

NOTE FROM THE BOARD OF DIRECTORS

February 26, 2007

Dear PNG Members
&

Friends,

The Board of Directors has hired a new Executive Director February 1, 2007. We had received multiple applications and conducted several interviews with qualified candidates. At the end the Search Committee has chosen a candi-

date whose skills, experience and qualifications fit the position the most. Her name is Stephanie Sauro. Stephanie is coming from a background in the Human Service Field. She has started her new duty as the Executive Director of Peer Networking Group of CNY, Inc. on February 7, 2007. The Board of Directors

and staff of PNG are glad to introduce our new Director and are looking forward to working with her on the goals and plans for the organization. She will be at the next PNG meeting March 1, 2007 and we hope you can join us to welcome and greet her.

PRESENTING MARCH 1ST 2007 ...

Our March meeting is scheduled for March 1, 2007. The presenter this month will be Les Cook from Dream Weavers Peer Networking. Les Cook will be presenting on “Computers for Beginners.”



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IS IT DEMENTIA OR DEPRESSION?

FROM: www.everydayhealth.com

In older adults who experience an intellectual decline, it's sometimes difficult to tell whether the cause is dementia or depression. Both disorders are common in later years, and each can lead to the other. It's not rare for a person with dementia to become depressed, and a depressed person may lose mental sharpness. The latter case is sometimes called the dementia syndrome of depression. People with this form of depression are often forgetful, move slowly, and have low motivation as well as mental slowing. They may or may not appear depressed.

This syndrome responds well to treatments for depression. As mood improves, the person's energy, ability to concentrate, and intellectual functioning usually return to their previous levels.

Although depression and dementia share certain traits, there are some differences that help distinguish one from the other:

Decline in mental functioning tends to be more rapid with depression than with Alzheimer's or another type of dementia.

Unlike Alzheimer's patients, people who are depressed are usually not disoriented.

People with depression have difficulty concentrating, whereas those affected by Alzheimer's have problems with short-term memory. Writing, speaking, and motor skills aren't usually impaired in depression.

Depressed people are more likely to notice and comment on their memory problems, while Alzheimer's patients may seem indifferent to such changes.

Because there's no test that can reveal whether someone has depression or dementia, if you and your doctor aren't certain, it's worth trying a depression treatment. If depression is at the root, treatment can produce dramatic improvement.

ANXIETY DISORDERS ARE AMONG THE MOST COMMON PSYCHIATRIC ILLNESSES, WITH 28.8 PERCENT OF AMERICAN ADULTS DIAGNOSED WITH ONE OR MORE AT SOME POINT IN LIFE.

HALF OF ADULTS WITH ANXIETY DISORDERS HAD PSYCHIATRIC DIAGNOSES IN YOUTH

About half of adults with an anxiety disorder had symptoms of some type of psychiatric illness by age 15, a NIAH-funded study shows. Researchers also found that some of the specific illnesses detected in youth were clues as to what kinds of anxiety disorders—there are several—the youth would have as adults. The results underscore the importance of early diagnosis and prevention of anxiety disorders, and suggest that different anxiety disorders may have different roots. Results of the study were published in the February issue of the *Archives of General Psychiatry*.

Anxiety disorders are among the most common psychiatric illnesses, with 28.8 percent of American adults diagnosed with one or more at some point in life. They include social and other phobias, post-traumatic stress disorder

(PTSD), generalized anxiety disorder, panic disorder, and obsessive-compulsive disorder. In this study, researchers examined the psychiatric histories, for all ages 11 through 32, of 9,632 adults. Of the 232 adults with anxiety disorders the most common childhood psychiatric illnesses—one-third of them—were anxiety disorders, followed by depression.

The researchers also found links between some disorders diagnosed in adulthood and those diagnosed during youth. Adults with obsessive-compulsive disorders tend to have had delusional beliefs and hallucinations as children. Phobias in adulthood tended to be linked to specific phobias that occurred during childhood.

Considering psychiatric history when diagnosing adult anxiety disorders could benefit diagnosis, prevention, and

Treatment, the study's authors write.

The research was a collaboration among NIMH-funded researchers Alice M Gregory, Avshalom Caspi, Terrie E. Moffitt, and Karestan Koenen, of Goldsmith's College and King's College London, Duke University, and Harvard University, who were joined by Thalia C. Eley and Ritchie Poulton, of King's College London and University of Otago (New Zealand).

