This Friday, December 21, is the Winter Solstice, the shortest day of the year, and the event spawned an article in the weekly "Health" page of the Washington Post on Seasonal Affective Disorder (December 18, 2001). The article, "The Right week to Lighten Up," is by Jennifer Huget. The Sub text is, "As sunlight ebbs, the 'winter blues' arrive."

It seems unfair that some individuals, who find the holidays stressful, if not down right depressive, may also be affected by light deprivation at the same time. As Ms. Huget points out, it is interesting, and perhaps not so coincidental, that lights or candles are prominent for these winter holidays.

I was interested in learning that a Psychiatrist, Norman Rosenthal, coined this name, with its appropriate acronym. When Dr. Rosenthal reported on his study of 29 patients who suffered depression in the winter but not in the summer in a 1984 issue of the Archives of General Psychiatry, he was a researcher at the National Institutes of Health. Presently, he is a clinical professor of psychiatry at Georgetown University.

Four tips that Rosenthal offers for " . . .making it through days of darkness" are:

- Let there be light. (Open the blinds and put on all your lights.)
- Get outdoors, especially if it's snowy.
- Get moving.
- Wake up to light. (Use a timer to have your bedside light to go on an hour before the alarm clock wakes you.)

I found no references to SAD in OT SEARCH; however, occupational therapy practitioners treating individuals with this diagnosis are probably drawing on their intervention methods with other types of depression. Additionally, therapists and consumers hopefully have meaningful occupations that divert their attention from the cold and the dark.

Following is a list of web sites and references, including the 1984 articles and its 1996 follow-up, concerning seasonal affective disorder (SAD) for professionals and consumers.

Web Sites:

Medical Encyclopedia - Seasonal affective disorder
Definition: A form of depression that recurs with a fall-winter onset and a spring-summer
remission (also known as SAD).
NOTE: Will find information also on causes, diagnosis, risks, treatment, prevention, etc.

American Academy of Family Physicians
Seasonal Affective Disorder

ClinicalTrials.gov: A service of the National Institutes of Health

Clinical trials of three non-drug treatments for winter depression (SAD).
Sponsored by the National Institute of Mental Health
Sponsored by the National Institute of Mental Health
NOTE: Both studies are currently recruiting patients.


SAD Association
Fact Sheet on Seasonal Affective Disorder

National Alliance for the Mentally Ill
Seasonal Affective Disorder

References:


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 semi structured 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.


ABSTRACT: Patients with seasonal affective disorder (SAD) selectively eat more carbohydrates
(CHO), particularly sweets but also starch-rich foods, during their depression in winter. The Dutch Eating Behavior Questionnaire (DEBQ) was administered to female SAD patients, healthy female controls, and female medical students to determine their eating style, together with the modified Seasonal Pattern Assessment Questionnaire (SPAQ+). SAD patients showed higher values for "emotional" (EMOT) eating than the students, and these in turn had higher values than the controls. In comparison to controls, SAD patients and students head high values for the factor "external" (EXT) eating, but there was no difference between the groups with respect to "restraint" (REST) eating. This is in strong contrast to patients with bulimia and anorexia nervosa, who are high REST eaters, indicating that SAD patients do not have a similar eating disorder. Additional items showed that SAD patients selectively eat sweets under emotionally difficult conditions (when depressed, anxious, or lonely). Configural frequency analysis showed that seasonal body weight change (SBWC) is high in subjects with high EMOT and REST eating together with a high body mass index (BMI). This result is in accordance with the concept of disinhibition of dietary restraint in extreme emotional situations, e.g., the depressive state.


ABSTRACT: BACKGROUND: Thirty-eight patients with SAD participated in a light visor study addressing two questions. 1. Can the development of a depressive episode be prevented by daily exposure to bright light started before symptom onset in early fall and continued throughout the winter? 2. Does the light have to be visible in order to have beneficial effects? METHODS: Three groups participated in the study: I (n = 14) received bright white light (2500 lux); II, (n = 15) received infrared light (0.18 lux); III (n = 9, control group) did not receive any light treatment at all. RESULTS: Infrared light is just as effective as bright white light. Both are more effective than the control condition. CONCLUSIONS: Light visors can be effectively used to prevent the development of SAD. The fact that exposure to infrared light was as effective as exposure to bright white light questions the specific role of visible light in the treatment of SAD.


Rosenthal NE, Sack DA, Gillin JC, Lewy AJ, Goodwin FK, Davenport Y, Mueller PS,


Seasonal affective disorder (SAD) is a syndrome characterized by recurrent depressions that occur annually at the same time each year. We describe 29 patients with SAD; most of them had a bipolar affective disorder, especially bipolar II, and their depressions were generally characterized by hypersomnia, overeating, and carbohydrate craving and seemed to respond to changes in climate and latitude. Sleep recordings in nine depressed patients confirmed the presence of hypersomnia and showed increased sleep latency and reduced slow-wave (delta) sleep. Preliminary studies in 11 patients suggest that extending the photoperiod with bright artificial light has an antidepressant effect.

