

Seasonal Affective Disorder (SAD)

As the temperature drops and the sunlight decreases, some Americans develop Seasonal Affective Disorder (SAD) or the milder version, "winter blues". Throughout the winter season, about 10 million Americans are affected by Seasonal Affective Disorder. Seasonal Affective Disorder was first noted before 1845, but it wasn't until the early 1980's that it received attention and received the name Seasonal Affective Disorder.

What is SAD?

SAD is simply a form of depression with symptoms that occur during the winter months and which usually subside during the spring and summer months. Symptoms usually begin in October or November and subside in April. The most difficult months for those who suffer from SAD are January and February. The depression is generally mild to moderate, but it can be severe. In order for the diagnosis of SAD to be determined, the person must display symptoms in the winter months, completely subsiding after winter is over, and they must occur in the winter for at least two to three years.

Symptoms:

- ◆Tiredness/Lethargy
- ◆Increased appetite (especially for carbohydrates and sugars)
- ◆Weight gain
- ◆Irritability
- ◆Needing more sleep
- ◆Feeling less cheerful
- ◆Social withdrawal
- ◆Decreased sexual appetite
- ◆Loss of interest in normal activities
- ◆Hopelessness

What causes SAD?

It has long been known that sunlight affects the activity of animals. For example, in winter, animals hibernate or fly south. In the spring, animals mate and become more active. SAD may be an effect of this same seasonal variation that animals display. Light affects our “internal biological clock” called circadian rhythm. When sunlight changes, the biological clock becomes out of step, which contributes to symptoms of SAD. Along with this, SAD is tied to the amount of melatonin that humans produce. Melatonin, which may produce symptoms of depression, is produced at increased levels in the dark. More melatonin is produced in the winter months, possibly causing SAD.

Who is at risk for SAD?

It has been found that young people and women are at the highest risk for developing SAD. Seventy percent of those with SAD are women, around 20 to 30 years old. People in northern latitudes, where daylight is less, are more susceptible to SAD as well as those with other depressive illnesses.

What you can do about SAD?

The first step is to contact your medical doctor or a psychiatrist for an evaluation to see if, in fact, you are suffering from Seasonal Affective Disorder. There are a few recommended treatments for this disorder. One can start today by opening up the curtains and allowing the light into one’s home or work environment. Sit by the windows as often as possible. There will be benefits from the light even if it is not a sunny day outside. If possible, spend time outside everyday, go for a walk, enjoy nature, engage in regular exercise, particularly outdoors, and maintain a healthy diet. One can also look into psychotherapy to help sufferers relax, accept their illness and cope with limitation

Antidepressants

Anti-depressants can have a positive effect in reducing or eliminating SAD symptoms. Some studies show that anti-depressants are as effective as light therapy for treatment of SAD. What is still unknown is whether a combination of medications and light therapy is more effective than either used alone.

Light Therapy

The final recommended treatment for SAD is light therapy. This treatment is safe and effective in 85% of diagnosed cases of SAD. Light therapy has been shown to suppress the brain's secretion of melatonin. The light bulbs used for this therapy should be about 10,000 lux. To help understand the intensity of lux, most homes have light levels between 100-300 lux, well lit work environments can reach 700 lux, daylight can reach around 10,000 lux on a clear spring morning and noon in the height of summer can reach 100,000 lux. There is a full spectrum of light therapy devices, such as light boxes, travel light boxes, lamps, light bulbs, and dawn simulators.

The light devices have been found to be most effective if used in the morning. Depending on the intensity of light, the treatment length varies. The recommended light level is 10,000 lux but lower levels of light have been proven effective. With 10,000 lux, about 30 minutes of daily exposure to a light therapy device is therapeutic. Participants are to sit about 3 feet away from the device and they should see effects as early as 3-4 days after beginning use. Possible side effects may be occasional eyestrain and headaches. This is why it is important to consult with a doctor before using to determine appropriate treatment.

Make sure the light device has been tested in scientifically valid studies, that they have a filter that blocks ultraviolet rays, and that the company you order from has a track record of reliability. The light therapy devices are not typically covered by insurance companies. But one company, Apollo Health (see below for contact information), gives recommendations on how to bill insurance companies to increase chances of them covering the cost. See their website for more information.

Light therapy devices may be ordered by phone or the Internet. There are several companies to choose from. To find others, one can search the Internet. Here are a few for starters:

SunBox Company

1-800-548-3968

www.sunboxco.com

Apollo Health

1-800-545-9667

<http://www.apollohealth.com>

Full Spectrum Solutions

1-888-574-7014

www.fullspectrumolutions.com

Books:

Seasons of the Minds, by Dr. Norman Rosenthal

Winter Depression, by Angela Smyth in consultation with Professor Chris Thompson

The Light Book, by Jane Wegscheider Hyman

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Reference:

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