

# GRASSROOTS

Newsletter of the National Alliance on Mental Illness — Huntsville AL

## The President's Corner

By **Bill Chew**

During the last couple of Board of Directors meetings a number of agenda items have been addressed that will make everyone associated with NAMI Huntsville excited. The first is that CAS Cares gave us a grant which is significantly greater than what we requested. Obviously they consider what we do is important to the community! The second is that Andrea Williams, the Director of McDonnell House (8th Street Group Home) wants to participate in our Mental Illness Awareness Week (MIAW) activities and has offered her facility to host an event. She also agreed to be the speaker at the Education Meeting on August 19th. The third is that, also unsolicited, Cecille Spina, from the Music Department at UAH, and a member of NAMIH will put on a Jazz Concert Benefit for us on October 1st in Roberts Hall. Fourth is that a new Family-to-Family course will be starting in September taught by Pippa Abston and Howard Fry, with Sarah Fry as the Resource Person. Fifth is that a new Providers Course is in the works. All five are significant events and two came unsolicited! NAMI Huntsville is having an impact in North Alabama and we are getting recognized for our efforts! *-Bill*

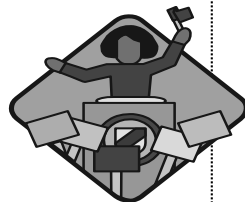
### Nominate Someone Special

During Mental Illness Awareness Week (MIAW), NAMIH recognizes members of our community who you think have served those with Serious Mental Illness in an outstanding way. Your nominee may be a volunteer or a professional or a consumer.

Simply submit a written recommendation to NAMIH (a paragraph will do), by 9/15/08, telling us why you believe they deserve to be recognized and honored. Be sure to include contact information for yourself and nominee.

The chosen honorees receive public recognition at a reception and a framed certificate.

Mail to: NAMIH,  
701 Andrew Jackson Way  
Huntsville, AL 35801  
Phone: 256.534.2628



## SEPTEMBER

### Events Calendar

All NAMI Huntsville Meetings are held in  
The United Way Building  
701 Andrew Jackson Way, Huntsville,  
Unless otherwise announced.

#### Monday, September 1

Labor Day  
OFFICE CLOSED

#### Tuesday, September 2

7:00 - pm Support Group  
Facilitator: Wood DeLeuil

#### Monday, September 8

Fall Family-to-Family (F2F)  
Free Class Begins

#### Tuesday, September 16

6:00pm – Board Meeting  
7:00pm - Education Program  
Angela Collier, N. AL Consultant  
Asperger Syndrome

#### Wednesday, October 1

UAH Benefit Jazz Concert

#### October 5 – 11

**MENTAL ILLNESS AWARENESS WEEK**  
(MIAW)

#### Tuesday, October 7

7:00 pm—Support Group  
Facilitator: Ruth Karr

#### Tuesday, October 21

6:00pm—Board meeting  
7:00pm—Education Program

#### Every Thursday

6:00pm - Bipolar DBSA\* Support Group  
In the United Way Bldg.

Contact: David Hepler – 256.539.1411

\*Depression and Bipolar Support Alliance affiliate

## Research: Antidepressants and Suicide

(This article is based on a report from Spring 08 edition of *UAB Magazine*)

In 2004, the Food and Drug Adm. (FDA) issued a warning about the increased risk of suicidal thoughts and behaviors seen in children and adolescents taking antidepressants. The FDA directed all pharmaceutical manufacturers to add a “black box warning” on the containers—in bold print and black outline. While not prohibiting the use of these antidepressants in children and adolescents, it does warn of risks involved, encouraging prescribers to balance risks with clinical needs. In 2006, FDA expanded this up to age 25. This resulted in a drop in antidepressant prescriptions.

But UAB child/adolescent Psychiatrist Dr. James T. Cullinan argues that clinicians, families and patients need to understand the *nuances* behind the studies cited by FDA in order to make decisions in the best interests of those with depression. Although the studies showed a double risk of suicidal thinking and behaviors of those taking some medications, it is not the whole story. Suicidal thinking and behaviors taking a placebo in the studies increased by 2%, to 4% in those taking active antidepressants. But there were zero suicides.

However, in the year following the 2004 FDA warning, antidepressant prescriptions dropped by nearly 10%, and adolescent suicides increased 8%! That’s 8% **suicides, not suicidal thinking and behaviors.**

“Suicide is the third leading cause of death in teenagers. Not treating depression can be a much more dangerous option”, Dr. Cullinan says. He does advise physicians to see patients more frequently if they are taking antidepressants.

Despite concerns about antidepressants for youth, Cullinan says, “Depression is a serious business, and ignored, will not go away. Treatment is available, and if doctors carefully monitor their patients, risks can be minimized.”



*The Iris,  
a symbol of hope*

## Progress in Genetic Research

- Wood DeLeuil

A recent article in *USA Today* describes a finding that may help our understanding of the causes of certain mental illnesses. Researchers in two large international studies report that people with missing segments of DNA, referred to as deletions, have a higher risk of schizophrenia. Although this condition is rare, occurring in less than 1% of persons with schizophrenia, the presence of these deletions increases the risk by some 15-fold.

The study reports have been hailed by the scientific community as an important breakthrough. There have been previous small-scale studies which identified specific genes and deletions associated with schizophrenia. These latest studies were conducted independently, were large scale, and revealed identical results.

