

SAD

Seasonal Affective Disorder

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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.

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

Experts aren't sure what causes SAD. But they think it may be caused by a lack of sunlight. Lack of light may:

- Upset your "biological clock," which controls your sleep-wake pattern and other circadian rhythms.
- Cause problems with serotonin, a brain chemical that affects mood.

Treatment

Light therapy is the main treatment for SAD. Medicines and counseling may also help.

Experts think light therapy works by resetting your biological clock. It helps most people who have SAD, and it's easy to use.

There are two types of light therapy:

- **Bright light treatment**. For this treatment, you place the light box at a certain distance from you on a desk or table. Then you sit in front of it while you read, eat breakfast, or work at a computer.
- **Dawn simulation**. For this treatment, a dim light goes on in the morning while you sleep, and it gets brighter over time, like a sunrise.

Light boxes use fluorescent lights that are brighter than indoor lights but not as bright as sunlight. Ultraviolet lights, full-spectrum lights, tanning lamps, and heat lamps should not be used.

Light therapy is usually prescribed for 30 minutes to 2 hours a day. The amount of time depends on how strong the light is and on whether you are starting out or are have been using it for a while.

You may start to feel better within a week or so after you start light therapy. But you need to stay with it and use it every day until the season changes. If you don't, your depression could come back.

Antidepressant medicines may help people who have SAD. They may be used alone or with light therapy. If your health care provider prescribes an antidepressant, be sure you take it the way you're told to. Do not stop taking it suddenly. This could cause side effects or make your depression worse. When you are ready to stop, your doctor can help you slowly reduce the dose to prevent problems.

Counseling may also help. Some types of counseling, such as cognitive-behavioral therapy and interpersonal therapy, can help you learn more

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about SAD, how to manage your symptoms, and how to help prevent future episodes.

Helping Yourself

Regular exercise is one of the best things you can do for yourself. Getting more sunlight may help too, so try to get outside to exercise when the sun is shining. Being active during the daytime, especially early in the day, may help you have more energy and feel less depressed.

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 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 and Statistic Manual, 5th Edition (DSM-5) Mental Health America National Institute of Mental Health University of Michigan

For more information contact

Northern Lakes Community Mental Health Authority 231-922-4850

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

National Institute of Mental Health www.nimh.nih.gov 1-866-615-6464 (M-F 8:30A-5:00)

Mental Health America www.mhanational.org 800-969-6642

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