

Seasonal Affective Disorder

Mental health remains a stigma in our society, and we tend to disregard or neglect our emotional wellbeing. With the arrival of fall and winter, some people begin to feel mood changes often called “winter blues.” Seasonal Affective Disorder (SAD) is a type of depressive mood associated with the seasons. Although it may occur during the summer, it is more noticeable during winter.

According to the National Institute of Mental Health (NIMH), there are attributes that may increase your risk of SAD. For instance, SAD is diagnosed four times more often in women than men. Individuals with a family history of other types of depression are more likely to develop SAD. Research conducted by NIMH suggests that younger adults have a higher risk of SAD than older adults. SAD has been reported even in children and adolescents.

SAD occurs in 1% to 2.4 % of the population and it makes up 10% to 20% of people who have recurrent depressions. People with symptoms of the winter pattern of SAD often report having low energy, hypersomnia, craving for carbohydrates, weight gain, overeating and social withdrawal or feeling like “hibernating.”

Although the causes of SAD are unknown, research has noted biological evidences. One study found that people with SAD may have difficulty in regulating serotonin levels during the winter months. People with SAD may overproduce melatonin which may cause individuals to feel sleepier and more lethargic.

Another finding noted that people with SAD may produce less vitamin D. Vitamin D is believed to play a role in serotonin activity and may be associated with clinically significant depression symptoms.

There are four major types of treatment for SAD, medication, light therapy, psychotherapy and vitamin D.

Selective Serotonin Reuptake Inhibitors (SSRIs) are used to treat SAD. Talk to your doctor about the possible risks of using medications for treatment of SAD.

Light Therapy has been a main treatment approach for SAD. The logic is to replace the lack of sunshine of the fall and winter seasons using daily exposure to bright, artificial light. Psychotherapy treatment such as, Cognitive Behavioral Therapy (CBT) has been effective for treatment of SAD.

The effectiveness of vitamin D supplementation has been questioned. Some research has noted that the low levels of vitamin D are usually due to insufficient dietary intake or lack of exposure to sunshine.

So, how do I cope with SAD? Open discussions about how you feel allows individuals the ability to speak compassionately about depression. Often people will feel supported and “connected” with others. It will also significantly reduce the stigma of depression.

In addition, seek consultation with your physician or a psychotherapist. Become an informed individual, NIMH information and publications are in the public domain and available for use free of charge at www.nimh.nih.gov/health/publications/depression/index.shtml.

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