Currently, there is no test for schizophrenia; diagnosis is made based on symptoms. The new finding, coupled with further research on other genetic abnormalities, could lead to a test that would help in diagnosis and result in improved treatment

For more detail, go to:

[http://www.usatoday.com/tech/science/genetics/2008-07-30-dnaschizophrenia\\_N.htm?csp=tech](http://www.usatoday.com/tech/science/genetics/2008-07-30-dnaschizophrenia_N.htm?csp=tech)

### NORTH ALABAMA REGIONAL HOSPITAL

**The Annual  
North Alabama Regional Hospital  
8th Family Education Workshop  
“Everything You Wanted to Know About  
Mental Illness but Were Afraid to Ask”  
October 9<sup>th</sup> 2008  
In the Friends Center  
Decatur, Alabama  
Registration begins at 8:00am.  
There is not a fee for this conference.  
Refreshments provided.**

## Ask the Psychiatric Pharmacist

Written by Karen Moeller, PharmD, BCPP



### Subject: Lithium

*My doctor recently started me on Lithium and told me there are lots of drug interactions with this medication. My pharmacist is very good at telling me about interactions with prescription medications but how do I know which non-prescription or over-the-counter medications to avoid?*

Great question! First, if you have any questions regarding non-prescription medications or herbal medications, your pharmacist can help answer those questions for you. Pharmacists are experts on both prescription and non-prescription medications. Never be afraid to ask your pharmacist a question; we love to help.

Your doctor is right about lithium having many drug interactions. It is always important that you let ALL your doctors, including dentists and pharmacists, know you are taking lithium in order to avoid potential drug interactions.

As for over-the counter medications that can interact with lithium, the most common drug interactions with lithium are the Nonsteroidal Anti-Inflammatory Agents (NSAIDs) that are often used to treat aches and pains. When combined with lithium, NSAIDs can increase lithium levels in the blood resulting in an increased risk for serious adverse effects like confusion, tremor, slurred speech, and vomiting. Examples of non-prescription NSAIDs include: [1] Ibuprofen (Advil® or Motrin®), [2] Naproxen (Naprosyn®, Aleve®)

There are also many prescription NSAIDs such as the following: Celecoxib (Celebrex®); Diclofenac (Voltaren® or Cataflam®); Etodolac (Lodine®); Indomethacin (Indocin®); Ketoprofen (Orudis®); Ketorolac (Toradol®); Meloxicam (Mobic®); Nabumetone (Relafen®); Oxaprozin (Daypro®); Piroxicam (Feldene®); Tolmetin (Tolectin®).

In general, it is best to avoid the NSAIDs listed above when taking lithium. Certainly, they should not be used frequently or on a regular basis without permission from your doctor(s).

If you do need a pain reliever while taking lithium, acetaminophen (Tylenol®) or aspirin (Bayer®, Bufferin®, Ecotrin®) are safe alternatives. Sulindac (Clinoril®), a prescription pain reliever, can also be used as an alternative.

Also, too much caffeine can decrease the effectiveness of lithium and possibly increase your symptoms.

When buying any non-prescription medication it is very important to look at the active ingredients on the package. Many non-prescription medications, such as those used to treat the cold and flu, contain multiple active ingredients and may interact with your medication. For example, Advil Cold and Flu® contains ibuprofen which can increase your lithium level. Also, read the labeling information on all non-prescription medications; this may help avoid drug interactions. When in doubt about any drug interaction, ask your pharmacist! – *Reprinted from NAMI.org website, "Ask the Psychiatric Pharmacist."*



## Graduation Huntsville City Mental Health Court

–Ruth Karr

Six individuals were to graduate at the August 1 session: two women and four men.

The women graduates had not been in the program very long; but both had consistently followed Judge Cleveland's orders.

It was a different story for the young men. Some had returned to jail for the weekend to think about violating court orders. But the judge and the Mental Health Monitor agreed each has benefited and are likely to continue treatment and acceptable behavior.

I later told Judge Cleveland I felt my face would crack from smiling and grinning so much as each accepted their certificate, were photographed with the judge, and made statements to those remaining in the program. Their remarks were all touching, positive about their experience in the program, and how much they had benefited. Each spoke of how much better off clients are when they do the right thing.

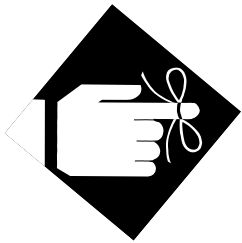
Everyone seemed particularly impressed by graduate Jason D. The judge had teased him about coming each session around 8:30 AM when the session starts at 10:00. He said he came early to witness the arraignment of those recently arrested.

(Cont'd on back page. See "Graduation".)

(Graduation, Cont'd.)

He said he had "been there" and in fact could have been underground (dead), because a policeman's gun was pointed at him when he was arrested, and *he never wanted to be in that situation again.*

I believe this court session was the most positive one we have had in the four years I have been attending.



## A REMINDER

### NAMIH Fall Rummage Sale November 7 & 8.

Begin now to clean out your garage and closets. Sort and Save your un-needed items, winter clothing, and holiday decorations for our Sale.

Our 2 annual rummage Sales provide a large part of our income. Your old stuff is valuable (to us).



## Join NAMI Huntsville

Become a partner. Help NAMIH realize our goals to support, educate and advocate on behalf of individuals with mental illness and their families.

### MEMBERSHIP FORM

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_ \$20 individual     \_\_\_ \$25 family  
\_\_\_ New     \_\_\_ Renewal     "Donation \$ \_\_\_\_\_

Mail check to: NAMIH, 701 Andrew Jackson Way  
Huntsville, AL 35801



## G R A S S R O O T S

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256.534.2628

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