**ABSTRACT: OBJECTIVE:** The purpose of this study was to characterize the long-term course of patients with seasonal affective disorder. **METHOD:** The first 59 patients with winter seasonal affective disorder who had entered winter protocols were retrospectively followed up after a mean interval of 8.8 years. Detailed life charts were constructed through use of a semi-structured interview and collateral records. **RESULTS:** The disorder of 25 patients (42%) remained purely seasonal, with regular recurrences of winter depression and no depression or treatment through any summer. The course of illness was complicated by varying degrees of nonseasonal depression in 26 patients (44%). The disorders of eight patients (14%) had fully remitted. Certain features of the group with complicated seasonal affective disorder suggested that they were more severely ill. Twenty-four patients (41%) continued to use light treatment regularly throughout the follow-up period. Light treatment was preferred to medication for winter recurrences, although antidepressants had been used in the winter by most (63%) of the patients who still used lights at follow-up. **CONCLUSIONS:** The pattern of winter depressions and summer remissions remained fairly persistent over time in this group of patients. The temporal distribution of depressive episodes both within and across individual patients was consistent with the results of several recent follow-up studies of seasonal affective disorder, providing support for the predictive and construct validity of the Rosenthal et al. diagnosis of winter seasonal affective disorder. Light treatment, while remaining a safe and satisfactory treatment for many, may be insufficient for more severely ill patients. The appearance of nonseasonal depressions in patients with winter seasonal affective disorder may be associated with greater severity of illness and less responsiveness to light treatment.


**ABSTRACT: OBJECTIVE:** To determine if the antidepressant effect of 1 hour of light therapy is predictive of the response after 1 and 2 weeks of treatment in patients with seasonal affective disorder (SAD). **PATIENTS:** Twelve patients with SAD. **SETTING:** National Institutes of Health Clinical Center, Bethesda, Md. **INTERVENTIONS:** Light therapy for 2 weeks. **OUTCOME MEASURES:** Scores on the Seasonal Affective Disorder Version of the Hamilton Depression Rating Scale (SIGH-SAD) on 4 occasions (before and after 1 hour of light therapy and after 1 and 2 weeks of therapy) in the winter when the patients were depressed. Change on typical and atypical depressive scores at these time points were compared. **RESULTS:** Improvement of atypical depressive symptoms after 1 hour of light therapy positively correlated with improvement after 2 weeks of therapy. **CONCLUSION:** In patients with SAD, the early response to light therapy may predict some aspects of long-term response to light therapy, but these results should be treated with caution until replicated.


**ABSTRACT: OBJECTIVE:** In our investigation we assessed the risk of morbidity for psychiatric disorders among the first-degree relatives of patients with seasonal affective disorders (SAD) and compared it with a control group of patients suffering from nonseasonal mood disorders.
(NSMD). METHODS: Over a period of 12 months (June 1994 to May 1995) we recruited patients consecutively admitted to our psychiatric university outpatient clinic in a prospective study. All patients were diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, revised 4th edition. A total of 344 patients presented themselves with a diagnosis of affective disorder. Out of these, 36 were diagnosed as having SAD. From the same group of 344 patients, we selected a matched control group of 36 patients suffering from NSMD. The experimental and control groups were matched according to sex, age, severity of illness and number of siblings. RESULTS: There was no significant difference concerning the lifetime prevalences for psychiatric disorders among the first-degree relatives in both groups (SAD = 16.5% and NSMD = 19%). CONCLUSION: It seems that there is no difference in familiarity for psychiatric disorders between SAD and NSMD.


ABSTRACT: BACKGROUND: An important parallel exists between patients with seasonal affective disorder and institutionalized older adults. Many older patients, as a result of global physical decline and immobility, are confined to their rooms, experiencing little natural sunlight. Thus, institutionalized older adults are at risk for chronic light deprivation. Testing the hypothesis that chronic light deprivation might be responsible, at least in part, for some depression among institutionalized older adults, the aim of this study was to investigate the efficacy of morning bright light treatment on depression among older adults residing in a long-term care facility.

METHODS: In a placebo controlled, crossover design, participants (N = 10, six women and four men; M age = 83.8) received each of the following: (i) 1 week (5 days) of 10,000 lux (therapeutic dose); (ii) 1 week (5 days) of 300 lux (placebo); or 1 week of no treatment (control). Each week of light treatment was 5 consecutive days, 30 minutes daily, with a wash-out period consisting of 1 week between conditions. RESULTS: Geriatric Depression Scale (GDS) scores at baseline during all treatment conditions were positively correlated (r = .81, p < .01) with months of institutionalization, where participants with higher GDS scores experienced more time institutionalized. Scores on the GDS remained unchanged during the placebo and control conditions, but depression scores decreased significantly during the 10,000 lux treatment (pretest GDS M = 15 vs. posttest GDS M = 11, p < .01). After the 10,000 lux treatment, 50% of the participants no longer scored in the depressed range. Improvement during the 10,000 lux condition was positively correlated (r = .62, p < .05) to baseline GDS scores, where participants with higher GDS scores experienced greater improvement following the 10,000 lux treatment. CONCLUSIONS: The results of the present study suggest that bright light treatment may be effective among institutionalized older adults, providing nonpharmacological intervention in the treatment of depression. Furthermore, the length of institutionalization may play an important role in determining the efficacy of bright light treatment for older adults in the nursing-home setting.


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.


ABSTRACT: BACKGROUND: The main screening tool for Seasonal Affective Disorder (SAD) is the Seasonal Pattern Assessment Questionnaire, but its reliability and validity have been thrown into doubt by several studies. METHOD: In this study we developed a new questionnaire, the Seasonal Health Questionnaire (SHQ), which is scored by computer to derive the four main operational criteria for diagnosis of SAD. A group of clinically diagnosed SAD patients was contrasted with a group of patients with recurrent non-seasonal depressive disorder using the SPAQ and the SHQ. RESULTS: The SHQ could be completed without difficulty by patients with long histories of recurrent mood disorder. The SPAQ and the Rosenthal Criteria were the least specific of the criteria for identifying SAD - misclassifying many non-seasonal patients. CONCLUSIONS: After further development the SHQ may be a more appropriate screening instrument for SAD. The SPAQ should no longer be used for this purpose as it gives misleadingly high estimates of prevalence.