

severe symptoms. Before starting any treatment for SAD, a person should make sure to meet with their doctor to discuss the benefits and risks of treatment. Friends and family members of people with SAD may be appropriately concerned for the well-being of their loved one.

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have SAD:

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

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SEASONAL AFFECTIVE DISORDER

Educational information and local support provided by:



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What is seasonal affective disorder (SAD)?

The symptoms of depression are very common. Some people experience these only at times of stress, while others may experience them regularly at certain times of the year. Seasonal affective disorder (SAD) is characterized by recurrent episodes of depression, usually in late fall and winter, alternating with periods of normal or high mood the rest of the year.

Whether SAD is a distinct mental illness or a specific type of major depressive disorder is a topic of debate in the scientific literature. Researchers at the National Institute of Mental Health (NIMH) first posited the condition as a response to decreased light and pioneered the use of bright light to address the symptoms. It has been suggested that women are more likely to have this illness than men and that SAD is less likely in older individuals. SAD can also occur in children and adolescents.

While no specific gene has been shown to cause SAD, many people with this illness report at least one close relative with a psychiatric condition—most frequently a severe depressive disorder or substance abuse. Scientists have identified that the neurotransmitter serotonin may not be working optimally in many patients with SAD. The role of hormones and sleep-wake cycles (called circadian rhythms) during the



changing seasons is still being studied in people with SAD. Some studies have also shown that SAD is more common in people who live in northern latitudes.

What are the patterns of SAD?

In SAD, the seasonal variation in mood states is the key factor to understand. Symptoms of SAD usually begin in October or November and subside in March or April. Some patients begin to “slump” as early as August, while others remain well until January. Regardless of the time of onset, most patients don’t feel fully “back to normal” until early May. Depressions are usually mild to moderate, but they can be severe. Treatment planning needs to match the severity of the condition for the individual.

Although some individuals do not necessarily show these symptoms, the classic characteristics of recurrent winter depression include oversleeping, daytime fatigue, carbohydrate craving and weight gain. Additionally, many people may experience other features of depression including decreased sexual interest, lethargy, hopelessness, suicidal thoughts, lack of interest in normal activities and decreased socialization.

In a minority of cases, symptoms occur in the summer rather than winter. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss and agitation or anxiety. In still fewer cases, a patient may experience both winter and summer depressions, while feeling fine each fall and

spring, around the equinoxes. Many people with SAD also report that their depression worsens or reappears whenever there is “less light around.” Some people with bipolar disorder can also have seasonal changes in their mood and experience acute episodes in a recurrent fashion at different times of the year.

How is SAD treated?

Many people with SAD will find that their symptoms respond to a very specific treatment called light therapy. For people who are not severely depressed and are unable—or unwilling—to use antidepressant medications, light therapy may be the best initial treatment. Light therapy consists of regular, daily exposure to a “light box,” which artificially simulates high-intensity sunlight. Practically, this means that a person will spend approximately 30 minutes sitting in front of this device shortly after they awaken in the morning. Side effects of light therapy are uncommon and usually reversible when the intensity of light therapy is decreased. The most commonly experienced side effects include irritability, eyestrain, headaches, nausea and fatigue.

Scientific studies have shown light therapy to be effective when compared to placebo and as effective as antidepressants in many cases of non-severe SAD. Light therapy may also work faster than antidepressants for some people, with notable effects beginning within a few days of starting treatment. Other people may find that it takes a few weeks. Antidepressant

medications have also been found to be useful in treating people with SAD.

Some people may require treatment of their symptoms only for the period of the year in which they experience symptoms. Other people may elect for year-round treatment or prophylactic treatment that begins prior to the onset of the season in which their symptoms are most severe. This is yet another reason to discuss treatment options with one’s physicians. While not explicitly studied for the treatment of SAD, psychotherapy, such as cognitive behavioral therapy (CBT), is likely a useful additional option.



What should I do if I think I have SAD?

Any person experiencing significant symptoms of depression should feel comfortable discussing their concerns with their doctors. Some primary care doctors (e.g., pediatricians and general practitioners) may be experienced in treating SAD and will feel comfortable treating this illness. Other doctors may want to refer people with SAD to a psychiatrist for treatment of this illness. This is more common in people with complex psychiatric illnesses or more