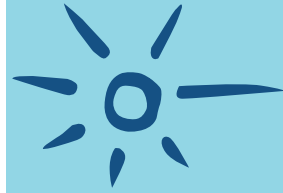


In the Mood



A Newsletter for the Friends of the Fuqua Center for Late-Life Depression
Wesley Woods Center of Emory University

Volume 3, Issue 1
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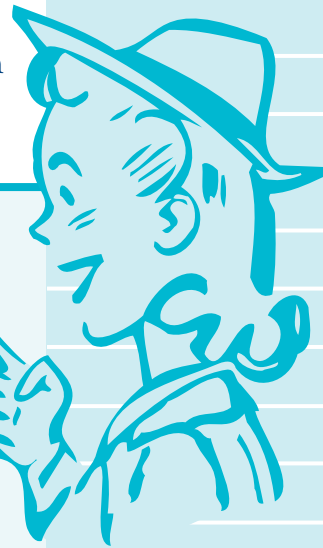
DO PRAYER & RELIGION REALLY MAKE A DIFFERENCE IN YOUR MOOD?

Over the past few years, more and more studies have been published about the benefits prayer and other forms of religious life can have on one's health and life expectancy. Some interesting facts have come out of this research, such as: non-disabled elderly have a 47% greater risk of death if they are not engaged in regular prayer, meditation or bible study; and adults age 65 and over who pray and attend religious services regularly have a 40% decrease in the likelihood of high blood pressure. These facts make it seem like there is some mystical, magical power of prayer and religion.

But are the more religious among us being "rewarded" for piety, or are these statistics a coincidence? There are logical reasons why religiously active Americans may be healthier than others: they avoid risky lifestyles (smoking, taking drugs, and drinking alcohol); they feel less lonely and more "at peace" with themselves; and they feel that they have more social support. People that gather to pray and sing in churches, mosques and temples are also less likely to be violent. Taking a closer look, we see that it's not necessarily the "attending" that keeps someone living longer. Rather, the social contacts gained from attending religious services are making the difference. Studies show that those who frequent religious services have almost

three times as many social support contacts as non-attendees, giving them more friends to call upon for help.

A more scientific look shows that prayer and meditation lower stress hormone levels. This decreases the heart rate, blood pressure and oxygen consumption and causes change in brain wave activity. Whether the benefits of prayer and religion come from physiological differences or social support and lifestyle differences, one thing is for sure: staying active as you get older, maintaining ties to friends and family and staying involved in enjoyable activities cannot hurt, and probably will help you stay happy, healthy and "in the mood" as you age.



SYMPTOMS OF DEPRESSION

- :-(Feeling sad or numb
- :-(No interest or pleasure in things you used to enjoy
- :-(Crying easily or for no reason
- :-(Feeling slowed down or feeling restless and irritable
- :-(Feeling worthless or guilty
- :-(Change in appetite; unintended change in weight
- :-(Trouble recalling things, concentrating or making decisions
- :-(Headaches, backaches or digestive problems
- :-(Problems sleeping, or wanting to sleep all of the time
- :-(Feeling tired all of the time
- :-(Thoughts about death or suicide



Fuqua Center for Late-Life Depression Director's Note

(such as Aricept® and Reminyl®). A new medication, memantine (Namenda®) has been shown to be effective both alone and in combination with a cholinesterase inhibitor.

If you suspect that a family member is having memory problems, I urge you to encourage him or her to be evaluated. All of these treatments are more effective in patients with mild to moderate dementia. Think of it like treating high cholesterol. Early treatment can make a significant difference in long-term outcome.

William M. McDonald, M.D.

Director, Fuqua Center for Late-Life Depression

THE CHALLENGE in evaluating memory loss is determining when “forgetfulness” is a medical disorder that needs treatment (that is, a dementia such as Alzheimer’s disease) and when it is a normal part of the aging process. Families are often surprised that their loved one can remember events from their childhood better than what they had for breakfast. Memories of more recent events are lost first due to the areas of the brain in which recent memories are stored. The key to treating

memory problems is determining if they affect the everyday life of the individual.

