



Successful Aging

Stein Institute for Research on Aging

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Depression's Dark Woods

BY CHRISTINE MOUTIER, M.D.,
AND SIDNEY ZISOOK, M.D.

Depression has been recorded since antiquity, in Old Testament stories of King Saul's melancholia and Job's torment; Ajax's suicide in Homer's Iliad; and in the works of Beethoven, Van Gogh, Poe, Camus, and Styron. Although depression was recognized as a distinct syndrome in the twelfth century by Maimonides, only recent advances in research have identified its neurobiological underpinnings and treatments.

Depression is common and often debilitating, affecting 15–25 percent of Americans at some time in their lives. Styron wrote that “depression is . . . so mysteriously painful and elusive in the way it becomes known to the self—to the mediating intellect—as to verge close to being beyond description.” It may present in an insidious way, with subtle changes in concentration, thoughts, memory, sleep, energy, or appetite. These

changes are often ignored, attributed to stress or situational factors, and depression may progress to irritability, sadness, feelings of guilt or worthlessness, or thoughts of suicide. Because the internal experience of depression can be very confusing, it is often difficult to recognize that this “out of sorts” way of feeling, which has hindered work or family functioning, is actually a diagnosable, wholly treatable disorder.

Once treated, many people with depression regain their normal state of feeling, thinking, and being. An untreated episode of depression lasts six to thirteen months, but a treated episode typically lasts only three months, and the response tends to be more robust than when healing occurs in the absence of treatment.

Depression is classified as a chronic, recurrent medical illness, much like diabetes or high blood pressure. Among people

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FREE PUBLIC LECTURE

SEPTEMBER

Prostate Cancer: Research Update

J. Kellogg Parsons, M.D.
Assistant Professor, Department of Surgery
University of California, San Diego

September 16, 2009, 5:30 p.m.
Garren Auditorium, Basic Science Building
University of California, San Diego

OCTOBER

Women's Health from A–Z

Elizabeth Barrett-Connor, M.D.
Professor, Department of Family and
Preventive Medicine
University of California, San Diego

October 21, 2009, 5:30 p.m.
Garren Auditorium, Basic Science Building
University of California, San Diego

Free parking is available.

Please call (858) 534-6299 AT LEAST THREE WORKING DAYS IN ADVANCE to receive your free parking permit. Attendees may also purchase permits at the parking kiosk on Gilman Drive or park at the metered sites.

Directions

From Interstate 5 North or South:

- Exit La Jolla Village Drive West
- Right on Villa La Jolla Drive
- Left on Gilman Drive
- Left into Parking Lot 602 (first stop sign)
- From parking lot, walk toward Medical Teaching Facility (MTF)
- Right through MTF and enter Basic Science Building through glass doors
- Left down first hallway

Please see page 2 for a summary of September's presentation.

Meet This Month's Successful Ager—Ben Cagle

BY JODY DELAPENA-MURPHY

Attending the Stein Institute for Research on Aging's monthly public lectures is one of the many ways that Ben Cagle keeps himself busy.



Ben Cagle

Ben goes to the gym every morning and combines cardio and weight training into his daily workout. He is very active in the community and is currently a member of the board of

directors of the Palomar Christian Conference Center and is a sponsor of a Boy Scout troop and an Explorer Group. He is also a research participant at the UC San Diego Shiley-Marcos Alzheimer's Disease Research Center (ADRC). He keeps his mind active by learning about astronomy, physiology, and Greek history through educational videos and by reading the latest advances in politics, biblical archeology, and physics in popular science journals.

"I've always had something to keep me busy" says Ben. Born in Oklahoma in

September 1921, he began working at a very young age to help his mother pay off his deceased father's costly hospital bills. Ben says that he never knew his family was poor while he was growing up. He, his mother, and three siblings sustained themselves by growing and preserving all of their own food.

Ben was also diligent with his homework and was accepted to the University of Oklahoma after graduating from high school. His father, who was a carpenter, left behind a hammer, handsaw, square, and plane, and Ben raised money for his college tuition by building a two-room house in only thirty-six days. He was paid one dollar per day, just enough to pay the thirty-four dollars for tuition costs that year. The registrar of the university allowed Ben to live with several other students in the back room of the football stadium. The boys slept on army surplus cots and worked in the school cafeteria so they could secure a hot meal each day.

