

FROM: McMan's Depression and Bipolar Web**<http://www.mcmanweb.com/article-247.htm>****Kay Jamison Interview**

At the Depression and Bipolar Support Alliance conference in Aug 2003, this writer had a chance to sit down with Kay Jamison PhD. For the benefit of the uninitiated, Dr Jamison is a professor of psychiatry at Johns Hopkins and honorary professor of English at the University of St Andrew (Scotland). Her works include the definitive text on bipolar, *Manic-Depressive Illness* (with Frederick Goodwin MD), *Touched with Fire*, which explores the relation between bipolar and creativity, *Night Falls Fast*, on suicide, and her autobiography, *An Unquiet Mind*. She is the recipient of numerous awards, including the McArthur "genius grant." Equally at ease in the literary and scientific worlds, Dr Jamison is a rare expert who is also a patient, whose writings, disclosure, research, and advocacy have endeared her to the entire bipolar community. Following is our conversation on topics ranging from the state of bipolar treatments to how to handle a bad day to her current projects:

McMan: Stanley Bipolar Network figures - 85 percent hospitalized, on average three times, 50 percent attempt suicide, only one-third are married, 65 percent unemployed, 40 percent on welfare or disability . Bipolar is the number 6 disability on the World Health Organization list. It's almost an admission that we're very hard to treat and the treatments we have are abysmal.

Dr Jamison: I would be a little more optimistic than that. I would say that things are very different now than they were 10 years ago, that people are diagnosed more accurately and more quickly than they used to be. For example, when the NMDA was still the NMDA, they published a survey showing it took 10 years on average from the time you were first ill to the time you got the correct diagnosis. I would bet that's cut down now. I think more doctors are aware of what the symptoms are than they used to be. There's been more publicity.

That doesn't mean there isn't a tremendous amount of bad practice going on. Much more importantly, people can't afford to get good care. I think that most people don't know that they've got an illness. They think that it's their personality, and even if they know they have an illness, they don't think it can be treated and they don't get treatment until it's too late. Even if they know they're sick and need treatment, they can't afford it because of the outrageous discrepancy in terms of insurance. I think that the political system is to a considerable extent responsible. We just have terrible care for people who have mental illness.

I think the treatments are pretty good. I don't think they're as good as they could be by any stretch, but they work in most people quite well.

McMan: Would you care to give a percentage?

Dr Jamison: Roughly 70 percent of people who have bipolar illness have a strong response to treatment, higher than that for depression. When you consider the other major illnesses, those are pretty good statistics.

McMan: My readers complain of side effects ranging from cognitive slowing to weight gain. Sometimes I get the impression that psychiatrists are willing to trade side effects for mood stabilization, perhaps too much so.

Dr Jamison: I think that's sometimes true, often true, maybe, but I think that's where people really need to go in and badger, really go in and say, look, is there any possibility of a different medication that might work or if I can take it in a lower amount? Are there any things that I can do that might mean I don't have to take as much medication? And that these are debilitating side effects. I think sometimes doctors have to hear it a lot, and sometimes even put it in writing.

McMan: Thomas Insel, the new head of the NIMH, this summer said we have no evidence-based medicine to speak of, and Edward Scolnick, president emeritus of Merck research, said that mental illness is 180 degrees out of phase with the rest of medicine.

Dr Jamison: I wouldn't put it that strongly, but I think there's a lot of truth, in fact. I think that what probably both of them would say is that given the severity of the problem and given the fact that it's a common illness that the amount of resources in science has not been nearly enough, and given the death rate from suicide and the pain of the illness, the suffering through drugs and alcohol, all those things, we should be doing a lot more than we are doing.

McMan: Dr Scolnick also said we have no equivalent of a Framingham study.

Dr Jamison: It's true. We do have lots of really good science about the illness, but I don't think we begin to have enough good science, particularly in terms of treatment. There's been a lot more emphasis on other illnesses and what's the best way to treat them.

McMan: Another thing Dr Scolnick mentioned - a Zocor study that went on for four or five years. I can't think of a single psychiatric drug study that has gone on for that long.