Source: *Freedom From Fear National Non-profit Mental Illness*

BROKEN HEART SYNDROME: IS BAD NEWS BAD FOR YOUR HEART?

Your grandmother learns her husband has passed away and immediately begins complaining of chest pain. This sort of reaction—experiencing chest pain or a heart attack after hearing bad news—is sometimes shown in television and movies. But it's not just fiction. Some people seem to actually get symptoms mimicking a heart attack after hearing bad news or experiencing other types of stress, a phenomenon doctors now refer to as broken heart syndrome.

First described medically in 1991 by Japanese doctors, the condition was originally called takotsubo cardiomyopathy. Takotsubo is a type of pot used by Japanese fishermen to capture octopuses. When doctors take images of a person who's experiencing broken heart syndrome part of his or her heart resembles

the pot. Today, the condition is also referred to as stress cardiomyopathy, stress-induced cardiomyopathy or apical ballooning syndrome. Much about broken heart syndrome is a mystery. Carangid Rihal, M.D., a cardiologist and director of Mayo Clinic's Cardiac Catecholamine Laboratory, and his colleagues have coined the term broken heart syndrome. Moreno discusses the syndrome.

What causes broken heart syndrome?

It's thought that a surge of stress hormones, such as adrenaline, might hurt the heart or whether something else is responsible isn't clear.

What we do know is the onset of broken heart syndrome is often preceded by an intense physical or emotional event. Some of the triggers of broken heart syndrome have included news of an

unexpected death of a loved one, a frightening medical diagnosis, domestic abuse or losing a lot of money. Physical stressors, such as an asthma attack or car accident, also have been known to trigger broken heart syndrome.

Is broken heart syndrome harmful?

In rare cases, those with broken heart syndrome can die of the disorder. However, most people who experience broken heart syndrome quickly recover and don't suffer long-lasting effects.

Who is at risk of broken heart syndrome?

We don't know why, but broken heart syndrome affects women far more often than men. Some research indicates nearly 9 out of 10 cases occur in women, and of those, almost all are women 50 or older.

What are the symptoms of broken heart syndrome?

Broken heart syndrome can mimic a heart attack, with common symptoms being chest pain or shortness of breath. Any persistent chest pain could be a sign of a heart attack, so it's important you take it seriously and call 911 if you experience chest pain.

How is broken heart syndrome treated?

There are no standard treatment guidelines for treating broken heart syndrome because of the limited knowledge about the condition initially, it's treated similar to a heart attack until the diagnosis is clear. There is no specific therapy, and most people recover spontaneously. Your doctor might prescribe diuretics (water pills), vasodilators or beta blockers. Diuretics and vasodilators may not be required long term, because heart function usually returns to normal. The duration of beta

blockers treatment is unknown: however these medications might prevent recurrent attacks. Many people with broken heart syndrome are hospitalized for suspected heart attack.

The diagnosis of broken heart syndrome is often made in the hospital. Most people are hospitalized for a week or so.

How is broken heart syndrome different from a heart attack?

Most heart attacks are caused by a complete blockage of a heart artery due to a blood clot forming at the site of narrowing from fatty build up (atherosclerosis). In broken heart syndrome, the heart arteries are not blocked, although blood flow may be sluggish.

Coronary angioplasty and stent placement are commonly used for treatment during a heart attack, but these procedures are not helpful in broken heart syndrome since there is no blockage.

Can broken heart syndrome recur?

Possibly. Some of our research indicates broken heart syndrome can occur multiple times in about 10 percent of those affected by broken heart syndrome.

By: Mayo Clinic Staff @mayoclinic.com

**BROKEN
HEART
SYNDROME
CAN MIMIC
A HEART
ATTACK**

Hello Everyone,

My name is Stephanie Sauro. I am the new Director of Peer Networking Group of CNY, Inc. . I am very excited about joining PNG in this it's 10th year in existence. I am looking forward to meeting all of you at our upcoming monthly meeting and working closely with everyone to make PNG the very best it can be.

We have already been busy in the office giving our space a face lift to make it "user friendly". Look for a future invite—after the weather breaks—for an open house. We will be inviting everyone to come see the office and learn about all the resources available to you right here at PNG.

Once again, I am very happy to be part of the PNG family and look forward to the many adventures that will come out way.

