

Wintertime blues? Maybe it's S.A.D.

by Michele Brannan, MPAS, PA-C
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The holidays are over and all that's left until spring is about two more months of cold dreary weather. While some embrace the cold and see the new year as a positive beginning, there are others who suffer from winter depression, or what we refer to as seasonal affective disorder (SAD).

There are actually two types of seasonal depression: fall-winter onset and spring-summer onset. The former type is more often studied and more common. Seasonal affective disorder is defined as a depression that recurrently begins in the autumn or winter and remits in the spring or summer. Although it is not proven, one would surmise that SAD is more common in the higher latitudes. The onset of SAD is usually in persons aged 20-30. (1) The symptoms of SAD include the following:

- Depressed mood
- Loss of pleasure in activities
- Appetite changes
- Sleep disturbance (increased or decreased sleep - insomnia)
- Self-deprecating thoughts or feelings of worthlessness
- Excess fatigue
- Suicidal thoughts

These symptoms can and often will interfere with one's daily life along with one's physical or social function. It can affect relationships. Persons with SAD often have other psychological disorders, such as alcohol disorders, attention deficit hyperactivity disorder, anxiety, and eating disorders. (2,3) Winter depression does not necessarily recur each year, and within one season the severity of depression may vary from day to day. For example, a bright sunny day in the winter may elicit an improvement of symptoms. (4,5) Questions to ask yourself should you feel you may have SAD are:

- Do you feel sadder in the winter months?
- Do you eat more or gain weight in the winter?
- Do you eat less or lose weight in the winter?
- Do you sleep more in the winter?
- Do you have less energy or motivation in the winter?
- Are you less likely to socialize with friends in the winter?
- Do you feel better in summer weather?
- Does your depression abate in the spring and summer months?

Discussing depression or the possibility of seasonal affective disorder with your clinician is the first step in managing the disease. Next, there are plenty of interventions aside from medication to help. Daily walks outside, even on cloudy



days, may help along with aerobic exercise. Enhanced indoor lighting can benefit as well. Another consideration is to awaken to light, such as with a timer on a bedside lamp, for example. Sleep hygiene can be a topic altogether separate, but it does have a place in the treatment of SAD and depression. Adequate sleep hygiene involves keeping a regular sleep-wake schedule, avoiding caffeine in the afternoon and evening hours, avoiding light-emitting screens in bed (for example, smart phones, iPads, TV), and regular exercise, preferably four to five hours before bedtime. Alcoholic "night caps" are also detrimental to good sleep, as is smoking tobacco. It is also important to deal with your worries before it is time to retire to bed. Bright light therapy has been used to treat SAD. Selective Serotonin Reuptake Inhibitors (SSRIs) such as Zoloft (sertraline) or Prozac (fluoxetine) are considered the first drug of choice. (6) Psychotherapy has also been found to be effective. (7) Each treatment option has benefits and drawbacks, but individually or in combination, is typically effective in alleviating the effects of seasonal affective disorder.

Michele Brannan is a certified Physician Assistant of Internal Medicine and has been in practice in the River Bend area for over 10 years.

The health information provided herein is not intended to replace the advice or discussion with a healthcare provider and is for educational purposes only. Before making any decisions regarding your health, speak with your healthcare provider.

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