Ben graduated with a bachelor of science degree in engineering, but he didn't hang around to attend the graduation ceremony. His diploma was mailed to his mother; he was already enlisted in the army and was off to attend boot camp. "The greatest thing I ever did was to join the army," states Ben, a World War II veteran. He joined as a member of the calvary and transferred to the Army Air Corps, where he served three years.

Ben attended Caltech on the GI Bill and received his master's degree in the Division of Applied Aeronautics. While in graduate school, he remained active in the reserves and, true to form, completed active duty on a Friday and married his sweetheart, Emmie, the next day at 10:00 a.m. in Dayton, Ohio, where he finished two weeks of air force training. They flew back to California together where they raised a son and a daughter, and Ben maintained a career as a research engineer, primarily

"Like what you do—if you don't like it, then change it!"

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Free Public Lecture

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**Prostate Cancer: Research Update
Presented by J. Kellogg Parsons, M.D.**



Dr. J. Kellogg Parsons

Dr. J. Kellogg Parsons specializes in urologic oncology and minimally invasive urology. His interests include prostate cancer, robotic prostatectomy, kidney cancer, bladder cancer, robotic surgery, laparoscopy, and endourology.

Dr. Parsons has extensive experience in treating prostate cancer. He trained to perform nerve-sparing prostate cancer

surgery with Dr. Patrick C. Walsh, one of the nation's leading urologic surgeons and the developer of this technique, at the Johns Hopkins University School of Medicine.

Dr. Parsons has special training and experience in performing a number of minimally invasive and robotic-assisted surgeries to treat urologic diseases. These new techniques can result in less discomfort, a shorter hospital stay, and a more rapid recovery for the patient. Using the da Vinci robotic system at UC San Diego's Thornton Hospital, Dr. Parsons performs robot-assisted prostatectomy and kidney surgery. He also performs cryosurgery for prostate and kidney cancers. Cryosurgery is an advanced technique in which the cancer

is destroyed using a small needle and cooled gases.

Dr. Parsons is a member of the Moores UCSD Cancer Center, where he works closely with fellow faculty to promote a team approach to the treatment of cancers of the prostate, kidney, bladder, testicle, and penis. He has published more than sixty urologic research articles and book chapters and has edited three medical textbooks, including a 1,000-page textbook of prostate cancer.

You may view past lectures on Stein's new YouTube channel (<http://www.youtube.com/SteinUCSD>). Past lectures can also be viewed online or purchased at <http://ucsd.tv/sira> or by calling (800) 742-5117. For additional information on viewing past lectures online or any other questions regarding the public lecture series, please visit our Web site at <http://aging.ucsd.edu> or call (858) 534-6299.

In Memory of Herman Gadon, Ph.D.

Our thoughts go out to Natasha Josefowitz, Ph.D., a contributing writer to this newsletter, former Community Board of Advisors member, a strong supporter of the Stein Institute, and a wonderful friend. Her dear husband, Herman Gadon, Ph.D., passed away on August 8, 2009, at the age of eighty-four. Services were held on August 11 at El Camino Memorial in Sorrento Valley. Herman was an incredibly kind, passionate, intelligent, and caring man, who also contributed in many ways to the Stein

Institute. He will be dearly missed by all of those who knew him.

Natasha has always been a woman of words who so eloquently writes about many facets of life and human interactions. Although it is now our turn to write, we know that there are no perfect words to provide comfort during this difficult time.

For more information, please contact Jennifer Reichstadt, M.S., program director, at (858) 534-1226 or jreichst@ucsd.edu.

Successful Ager

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designing community airliners and military fighter jets. In 1960, he began working at the Office of Naval Research in the field of fluid mechanics, which he converted into a career in oceanography and a part-time position at the Scripps Institution of Oceanography. He eventually accepted a full-time position at Scripps and purchased a home in Mira Mesa, where he still resides. Ben retired in 1987 at the age of sixty-five.

