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Depression and Seasonal Affective Disorder

By: James L. Holly, MD

"The holidays" -- a uniquely American language construct -- typically refers to that period which begins at Thanksgiving and extends until after New Years Day. In our mind, the holidays are associated with joy, happiness, peace and family. Yet, there is often a visitor at the holiday season who is unwelcome, but who appears to be relentlessly present. That visitor is depression. The holidays can magnify many of the situations that are normally difficult for people with anxiety disorders. Often, we have to cope with loneliness, family tensions and grief, all of which are more intense at the holiday season. In addition, expectations, hopes and wishes are very high at the holiday season. The ideal is before us constantly in TV specials and movies where people are happy and gay, without any problems. We begin to imagine that we are the "only ones" who are not happy. The more we focus on ourselves, the worse the problem becomes.

Those who are depressed every year around this time, might have an additional condition known as Seasonal Affective Disorder (SAD). People with SAD only experience depression during the autumn and winter months. The symptoms of SAD are similar to those for depression, but SAD disappears during spring and summer. Have you ever noticed how a gray, rainy day makes you gloomy and tired, while a sunny day makes you cheerful and energized? Well, there's a scientific reason for this. Insufficient exposure to sunlight has been associated with low levels of melatonin and serotonin, abnormalities of cortisol, carbohydrate craving, weight gain, and sleep disturbance.

For some, there is seasonal fluctuation in mood and of feeling depressed in the winter months. A brief look at the calendar tells why. Each year on June 21 we experience the longest day of the year. With our longest hours of sunlight in the middle of summer, it's no wonder we're happier this time of year! After this date, however, the days progressively get shorter until the Winter Solstice on Dec. 21, which is the shortest day.

With our serotonin levels at their lowest and with the added stresses of living up to our images of the picture perfect holiday, depression is often the result. This is such a real phenomenon that medicine has termed this season long depression Winter Depression, Seasonal Affective Disorder, or SAD.

If you think that SAD occurs only in the dark winter months, think again. SAD can also affect those who:

1. Work the night shift
2. Spend all day in an office
3. Wear sunglasses outside
4. Spend your days off in a dimly lit home

The common denominator is not enough sun light. In the holidays, we try to make the season bright by dressing trees with strings of lights and by lighting dancing candles, but outside it's getting darker and darker. Although light deprivation and winter weather may cause a lot of griping, there are some people whose complaints should be taken very seriously by their families, coworkers, health care providers and, indeed, themselves.

Millions of people suffer from a biologically based depression during the winter months. These people may feel fine or even "better than normal" during the spring and summer, in late fall and winter, they are very different. Beyond depressed mood, seasonal affective disorder - or SAD - often brings a loss of interest or pleasure in everyday activities that are normally satisfying, such reading a good book or listening to music. Other common problems are a significant reduction in work productivity (or immense effort to get tasks done), and withdrawal from friends and family that is hard to explain or justify.

Some of the symptoms of SAD are physical. Appetite often changes in marked contrast to spring and summer. People can experience uncontrollable cravings for sweet and starchy foods such as cookies, chocolate, pasta and bread, which cause them to put on a few pounds (or more). Dieting seems out of the question. Some notice marked changes in their need for sleep or ability to sleep normal hours. It can become tough to wake up in the morning in time for work or school, and daytime fatigue persists no matter how much sleep they get at night. Indeed, people who sleep the most often also report the most fatigue: long sleep is just not restorative. As the days grow shorter in fall, it is the physical symptoms of SAD - appetite, sleep, and daytime fatigue - that are usually the first to be noticed. The symptoms of depression then intensify (January and February are usually worst) and can lead to truly devastating, unjustified feelings of worthlessness or guilt, loss of concentration, inability to make decisions, and even thoughts of death.

There are a number of things, which can be done for SAD. Medication is one option, and it should not be ignored. But, there are some non-pharmaceutical approaches to SAD, also. Keeping more lights and brighter lights on in the house, particularly in rooms where you commonly live, is one option. Some would say, but that is wasteful and expensive. If you compare the cost of one month's prescription of most antidepressants, with the increased in one's electric bill, you've find that the lights are cheaper. Getting out in the available sunlight is another. Exercising, walking, working or playing outside is an excellent way of beginning the treatment of SAD. Some doctors are experimenting with intensive "light therapy." Patients are exposed to high intensity light for thirty minutes when they get up in the morning. The results are promising.

If the holiday depression is caused by grief, there is a great deal which friends and family can do. Here are some suggestions for helping anyone with depression, but particularly for those who are grieving:

1. Be a good listener - Your loved one may need to talk about what has happened, their feelings about it, or just to reminisce about their lives together.
2. Provide reassurance - it is very common for a person to feel guilt, that they could have done more. Let them know that they did what they could.
3. Be available - This is especially true immediately after the death and during holidays and other special events when the loss is most keenly felt.
4. Help out with errands and other tasks - Depending on the situation, a grieving person may feel too overwhelmed with emotion to do even simple tasks; they may be having to deal with funeral arrangements or medical care; or they may be having to take up the slack for a spouse who is no longer around to help them. Don't wait to be asked for help. Just do it!
5. Be patient - If a loved one refuses to accept your invitations to dinner, etc., be patient and keep asking. In time they will be ready.
6. Be understanding - The grieving person may be angry and upset. They may take their anger out on you. Understand that they are going through a difficult time and don't hold it against them.
7. Keep in touch - Write letters, send sympathy cards or flowers, or call your loved one periodically.
8. Pray - If your loved one is not religious or is offended by prayer, pray for them when you are alone. Prayer has been known to have a powerful influence, even if the object of your prayers doesn't believe in it!

And as you do these things, don't do the following:

1. Do not avoid them - Don't worry if you don't know the right thing to do or say. Your presence or simplest of gestures is all that is required to help.
2. Don't pressure them to stop grieving - Each person grieves in their own time and their own way. Let them cry, scream, or sit quietly while you hold them. Whatever it takes to get their emotions out is okay.
3. Don't hide your feelings - Don't hide your grief or avoid the subject because you don't want to upset them. Instead grieve together, hold each other and cry, or talk about the times you both spent with the loved. If you don't mention the person at

all, it may in fact feel to the grieving as if you don't even care or understand how they are feeling. Open the communication lines.

4. Don't advise them to let go of clothing or personal effects before they're ready - Each person grieves in their own time. Out of sight out of mind does not apply to someone you've loved deeply.
5. Do not say "You can have another baby" - Each child is a unique being. One baby can never replace another.
6. Don't say, "It was for the best" - Realizing this doesn't diminish the pain and sense of loss.
7. Don't say "I know how you feel" unless you really do - These are just hollow words unless you have been in the same situation and can offer suggestions about what helped you to heal.

For those who are seriously depressed, get professional help, but professional help is only part of the treatment of depression. Family, friends, faith are all part of the mental and emotional health, which we all want and need. And, often, as you reach out to help someone else, you discover that you are helped yourself. Depression happens to ordinary, normal people. Depression should not be feared nor ignored. Being depressed doesn't mean that you're weak or crazy. The only crazy thing about depression is not getting help to deal with it.

Remember, it's your life and it's your health.