

Life Transitions Newsletter

January 2008



Dear Clients,

OK, it is that time of year when we all make New Year resolutions. But are we going to achieve our targets or just let them fade away? This newsletter features how to go about making changes to our habits. As you will read, it is not an easy task. However, the payoff is well worth the sacrifices.

Many of you have asked me about antidepressants and pregnancy. I have tried to summarize this complex issue in this newsletter. The key - always check with your M.D.!

Wishing that this New Year brings you more joys than challenges.

Sincerely,

Penny Blazej, LCSW, BCD

How Can You Keep New Year Resolutions

Millions of people make New Year Resolutions and the vast majority of them quit before the end of January! Whether the resolution be losing weight, getting in better physical shape, to quit smoking, getting into a better relationship, to stop drinking, or changing our careers -- the failure rate for change is very high. So how can you keep your resolutions?

First you need to understand what change involves. Changing a habit is changing the direction of your life. Habits are little routines you execute **automatically**. To change them you first need to understand the nuances of the habit. You then must figure out the best ways to interrupt the routine and replace it with another healthier one. This process requires self-awareness, determination, planning and support.

So what is the recipe for changing bad habits? You first need to analyze the old habit, then plan how you are going to interrupt it, prepare to execute that plan and then act. The 10 steps below will help you to implement the above recipe giving you your desired outcome.

First: ANALYZE

Step 1: Choose goals that you really desire.

You need to want to accomplish these goals enough to make the sacrifices that are needed. Change does not come easily so your desire needs to be strong.

Life Transitions Newsletter

January 2008

List the benefits of each goal and why you want to accomplish it. Post this on your bathroom mirror. When times get difficult, and they will, go and read them. Keeping the bigger picture can help you overcome the urges. Remember, if you can divert yourself for 5 minutes, most urges disappear.

Step 2: Keep the goals simple and select no more than 2 key goals

Too much change too quickly is a recipe for failure. If you can successfully change two key bad habits in a year you are a GREAT success. As most of you know, success breeds success. Next year you can bring about two more important changes. Before you know it, you have molded your life to be what you want.

Step 3: Make the goals realistic

If you have been overweight all your life and you have more than 20 pounds to lose, it would be unrealistic to have a two month time frame. Weight loss studies have shown it is best to lose ½ to 1 pound per week. Remember, as long as the monthly weight goes down, you are winning even if it is just a ½ of a pound!

Step 4: Make them specific

Getting healthier is a noble goal, however, how do you measure it? Break the goal down into smaller more measurable objectives. For example choose a specific amount of weight to lose and/or increasing exercises by specific amount of time each week.

Step 5: Make sure you can measure the goals.

If you cannot measure it, you will have difficulty determining whether you are accomplishing it! If your goal is to improve your spirituality, how would you measure it? Examples are: the number of books you read on the subject; how many times per week you meditated; are you journaling regularly; did you attend a conference on the subject? I think you get the idea.

Second: PLAN

Now that you have selected no more than 2 key goals that meet the above 5 criteria you are ready to go into the planning stage.

Step 6: Prioritize your goals

Which of the two goals are the most important to you? Focus on that one first and once you begin to see success and feel that the new habit is ingrained then start on the second goal.

Step 7: Make a plan for each goal focusing on partitioning the goal into small steps (or strategies/tactics) that bring about gradual change.

Write your plan down and post it in a highly visible spot. This will strengthen your commitment. Remember, you are the CEO of this very important health plan.

Third: PREPARE

You now have a detailed plan that spells success. Now you must execute the plan. For example: bring the right team together, remove all tempting high calorie low nutritious food items from the house, get walking shoes and/or join

Life Transitions Newsletter

January 2008

the gym; join a group that will support your efforts etc...

Step 8: Hold yourself accountable

Track your progress on a spreadsheet: weight lost, number of times you worked out at the gym, blood pressure, number of days without smoking or drinking etc... Remember that visualizing your success will help enforce the new habit.

Find a good life coach or therapist to hold you accountable and help you overcome any resistance that may emerge. Hypnosis is a great technique for instilling new habits. You may want to sign up for a few sessions to help reinforce your efforts. As always, make sure the professional is licensed and in good standing.

Step 9: Get support

Find a buddy who is also developing the same new habit. Look for a mentor that has already attained this goal and emulate them. Share your plan with family and friends and ask for their support. After all, you will need people to celebrate with you!