In the fall of 1984, Emmie received a diagnosis of probable Alzheimer's disease, and by early 1985 she and Ben were among the first members to participate in ADRC's longitudinal research study. By the time Emmie died of Alzheimer's disease in 2003, the Cagles had shared full lives, marked by considerable personal and professional achievement. Few of those accomplishments, however, were as meaningful to Ben as his twenty-year role as his wife's

caregiver. The many challenges of caregiving made Ben "fearless." "I have a lot of self-confidence as a result of those experiences," he says, and adds, "If I can manage that, I can manage anything." He credits his ability to cope with Emmie's illness to the assistance that he received from ADRC and states that the physicians and staff were a tremendous resource during that time.

Most significantly, Ben credits the grace of God for helping him cope with life's difficult situations. He is very dedicated to his religion and always finds time to work in his church. Ben also attributes the great life he has had and continues to lead to constantly remaining disciplined.

Ben states that one's second childhood may be marked with the onset of senility, but one's third childhood is the best one as it is marked with much less inhibition. His advice to those who seek to age successfully: "Like what you do—if you don't like it, then change it!"

Do You Know Someone Who Is a Great Example of Successful Aging?

Each month we feature examples of successful aging within our local community. We welcome your nominations. If you know of someone eighty-five years or older who you feel is an example of successful aging, please contact us at (858) 534-6299 or steininstitute@ucsd.edu with the name and contact information of the person you would like to nominate, along with a brief description of why you feel he or she is successfully aging. From these nominations, we will select some of these individuals to be interviewed, and their responses will be included in future editions of the newsletter.

2009 Public Lecture Series

Lectures are held in the Garren Auditorium on the UCSD School of Medicine campus from 5:30 to 6:30 p.m. and televised on Stein's new YouTube channel: <http://www.youtube.com/SteinUCSD>.

September 16

J. Kellogg Parsons, M.D.

"Prostate Cancer: Research Update"

October 21

Elizabeth Barrett-Connor, M.D.

"Women's Health from A-Z"

November 18

Michael Albo, M.D.

"Urinary Incontinence"

Honor Roll of Stein Institute for Research on Aging Contributors

We would like to express our deep appreciation for all those listed, as well as the anonymous donors, who chose to provide support to the Sam and Rose Stein Institute for Research on Aging during the months of July through mid-August 2009.

Depression

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with relatively severe depression, about 25 percent experience another depressive episode within six months of release from the hospital, 50 percent within two years, and 75 percent within five years. The prognosis improves dramatically if one stays in treatment.

The recognition of depression in later life is crucial in allowing many older individuals to maximize the quality of their remaining years. The majority of older depressed patients are originally seen by primary-care physicians, but remarkably very few patients actually discuss a depressed mood. Most

have somatic complaints, the most common of which are gastrointestinal issues, sleep problems, and fatigue.

In addition to the somatic complaints and other vague aches and pains, other red flags for clinical depression are lack of energy or “get up and go,” inability to enjoy the normally pleasurable aspects of life, irritability that is out of character for the person, problems with concentration or sudden worsening of memory, and thoughts that life is not worth living. Any of these feelings or behaviors should prompt further evaluation.

“For those who have dwelt in depression’s dark wood . . . their return from the abyss is not unlike the ascent of the poet, trudging upward and upward out of hell’s black depths and at last emerging into what he saw as ‘the shining world.’”

—William Styron in *Darkness Visible: A Memoir of Madness*

Studies indicate approximately 50 percent of the late-life depressed patients seen in primary care do not receive an adequate diagnosis or treatment. This is due to a variety of reasons, including initial somatic complaints, and also the prevalent view that depression is a “natural”—and therefore normal—reaction to life circumstances or even to aging itself.

Like heart disease, depression is multifactorial: Although there are biological and genetic risk factors, many other important factors may contribute to the onset of depression. These other factors may include lack of exercise, alcohol consumption, poor nutrition, inadequate sunlight, erratic sleep patterns, and stress levels. Biological factors under investigation in studies

of depression include neurotransmitters, such as serotonin, norepinephrine, and dopamine, and their receptors; peptides (proteins) in the brain, such as vasopressin and endogenous opiates; neuroendocrine functions (such as thyroid, adrenal, sex and growth hormones); neurotrophic factors such as BDNF; signal transduction; circadian rhythms and sleep regulation; and genetic risk factors.