Stephanie Sauro



Presentation on February 1, 2007

As you know, we try to provide interesting and interactive presentations for you every meeting. February 1, 2007 meeting was not an exception. Dan Hazen from the Alliance facilitated a thought provoking discussion in his presentation "Language Matters: What Helps? What Hinders?" The presentation was build around the use of our language and how it can influence personal recovery and growth in both positive and negative ways. Participants shared their thoughts and ideas on what role language plays in their lives as well as addressed the power of existing labels and perceptions that people use towards each other. The main theme of the presentation was the though of positive change that we as individuals can make if we use the language to create and grow, not to label and destroy. We would like to thank Dan for yet another successful day at PNG.



BEEF STEW WITH FENNEL AND SHALLOTS

SERVES 6

Ingredients:

- 3 tablespoons all-purpose (plain) flour
- 1 pound boneless lean beef stew meat, trimmed of visible fat and cut into 1 1/2-inch cubes
- 2 tablespoons olive oil or canola oil
- 1/2 fennel bulb, trimmed and thinly sliced vertically
- 3 large shallots, chopped
- 1 1/2 teaspoons salt
- 3/4 teaspoon ground black pepper
- 2 fresh thyme sprigs
- 1 bay leaf
- 3 cups vegetable stock or broth
- 1/2 cup red wine, optional
- 4 large carrots, peeled and cut into 1-inch chunks
- 4 large red-skinned or white potatoes, peeled and cut into 1-inch chunks
- 18 small boiling onions, about 10 ounces total weight, halved crosswise
- 3 Portobello mushrooms, brushed clean and cut into 1-inch chunks
- 1/3 cup finely chopped fresh flat-leaf (Italian) parsley

DIRECTIONS

Place the flour on a plate. Dredge the beef cubes in the flour. In a large, heavy saucepan, heat the oil over medium heat. Add the beef and cook, turning as needed, until browned on all sides, about 5 minutes. Remove the beef from the pan with a slotted spoon and set aside.

Add the fennel and shallots to the pan over medium heat and sauté until softened and lightly golden, 7 to 8 minutes. Add 1/2 teaspoon of the salt, 1/4 teaspoon of the pepper, the thyme sprigs and the bay leaf. Sauté for 1 minute. Return the beef to the pan and add the vegetable stock and the wine, if using. Bring to a boil, then reduce the heat to low, cover and simmer gently until the meat is tender, 40 to 45 minutes.

Add the carrots, potatoes, onions and mushrooms. The liquid will not cover the vegetables completely, but more liquid will accumulate as the mushrooms soften. Simmer gently until the vegetables are tender, about 30 minutes longer. Discard the thyme sprigs and bay leaf. Stir in the parsley and the remaining 1 teaspoon salt and 1/2 teaspoon pepper.

Ladle into warmed individual bowls and serve immediately.

Dietitian's tip: All parts of the fennel bulb are edible. Chop and sprinkle the feather-like leaves over the stew for added flavor and garnish.

Nutritional Analysis:

(per serving)

Calories	318	Protein	21 g
Carbohydrate	36g	Total fat	11g
Saturated fat	3g	Monounsaturated fat	6g
Cholesterol	47 mg	Sodium	677 mg
Fiber	6g		

Source: This recipe is one of 150 recipes collected in *The New Mayo clinic Cookbook*, published by Mayo Clinic Health Information and Oxmoor House, and winner of the 2005 James Beard award.



YOGA: MINIMIZE STRESS, MAXIMIZE FLEXIBILITY AND EVEN MORE:

Your kids are demanding the latest video game, your boss wants that report done yesterday, and your spouse wants to know what's for dinner. Stress is everywhere. If it's getting the best of you, you might want to make like a downward-facing dog or a cobra and try yoga. This series of postures—sometimes named for mammals, fish or reptiles—and controlled breathing exercises have become a popular means of stress reduction.

Through the practice of yoga has been around for thousands of years in India, its popularity in the United States has grown steadily only over the last 100 years or so. Today yoga classes teaching the art of breathing meditation and posing are offered nearly everywhere from trendy health clubs in big cities to community education classes in small towns.

What is yoga?

Yoga is part of the Hindu religion and a way of life. The ultimate goal of yoga is to reach complete peacefulness in your body and mind. While traditional yoga philosophy requires that students adhere to this mission through behavior, diet and meditation chances are you aren't looking for a complete change in lifestyle but rather increased flexibility, relaxation or stress relief.

