ALTERNATIVE LECTURE TITLES

Why Bears have the right idea: Hibernation 101
Wake me up when it’s April
WHAT ARE WE REALLY TALKING ABOUT?

Seasonal affective disorder (SAD) is a recognized subtype of depression

Aka “Winter depression”

Described as a “combination of biologic and mood disturbances with a seasonal pattern”

Usually starts in autumn/winter but can occur at other times
In a given year, about 5 percent of the U.S. population experiences SAD, with symptoms lasting approximately 40 percent of the year. More common in women, and younger adults (average age of 23).
WHY?

Circadian rhythm issues
Retinal sensitivity to light
Neurotransmitter involvement (serotonin)
Changes in melatonin levels
WHO IS AT RISK?

Overall vulnerability to stress (ie grad students)
Living in northern latitudes
Having a first-degree relative with depression
Any existing mental health issues
FEATURES

Increased need for sleep
Irritability
Carbohydrate craving
Hyperphagia and resulting weight gain

Depressed mood
Low energy
Decreased motivation
Difficulty concentrating
Social withdrawal
Hopelessness
Lower sex drive

Seasonal onset with seasonal remission
WHAT ELSE COULD BE GOING ON?

Major depressive disorder
Bipolar disease
Thyroid disease
Premenstrual dysphoric disorder
Drug/alcohol abuse
Your thesis
WHAT TO DO ABOUT IT?

Get enough sleep
Exercise
Good nutrition
Stress relief
Avoid alcohol (and drugs)
TREATMENT OPTIONS

Light therapy
Medication
Cognitive behavioral therapy
Florida
LIGHT THERAPY

Not a lot of well designed studies...partly due to lack of good placebo!

However there is good data that supports use of light therapy as an effective treatment for SAD.

Need 1-2 weeks of treatment before see any significant improvement in symptoms.

If treatment discontinued, patients tend to relapse.
MORE ON LIGHT THERAPY

Patients should be positioned approximately 12-18 inches from light source

White, fluorescent light source (NOT UV)

Standard dosage of 10,000 lux

(LUX=illumination intensity of light)

30 minutes per day in the early morning

Must be awake with eyes open but do not have to stare directly into the light
MORE ON LIGHT THERAPY

Recommended that treatment continue until time of spontaneous remission (ie spring)

May be a good idea to get started on light therapy in late fall instead of waiting until you start to feel SAD

Generally well tolerated though people may experience headache, eye strain, nausea, agitation and blurred vision (mild and short-lived)
LIGHT THERAPY UNITS

Per [www.bestsadlights.com](http://www.bestsadlights.com):

Prices range from $60-300 per unit

Top rated units include Philips BriteLITE6, Verilux HappyLite Delux, Uplift Technologies DL-930, Lightphoria SP9882

Units can vary in terms of size, lux units, type of bulb, warranty etc

Also blue vs white light (white more researched and recommended)

Recommend reading reviews on Amazon
PHARMACOTHERAPY

SSRI’s have been shown to be effective treatment (Prozac, Paxil, Lexapro, Zoloft among others)

One double-blind, randomized controlled trial compared Prozac to light therapy

- 96 patients
- 8 weeks of light therapy (10,000 lux) for 30 min daily after awakening + placebo pill
- compared with Prozac daily + 30 min daily of 100 lux light

Similar rates of clinical response and remission BUT group receiving light therapy had an earlier response and lower rate of adverse effects

Therefore, probably similar results and patient preference should guide selection of treatment
COGNITIVE-BEHAVIORAL THERAPY (CBT)

Based on the idea that our *thoughts* cause our feelings and behaviors, not external things, like people, situations, and events.

We can change the way we think to feel / act better even if the situation does not change
CBT

Limited studies assessing usefulness of CBT in SAD

Very reasonable to consider CBT in conjunction with light therapy

CBT may play a role in lowering the likelihood of return of SAD annually

CBT + medication is more effective than either one alone for treatment of other forms of depression
COMPLEMENTARY AND ALTERNATIVE MEDICINE

Nothing known specifically about CAM treatments for SAD

St John’s Wort
SAMe
Valerian
Relaxation exercises
Mindfulness meditation
Exercise
PENN RESOURCES

SHS

Campus Health Initiatives

-section of Student Health Service, partners with student groups and campus organizations to improve health and well-being across campus through advocacy, education and action
MORE RESOURCES

CAPS
Sandi Herman
Mindfulness program
(http://www.pennmedicine.org/stress)
Google
RESOURCES

Center for Environmental Therapeutics (www.cet.org) – self-assessment tools, reading material etc


National Center for Complementary and Alternative Medicine (NCCAM) (nccam.nih.gov)

Mayo Clinic (www.mayoclinic.com)

National Alliance on Mental Illness (www.nami.org)

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