Before treatment, medical causes of depression should be ruled out (e.g., endocrine disorders such as hypothyroidism, pneumonia or other infections, neurologi-



cal disorders such as Parkinson’s disease or strokes, and many medications such as antihypertensives and sedatives). Consumption of alcohol should be limited—if not eliminated—prior to choosing, with a physician, the appropriate treatment. There is medication and psychological treatments, as well as electroconvulsive therapy, bright light treatment, vagal nerve stimulation, and several newer treatments such as transcranial magnetic stimulation and deep brain stimulation.

The older tricyclic antidepressants (like imipramine, desipramine, and amitriptyline) and monoamine oxidase inhibitors (like phenelzine and tranylcypromine) are still effective for many people, but their use is limited because they tend to cause more side effects and have more potentially dangerous drug interactions than the newer medications. Most clinicians consider the newer medications—those selective serotonin reuptake inhibitors (like fluoxetine, paroxetine, sertraline, fluvoxamine, citalopram and es-citalopram)—to be major advances over the older medications because of their relatively few side effects and easy dosing. In addition, they are effective for many of the highly prevalent comorbid anxiety

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Save a tree—sign up to receive your Stein Institute’s Successful Aging newsletter electronically

In keeping with UC San Diego’s efforts to become a green campus, the Stein Institute for Research on Aging will reduce paper usage by distributing the newsletter electronically to as many of our readers as possible. If you would like to receive the newsletter by e-mail rather than receiving a paper copy, please visit the newsletter sign-up page on our Web site at <http://aging.ucsd.edu/newslettersubscription.php> or send us an e-mail at steininstitute@ucsd.edu and include your postal address as well as your e-mail address to ensure that you do not receive duplicate copies. Please be assured that your information will not be shared with any other institution.

Students Receive Valuable Research Experience Thanks to Private Donation

As summer draws to a close, five high school students have a new and enriching experience to add to their life history: an inside, hands-on look into aging research.

Summer 2009 marks the fourth year of the Stein Institute for Research on Aging's High School Student Training in Aging Research (HS STAR) program. To date, thirty-two students have participated, with nine students taking part two years in a row before heading off to college. Up until this year, this program received full support from the Stein Institute, but a generous donation from the Susan Scott Foundation has ensured the continuation of this valuable program during a time of limited funds and impending budget cuts.



Vivian Nguyen

Students are recruited into the HS STAR program mostly from the Preuss School UCSD, a charter middle and high school dedicated to

providing a college preparatory education for exceptional low-income students who will be the first in their families to graduate from college. The program gives these students an opportunity to learn and practice the daily activities involved in research on aging. Each student is paired with a UC San Diego faculty mentor to experience four weeks of the life of a research scientist.

Each year there are a variety of projects available to incoming participants. This year, one student learned about genetics and



Manit Munshi

rolled up her sleeves in a lab to help extract DNA while another student was out in the field collecting data on older adults' experiences with physical activity and the impact of exercising in "green space" versus indoors. Another student was introduced to neuroimaging research and observed images of brains of both older adults and autistic children. Two students were introduced to the field of geriatric psychiatry and such conditions as bipolar disorder and schizophrenia.

We are thankful for the volunteer efforts of our mentors. All of the mentors this year participated in the program in previous years. This program would also not be possible without their expertise and generosity.

Included within this edition of the newsletter are some highlights from select students' experiences in their own words. To find out more about the HS STAR program or ways you can help support its continuation in years to come, please contact Jennifer Reichstadt, M.S., program director for the Stein Institute, at (858) 534-1226 or jreichst@ucsd.edu.

2009 HS STAR Participants

Congratulations to the following five students who participated in the HS STAR program this year, and a big thank you to the dedicated mentors who volunteered their valuable time.

Tekly Berhe

Mentor: Lisa Eyler, Ph.D.
Department of Psychiatry

Gerardo Martinez De Luna

Mentors: Colin Depp, Ph.D., and Ipsit Vahia, M.D.
Department of Psychiatry

Manit Munshi

Mentor: Jacqueline Kerr, Ph.D.
Department of Family and Preventive Medicine

Dalena Nguyen

Mentor: Veronica Cardenas, Ph.D.
Department of Psychiatry

Vivian Nguyen

Mentor: Brinda Rana, Ph.D.
Department of Psychiatry

Please see page 6 for feedback on this year's program from student participants and mentors.

