

Facts

Seasonal Affective Disorder (SAD) is a form of depression with symptoms that come and go with changes in seasons. The most recognized form of SAD is “winter depression,” characterized by episodes of depression during the winter months that go away during warmer months.

An estimated 10 million Americans have SAD. The prevalence of winter-type seasonal affective disorder appears to vary with latitude. The higher the latitude, the more common the disorder. In addition, younger people and women are at higher risk for winter depressive episodes.

Signs & Symptoms

Some or all of these symptoms are present during the fall and winter. Occasionally, SAD occurs in summer, but with diminished rather than increased eating or sleeping symptoms:

- Depression, difficulty enjoying life, pessimism about the future
- Loss of energy, inertia, apathy.
- Increased sleep, difficulty getting up in the morning
- Impaired functioning, i.e., difficulty getting to work on time, difficulty completing regular tasks
- Increased appetite, weight gain, craving for sugary or starchy foods
- Desire to avoid people, irritability, crying spells
- Decreased sex drive
- Suicidal thoughts or feelings
- Absence of depressive symptoms in spring and summer months

For children and adolescents:

- Feeling tired and irritable, temper tantrums
- Difficulty concentrating
- Vague physical complaints
- Marked cravings for junk food

Causes

Researchers have tied SAD to melatonin, a sleep-related hormone that the human body produces and releases when it’s dark. Production of the hormone seems particularly active during winter, when the days are shorter and darker.

Treatment

Many people respond to phototherapy, or bright light therapy, which has been shown to decrease the amount of melatonin in the brain. During phototherapy, individuals are seated three feet away from a white florescent light (about 12 times brighter than ordinary room light). Individuals begin with a single 10- to 15-minute session per day, and gradually increase light exposures. Ninety minutes a day is the conventional daily maximum duration of therapy. Some people respond to phototherapy within the first few days of treatment, while others may take several weeks before noticing improvement. The treatment should be reevaluated if the person’s condition worsens or if a response is not seen in four to six weeks.

For others, medications may prove effective in reducing or eliminating SAD symptoms. The use of light therapy and medication at the same time is discouraged until each method individually proves insufficient.

Helping Yourself

For mild symptoms, spending time outdoors during the day or arranging homes and workplaces to receive more sunlight may be helpful.

In addition, it’s important to recognize that feelings of depression are part of the disorder and typically do not accurately reflect your situation. Negative thinking fades as treatment begins to take effect.

In the meantime, do not set difficult goals or take on a great deal of responsibility. Break large tasks into small ones, set priorities, and do what you can as you can. It’s advisable to postpone major life decisions, such as changing jobs or getting married

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or divorced, until your depression has lifted.

Try to be with other people; it is usually better than being alone. Participate in activities that may make you feel better. You might try mild exercise, going to a movie, or participating in religious or social activities.

Don't overdo it or get upset if your mood does not greatly improve right away. Feeling better takes time. Don't expect to "snap out" of your depression, but remember that negative thoughts will begin to fade as the depression responds to treatment.

Helping Someone Else

The most important thing anyone can do for someone who is depressed is to help him or her get appropriate diagnosis and treatment. This may involve encouraging the person to get treatment and stay with it until symptoms begin to subside or to seek different treatment if no improvement occurs. You may need to make an appointment and accompany the person.

The second most important thing is to offer emotional support, including understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Do not ignore remarks about suicide. Keep reassuring the person that with time and help, he or she will feel better.

Learn the warning signs of suicide, and take any threats the person makes very seriously. Encourage the person to realize that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Invite the depressed person for walks or outings and encourage participation in activities that once gave pleasure, but don't push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Sources:

Diagnostic Statistic Manual, 4th Edition (DSM-IV)

Mental Health America

National Institute of Mental Health

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/