



Winter blues: understanding seasonal affective disorder

By Melanie Dallas, LPC

You may have seen a meme on Facebook, something to the effect of “I love when daylight saving time ends and it gets dark at 4:00 in the afternoon...said no one ever.” While it never gets dark quite that early in Georgia, the winter months mean we receive fewer hours of sunlight each day. And that lack of sunlight can affect some people’s mental health.

According to the National Institute of Mental Health, seasonal affective disorder (coincidentally known by the acronym SAD) is a type of depression that can come and go with the seasons. SAD typically starts in the late fall and early winter and goes away during the spring and summer.

It’s not uncommon for people to get the winter blues or what we call cabin fever from being indoors more during winter months. A lower amount of physical activity – also not uncommon when it’s cold outside – can also affect mood. But for some people, seasonal changes can result in actual depression.

One of the biggest factors related to SAD are called circadian rhythms – physical, mental and behavioral changes that follow a daily cycle in response to light and darkness in the environment. According to the National Institute of General Medical Sciences, these rhythms can influence sleep-wake cycles, hormone release, eating habits and other bodily functions. Irregular rhythms have been linked to chronic health conditions such as sleep disorders, obesity, diabetes, depression, bipolar disorder and seasonal affective disorder.

The symptoms of seasonal affective disorder are the same as symptoms of depression any other time of year. But with the time change, shorter days and the coming winter, it might be good to review these symptoms:

- Feeling depressed most of the day, nearly every day
- Losing interest in activities you once enjoyed
- Having low energy, feeling sluggish or agitated
- Having problems with sleeping
- Changes in appetite or weight
- Difficulty concentrating
- Feeling hopeless, worthless or guilty
- Having thoughts of death or suicide

Of course, not everyone will experience SAD, but individuals that have existing depression or bipolar disorder may be more likely to experience new or worsening symptoms during winter months. Other attributes that increase the risk of SAD include:

- Being female. SAD is diagnosed four times more often in women than men.
- Living far from the equator. SAD is more frequent in people who live far north or south of the equator, regions where winter daylight can be extremely limited. For example, only one percent of those who live in Florida experience SAD, compared with nine percent of people living in New England or Alaska.
- Family history. People with a family history of other types of depression are more likely to develop SAD than people who do not have such a family history.
- Age. Younger adults have a higher risk of SAD, and SAD has even been reported in children and teens.

The National Institute of Mental Health (NIMH) lists four main types of treatment for SAD. Two of them – medication and psychotherapy (counseling) – are fairly standard treatments for depression any time of year, and both are known to be effective.

NIMH also notes that vitamin D might help treat SAD, especially if used in combination with other therapies. The reasoning is that some people with SAD have low levels of vitamin D, one source of which is sunshine. Still, the effectiveness of vitamin D in treating SAD is inconclusive.

Finally, light therapy (also called phototherapy) has been a mainstay of treating SAD since the 1980s. Exposure to specific types of light during specific times of day can help treat symptoms of SAD during months when sunlight is less abundant.

Although there can be much to like during the winter – football playoffs, the holidays and the occasional beauty of fresh snow – the season can also make some people feel blue. If you think you may have seasonal affective disorder, talk to your doctor or mental health provider for help.