Research Participants Needed

Colin Depp, Ph.D., Stein Institute for Research on Aging faculty member and researcher at UC San Diego, is seeking participants at least sixty years of age to take part in a study to understand the daily experiences, activities, and associated emotions in older adults. Using a diary method known as the Day Reconstruction Method, participants will be asked to recall the previous day's events and to answer a series of questions about their experiences that day. The majority of the assessment is self-administered and can be completed at home. If you are interested in participating or have additional questions, please call Ashley Cain at (858) 822-7485.

Interested in a Good Movie?

If you have not already seen it, check out *Young at Heart* (2007) directed by Stephen Walker. HS STAR participants viewed this movie and participated in a group discussion as part of their program experience.

Highlights and Reflections from the 2009 HS STAR Program

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It has been extremely rewarding serving as a mentor for the HS STAR program. This program is so important because it **encourages and inspires young students** and shows them how science really works. The participants are often the first in their families to pursue higher education—these are just the people who can most benefit from our efforts to teach and hopefully will become the geriatric clinical scientists of the future.

—Lisa T. Eyer, Ph.D., Mentor

”

“

HS STAR has helped me open my eyes to the many different fields of science. As I went to meetings and sat in on tests, I realized how many different areas people were interested in and how collaboration was key. I was introduced to a variety of professions and careers that was more than I expected. I sat in on some lectures and was amazed to find that every person in the room was wide-eyed and so interested in these topics. I sat and observed the faces of these people and the questions that were being asked and how quickly they talked. Slowly I began to understand what seemed to be a different language, and was told that the vocabulary was just something to get used to. I never pictured myself in this type of environment, learning so much about how research works and the many different studies that people were interested in. Overall, **this experience will be one that will stay with me forever.** Through this program I found myself more interested in many things . . . clinical research, psychology, and plainly the brain.

—Student

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“

When I first received the acceptance e-mail from the HS STAR program, I was definitely excited and anxious to see the opportunities that lay ahead. I wasn't disappointed. HS STAR . . . helped me pave the path toward a successful future . . . Working with different faculty members from several UCSD institutions, I was able to take part in different activities ranging from DNA extraction to creating Excel sheets displaying SNPs in different populations . . . I gained research experience and was given the chance to incorporate my academic studies to actual studies that affect the aging society . . . **these activities aren't your ordinary high school lab experiments; they're actual research that benefits actual people.** I had a sneak peek of the daily life of a [traveling] research scientist and was able to see what it was like to work in different working environments such as a lab or an office. I had the privilege of meeting amazing scientists.

—Student

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“

My major accomplishments were getting used to reading, improving my researching skills, gaining a lot of information about bipolar disorders, and gaining a lot of information regarding older people. The experience received from this program was a feel of **what a real job feels like.** Being punctual, keeping a positive attitude, and having a goal in mind were all required.

—Student

”

“

The HS STAR Program is an incredibly valuable program for both students and mentors. I have had the pleasure of mentoring students in my lab and get great satisfaction in observing them gain the confidence and skills needed to become future scientists. Students come to us with great enthusiasm to learn about the different career paths they can take in geriatric psychiatry. Students often admit that **our program has greatly changed how they view the elderly** and corrected negative stereotypes they once held about the aging process. As a mentor I find the students' energy to listen, learn, and work hard to be an inspiration in my own work and indeed feel sad when the program wraps up each summer. I am positive that many of our students will go on to have successful careers and look forward to hearing about their accomplishments.

—Veronica Cardenas, Ph.D., Mentor

”

Give and Receive: The Benefits of Generosity

We give because it feels good. It's a great satisfaction helping those who need it most, supporting an organization that has been important in your life and knowing that at a brief point in time you made a difference. And although we give for the pure pleasure of making a difference in the lives of others, it's nice to know that tax law makes it possible for donors to receive some direct financial benefit for making certain charitable gifts.

Following are some of the benefits available to donors of charitable remainder trusts, charitable gift annuities and charitable lead trusts, just three of the many ways of planned giving.

