

Seasonal Affective Disorder

As autumn gives way to early winter darkness, people who suffer from seasonal affective disorder (SAD) feel a growing sadness or increased anxiety. Their tempers become as short as December days. Meanwhile, they complain about being fatigued or lacking energy. Their productivity slackens, at work and at home. Even simple tasks can seem overwhelming. Some people isolate themselves from friends and relatives, cancel social engagements and stay inside for days. When spring arrives, SAD sufferers return to their usual selves, like hibernating bears emerging from their caves.

Milder cases of seasonally related mood changes are known as the "winter blues" or "February blahs." Both the milder and more severe forms of SAD generally affect people who live in latitudes where winter means significantly less daylight. Women are diagnosed with SAD more often than men, and symptoms usually begin between ages 18 and 30.

Although the exact causes of SAD are unknown, a disturbance in the brain's serotonin function is believed to cause the depressive symptoms. Researchers are exploring many theories on what triggers the disturbance, including chemical, hormonal, genetic and psychological factors. Reduced exposure to light is thought to be the main factor. One theory is that sunlight inhibits the brain's production of melatonin, a hormone generally produced by people and animals during sleep or in darkness. Another theory is that SAD sufferers have reduced visual sensitivity related to the winter. However, some SAD sufferers respond to temperature changes that accompany the seasons as well as to light fluctuations.

About six percent of the U.S. population is diagnosed with seasonal affective disorder. SAD sufferers in the Northern Hemisphere report symptoms that start between September and November, and continue until March or April. A diagnosis can be made after two or more consecutive winters of symptoms. Sufferers of this seasonal depression report many of these symptoms:

- Decline in work productivity and efficiency
- Extreme fatigue, low energy
- Increased appetite for sweets and starches
- Weight gain
- Decreased sex drive
- Less desire to exercise
- Tendency to sleep longer
- Depressed mood
- Impaired memory and thinking
- Intense sadness
- Anxiety, irritability
- Desire for solitude
- Difficulty communicating with people
- Recurrent thoughts of death or suicide

In the summer, many SAD sufferers move to the opposite extreme, and feel a heightened sense of energy and productivity. This is occasionally offset by a swing to anxiety knowing that winter will return.

Many people experience a milder form of seasonal depression known as the "winter blues." These people generally share one or more of the symptoms above in a milder form during winter months, but the symptoms generally are regarded as too mild for treatment.

Talk to your doctor about your symptoms – after physical causes are ruled out, a doctor or psychologist can assist in diagnosis and treatment. Treatment for seasonal affective disorder varies according to the severity of the case, and sometimes a combination of treatments is recommended.

Self-help

Exercising regularly and eating a nutritional diet can help fend off the winter blues. Some nutritionists recommend replacing simple carbohydrates (including candies, sugar and honey) with complex ones, because the body absorbs complex carbohydrates slowly and is able to store more energy from them. Complex carbohydrates include pasta, beans, peas, cereals and grains. Getting outside in natural sunlight whenever possible and staying socially active can help, too.

Although the exact mechanism is unknown, light therapy helps many SAD sufferers. During treatment, patients sit in front of special lights for daily periods ranging from a few minutes to several hours. These lights are five to 20 times the intensity of ordinary household lighting. Portable lights and desk lamps are available for the workplace. A hat version called a light visor gives people mobility during light sessions, but it can't match the intensity of the larger fixtures and may require more sessions. Some SAD patients also use a dawn simulator – imitating sunrise, this alarm-type light wakes them up with gradually increasing brightness.

In the most severe SAD cases, a physician or psychologist will recommend winter vacations in sunnier places, or even permanent relocation to a milder climate. Beyond light therapy, vacations or relocations to obtain more sunlight, sufferers of severe SAD symptoms will most likely be treated similarly to a standard major depressive disorder. This usually involves some type of psychotherapy (counseling), anti-depressant medication, or both.

Therapy

A psychotherapist can help you understand SAD and come to terms with how it affects your life. Therapy may be used alone or with medication and light treatment. Interpersonal psychotherapy and cognitive behavior therapy can successfully treat seasonal depression.

Interpersonal psychotherapy (IPT) is a form of short-term individual therapy that focuses on the patient's most important relationships for finding factors contributing to seasonal depression. Sometimes spouses and other family members are involved in treatment. IPT helps patients address their interpersonal difficulties so they can improve their relationships and benefit from social support at their most vulnerable times. This can help to ease the effects of SAD during the winter, and the benefits to the patient's personal life will continue year-round.

Cognitive behavior therapy (CBT) focuses mostly on the individual. Cognitive behavior therapy keys on how patients think and act. With the assistance of a therapist, SAD sufferers discover how a negative outlook with helpless and hopeless self-talk keeps them mired in their low moods. By learning how to think more objectively and by developing problem-solving skills, seasonally depressed patients can work to lift themselves out of their negative frame of mind and discouraged thinking, and gain confidence.

