

SAD: MORE THAN JUST SADNESS

Does it seem like your child is dragging or getting lazy during the winter months? Do you struggle to mark anything off of your "To-Do List," despite being able to spend more time at home when inclement weather keeps you indoors? Does a friend seem to be busy doing a whole lot of nothing, and frustrated with lack of progress?

If you, a family member, or friend notice periods of depression that seem to accompany seasonal changes during the year, it could be Seasonal Affective Disorder (SAD). ***This condition is characterized by recurrent episodes of depression – usually in late fall and winter – alternating with periods of normal or high mood the rest of the year.***

Most people with SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity and have increasingly sought treatment. SAD can also occur in children and adolescents, in which case the syndrome is first suspected by parents and teachers. Anyone already with a diagnosis of depression may need to adjust how they manage their condition, as they could experience an increase or change in symptoms.

WHAT ARE THE PATTERNS OF SAD?

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don't feel fully back to normal until early May. Depressions are usually mild to moderate, but they can be severe. Very few patients with SAD have required hospitalization, and even fewer have been treated with electroconvulsive therapy.

The typical characteristics of recurrent winter depression include:

- Oversleeping
- Daytime fatigue
- Carbohydrate craving
- Weight gain
- Common features of depression: lethargy, hopelessness, lack of interest in normal activities, social withdrawal, decreased sexual interest, suicidal thoughts

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. Patients living at different latitudes note that their winter depressions are longer and more profound the farther north they live. Patients with SAD also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased.

SAD is often misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections.

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Rare as it is, approximately 1 of 10 cases of SAD occur in summer months instead of winter, probably due to high heat and humidity. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. Patients with such "reverse SAD" often find relief with summer trips to cooler climates in the north. Generally, normal air conditioning is not sufficient to relieve this depression, and an antidepressant may be needed.

In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and spring, around the equinoxes.

HOW IS WINTER SAD TREATED?

Light therapy is now considered the first-line treatment intervention, and if properly dosed can produce relief within days. Antidepressants may also help, and if necessary can be used in conjunction with light. Bright white fluorescent light has been shown to reverse the winter depressive symptoms of SAD.

Early studies used expensive "full-spectrum" bulbs, but these are not especially advantageous. Bulbs with color temperatures between 3000 and 6500 degrees Kelvin all have been shown to be effective. The lower color temperatures produce "softer" white light with less visual glare, while the higher color temperatures produce a "colder" skylight hue. The lamps are encased in a box with a diffusing lens, which also filters out ultraviolet radiation. The box sits on a tabletop, preferably on a stand that raises it to eye level and above. Such an arrangement further reduces glare sensations at high intensity, and preferentially illuminates the lower half of the retina, which is rich in photoreceptors that are thought to mediate the antidepressant response. Studies show between 50% and 80% of users showing essentially complete remission of symptoms, although the treatment needs to continue throughout the difficult season in order to maintain this benefit.

There are three major dosing dimensions of light therapy, and optimum effect requires that the dose be individualized, just as for medications.

- **LIGHT INTENSITY.**
- **LIGHT DURATION.**
- **TIME OF DAY OF EXPOSURE.** The antidepressant effect, many investigators think, is mediated by light's action on the internal circadian rhythm clock. Most patients with winter depression benefit by resetting this clock earlier, which is achieved specifically with morning light exposure. Since different people have different clock phases (early types, neutral types, late types), the optimum time of light exposure can differ greatly. The Center for Environmental Therapeutics, a professional nonprofit agency, offers an on-line questionnaire on its website, www.cet.org, which can be used to calculate a recommended treatment time individually, which is then adjusted depending on response. Long sleepers may need to wake up earlier for best effect, while short sleepers can maintain their habitual sleep-wake schedule.

Con't p. 3**INSPIRATION CORNER**

“Vision gives you the impulse to make the picture your own. “

ROBERT COLLIER

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Side effects of light therapy are uncommon. Some patients complain of irritability, eyestrain, headaches, or nausea. Those who have histories of hypomania in spring or summer are at risk for switching states under light therapy; in which case light dose needs to be reduced. There is no evidence for long-term adverse effects, however, and disturbances experienced during the first few exposures often disappear spontaneously. As an important precaution, patients with Bipolar I disorder – who are at risk for switching into full-blown manic episodes – need to be on a mood-stabilizing drug while using light therapy.

