



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

PROVINCIAL OFFICE: 100-4 FORT STREET WINNIPEG MANITOBA R3C 1C4
PHONE: (204) 786-0987 TOLL FREE (OUTSIDE OF WINNIPEG) 1 (800) 263-1460 FAX: (204) 775-3497
WEB: depression.mb.ca E-MAIL: sdmdm@depression.mb.ca

Seasonal Affective Disorder (S.A.D.)

Source: CMHA Ontario, Brian Parsons, PageWise, Inc.

Weather often affects people's moods. Sunlight breaking through clouds can lift our spirits, while a dull, rainy day may make us feel a little gloomy. While noticeable, these shifts in mood generally do not affect our ability to cope with daily life. Some people, however, are vulnerable to a type of depression that follows a seasonal pattern. For them, the shortening of days of late autumn is the beginning of a type of clinical depression that can last until spring. This condition is called *Seasonal Affective Disorder* or *SAD*.

How is a 'seasonal pattern' of depression defined?

SAD is a subtype of major depression characterized by onset at a certain time of year, usually the winter. First defined in 1984, SAD is also called 'seasonal depression', 'winter blues' or 'major depression with a seasonal pattern.' Each of these terms refers to a subtype of major depressive disorder.

SAD is characterized by the following four central features:

- Recurrent major depressive episodes that start at approximately the same time every year (eg., September to October) and end around the same time every year (eg., March to April).
- Full remission of symptoms during the unaffected period of the year (eg., May to August). To be considered a full remission, symptoms of the seasonal episode must be absent for at least two consecutive months.
- Over the lifetime course of the illness, there are more seasonal depressive episodes than non-seasonal episodes of depression.
- Seasonal depressive episodes occur in at least two consecutive years.

What are the symptoms of depression in SAD?

Individuals suffering from SAD have all the typical symptoms of depression:

- Low mood
- Reduced interest in usual activities
- Decreased concentration
- Low energy and fatigue

In addition, however, they also tend to have a specific symptom cluster comprised of:

- Increased sleep (70 to 90 percent of people with SAD)
- Increased appetite (70 to 80 percent of people with SAD)
- Unacceptable weight gain (70 to 80 percent of people with SAD)
- Carbohydrate / sweets craving (80 to 90 percent of people with SAD)

The symptoms of SAD generally disappear when spring arrives. For some people, this happens suddenly with a short time of heightened activity. For others, the effects of SAD gradually dissipate.

The term ‘winter blues’ can be misleading; however, as some people have a rarer form of SAD, which is summer depression. This condition usually begins in late spring or early summer.

Symptoms of summer depression, or ‘reverse SAD’, may include:

- Poor appetite and/or weight loss
- Agitation or anxiety
- Insomnia

What causes SAD?

Research into the causes of SAD is ongoing. It may help to know that there is a proposed reason for the cause of such feelings of depression at certain times of year. Just knowing that it’s not ‘all in your head’ can prove somewhat of an effective therapy in itself.

A ‘biological internal clock’ in the brain regulates our circadian (daily) rhythms. This biological clock responds to changes in the season, partly because of the differences in the length of the day. Apparently our mood is determined to some degree by the amount of bright light to which we are exposed throughout the day. The bright light entering our eyes is reported to increase the production of a substance called *serotonin*, a neurotransmitter the lack of which is believed to cause depression.

During the night, *melatonin*, the substance that makes us drowsy, is produced by a gland called the *pineal gland*. This production of melatonin is stopped by light entering our eyes in the morning light but in the dull days of winter, the amount of light is less than that in summer; therefore, the feeling of drowsiness and laziness lingers with us longer.

For many thousands of years, the cycle of human life revolved around the daily cycle of light and dark. We were alert when the sun shone; we slept when our world was in darkness. The relatively recent introduction of electricity has relieved us of the need to be active mostly in the daylight hours. But our biological clocks may still be telling our bodies to sleep as the days shorten. This puts us out of step with our daily schedules, which no longer change according to the seasons.