Medical treatments for memory problems fall into two categories – those used to delay the development of dementia and those used in patients who already have dementia to delay the progression of memory loss. In the first category are Vitamin E and the nonsteroidal anti-inflammatory agents (like Motrin®). In patients with dementia, treatment options include cholinesterase inhibitors

Who to call



To reach the Fuqua Center, please call (877) 498-0096.

For appointments, ask for Deangelia Igodan.

For information on ECT, ask for Jocelyn Porquez, FNP.

For information on depression or community education, ask for Jane Gillespie.

For community clinical services, ask for Patty Joy.

For telemedicine, ask for Eve Byrd, FNP.

For newsletter comments or inquiries, ask for Shannon Tuohy.

For information about Transitions Senior Program, a day treatment program at Wesley Woods, please contact Ed Lawrence at (404) 728-6975.

Treatment Options

FOR SOME SEVERELY DEPRESSED PATIENTS, CONVENTIONAL TREATMENTS LIKE ANTIDEPRESSANT MEDICATION AND ELECTROCONVULSIVE THERAPY

(ECT) DO NOT WORK. A goal of many health providers around the country and the world has been to develop new technology to help these treatment-resistant people. Transcranial magnetic stimulation, or TMS, is one of these novel approaches to treating depression.

TMS uses an electromagnet to stimulate the prefrontal cortex, a part of the brain believed to play a role in causing depression. Patients are awake and alert during this outpatient treatment; anesthesia is not used like in ECT. So far,

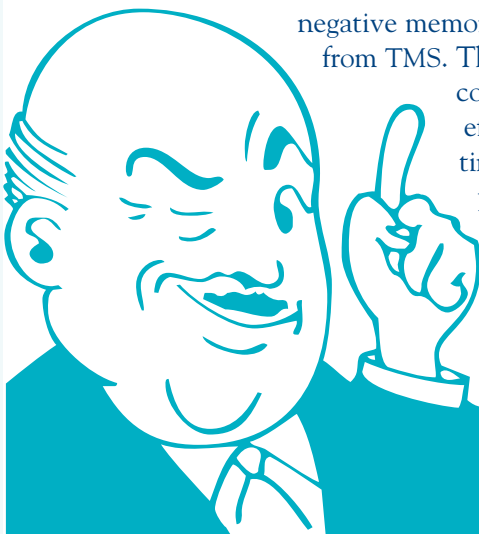
researchers have not reported negative memory effects from TMS. The most

common side effects are tingling or pain at the treatment site, but most

patients have little pain or discomfort. Some patients get headaches during the treatment, but this usually goes away after the treatment stops.

Preliminary studies have found TMS to be effective in about half of patients, whereas ECT is effective in about 80% of patients. Centers around the country continue to study how TMS treatments can be most effective and how to predict who will have a good response. TMS is not recommended for those people who are at high risk for having a seizure, which includes people who have had a seizure in the past or have neurological diseases such as Parkinson’s and Huntington’s. There are other less common factors which may prevent someone from receiving TMS.

The Fuqua Center is now enrolling patients for an ongoing research study using TMS as a treatment for depression. There is no charge to enroll in this study. For more information, please contact Nicole Loveless at (404) 728-6470.





Community Education

Fuqua Referral Network

In this issue, we want to highlight a particular member of the Fuqua Center Referral Network, Dr. Laurie Culp (Area 4). The Fuqua Center has collaborated with Dr. Laurie Culp of Decatur, Georgia for many years. Dr. Culp is a Clinical Psychologist who specializes in geriatric and adult neuropsychology and cognitive behavioral therapy (CBT) for anxiety and mood disorders. Dr. Culp offers services including dementia and memory evaluation, differential diagnosis (depression vs. Alzheimer's vs. normal aging), and competency evaluation and guardianship determination. Dr. Culp also offers therapy services for individuals, couples and families. To contact Dr. Culp please call (678) 595-0062 or visit the Fuqua Referral Network on our website at <http://fuqua.emoryhealthcare.org>. You can also find additional resources in the Atlanta area through the on-line Referral Network Map!

