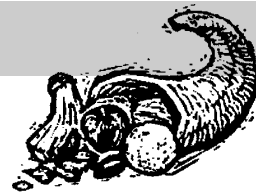


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**A place to lead    A place to learn  
A place to believe in ourselves**



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## Psychiatrist who has it tells of living with illness

Diane Evans, Beacon Journal Dec 9

Everyone has a story. The most moving ones are told honestly.

Recently, Suzanne Vogel-Scibilia of Beaver Creek, Pa., told her story before an audience of 200 at a public lecture at Akron General Medical Center.

Scibilia is a clinical psychiatrist who founded her own mental health center in Beaver Creek. She has bipolar disorder and speaks throughout the country on what it's like to live with mental illness. I heard a doctor say not long ago that 20 percent of the population suffers from depression. One in five. It seemed hard to believe.

Actually, the figure may be higher. The federal government's National Institute of Mental Health estimates that 22 percent of Americans 18 and older have a diagnosable mental disorder in any given year. Many struggle with more than one disorder at a time.

In particular, bipolar disorder, also known as manic depression, affects an estimated 2.3 million adults in the United States. About one in every 100. "Everybody has something," Scibilia said in her talk.

It wasn't until she was an adult, married and a resident in medical school, that she knew what she had. Although bipolar symptoms often develop in late adolescence, Scibilia knew long before that something was wrong.

At 15, she failed at a secret attempt to kill herself. Once, when looking at

family pictures, she asked her mother why she had been given a crew cut at age 3. "We had to do something," she recalled her mother saying. "You were pulling your hair out."

Mood disorders ran in her family. As a sophomore in high school, she slowed down. Slept a lot. Ate a lot. Saw herself as lazy. Pretty soon, she'd hear Simon and Garfunkel songs on the radio and think they contained messages for her. Cycles started. Depression in winter. Big bursts of energy in spring.

She went on like this through college, until one day she learned her mother had cancer. She went to a campus counselor to talk through her emotions about her mother being sick. The counselor picked up on Scibilia's depression and scheduled her with a psychiatrist the next day.

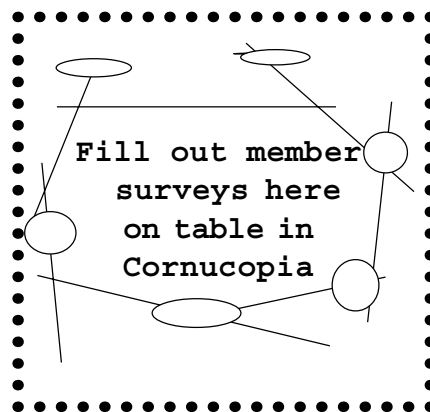
She started on anti-depression pills, although she kept that quiet for fear of jeopardizing her future medical career. Sometimes she had hallucinations and heard voices.

Working as a resident one night in a psychiatric unit, she thought she heard her name over the intercom. She asked a nurse. No, her name hadn't been called. She wondered if she were about to slip into depression. It seemed odd, though, because she had so much energy, and weakness usually accompanied depression for her.

That night, she interviewed a patient whose symptoms mimicked her own. The patient spoke of not being hungry, not being aware of missing meals, having energy but not getting stuff done — and, if you can imagine, hearing her name called over the intercom that night.

"The woman told me she was bipolar," Scibilia said. "I thought, 'Oh, my God, I'm bipolar.'"

*(continued on p. 8, see "unusual")*



## How drug firms 'hoodwink' medical journals

Antony Barnett

The [London] Observer Dec 7

Estimates suggest that almost half of all articles published in journals are by ghostwriters. Doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations. Susanna Rees, an editorial assistant with a medical writing agency until 2002, was so concerned about what she witnessed that she posted a letter on the British Medical Journal website.

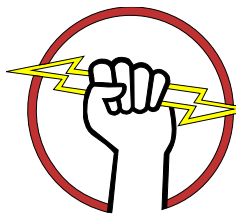
'Medical writing agencies go to great lengths to disguise the fact that the papers they ghostwrite and submit to journals and conferences are ghostwritten on behalf of pharmaceutical companies and not by the named authors,' she wrote. 'The editorial assistant must remove the names of the medical writing agency or agency ghostwriter or pharmaceutical company and replace these with the name and institution of the person who has been invited by the pharmaceutical drug company (or the agency acting on its behalf) to be named as lead author, but who may have had no actual input into the paper,' she wrote.

Dr David Healy, of the University of Wales, was doing research on the possible dangers of anti-depressants,

*(continued on p. 8, see "hoodwink")*



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