with mental illness greatly need rehabilitation services to help them lead productive lives within their communities.

These services include the following:

- Skills training
- Illness self-management
- Peer services
- Intensive in-home services
- Therapeutic foster care services for children
- Other interventions that promote recovery

Lastly, the administration proposes to stop federal Medicaid reimbursement for school-based administration and transportation costs, to save $3.6 billion over five years.

Other recommended budget changes include the following:

- Less funding for mental illness research by the National Institute of Mental Health (NIMH)
- An almost 50 percent cut in funding for the Department of Housing and Urban Development, which provides supportive housing for non-elderly, low-income people with disabilities
- Caps on payments to government providers for social service programs
- Elimination of the Safe and Drug-Free Schools and Communities State Grants program
- A $76 million cut to Medicare over five years, reducing Medicare reimbursement to providers

It’s time to just say “NO!” to these federal budget cuts. The only way to do this is to let your legislators know how you feel. You put your legislators into office. And it is you that will keep them there or see that they’re replaced in the next election.

Take time now to send letters to both your senators and representatives. At http://capwiz.com/ndmda/issues/alert/?alertid=9495621&type=CO, a sample letter is provided for you. You can send it as is or add your own personal story.

Rally your family and friends to send letters as well. At the bottom of the Advocacy web page, you’ll see the “Tell-A-Friend” box. Or click on http://capwiz.com/ndmda/taf/. This feature lets you easily ask 10 friends, family members or coworkers to join you in fighting these budget cuts. A note about this issue’s importance is already written for you. All you have to do is enter their e-mail addresses. It’s easy—and effective.

In Print and On the Air

In the span of just two weeks, DBSA received media coverage through two national outlets—Newsweek magazine and ABC’s The View. In the February 26, 2007, cover story of Newsweek, Assistant Editor Julie Scelfo looked at men and how depression impacts their lives. DBSA was listed as a resource in the online story. Also mentioned was John Aberle, a member of the DBSA Speakers Bureau. You can view the story at www.cnbc.com/id/17190411/site/newsweek/.

On March 9, 2007, DBSA President Sue Bergeson and DBSA Baltimore County Chapter Leader Sabitri “Lisa” Morris appeared in a special edition of The View, “Understanding, Treating and Living With Depression.” On the show, which was devoted to the topic of women and depression, Bergeson discussed what people can do if they or someone they care about is diagnosed with depression. Morris spoke of her experience with bipolar II disorder and her full life, now in recovery. The show featured guest co-host and former soap opera star, Linda Dano, who was diagnosed with depression after losing both her mother and father in less than two weeks. Co-host Rosie O’Donnell also discussed her own experiences with depression and how she came to realize she needed help following the Columbine High School tragedy in 1999. For more information on this special episode of The View, visit http://abc.go.com/daytime/therview/depression.htm
DBSA Outreach is a quarterly publication serving supporters and constituents of the organization. DBSA does not endorse or recommend the use of any specific treatment or medication. For advice about specific treatments or medications, patients should consult their health care providers.

Editor: Karen M. Kraft

Yes, I want to change a life. Enclosed is my gift of:
☐ $500 Gold  ☐ $150 Silver  ☐ $50 Bronze  ☐ $20 Member  ☐ Other $ ____________

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☐ Check (payable to DBSA)  ☐ Money order  ☐ MasterCard  ☐ Visa  ☐ Discover  ☐ American Express

Account Number _____________________________________________ Exp. Date ________________

Signature ____________________________________________________

☐ I’d like details on including DBSA in my will.  ☐ I wish my gift to remain anonymous.

☐ I have enclosed my company’s matching gift form.  ☐ Please send me more information on mood disorders.

☐ Please send me ______ donation envelopes to share.  ☐ Please send all correspondence in a confidential envelope.

☐ My gift is a recurring gift. Please charge my credit card the amount of $ _______ every _______ of the month beginning on _________ . I understand my credit card will be charged every month unless I send a written request for cancellation to the DBSA office. (Please fill out the credit card information above.)

If you would like to make your gift a Memorial or Honorary Tribute, please complete the following:

☐ In memory of / In honor of (circle one) __________________________________________________________________________

☐ Please send an acknowledgment of my gift to:

Name __________________________________________________________

Address _________________________________________________________ City_________________________

State/Province ___________________________ Country ___________________________ Zip/Postal Code ___________________________

Please send this form and payment, using the envelope in the center of Outreach, to: DBSA, 730 N. Franklin St., Suite 501, Chicago, IL 60610-7224 USA.

Fax credit card payments to (312) 642-7243.