Is the diagnosis of SAD stable over time?

Long-term follow-up studies of SAD have found that over 60 percent of individuals diagnosed with the disorder continue to demonstrate a seasonal disturbance of mood and / or behaviour over time. Approximately 20 percent of people with SAD can have complete remission within several years of first diagnosis. The stability of the diagnosis of SAD seems to be similar to the long-term stability of the diagnosis of major depression itself (ie., 44 to 76 percent of individuals with major depression maintain the diagnosis over several years of follow-up).

Do SAD patients frequently have bipolar illnesses?

The majority of people with SAD have unipolar depression, but as many as 20 percent may have or go on to develop bipolar depression. Typically the manic or hypomanic episodes occur in the spring and summer, and it is critical that these episodes are distinguished from the improved mood related to the remission of SAD for that reason. There are important treatment differences for individuals with bipolar as compared with unipolar illness.

What is the prevalence of SAD?

In Canada, the prevalence rate of SAD is between 2 and 3 percent. In the United States, however, the rate is less than 1 percent. European community-based studies have estimated the prevalence of SAD to be between 1.3 and 3 percent of the European population, whereas studies in Asia report rates of 0 to 0.9 percent of their population.

What is the female to male ratio?

Women are more likely to suffer from SAD than are men, with an average ratio of approximately 1.8 to 1. However, some studies place the female to male ration much higher, at 4 to 1.

What are the treatment options?

There is effective treatment for SAD. If you feel depressed for long periods during autumn and winter, if your sleep and appetite patterns change dramatically, and especially if you find yourself thinking about suicide, you should seek professional help. Even people with severe symptoms can get rapid relief once they begin treatment.

- People with mild symptoms can benefit from spending more time outdoors during the day and by arranging their environments so that they receive maximum sunlight. Trim tree branches that block light, for example, and keep curtains open during the day. Move furniture so that you sit near a window. Installing skylights and adding lamps can also help.

- Exercise relieves stress, builds energy, and increases your mental and physical well-being. Build physical activity into your lifestyle before SAD symptoms take hold. If you exercise indoors, position yourself near a window. Make a habit of taking a daily noon-hour walk outdoors. The activity and increased exposure to natural light can raise your spirits.
- A winter vacation in a sunny destination can also temporarily relieve symptoms, although symptoms usually return after returning home. At home, work at resisting the carbohydrate and sleep cravings that come with SAD.
- Many people with SAD respond well to ‘phototherapy’, or light therapy. The treatment uses an artificial equivalent of early morning full daylight (2500 to 10,000 lux), higher than projected by normal home light fixtures (50 to 300 lux). At 10,000 lux – the current standard – 30-minute sessions are most typical. Since light intensity and duration interact, longer sessions will be needed at lower intensities. A health care professional should be consulted before beginning light therapy.
- For people who are more severely affected by SAD, antidepressant medications are safe and effective in relieving symptoms. Counselling and therapy, especially short-term treatments such as cognitive-behavioural therapy (CBT), may also be helpful for winter depression.
- Increasing your exposure to light, monitoring your diet, sleep patterns, and exercise levels are important first steps. For those who are severely affected, devising a treatment plan with a health care professional consisting of light therapy, medication and cognitive-behavioural therapy may also be needed.

The degree and severity of seasonal depression varies with the individual, and prolonged and deep depression should never be left unchecked but should be brought to the attention of a medical professional.

Recommended reading:

- *Winter Blues: Seasonal Affective Disorder – What It Is and How To Overcome It.* Rosenthal, N. (1998), Guilford Publications.
- *Fight the Winter Blues, Don’t Be SAD: Your Guide to Conquering Seasonal Affective Disorder.* Peters, C.A. (1994). Script Publishing.
- *Canadian Consensus Guidelines for the Treatment of Seasonal Affective Disorder.* Lam, R.W., and Levitt, A.J. (Eds) (1999). Clinical & Academic Publishing.

“There is hope and there is help.”