Medication

Medications used to treat SAD typically include anti-depressants – most commonly bupropion (Wellbutrin) and a newer type of anti-depressant called selective serotonin reuptake inhibitors (SSRIs). Tranylcypromine (Parnate), a monoamine oxidase inhibiting type of anti-depressant, has also been shown to be effective.

The most promising results for reducing SAD symptoms have been seen with SSRIs such as fluoxetine (Prozac), sertraline (Zoloft), venlafaxine (Effexor) and citalopram (Celexa). SSRIs have fewer side effects than most other types of anti-depressants.

It generally takes a few weeks for anti-depressant medications to build up in the bloodstream before a patient notices an improvement in mood. Medications for mood disorder are typically prescribed to continue for six months after symptoms have improved.

During treatment, let your doctor know if you're feeling better or worse, or if you're having any side effects. Depending on how you feel, your doctor may change the dosage. If you're having trouble with side effects, your doctor may try a different anti-depressant. Never change the dose of any medication without asking the physician, and remember to also ask about medications that you should avoid while taking anti-depressants.

In the winter, my husband often gets moody and withdrawn, and tends to sleep more. I usually leave him alone when he's like that, but should I try to bring him out of his shell?

If your husband is like this only during the time of year when daylight hours are short, and it happens each year, it's possible that he has a degree of seasonal affective disorder (SAD). If it happens at other times of the year as well, then he may be experiencing recurrent bouts of major depression. Encourage him to see his physician. Offer to go with him, if he prefers, but let him know that you want him to solve the problem, and that you'll be there to support him.

My 15-year-old daughter has a shorter attention span and seems more forgetful and distracted in winter. Her grades are always low, but lowest in winter. Does she have seasonal affective disorder?

It's possible, although these symptoms could also be signs of other psychological conditions or learning disabilities, such as attention-deficit disorder (ADD) or attention-deficit hyperactive disorder (ADHD). Does she experience other physical or behavioral changes only in the winter? If she does, SAD is likely.

After you have a better sense of her situation and a list of symptoms, discuss these with her doctor, who may suggest treatment for SAD or further testing or counseling to help identify other problems that could be causing her symptoms.

I was diagnosed with SAD three years ago and my doctor prescribed light treatment. I followed his advice each winter since then, with great results. But light therapy takes so much time, and I just started a new job that requires lots of traveling. A friend who also has SAD takes an anti-depressant. Should I switch to a medication?

If a treatment's working, why change it? Medication might seem like a quick fix or timesaver, but not all drugs affect people the same way. Light therapy comes closest to giving your body what winter takes away, and in a much less intrusive manner. See if you can arrange your new schedule to accommodate your light therapy. Or find ways to take a portable light box with you. If this isn't possible, discuss your options with your doctor.

My husband died just before Christmas about five years ago. Every year around the holidays I fall into a terrible state of depression. My friends are wonderful and they took me on a Caribbean cruise this winter, but I'm still miserable. One of my friends seemed surprised, because she thought I had seasonal affective disorder and I should have perked up from the island sun. I think I'm still grieving. Who's right?

You are. You're having pangs of grief each year around the anniversary of your husband's death. This isn't SAD. No wonder the warm weather cruise didn't help. Your friends are great, but you may need to see a therapist or attend a support group when you anticipate that your grief will return around Christmas.

Resources Are Available

Additional information, self-help tools and other resources are available online at www.MagellanHealth.com. Or call us for more information, help and support. Counselors are available 24 hours a day, seven days a week to provide confidential assistance at no cost to you.

Society for Light Treatment and Biological Rhythms
P.O. Box 591687, 174 Cook St.
San Francisco, CA 94159-1687
Fax: (415) 751-2758
www.sltbr.org

National Organization for SAD
P.O. Box 40133
Washington, D.C. 20016
www.nosad.org

National Mental Health Association
2001 N. Beauregard St., 12th Floor
Alexandria, VA 22311
(703) 684-7722
(800) 969-NMHA (6642) (Toll-free automated information line)
www.nmha.org

The National Institute of Mental Health
NIMH Public Inquiries
6001 Executive Blvd., room 8184, MSC 9663
Bethesda, MD 20892-9663
(301) 443-4513
(800) 647-2642
www.nimh.nih.gov

Depression and Bipolar Support Alliance
730 N. Franklin St., Suite 501
Chicago, IL 60610
(800) 826-3632
www.ndmda.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
(800) 950-NAMI (6264)
www.nami.org

National Foundation for Depressive Illness
P.O. Box 2257
New York, NY 10016
(800) 239-1265
www.depression.org

The Circadian Lighting Association
(Manufacturers' trade association)
www.claorg.org

Books

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Rosenthal, Norman E., **Seasons of the Mind: Why You Get the Winter Blues & What You Can Do About It**. Bantam, 1989.

Peters, Celeste, **Fight the Winter Blues: Don't Be Sad: Your Guide to Conquering Seasonal Affective Disorder**. Script, 1994.

Barr, Bruce Charles, **Banishing the Blues**. The Indoor Sun Shoppe, 2000.