



Employee NEWSLETTER

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Understanding and Treating Seasonal Affective Disorder

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In the opening lines of Richard III, Shakespeare references “the winter of our discontent.” This phrase has particular resonance for people who suffer from seasonal affective disorder (SAD).

For many, as the days become shorter and the temperatures drop, and activities shift from outside to inside, the winter blues can set in. For some, this winter discontent, melancholy, and depression represent the clinical syndrome called seasonal affective disorder (SAD). Like all forms of depression, SAD can strike anyone, and it can be particularly concerning for those with substance use disorders.

What is SAD?

SAD has been defined as a depressive episode that develops in the fall and winter and resolves in the summer months. It affects about five percent of the adult population in the United States. It is believed to involve the disruption of the circadian rhythm triggered by the decrease in sunlight exposure with the change of seasons. The amount of serotonin in the brain can also be affected by sunlight exposure. Lower serotonin, one of the neurotransmitters that regulate and stabilize mood, is often correlated with clinical symptoms of depression.

In addition to feelings of sadness, symptoms of SAD can include:

- Changes in appetite (especially carbohydrate cravings)

- Sleeping for long hours (known as hypersomnia)
- Lack of energy/feelings of fatigue or malaise
- Loss of interest in activities
- Difficulty thinking or concentrating

According to the journal *Depression Research and Treatment*, SAD is four times more likely to affect women than men, and it tends to first emerge in early adulthood, from ages 18 to 30. Additionally, the farther away one lives from the equator, the more likely they are afflicted with SAD. (Only one percent of Floridians have the disorder, while nine percent of Alaskans do.)

Treatment Options for SAD Patients

Because SAD is related to a lack of sunlight and an accompanying drop in serotonin levels, the condition is often treated by giving the patient more exposure to light. For some, that means increased exposure to sunlight, so pushing yourself to spend time outdoors or closer to a window facing the sun can help. For others, bright light therapy (BLT) is indicated. This involves using a full-spectrum fluorescent light box that emits brightness similar in composition to sunlight. BLT is now recognized as a first-line treatment for SAD, and patients may begin to feel improvement after being treated with the lightbox for just 20 minutes to an hour per day. Studies have shown that BLT is most effective when lightboxes are used early in the morning.

Another treatment for SAD involves vitamin D supplementation. Research by the University of Georgia showed a connection between vitamin D deficiency and SAD. Vitamin D levels fluctuate throughout the year, and those fluctuations are related to the amount of sunlight available. Insufficient dietary intake can also cause a vitamin D deficiency, so good eating habits are crucial in the battle against seasonal depression.

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Medications such as Selective Serotonin Reuptake Inhibitors (SSRIs) can also be used to treat SAD. In patients already on antidepressants, increasing a patient's SSRI dosage or adding an SSRI during the winter months can also be a helpful intervention.

Addiction and In-Person Therapy for SAD

Depression can be damaging on its own, impacting one's happiness, interpersonal relationships, and overall quality of life. While there is currently no research directly connecting SAD to substance abuse, people with seasonal depression may feel an increased urge to drink or use drugs during the winter months to self-medicate their emotional pain. This habit can develop into a substance use disorder.

For those who have struggled with addiction in the past, depression can lead to recurrence (also known as relapse). Additionally, the winter holidays are often difficult for patients in recovery, stirring up memories and losses, cravings, and struggles to find sober ways of celebrating.

To better manage seasonal depression symptoms and prevent the onset of negative health outcomes, in-person counseling can be a viable option for those affected by SAD. Similarly, meeting with a therapist can be valuable for those with concerns about their substance use.

One type of in-person treatment that has been effective against both SAD and addiction has been cognitive behavioral therapy (CBT), which involves replacing a patient's negative thoughts with more helpful and adaptive responses. In CBT, negative thought constructs associated with low self-esteem, depression, social anxiety, and stress can be analyzed with a trained therapist, and the patient gains awareness of how their thoughts affect emotions and behaviors.

The treatment can also involve behavioral activation techniques, such as planning pleasant outdoor winter activities. Meditation, exercise, or other wellness activities can likewise help change the negative thoughts that depression brings. Research from the National Institute of Mental Health has shown both light therapy and CBT to be equally effective against SAD.

Seasonal affective disorder can threaten one's health and sobriety, but with the help of a medical professional or therapist, clients can receive the needed support to

work through dark times, negative thoughts, and/or self-destructive behaviors. Embracing treatment can mean that the winter of our discontent can indeed be made "glorious summer," as Shakespeare said.

References:

<https://www.psychologytoday.com/us/blog/addiction-recovery/202111/understanding-and-treating-seasonal-affective-disorder>