Some Baltimore specialists remind that artificial light is never a complete replacement for the real thing. Sitting in front of a sunny window or taking a long walk daily to soak up the sun are always the better, and cheaper, option. One psychiatrist even wishes he could convince insurance companies to honor prescriptions for two weeks of sun in Florida during the month of December &/or January!

WHAT SHOULD I DO IF I THINK I HAVE SAD?

If your symptoms are mild – that is, if they don't interfere too much with your daily living, you may want to try light therapy as described above or experiment with adjusting the light in your surroundings with bright lamps and scheduling more time outdoors in winter.

If your depressive symptoms are severe enough to significantly affect your daily living, consult a mental health professional qualified to treat SAD. He or she can help you find the most appropriate treatment for you. To help you decide whether a clinical consultation is necessary, you can use the feedback on the Personalized Inventory for Depression and SAD at www.cet.org.

Reprint Authorization provided by NAMI, www.NAMI.org For More Information: 410.435.2600

NAMI-Metropolitan Baltimore is a grassroots education, support and advocacy organization serving consumers of mental health services, their family members and the community. We offer free support groups, programs, lectures, workshops, helpline, resources and opportunities to advocate for research and systems change.

Reviewed by Michael Terman, Ph.D., Director, Winter Depression Program, New York State Psychiatric Institute at Columbia University Medical Center. New York City (February, 2004).

BRAIN BYTE**DID YOU KNOW?**

Not only are turkey, bananas, and milk great “Brain Foods,” but they contain the essential building blocks of serotonin and help promote calmness!

PHYSICALLY FIT KIDS DO BETTER IN SCHOOL

A new study in the Journal of School Health found that physically fit kids scored better on standardized math and English tests than their less fit peers. Researchers examined the relationship between physical fitness and academic achievement in a racially and economically diverse urban public school district of children enrolled in grades 4 – 8 during the 2004 – 2005 academic year.

Results of their study show that there is a significant relationship between students' academic achievement and physical fitness. The odds of passing both standardized math and English tests increased as the number of fitness tests passed increased, even when controlling for gender, race/ethnicity, and socio-economic status. School time and resources are often diverted from Physical Education and opportunities for physical activity such as recess. However, this study shows that students who do well on fitness tests also do well on math and English standardized tests.

"For families and schools, these results suggest investments of time and resources in physical activity and fitness training may not detract from academic achievement in core subjects, and, may even be beneficial," the authors conclude.

www.sciencedaily.com/releases/2009/01/090128113246.htm

UPCOMING EVENTS

"UNDERSTANDING MARYLAND LEGISLATIVE PROCESS"

Saturday, February 7th, 9:30 am – 1:30 pm

Mountain Christian Church, 1824 Mountain Road, Joppa
Harford County Public School Partners for Success

For more information, or to RSVP: Terri 410.836.7177, ext. 349

SENSORY-MOTOR INTEGRATION

Wednesday, February 18th @ 7 pm

6901 Charles St, Rm. 114, ESS Building, Towson

Baltimore County Public Schools Office of Special Education & the Autism Society of America, Baltimore Chesapeake Chapter

This session will help both parents and teachers learn about motor imitation, sensory modulation, integration and play. Come learn some practical tips and techniques that will support the child with ASD.

For more information, or to RSVP: 410.655.7933 or RSVP@bcc-asa.org

SOCIAL SKILLS CLUB – BALTIMORE COUNTY

Wednesday, February 18th @ 7 pm

White Marsh/Kingsville

For children with Aspergers Syndrome/High Functioning Autism, elementary through high school age. Fun, interactive sessions focusing on social skill development with same age peers. Parents are encouraged to stay on site during sessions for parental support/networking.

For more information, contact Stephanie Quaerna, MS, CCC-SLP: 410.456.0247

HARFORD COUNTY COMMUNITY RESOURCE FAIR FOR FAMILIES WITH CHILDREN AND YOUTH WITH SPECIAL NEEDS

Saturday, February 21st 9 am – 1pm (rain date March 7th)

Patterson Mill Middle/High School, 85 Patterson Mill Rd, Bel Air

Harford County Public School Partners for Success

This fair features free workshops on issues & resources for families with children & youth with special needs. Agencies, organizations and support groups will also be represented to educate &/or guide concerns.

For more information, or to register: 410.273.5579 or partners.success@hcps.org

