

Symptoms of SAD

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Seasonal depression Rev Prat. 1997 Nov 1;47(17):1899-903.

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Seasonal affective disorder (SAD) is a condition characterized by annually occurring major depressive episodes which was described by Rosenthal et al. in 1984. It occurs most commonly in women and the onset usually being in early adulthood. These episodes are regularly occurring in fall and winter with full remission during the following spring and summer. The patient's mood is a combination of depression and mild anxiety accompanied by fatigue, loss of libido, and a profound reduction of socialisation. During winter depression, most of these patients complain of atypical vegetative symptoms accompanied by hypersomnia, hyperphagia, carbohydrate craving, and weight gain. Hypotheses on the underlying mechanisms of these behavioral and neurovegetative disorders indicate that environmental variables, e.g., climate, latitude, light, and changes in neurotransmitter fraction that naturally occur with the seasons may be important. Phototherapy is being increasingly used for the treatment of seasonal affective disorder. The antidepressant effect of light therapy in the treatment of SAD has been widely shown. The response in patients with SAD is contingent on the exposure of the patients' eyes to light. Further important factors are the duration of daily treatment and light intensity. However, the role of timing of phototherapy remains controversial. The biological basis of the diverse psychological and biological changes in SAD and the underlying mechanisms of action of phototherapy are still unclear and require further study.

Dilsaver SC, Jaeckle RS.

The naturally occurring rhythm of blues: winter depression. Ohio Med. 1990 Jan;86(1):58-61.

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Winter depression, a form of seasonal affective disorder, is a common condition that increases in prevalence in northern areas and in regions with a high proportion of overcast fall and winter days. Parts of Ohio are high-risk areas given the high percentage of overcast days. Winter depression is marked by the onset of recurrent episodes of major depression each fall or winter which spontaneously remit in the spring. The depressive syndrome is often characterized by sadness, anxiety, decreased involvement in work and social activities, increased appetite, carbohydrate craving, weight gain, hypersomnia and psychomotor retardation. This syndrome often responds to treatment with two to six hours per day of full-spectrum bright artificial light. The efficacy of drugs in the treatment of this condition is now being studied at The Ohio State University. A monoamine oxidase inhibitor is effective.

McIntyre IM, Armstrong SM, Norman TR, Burrows GD.

Treatment of seasonal affective disorder with light: preliminary Australian experience. Aust N Z J Psychiatry. 1989 Sep;23(3):369-72.

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Six patients with a history of Seasonal Affective Disorder (SAD) were treated with bright artificial light. Patients presented with at least two consecutive years of loss of energy, difficulty in working, loss of interest in activities, difficulty in concentrating, increased somnolence, over-eating (carbohydrate craving) and depressed mood. All received seven consecutive days of full-spectrum bright light with an intensity greater than 2,500 lux at a distance of three feet. Evening exposure for two hours resulted in significant clinical improvement. The main improvements were a return to normal sleeping patterns, a reduction in eating habits, improved energy level, a desire to continue with interests and activities and an improvement in mood. Possible mechanisms for the clinical effects of bright light treatment are discussed.