Charitable Remainder Trusts

With this type of charitable gift, you receive lifetime income (either as a variable amount or as a fixed dollar amount) each year for the rest of your life from the assets placed in a trust. After your lifetime, the balance in the trust goes to the charities of your choice. This is the most bountiful trust of all. You'll not only enjoy personal financial benefits, but you'll enable countless others to reap future benefits from your generous gift. Here are a few of the possible advantages:

- Charitable deduction for income tax purposes
- Up-front capital gains tax avoidance
- Estate and gift tax charitable deductions
- Potential for increased disposable income
- Professional management of assets available

Charitable Gift Annuities

This is a contractual arrangement between a donor and a charitable organization whereby the donor is paid a fixed percentage of the gift amount annually for life. Some advantages include

- Charitable deduction for income tax purposes
- Capital gains income reportable over donor's life expectancy, in most cases
- Estate and gift tax charitable deductions
- Potential for increased disposable income

- Fixed, partially income tax-free annual payments during life expectancy

Charitable Lead Trusts

If you would like your philanthropy to make an immediate impact while reducing the future tax cost for your heirs, a charitable lead trust may be just the plan you're looking for. With this gift plan, you place assets in a trust that will pay income to a charitable organization like the Sam and Rose Stein Institute for Research on Aging at UC San Diego for a period of time. The assets will then pass to your heirs. This is an outstanding way to transfer property to family members down the line (e.g., children and grandchildren) at a minimal tax cost. Here are some advantages:

- Avoidance of some or all gift tax liability in transferring gifts to children or grandchildren
- Estate tax-free buildup of trust assets to be distributed ultimately to children and grandchildren
- You can observe how you have helped us reach our goals with monies that might otherwise have been sharply cut by taxes

Let Us Tell You More

These three above are all irrevocable gifts. Once you put assets into them, you cannot take them out. But this same irrevocability translates into tax savings for you. The UC San Diego Office of Planned Giving can help you help the mission of the Stein Institute. In return, you may receive many satisfying benefits. Please contact Geoff Graham, director of planned giving, at (858) 534-2249 to find out how you might be able to give and receive. Or visit our UC San Diego Office of Planned Giving Web site at www.plannedgiving.ucsd.edu.

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The information in this article is not intended as legal advice. The UCSD Office of Planned Giving is not engaged in rendering tax or legal advice. As you consider charitable gifts, we strongly encourage you to consult with your own attorney, CPA, and/or other financial advisors as needed.



Depression

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disorders that often accompany depression: panic disorder, generalized anxiety disorder, post traumatic stress disorder, obsessive compulsive disorder, and social anxiety disorder.

Other "newer" agents, such as serotonin and norepinephrine reuptake inhibitors (venlafaxine, duloxetine, and milnaciprin), dopamine and norepinephrine regulators (bupropion), and noradrenergic and selective serotonin antagonists (mirtazapine) also may be considered first-line agents and each may have a particular niche. For example, duloxetine and venlafaxine are often used for patients with concomitant pain syndromes; bupropion for depression combined with attention deficit disorder or for patients whom either sexual side effects, weight gain, or daytime sedation would be problematic; and mirtazapine for depressed patients who have lost a great deal of weight or are otherwise frail or undernourished. No one medication has been shown consistently more effective than the others and sometimes trial and error helps find the right one for a particular patient.

In terms of dosing, because older people often take a plethora of other medications and are more sensitive to side effects, the adage all medical students learn in their early years of school is "start low, and go slow." To that, we add "but use enough and don't stop too soon."

All antidepressants have similar rates of efficacy—about 50 percent—but typically do not begin to reduce depression until

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Depression *continued from page 7*

after weeks of continuous use; the maximum benefit may not appear for months.

All medications are most effective when used in combination with some type of psychotherapy. Relapse is less likely to occur for patients whose treatment has included psychotherapy.

Once depression is effectively treated, rates of relapse after stopping medication

are generally high but do depend on the prior history of depressive episodes, the severity of the depression, and intercurrent life stressors; therefore, medications should only be discontinued with the close supervision of a physician. Most depression

experts advocate treatment of a first episode for at least six to nine months, and often much longer for patients with recurrent and/or chronic depression. It is not enough to get well; it is equally important to remain well and continue to flourish and progress.

*"In the depth of winter,
I finally learned that
within me there lay an
invisible summer."*

—Albert Camus

For clinical trials at UCSD:
<http://health.ucsd.edu/clinicaltrials/>

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