

# Let's Talk Facts About Seasonal Affective Disorder (SAD)



## What Is Seasonal-Affective Disorder (SAD)?

During the fall and winter months, some people suffer from symptoms of depression that can appear gradually or come on all at once. These symptoms often dissipate as spring arrives and stay in remission through the summer months. For some people, this is a sign that they suffer from SAD.

## What Are the Symptoms of SAD?

Symptoms of SAD usually appear during the colder months of fall and winter, when there is less exposure to sunlight during the day. Depression symptoms can be mild to moderate, but they can become severe.

Those who work long hours inside office buildings with few windows may experience symptoms all year, and some individuals may note changes in mood during long stretches of cloudy weather.

Symptoms can include, but are not limited to:

- fatigue
- lack of interest in normal activities
- social withdrawal
- craving foods high in carbohydrates
- weight gain

Those with SAD may not experience every symptom. For example, energy level may be normal while carbohydrate craving may be extreme. Sometimes a symptom is opposite the norm, such as weight loss as opposed to weight gain.

In a small number of cases, annual relapse occurs in the summer instead of the fall and winter, possibly in response to high heat and humidity. During this period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety.

## How Does SAD Develop?

SAD has been linked to a biochemical imbalance in the brain prompted by shorter daylight hours and a lack of sunlight in winter. Just as sunlight affects the seasonal activities of animals, SAD may be an effect of this seasonal light variation in humans. As seasons change, people experience a shift in their biological internal clock or circadian rhythm that can cause them to be out of step with their daily schedule.

# Let's Talk Facts About Seasonal Affective Disorder (SAD)



Melatonin, a sleep-related hormone, also has been associated to SAD. This hormone, which has been linked to depression, is produced at increased levels in the dark. When the days are shorter and darker, more melatonin is produced.

Researchers have proved that bright light makes a difference to the brain chemistry, although the exact means by which sufferers are affected is not yet known. Some evidence suggests that the farther someone lives from the equator, the more likely they are to develop SAD. For example, approximately 25 percent of the population at the middle-to-northern latitudes of the U.S. experience winter doldrums, a sub-clinical level of SAD. These people notice the return of SAD-like symptoms each winter, but remain fully functional.

The most difficult months for SAD sufferers seem to be January and February. Younger adults and women are thought to be at higher risk for developing symptoms. SAD may begin at any age, but the main age of onset is between 18 and 30 years.

## **How Is SAD Treated?**

Increased exposure to sunlight can improve symptoms of SAD. This can be a long walk outside or arranging your home or office so that you are exposed to a window during the day.

If your depressive symptoms are severe enough to significantly affect your daily living, light therapy (phototherapy) has proven an effective treatment option. Researchers have proved that bright light makes a difference to the brain chemistry, although the exact means by which sufferers are affected is not yet known.

This form of therapy involves exposure to very bright light (usually from a special fluorescent lamp) between 30 and 90 minutes a day during the winter months. These light-therapy sessions are best used during the morning hours. Additional relief has been found with psychotherapy sessions, and in some cases prescription of antidepressants.

If you feel you are suffering from SAD, it is important to seek the help of a trained medical professional. SAD can be misdiagnosed as hypothyroidism, hypoglycemia, infectious mononucleosis, and other viral infections, so proper evaluation is necessary. For some people, SAD may be confused with a more serious condition like severe depression or bipolar disorder.

However, if you feel the depression is severe or if you are experiencing suicidal thoughts, consult a doctor immediately regarding treatment options or seek help at the closest emergency room.

There are no blood tests to confirm the presence of SAD. However, a trained clinician can diagnose the symptoms and suggest therapy options. With the right course of treatment, SAD can be a manageable condition.

# Let's Talk Facts About Seasonal Affective Disorder (SAD)



## Resources

For more information, please contact:

American Psychiatric Association (APA)  
1000 Wilson Blvd.  
Suite 1825  
Arlington, VA 22209  
703-907-7300  
[www.healthyminds.org](http://www.healthyminds.org)

National Mental Health Association (NMHA)  
2001 N. Beauregard Street  
12<sup>th</sup> Floor  
Alexandria, VA 22311  
800-969-NMHA (6642)  
[www.nmha.org](http://www.nmha.org)

National Alliance on Mentally Illness (NAMI)  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
703-524-7600  
Information Helpline: 1-800-950-NAMI (6264)  
[www.nami.org](http://www.nami.org)

Screening for Mental Health, Inc.  
One Washington Street, Suite 304  
Wellesley Hills, MA 02481  
781-239-0071  
[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

Depression and Bipolar Support Alliance (DBSA)  
730 N. Franklin Street, Suite 501  
Chicago, Illinois 60610-7224  
800-826-3632  
[www.dbsalliance.org](http://www.dbsalliance.org)

# Let's Talk Facts About Seasonal Affective Disorder (SAD)



Society for Light Treatment and Biological Rhythm (SLTBR)

4648 Main Street

Chincoteague, VA 23336

[www.websciences.org/sltbr](http://www.websciences.org/sltbr)

MayoClinic.com

<http://www.mayoclinic.com/health/seasonal-affective-disorder/DS00195>

---

One in a series of pamphlets designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit, [www.healthyminds.org](http://www.healthyminds.org).