Dr Jamison: They got in and got out. Lithium has been around for 50 years, so we have a tremendous amount of evidence about lithium. We don't about most of the antidepressants. We don't about the anticonvulsants, really. We don't begin to have that kind of information.

McMan: How do you handle your bad days?

Dr Jamison: I think I'm much more likely to talk to friends now than I used to be. For a long period of time, when I was really ill, I isolated myself and went off like a wounded animal. I'm more willing to pick up the phone. It's still very hard, you know. Being depressed, the last thing you want to do is talk to someone else; you don't want to feel you're a burden and all.

I think I probably tend to be a little bit more concerned about getting high and I'm more inclined to keep my ideas to myself. I think those are things you learn over time. I've had the illness so long that I sort of learned if I think that something is really vital that perhaps it isn't as vital as I think, that if I think something has to go out immediately I tend to sit on it a few days and get more sleep.

McMan: Have you ever joined a support group?

Dr Jamison: No, I haven't. I helped start quite a few. I think you end up making informal support groups. I have a lot of friends who have depression or bipolar illness, and we've had sort of an informal support line, the manic mafia. People keep informal tabs on how everyone else is doing.

People are just very different who have this illness. There's a tendency I find aggravating when people just sort of lump everybody in together as if there's not a lot of differences, and I think it's really important to tend to the differences. Some people who don't have a lot of friends to draw upon may have other resources.

Some people may have a lot of friends, but they don't have the same resources.

McMan: Is individualizing treatment to temperament feasible, say Depakote for introverts and Tegretol for extroverts?

Dr Jamison: Many of these temperaments go with a particular kind of biology to the illness. Hopefully, at some point, we'll be able to draw blood and you find out this person has a form of bipolar illness that is super-responsive to an anticonvulsant. So you can save people having to go through all those drug trials that are so demoralizing and frustrating. People get so discouraged, and when they're feeling a lot of pain it's really hard to be patient.

McMan: Can we begin to see something happening in five or 10 years?

Dr Jamison: I think we're going to know a lot more. Let's take it out of the realm of bipolar illness to the science of the brain. It's moving so much faster than anybody would have imagined in terms of imaging and genetics and biological studies. And I think that's all to the good, because that's where some of the answers for bipolar illness are going to come from.

And don't forget the importance of psychotherapy, which I think is very underemphasized. There's a tendency to think that if you just get the right drug cocktail that that's necessarily enough. For some people it is, for a lot of people it isn't. What's also important is having somebody there for you who knows what he or she is doing, who knows the illness, knows the person.

McMan: My readers are always asking me about vitamin therapy.

Dr Jamison: It doesn't mean that they don't work, and it doesn't mean that they're not important. It just means that the evidence is not so strong. The evidence on fish oil is pretty strong. We know it is very important to the nutrition of the brain.

McMan: Exercise?

Dr Jamison: It's very hard if you're depressed to exercise. When I have been depressed I couldn't get out of bed. Exercising would have been incomprehensible, just no way. But when you're well, it's certainly a good idea to exercise.

McMan: You have a book on exuberance coming out in the fall of 2004. Two of the people you write about are the naturalist John Muir and Theodore Roosevelt. Who are some of the others?

Dr Jamison: Snowflake Bentley, who was the first to photograph snowflakes, Richard Feynman the physicist, Michael Faraday the physicist, Tigger, Toad, and Robert Louis Stevenson. Quite a lot of living scientists.

McMan: You must have related to the subject matter.

Dr Jamison: Yeah, and I think it's an important subject and I think there's definitely a relationship to bipolar illness. It's not the same. Things kind of overlap in people, intense enthusiasm and passions and so on.

McMan: Are you exuberant in temperament?

Dr Jamison: Yes. Absolutely.

McMan: Does exuberance apply to your writing, or would you say disciplined exuberance?

Dr Jamison: Disciplined exuberance in the case of this book.

McMan: There is a film project in the works based on *An Unquiet Mind*. Who is going to be playing you, Julia Roberts?

Dr Jamison: I have no idea. They're just writing a screenplay at the moment.

McMan: Do you have any artistic control over that?

Dr Jamison: I'm working with a screenwriter.

McMan: Thank you very much, Dr Jamison.

Dr Jamison: Sure, sure. Tell your readers hi for me.