If that's the case, then like most people in the United States, you're interested in Hatha yoga—a style of yoga designed to encourage a more flexible body and a calm mind.

Hatha yoga: The most popular form of yoga

Hatha yoga focuses on physical poses and controlled breathing. Several versions of hatha yoga exist. Which version you choose depends on your personal preferences. But all varieties of hatha yoga include two basic components—poses and breathing.

Poses:

In a typical hatha yoga class, you may learn anywhere from 10 to 30 poses. More experienced yoga students might know many more, including more advanced poses that require advanced stretching and twisting. Pose range from the seemingly easy, such as the corpse pose, which involves lying on the floor, completely relaxed, to the most difficult poses that take years of practice of master.

Remember that you don't have to do every pose your instructor demonstrates. If a pose is uncomfortable, or you can't hold it as long as the instructor requests, don't do it. Good instructors will understand. Spend time sitting quietly, breathing

Deeply until your instructor moves the class on to another pose that's more comfortable for you.

BREATHING:

Controlling your breathing is an important part of yoga. In yoga, breath signifies your vital energy. Yoga teaches that controlling your breathing can help you control your body and gain control of your mind.

You'll learn to control your breathing by paying attention to it. Your instructor might ask you to take deep, loud breaths as you concentrate on your breathing. Other breathing techniques involve paying attention to your breath as it moves into your body and fills your lungs, or alternately breathing through one nostril.

Yoga, stress relief and other health benefits:

Yoga offers a good means of relaxation and stress relief. Its quiet, precise movements focus your mind less on your busy day and more on the moment as you move your body through poses that require balance and concentration.

Other health benefits of yoga include:

- **Increased flexibility:** As you learn and refine new poses—such as touching your toes—you'll find that each time you practice, you can reach a little farther. More range of motion means you'll be less likely to injure yourself in other physical activities.
- **Management of chronic health conditions:** The breathing and relaxation methods used in yoga might help you if you have asthma, carpal tunnel syndrome, depression, low back pain, multiple sclerosis, osteoarthritis of the knees or memory problems. Yoga can also be helpful when combined with other therapies for heart disease and high blood pressure. Yoga, when combined with a vegetarian diet, aerobic exercise and medication, has reduced cardiovascular disease rates and blood pressure levels.
- **Weight loss:** If you're overweight, yoga may help you make the healthy lifestyle changes necessary to drop those extra pounds.
- **Coping with cancer:** People with cancer and their caregivers who practice yoga may improve their quality of life and sleep better at night.
- **Alzheimer's caregiver stress and fatigue:** Yoga practice may help

Family caregivers by boosting their mood and ability to cope and manage stress.

While you shouldn't expect yoga to cure you, it can help some health conditions when combined with treatment recommended by your doctor. And if you're perfectly healthy, yoga can be a good way to supplement your regular exercise routine.

Yoga risks:

Yoga, overall, is considered safe if you're generally healthy. Some yoga positions can put significant strain on your lower back and on your joints. See your doctor first if you have any joint problems or a history of low back or neck pain. You might want to avoid certain yoga positions depending on your condition.

Also see your doctor before you begin a yoga class if you have any of the following conditions, as complications can arise:

- High blood pressure that's difficult to control
- A risk of blood clots
- Eye conditions, including glaucoma
- Osteoporosis

If you're pregnant or nursing, yoga is considered generally safe. But avoid any poses that put pressure on your uterus, such as those that require you to twist at the waist. Some yoga classes are specifically tailored for pregnant women. Check with your obstetrician if you have any questions whether yoga is right for you and your baby.

How to find a yoga class:

If you've decided to try yoga, look around for classes in your area to see what's offered. You can also learn yoga from books and videos. However individualized attention to your specific needs won't be available with these teach-yourself methods. When you find a class that sounds interesting, call and ask questions to get an idea of what to expect, including:

- What are your instructor's qualifications? Where did that person learn yoga, and how long has he or she been teaching?

- Does the instructor have experience working with students with your needs or health concerns? If you have a sore knee or an aching shoulder, can the instructor help you find poses that won't aggravate your condition?
- Is the class suitable for beginners? Will it be easy enough to follow along if it's your first time?

Also find out what you need to bring to class. Some classes require you to bring a mat or towel to sit or stand on while doing poses. Other classes will provide this.

