



'Tis the Season to be SAD!

Seasonal Affective Disorder is a type of depression that may affect 6% of North Americans. Ten to 20% more may experience milder "winter blues." Delayed circadian rhythms, poor regulation of neurotransmitters, and genetics all seem to be contributing factors, with seasonal depletion of daylight a major trigger. Dr. Norman Rosenthal first described the disorder in 1984, following the discovery that bright light could suppress the nocturnal production of melatonin from the pineal gland. Melatonin is a substance that lowers body temperature and heralds sleep. Rosenthal successfully used light therapy to treat the depression of a man suffering from regular seasonal emotional cycles.

Two decades later, we know much more about SAD and its treatment. The disorder is described in DSM-IV, the U.S. manual of psychiatric diagnosis. There are two separate types of SAD: fall-onset or winter depression and the less common spring-onset variety. Winter depression is characterized by overeating – especially a craving for sweet or starchy foods - and low energy, a

tendency to oversleep, weight gain, poor concentration, a heavy feeling in the extremities, irritability, increased sensitivity to social rejection and avoidance of social contact. Summer depression has the reverse symptoms - insomnia, weight loss and poor appetite. Although children and teens may experience SAD, it normally appears after the age of 20. In adults, the risk decreases with age. SAD is four times more common in women than in men, and is increasingly prevalent at higher latitudes. Alaskans are at high risk for SAD. In Fairbanks (latitude 65°N) a 1990 study identified that 1 in 5 suffered from "winter blues," and 1 in 10 required treatment for SAD [Am J Psychiatry. 1992 Sep;149 (9):1176-8]. Alaska healthcare professionals should be vigilant for symptoms of SAD, to ensure patients receive early diagnosis and effective therapy.

First-line treatment for SAD is bright light therapy, using devices such as light boxes and visors, and dawn and dusk simulators. Neither full spectrum lighting nor tanning beds are effective against SAD, and high energy ultraviolet rays from tanning beds can be hazardous to both eyes and skin. Several Anchorage pharmacies including Lake Otis Pharmacy and Bernie's offer rent-to-own SAD lights, and UAA's Student Health Center provides light boxes to students. Other treatment options include drugs such as Paxil, Zoloft, Prozac and Wellbutrin, and behavioral therapy. Sufferers should consult a doctor, as some people need a combination of therapies.

What are the "body blues?" Marie-Annette Brown and Jo Robinson believe the major mood disorder affecting women today is caused by vegetative depression of the body rather than the mind. For women who feel tired, stressed and eat too much, they have developed **LEVITY**. This **L**ight **E**xercise **V**itamin Intervention Therap**Y** calls for more natural lighting, a brisk, 20-minute outdoor walk daily, and six specific vitamins and minerals. Read about LEVITY's amazing success in *When your body gets the blues*, Rodale, 2002 or review the complete research in, *Women and Health*, 34(3), 2001:93-112.

Resources:

Questionnaire to help diagnosis SAD:

<http://www.outsidein.co.uk/sadsympt.htm>

The Cleveland Clinic. Understanding SAD and light therapy.

<http://www.clevelandclinic.org/health/health-info/docs/1400/1484.asp?index=6412>

Society for Light Treatment and Biological Rhythms.

[Collection of articles and projects on SAD and related topics]

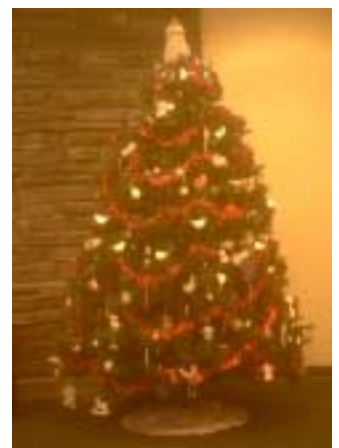
<http://www.websciences.org/sltbr/>

Dr. Rosenthal's website. <http://www.normanrosenthal.com>



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