Depression Information Service (1-877-498-0096)

In March 2003, the Fuqua Center began a partnership with Emory Healthcare's Health Connections Office to expand the Fuqua Information Center. The result of this partnership is the Depression Information Service (DIS).

The DIS is a toll-free resource for individuals seeking information on depression. Individuals can request information on depression and geriatric depression, treatment options, mental health and aging resources, clinical services, community education, research programs and more. The DIS is accessible Monday through Friday 7 am - 7 pm EST. Call us toll-free today!

Training and Education

Did you know that the Fuqua Center provides community education and training programs on late-life depression for various groups and organizations? The Fuqua Center has presented to senior groups, caregiver groups, church groups, and others. The Fuqua Center also provides professional training on depression to aging and mental health professionals, physicians and health care providers, and faith-based organizations. Presentations include such topics as Late-Life Depression, Understanding Depression and Dementia, Treatment Options for Depression, Depression and Suicide in the Elderly, among others. Call our Depression Information Service today at 1-877-498-0096 to arrange for a professional speaker for your organization!



Often the Fuqua Center gets requests from local television, newspaper and radio stations for our help on a news story on depression or treatment options. Sometimes the media outlet is interested in talking with someone suffering or recovering from mental illness. IF YOU ARE INTERESTED IN TELLING YOUR STORY, PLEASE CALL THE CENTER AT (404) 728-6302.

THE FUQUA CENTER HAS BEGUN ENROLLING PATIENTS IN A STUDY LOOKING AT THE EFFECTS OF REMINYL IN ADDITION TO ANTIDEPRESSANTS. If you are or your loved one is at least 50 years old, do not have a neurological disorder and are either starting an antidepressant for the first time or have a clinical reason for switching antidepressants, you may qualify for this study. Qualifying study participants will receive free antidepressant medication for the duration of the study. Please contact Kimberly Beyer at (404)728-6957 for more information.

Nondrug Treatment for Depression in Parkinson's Disease

Emory researchers are seeking people with both Parkinson's disease and depression who have not responded to medication for a research study involving an investigational treatment called transcranial magnetic stimulation (TMS). The study examines whether TMS improves depression as well as Parkinson's disease symptoms. For information call Jeannine Pope at (404)321-6111, Ext. 7099.

Community

Clinical Services



DID YOU KNOW THE FUQUA CENTER OFFERS PSYCHOEDUCATIONAL GROUPS FOR OLDER ADULTS AT LOCAL RESIDENTIAL FACILITIES?

Psychoeducational groups are beneficial to older adults for several reasons. First, they empower individuals with knowledge about various topics on aging ranging from pain management to dementia to depression. This knowledge enables a greater understanding of treatment options available and allows patients to talk with their providers in order to get the most out of doctor's appointments. Second, the group atmosphere provides a supportive environment for older

adults in long-term care settings that encourages friendships and communication. The groups are convenient for participants in independent and assisted living facilities because transportation is not necessary. Currently, the Fuqua Center is offering groups at Hammond Glen on the second and fourth Tuesday of the month and Merrill Gardens-Dunwoody on the first Tuesday of the month. Both groups meet at 2 pm. For more information on joining a group or starting a group in your residential facility, contact Patty Joy at (404) 728-6302.

THE FUQUA CENTER'S EDUCATIONAL FILM SERIES ENTITLED "LIVING WELL: A TREATMENT SERIES" has been accepted for exhibition at the Joint Conference of the American Society on Aging (ASA) and the National Council on the Aging (NCOA), to be held in San Francisco, April 14-17, 2004. The series consists of five videos reviewing treatment options for depression such as psychotherapy, antidepressants, exercise, electroconvulsive therapy and transcranial magnetic stimulation. The videos can be purchased at <http://fuqua.emoryhealthcare.org> individually or as a set.

EMORY HEALTHCARE

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Facts about depression
Treatment options
How to learn more

