

## SAD in Children

Saha S, Pariante CM, McArdle TF, Fombonne E.

**Very early onset seasonal affective disorder: a case study.** Eur Child Adolesc Psychiatry. 2000 Jun;9(2):135-8.

Maudsley Hospital, Institute of Psychiatry, London, UK.

A four year old boy was referred from Scotland, with a seasonal pattern of depressive symptoms dating back to infancy and meeting criteria for Major Depressive Disorder with Seasonal Pattern by the age of three years. There was consistency in reports between informants and across contexts and significant improvement with light therapy.

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Meesters Y.

**Light therapy in 3 children with winter depression**Ned Tijdschr Geneeskd. 1995 Dec 23;139(51):2664-6.

Academisch Ziekenhuis, afd. Biologische Psychiatrie, Groningen. [Article in Dutch]

In three children, boys of 5 and 13 years old and a girl aged 10, seasonal affective disorder was diagnosed based on mood changes (listlessness, fears) and increased sleepiness in the winter season. They were treated successfully with light therapy (5 consecutive days 30 min 10,000 lux of full spectrum light without ultraviolet). In two patients the disorder recurred in the fall/winter the year(s) thereafter, and they were again treated successfully.

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Giedd JN, Swedo SE, Lowe CH, Rosenthal NE.

**Case series: pediatric seasonal affective disorder. A follow-up report.** J Am Acad Child Adolesc Psychiatry. 1998 Feb;37(2):218-20.

National Institute of Mental Health, Child Psychiatry Branch, Bethesda, MD 20892, USA.

Six subjects who as children had received a diagnosis of seasonal affective disorder consented to participate in a 7-year follow-up study. Structured and semistructured interviews were conducted to assess the course of illness, response to treatment, and current clinical state. Seasonal patterns of symptoms and response to light therapy remained relatively stable over a 7-year period. Two subjects were using adjunctive fluoxetine. Seasonal affective disorder can occur in children and adolescents, responds to light therapy, and should be considered in the differential diagnosis of pediatric affective symptoms or cyclic school performance.

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Swedo SE, Allen AJ, Glod CA, Clark CH, Teicher MH, Richter D, Hoffman C, Hamburger SD, Dow S, Brown C, Rosenthal NE.

**A controlled trial of light therapy for the treatment of pediatric seasonal affective disorder.** J Am Acad Child Adolesc Psychiatry. 1997 Jun;36(6):816-21.

Department of Psychiatry, McLean Hospital, Belmont, MA, USA.

**OBJECTIVE:** To evaluate the efficacy of light therapy for the treatment of pediatric seasonal affective disorder (SAD). **METHOD:** 28 children (aged 7 to 17 years) at two geographically distinct sites were enrolled in a double-blind, placebo-controlled, crossover trial of bright-light treatment. Subjects initially entered a week-long baseline period during which they wore dark glasses for an hour a day. They were then randomly assigned to receive either active treatment (1 hour of bright-light therapy plus 2 hours of dawn simulation) or placebo (1 hour of clear goggles plus 5 minutes of low-intensity dawn simulation) for 1 week. The treatment phase was followed by a second dark-glasses phase lasting 1 to 2 weeks. After this phase, the children received the alternate treatment. Response was measured using the parent and child versions of the Structured Interview Guide for the Hamilton Depression Rating Scale, Seasonal Affective Disorders version (SIGH-SAD). **RESULTS:** Data were analyzed as change from baseline. SIGH-SAD-P total depression scores were significantly decreased from baseline during light therapy compared with placebo (one-way analysis of variance,  $\rho = .009$ ), and no differences were found between the placebo and control phases. Subscores of atypical and typical depression were also significantly decreased during the active treatment ( $\rho = .004$  and  $.028$ , respectively). A similar trend was noted with the SIGH-SAD-C, but this did not reach significance. At the end of the study, 78% of the parents questioned and 80% of the children questioned rated light therapy as the phase during which the child "felt best." **CONCLUSION:** Light therapy appears to be an effective treatment for pediatric SAD.

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Cooke LB, Thompson C.

**Seasonal Affective Disorder and response to light in two patients with learning disability.** *Affect Disord.* 1998 Mar;48(2-3):145-8.

New Friends Hall, Stapleton, Bristol, UK.

**BACKGROUND:** Seasonal Affective Disorder is now a well recognised variant of recurrent depressive disorder. No previous description of its occurrence in people with a learning disability has appeared. **METHODS:** Two patients are described who manifested seasonal cycles in mood related behaviour. **RESULTS:** Both patients were treated with bright artificial light and showed adequate clinical responses. **CONCLUSION:** Patients with a learning disability and recurrent behavioural changes indicative of a mood disorder should be assessed for the seasonal pattern of the illness and, if appropriate, given a trial of treatment with bright artificial light. **LIMITATION:** The data relates to two case reports without structured assessments. Further studies in this population should use standardised diagnostic criteria and systematic severity of depression scores. **CLINICAL RELEVANCE:** Patients with poor verbal skills may not be able to express their seasonal changes adequately but careful observation of the timing of behavioural abnormalities may aid the diagnosis of SAD leading to new therapeutic possibilities in phototherapy.

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Rosenthal NE, Carpenter CJ, James SP, Parry BL, Rogers SL, Wehr TA.

**Seasonal affective disorder in children and adolescents.** *Am J Psychiatry.* 1986 Mar;143(3):356-8.

The authors studied seven children with symptoms of seasonal affective disorder. During the winter months the children regularly experienced irritability, fatigue, school difficulties, sadness, and sleep changes as well as other symptoms of seasonal affective disorder found in adults. An open trial of bright environmental light reversed many of these symptoms and improved mood and psychosocial functioning in the winter months. School counsellors and therapists should consider seasonal affective disorder in the differential diagnosis of children with school difficulties that are most prominent in the fall-winter semester.

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Garcia J, Rosen G, Mahowald M.

**Circadian rhythms and circadian rhythm disorders in children and adolescents.** *Semin Pediatr Neurol.* 2001 Dec;8(4):229-40.

Minnesota Regional Sleep Disorder Center, Hennepin County Medical Center, Minneapolis 55415, USA

A clinically applicable review of circadian rhythm physiology is presented, including a detailed examination of the interaction of circadian and homeostatic systems and the maturation of the circadian system from pre-conception through adolescence. Emphasis is placed on the clinical evaluation gathering information through the history, sleep log, and if necessary, actigraphy and polysomnography. Circadian disorders, including advanced sleep phase syndrome, circadian disorders seen in blind children, delayed sleep phase syndrome, and non-24-hour sleep phase are described. Case descriptions of each are provided. Treatment and interventions for these disorders are described, including the importance of education, light therapy, sleep-wake schedule adjustments, and the occasional use of medications, such as sedative hypnotics and melatonin.

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