Fourth: ACT

Step 10: Celebrate each small accomplishment

For example: if you are trying to lose 35 pounds, celebrate every 5 pound loss and everytime you drop a full size.

Remember it takes at least 45 days to develop a new habit, some experts believe it takes 90 days. The first 30 days are the most difficult because most of the change is occurring during this

period of time. However, the next 60 days is when you reinforce the new changes. Without reinforcement it is easy to slip back into your unhealthy habits.

Changing habits is not for the faint of heart, however, the outcome certainly is worth the efforts. Good Luck!

Antidepressants: Are they safe during pregnancy?

This is a very complicated question that depends on many variables. All agree that treatment is necessary or you may put your health — and your baby's health — at risk. As we discussed in previous newsletters the best treatment is the combination of psychotherapy and antidepressants. Psychotherapy certainly would not put your unborn child at risk, but how about taking antidepressants?

This is where the question gets a bit more complicated. Few medications have been “proven safe” without question during pregnancy. However, research has shown that the risk of birth defects and other problems for babies of mothers taking antidepressants during pregnancy is very low. All agree that more research is needed in this area.

What the preliminary research has shown is that some types of antidepressants are safer than others. The below table is a good reference guide to the current thinking with respect to effect of antidepressants on the unborn child.

Life Transitions Newsletter

January 2008

Antidepressant name	Risks	Recommendations
Selective serotonin reuptake inhibitors (SSRIs)		
Citalopram (Celexa)	Associated with a rare but serious newborn lung problem (persistent pulmonary hypertension of the newborn, or PPHN) when taken during the last half of pregnancy	Consider as an option during pregnancy
Fluoxetine (Prozac, Sarafem)	Associated with PPHN when taken during the last half of pregnancy	Consider as an option during pregnancy
Paroxetine (Paxil)	Associated with fetal heart defects when taken during the first three months of pregnancy	Avoid during pregnancy
Sertraline (Zoloft)	Associated with PPHN when taken during the last half of pregnancy	Consider as an option during pregnancy
Tricyclic antidepressants		
Amitriptyline	Suggested risk of limb malformation in early studies, but not confirmed with newer studies	Consider as an option during pregnancy
Nortriptyline (Pamelor)	Suggested risk of limb malformation in early studies, but not	Consider as an option during pregnancy

	confirmed with newer studies	
Monoamine oxidase inhibitors (MAOIs)		
Phenelzine (Nardil)	May cause a severe increase in blood pressure that triggers a stroke	Avoid during pregnancy
Tranylcypromine (Parnate)	May cause a severe increase in blood pressure that triggers a stroke	Avoid during pregnancy
Other antidepressants		
Bupropion (Wellbutrin)	No established risks during pregnancy	Consider as an option during pregnancy

Note: Persistent pulmonary hypertension of the newborn is a rare condition. Even if you take an SSRI during pregnancy, the ultimate risk remains extremely low.

So what are the risks? Research has shown two possible risks. The first is if you take antidepressants throughout pregnancy or during the last trimester, your baby may experience temporary withdrawal symptoms, such as jitters or irritability, at birth.

Secondly, a preliminary 2007 study associated the use of antidepressants during pregnancy with preterm birth. However, the evidence wasn't strong enough to consider antidepressants a consistent risk for preterm birth. Generally, antidepressants aren't considered a risk factor for preterm birth.

So should you stop taking antidepressants if you are pregnant or thinking about getting pregnant? The

Life Transitions Newsletter

January 2008

key before making any decision is to consult your doctor. Mild depression may be managed with support groups, counseling or other therapies. However, if you have severe depression it may be better for you and your baby to continue with one of the safer antidepressants as well as with psychotherapy.

If you do decide to stop taking antidepressant during pregnancy do not stop abruptly. First consult your doctor. Antidepressants need to be tapered off to avoid side effects. Your doctor will be able to instruct you how to safely discontinue them.

Net: it's not an easy decision. As researchers continue to learn more about antidepressants, the risks and benefits of taking the drugs during pregnancy must be weighed carefully on a case-by-case basis. Work with your doctor to make an informed choice that gives you — and your baby — the best chance for long-term health.

Wise Words

The unexamined life is not worth living. Plato, Apology of Socrates, CA 400 BCE.

