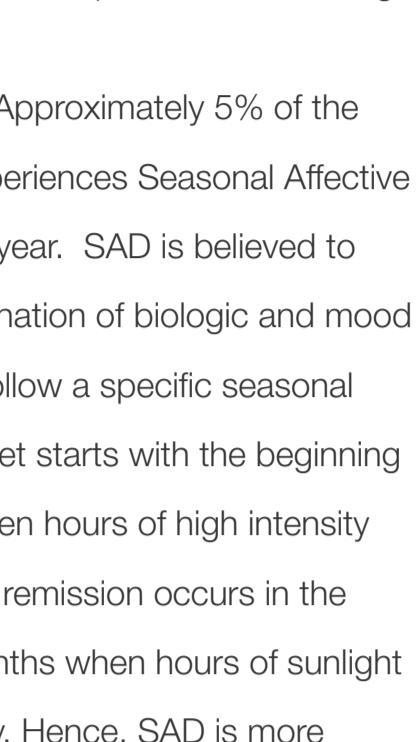


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Seasonal Depression – Ask the Expert

Featuring**Miriam****Franco, PsyD****MSCS**

Member of MSAA's Healthcare Advisory Council

Question: *Is Seasonal Depression a real thing?*

Answer: Yes, it is. Approximately 5% of the U.S. population experiences Seasonal Affective Disorder (SAD) per year. SAD is believed to result from a combination of biologic and mood disturbances that follow a specific seasonal pattern. Typical onset starts with the beginning of the fall/winter when hours of high intensity sunlight lessen and remission occurs in the spring/summer months when hours of sunlight extend and intensify. Hence, SAD is more common in the higher or winter latitudes. Although this condition fades with the spring, it can cause significant impairment, characterized by low energy and mood (depression). People with SAD seldom require hospitalization, or have psychotic symptoms or become suicidal. But the drop in energy (fatigue) and mood they experience seasonally can incur major problems with functioning at work or in their social relationships.

People with SAD often have family members who have had it. They also visit their primary care physicians (PCP) more often in the winter than other patients. Unfortunately, PCPs routinely fail to diagnose half of all who present with it. Since SAD is considered to be a sub-type of major depression, screening for depression should theoretically help identify those who have SAD. There are two screening questionnaires that can be used: The Seasonal Pattern Assessment Questionnaire and The Seasonal Health Questionnaire. These are good to initiate screening but the patient must also be directly asked whether the depression is linked to SAD. That is, it must be determined that symptoms involve the particular onset, remission and time of year and whether this pattern of winter blues has repeated for the past two years. Also, for those who may experience major depression or bipolar disorder, to warrant a diagnosis of SAD, the major seasonal depressive episodes must outnumber the non-seasonal depressive episodes over the individual's lifetime. One can be diagnosed with SAD by itself or it may accompany another depressive disorder.

Primary treatment for SAD is Light Therapy, which is highly effective and can improve symptoms within 1-2 weeks. Other treatment options include anti-depressant medication (typically Zoloft) with brief term psychotherapy (with anti-depressant treatment symptoms should disappear within 6-8 weeks).

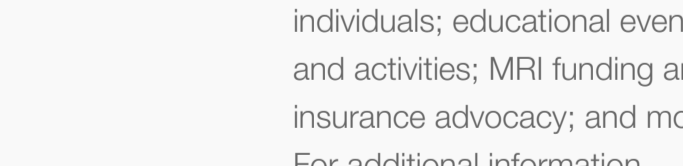
Question: *What resources do you use for Seasonal Affective Disorder?*

Light therapy is the standard of care but one must use a light therapy box or lamp that are specifically designed for SAD, because they have specific ultraviolet light filtration. Light therapy is generally well tolerated. To avoid relapse, it should be continued through the end of winter until symptoms disappear till the spring. Light therapy can also be used as a prophylaxis (prevention) before autumn and shorter days of sunlight start again.

In choosing a light therapy lamp or box, features such as light intensity, safety, cost and style (they come in a variety of models) are important factors to consider. It's best to talk to your health care provider about choosing the appropriate light lamp for you. Increased exposure too fast or using it for too long each time may induce manic symptoms if you have a bipolar disorder.

And if you have past or current eye problems such as glaucoma, cataracts or eye damage from diabetes, consult your physician before starting light therapy.

A light therapy lamp or box imitates outdoor light and causes a chemical change in your brain that lifts your seasonal mood. In general, the light lamp/box must provide exposure to 10,000 lux of light and emit as little UV light as possible. It is recommended that you sit under or by the light in the morning daily. Since they are not regulated by the FDA, you can purchase one without a prescription. For SAD, they should be designed to filter out most if not all ultra violet light (UV) and need to state they are to treat SAD. There are light therapy lamps that are designed for skin disorders and emit UV light which you want to avoid. Also, light boxes or lamps produce different intensities of light so brighter boxes requires less time to use compared to dimmer boxes. Thus, daily exposure can last from 30 to 120 minutes.

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