

Seasonal Affective Disorder

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By Kathleen B. Speicher, MD, MPH

Dr. Norman Rosenthal, who coined the name Seasonal Affective Disorder and its appropriate acronym SAD, also recognized there were milder forms of this disorder which he refers to as the Winter Blues. While 10-20% of people may experience the Winter Blues, only 4-6% actually experience symptoms severe enough to be classified as SAD. Symptoms usually begin in late fall or early winter as the days grow shorter and there is less sunlight. Since research suggests that the pineal gland in the brains of some people are more highly sensitive to the loss of natural light, resulting in symptoms of SAD, the primary treatment is light therapy. It is generally felt that it is best to start treatment early in the season (August or September) before symptoms are fully developed. January is the peak month for significant symptoms. Although the primary problem seems to be the reduced amount of natural light, poorly-lit offices or offices without windows also seem to contribute to the problem.

Common symptoms of SAD include: a change in appetite (especially a craving for sweet or starchy foods), weight gain, a heavy feeling in the arms and legs, a drop in energy level, fatigue, a tendency to oversleep, difficulty concentrating, irritability, increased sensitivity to social rejection and avoidance of social situations (hibernation). More severe cases develop the more classic symptoms of depression such as: feelings of guilt, loss of interest or pleasure in activities you enjoy, ongoing feelings of hopelessness or helplessness, as well as physical problems as headaches and stomach aches. The most severe cases also experience suicidal ideation.

Since SAD and the Winter Blues are probably caused by a reaction to a lack of sunlight; light therapy, exercise, and diet are the primary treatment. For example, walking outside on a bright winter day or exercising on a treadmill in front of a light box are good forms of therapy. The most typical forms of light therapy are sitting in front of a desk-type light box or wearing a light visor that fits on your head like a cap for about 30 minutes a day. The commercially available forms are considered the best; tanning beds are not a good source since they are

high in ultraviolet rays which are harmful to both your eyes and skin. If you can't afford the commercial forms of therapy, some things to try are bringing a lot of lamps into one room, painting the walls white and have many reflective surfaces, but avoid staring directly into the light and use only indirect light reflected off bright surfaces. The recommended diet is one low in carbohydrates. If after you have tried all these forms of therapy you still have symptoms of depression or suicidal ideation, you should consult a physician about antidepressant therapy and/or psychotherapy.