At the end of a yoga class, you should feel invigorated, yet clam. If this isn't the case, talk to your instructor. He or she might have suggestions for you. otherwise there may be another yoga class better suited to your needs.

By: mayo clinic staff @ mayoclinic.com



JUST A BIKER

I saw you; hug you purse closer to you in the grocery store line.
You didn't see me; out an extra \$10.00 in the collection plate last Sunday.

I saw you ; pull your child closer when we passes each other on the sidewalk.
You didn't see my; playing Santa at the local mall.

I saw you; change your mind about going into the restaurant.
You didn't see me; attending a meeting to raise more money for the hurricane relief.

I saw you; roll up your window and shake your head when I rode by.
You didn't see me; driving behind you when you flicked your cigarette butt out the car window.

I saw you; frown at me when I smiled at your children.
You didn't see me; when I took time off from work to urn toys to the homeless.

I saw you; stare at my long hair.
You didn't see me; and my friends cut ten inches off for Locks of Love.

I saw you; roll your eyes at our leather coats and gloves.
You didn't see me; and my brothers donate our old coats and gloves to those who had none.

I saw you; look in fright at my tattoos.
You didn't see me; cry as my children were born and having their name tattooed on my skin and in my heart.

I saw you ; change lanes while rushing off to go somewhere.
You didn't see me; going home to be with my family.

I saw you; complain about how loud and noisy our bikes can be.
You didn't see me; when you were changing the CD and drifted into my lane.

I saw you; yelling at your kids in the car.
You didn't see me; pat my child's hands knowing he was sage behind me.

I saw you; reading the newspaper or map as you drove down the road.
You didn't see me; squeeze my wife's leg when she told me to take the next turn.

I saw you; race down the road in the rain.
You didn't see me; get soaked to the skin so my son could have the car to go on his date.

I saw you; run the yellow light just to save a few minutes if time.

You didn't see me; trying to turn right.

I saw you; cut me off because you needed to be in the lave I was in.
You didn't see me; leave the road.

I saw you; waiting impatiently for my friends to pass.
You didn't see me; I wasn't there.

I saw you go home to your family.
You didn't see me, because I died that day you cut me off.

To you I was just a biker, not a person with a family and friends.
You didn't see me; and now they will never see me again.

PLEASE WATCH OUT FOR MOTORCYCLES, THEY ARE EVERYWHERE! IT MAY SAVE A LIFE ONE DAY, AND THAT LIFE MAY BE MINE!!

AUTHOR: UNKNOWN

STIGMA COMES IN MANY FORMS



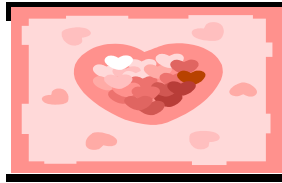
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ANXIETY DISORDERS HAD

Results of the study were published in the February issue of the Archives of General Psychiatry.

Anxiety disorders are among the most common psychiatric illnesses, with 28.8 percent of American adults diagnosed with one or more at some point in life. They include social and other phobias, posttraumatic stress disorder (PTSD), generalized anxiety disorder,



YOUR CORNER

This month's birthdays:

Mary Collins 2/1

Helen Short 2/14

Happy Birthday

Mary and Helen



Fun Excuses to Celebrate This Month:

Black History Month
International Friendship Month
2nd—Groundhog Day
4th—Rosa Park's Birthday
5th—National Weatherperson's Day
7th—Laura Ingalls Welder's Birthday
8th—Boy Scouts Day
9th—Toothache Day
10th—Umbrella Day
11th—National Inventor's Day
14th—Valentine's Day
15th—National Gumdrop Day
17th—Random Acts of Kindness Day
19th—President's Day
20th—toothpick Patented
22nd—Be Humble Day
25th—Quiet Day
27th—Polar Bear Day
Birthstone—Amethyst
Flower—Violet

Aquarius

General Features:

Air sign ruled by Saturn and Uranus. Aquarians are sincere, altruistic, free and active. Usually, they are quiet, but sometimes they can be extremely nervous or strained. They ask a lot from other people, and when they are disappointed, they suffer and bear grudge against them. Aquarians are vain; they love compliments and never leave anything to chance. They are intuitive, fanciful and critical. They can be good and pleasing friends as well as passionate lovers. They have lots of interests and creative ideas. Suited jobs: poet, astronomer, actor, pilot and smith.

Taken from:
www.horoscopefree.com