

After a year, symptoms in only 8% of patients in the exercise group had returned, compared to 38% of the patients only given drugs. Meanwhile 31% of the exercise-plus-drugs group relapsed. The amount of exercise prescribed was half an hour of brisk activity three times a week.



The researchers were surprised that the group of patients who took exercise and medication did not respond as well as those who only exercised. "Simply taking a pill is very passive," said Dr Blumenthal. "Patients who exercised may have felt a greater sense of mastery over their condition."

The study did not include patients who were acutely suicidal or had psychotic forms of depression. The drug used was *Sertraline*, trade name *Zoloft*, which belongs to a class of anti-depressants called selective serotonin re-uptake inhibitors (SSRIs).

(Despite the findings, it would be safer to combine exercise with your anti-depressants if you are on them. Other drugs may give different results in trials. Remember that you should always consult with your doctor before changing your medication. Ed.)

Source: Daily Mail, 22/09/00

DEPRESSION ALLIANCE

The Depression Alliance has moved to the Alford Centre, Alford Place, Aberdeen. The meetings are held on every second Wednesday from 7-10 p.m.

LOTTERY FUNDING

We are at the end of our first year's funding and have submitted a report to the Lottery Board. We had to explain what we had done with the money over the first year and what we intended to do over the second year. Having only started working for MDF Aberdeen in

January, I had not seen the original application until now. It was quite exciting to see how much we have achieved in the past year, and what great heights we may yet climb to.

At the end of our first year, we have a City Centre office which is fully furnished and staffed, as well as regular volunteers carrying out office duties and supervising the office when staff are away or with a visitor/caller. The office carries a well-stocked library from which members can borrow books, and an extensive range of leaflets about many aspects of MD and related illnesses and issues. Management Meetings are also held here once a month, and our activity evenings, also held in the office, are gaining in popularity.

We have also had extensive success in delivering our Information Packs to the hospitals and GP practices in Aberdeen, Aberdeenshire and Moray. Around 40% of referrals to MDF Aberdeen come from Cornhill now, which means that we can provide information and support when people need it most.

Over the next year this is

extending to the Social Work departments in Aberdeen and Aberdeenshire. Our membership is rapidly growing thanks to the generous advertising budget we have, but we hope to increase again with increased involvement at a community level. This will hopefully be via distribution of the Information Packs, and also with a developing Schools' Education Project, which will be targeted at teenagers through Personal and Social Education classes. We also hope to increase the amount of training we can provide, both to volunteers and to those who come into the office for computing classes. If you think there is something we should be doing then please contact us!

ASPARTAME: NOT SO SWEET

Aspartame, also known as E951, was approved for use in the UK in 1983. It is 180 times sweeter than sugar and is widely sued to decrease the calorific value of foods, including fizzy drinks, yoghurts and desserts. New findings

from the US indicate that aspartame may be linked with depression.

Dr Ralph Walton, Professor of Psychiatry at the North East Ohio Universities College of Medicine has examined independent research on aspartame. Studies on laboratory animals at the Massachusetts Institute of Technology found aspartame seems to impede production of the chemical serotonin. One of the many neurotransmitters, serotonin is released into the synapses, or spaces, between brain cells to carry information from one cell to the next.

An evolving view in psychiatry is that lack of serotonin causes depression and mood disorders. Serotonin production is dependent on an amino acid building block called L-Tryptophan. According to Dr Walton, "aspartame decreases the availability of L-Tryptophan to the brain." He says, "People who do not have an underlying mood disorder may well be able to use aspartame without any problems. However, anyone who has a history of mood problems in the family, or who is vulnerable due to personal

circumstances, will have significant effects."

In Britain, the experts hold that aspartame does not pose a health risk.

Source: Daily Mail, 05/09/00

WHOM WOULD YOU TELL?

A recent MIND Survey of 1500 of their supporters showed that 28% of respondents wouldn't be embarrassed to tell anyone if they had a mental health problem. But stigma still prevails with

- 32% of all respondents too embarrassed to tell their neighbours
- 24% too embarrassed to tell their colleagues
- 18% too embarrassed to tell their friends
- 15% too embarrassed to tell other members of their family (not partners or children)
- 10% too embarrassed to tell their children
- 6% too embarrassed to tell their closest friend
- 4% too embarrassed to tell their partner.

to help. These collections are essential for us to continue to offer group activities, as we cannot use the Lottery funding for this. Instead of the door-to-door collection we are hoping that members would come forward and offer to take a collecting can and leave it with a local shop to be displayed next to the till. We will provide an authorisation letter, and your responsibility only goes as far as leaving the can with the shop and then returning it to us when it is full. You would only need to do it once, so it's easier than traipsing round from door-to-door. If you can help *please* contact the office.

Elsewhere in the newsletter there are items about **Lottery funding**, and a progress report on the **Self-Management Training**.

BRAEMAR 2000

On September 23rd, 2000 a group of intrepid explorer members ventured out to the wilderness, to spend a couple of days at the Braemar Youth Hostel. The group took in some thoroughly exhausting walks,

and could be seen capering back and forth across glens and streams. Everyone enjoyed themselves, and this is a report from one such member...

"The great outdoors was experienced by all. Despite the weather everyone was in good spirits, the scenery was fantastic and made up for any aching legs and sore feet. We all came back to the village to be greeted with a welcome and very nice meal in the local hotel, not to mention a tipple or two. A great weekend was had by all."

EXERCISE FOR DEPRESSION

A new American study has shown that regular exercise may be a more effective way to beat depression than medication. Psychologist Dr James Blumenthal, who carried

out the study at Duke University Medical Centre, North Carolina, said 156 patients took part in the study and were split into three groups. One group was prescribed exercise only, another exercise and drugs, and the last given just drugs.

Office News

As usual we have been beavering away in the office, but amidst the flurry of activity I've found the time to update you all on recent events.

I told you last time that the computing classes continue, and since then our 'students' have advanced enough to type up some of the articles in this newsletter. A few more lessons and we might be able to hand over the whole task! If anyone else would like lessons about any aspect of computing (within our capabilities) give us a call. You can book yourself in for several weeks of classes or just for a one off if you have a specific query.

Sandra has nearly finished her counselling course and Emily has started hers (at the University, which will take a lot longer). The courses are hard work, but fun as well. I doubt of course that either of us will be any the quieter for it, we'll just be able to listen at the same time as talking now...

Our activity evenings have been merged now, so that on the third Thursday of every month, you can come along and use the internet/e-mail/telephones to speak to other members, but you can also play board games or watch a video (if we've got room). See the flyer enclosed for details, and if you want more information you can contact the office on the usual phone number/e-mail address.

We've temporarily calmed down the advertising campaign, but are still getting plenty of new members joining. Lots of new members have also been attending the group meetings – its good to see some new faces and we hope it's helpful to talk to some of the 'old hands'. As always we are open to suggestions for speakers/activities to have at these meetings, as well as for feedback on ones you have attended. Please do contact the office with your comments and suggestions. The next newsletter will bring you news of talks that we have had at the last few meetings.

We had a licence to do door-to-door collections this last month, but sadly nobody came forward

SELF-MANAGEMENT TRAINING

The course will be finishing in the next month, and reports have been that it has been very interesting. Each participant has a different level of understanding about the illness at the outset, so everyone has learnt to a different degree, but all have learnt something. The drop-out level has been very low. One member has said that much of the benefit comes from being in a new group with something in common, and getting to know people and share experiences. There are about a dozen people attending the course (including carers) and whilst this is fewer than we expected, it has turned out to be an ideal group size. The two facilitators, Mary-Lou McDermott and Douglas O'Donnell are two very different characters, which has kept things alive, and there is plenty of good humour in the course of the classes, with anecdotes being passed around.

Since the course has started, more people have asked to join, but it is important that

participants complete all the course. We hope that MDF Scotland might come back in the future and repeat the course, but this is unlikely to happen for at least another two years.

REVIEW OF GROUP MEETING

At the group meeting of September 28th, 2000, we were lucky enough to have Dr Alastair Palin, Consultant Psychiatrist and Chairman of the Clinical Management Board, and Jack Stuart, General Manager of Cornhill Hospital came along to answer our questions. Lachlan chaired the meeting and everyone entered into a lively discussion about Hospital Policy and Practice. Below are the main topics discussed.

DECANTING

Decanting is the (distressing) process by which a patient is moved from one ward to another, as a result of their bed being needed by another patient being admitted in an acute state. Whilst the decanted patient sleeps in another ward, their day-to-day activities are still conducted in the original ward,

under the same consultant and nursing team. Is it necessary?

Jack Stuart made two main points in answering this question. Firstly mental health services are structured such that there are teams with a consultant linked to a nursing team, CPNs, social workers and GPs. As a consultant spends little time on a ward it is important that they know their team well, who, in turn know the patient well. The only alternative to decanting, on this basis, would be to put more beds in each ward. This would lead to overcrowding and distress for everyone. His second point was that the hospital must always operate by the maxim of "Whose needs are greatest, at the time, for continuity of care?" If a patient is being admitted in an acute state, they must take priority over someone who has been in for a while and is well enough to be going home on weekend pass. Obviously this is not ideal and there should be enough beds for an unlimited number of patients, but there aren't. Both Mr Stuart and Dr Palin conceded, however, that the courtesy of a phone call to tell patients that they have been

moved will be instituted.

CHANGE OF GP

If you change GP, you generally have to change consultant as well, or so the story goes. However, the mental health team structure should always offer choice, and as a rule, a patient will only change consultant after a joint discussion on the matter. If you move house you are not obliged to change GP practice, but where you live might dictate which practices you can and cannot join, due to geographical zoning. The main thing is that there is no blanket policy and you always have the choice.

DIVISIONAL PARTNERSHIP MEETING

This was our forum for queries about the hospital, but the group has been changed and has a new remit. Fortunately we can still approach Jack Stuart/Alastair Palin directly with any queries.

EPILOGUE

Depression is a state of being locked out of yourself.

Anon.

IN THE MOOD

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