

PATIENT EDUCATION HANDOUT

SEASONAL AFFECTIVE DISORDER

Robert Atkinson, OMS-III¹; Kaitlyn Braffitt, OMS-II¹; Lindsay Tjiattas-Saleski, DO, MBA, FACOEP, FACOFP, Associate Editor¹;

¹Edward Via College of Osteopathic Medicine–Carolinas Campus, Spartanburg, SC

WHAT IS SEASONAL AFFECTIVE DISORDER (SAD)?

SAD is a seasonal pattern of major depressive disorder, bipolar I disorder, or bipolar II disorder, which occurs repeatedly during particular times of the year. Two seasonal patterns exist: fall-onset SAD and spring-onset SAD.

- **Fall-winter:** More common – major depressive episodes begin in fall to early winter and will remit during the following spring or summer.
- **Spring-summer:** Less common – major depressive episodes begin in spring or summer and will remit by the following fall or winter.

A characteristic quality of SAD is that approximately two-thirds of patients diagnosed with this condition will face a recurrence of distressing symptoms during the following winter. Some studies suggest a geographic component to SAD, with those located further from the equator at an increased risk.

COMMON SIGNS AND SYMPTOMS

Common identifiable symptoms are fatigue, overeating, craving carbohydrates, and depressed mood, which seriously affects your daily life. These symptoms can range from mild to severe, ultimately influencing your individual treatment plan.

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TREATMENT OPTIONS

Various pharmacologic and nonpharmacologic treatments exist for SAD. These treatment options may be used in several combinations and largely depend on what you and your physician decide is right for you. Many major health insurance providers, such as Medicare and Medicaid, help cover mental health treatments, including medication and therapy. Some of these options are discussed in detail below.

- **Light therapy:** a nonpharmacologic treatment option that exposes you to artificial light in order to mimic naturally occurring light sources that may be less prominent during certain seasons. Evidence supports that light therapy can reduce the incidence of SAD. Light therapy is generally recommended to be done for 30 minutes a day, within an hour of waking.
- **Antidepressant medications:** pharmacologic treatment is aimed mainly at depressive symptoms. It is common to start with medicines called selective serotonin reuptake inhibitors (SSRIs); however, other medications, including atypical antidepressants, like bupropion, have also been shown to be helpful for some patients experiencing SAD. Common potential side effects of these medications include headaches, insomnia, and nausea. Your osteopathic family physician may prescribe these medications if deemed necessary. In some instances, your provider may also consult the care of a psychiatrist for further treatment management.
- **Counseling (called psychotherapy):** the most common therapy for SAD is called cognitive behavioral therapy (CBT), which aims to identify and change negative automatic thoughts that may be contributing to depressive symptoms. Additionally, behavioral interventions such as thought records, activity schedules, and practicing mindfulness meditation may be trialed. You can contact a therapist on your own to set up an appointment or ask your doctor for a referral if you need help determining where to seek treatment.

WHAT CAN I DO TO FEEL BETTER?

Certain lifestyle activities have proven helpful in improving the mood of those persons with SAD. These are commonly referred to as “adjunctive treatments” and include activities such as regular aerobic exercise, outdoor walks, and practicing good sleep hygiene. Aim for at least 30 minutes of aerobic exercise daily, such as walking briskly or biking. Walking outdoors during daylight hours will give you the additional benefit of exposure to sunlight, which has been shown to improve mood. Practice good sleep hygiene by avoiding caffeine, alcohol, and exposure to electronics before bedtime. Going to sleep and waking up at the same time each day will also aid in a proper sleep routine.

WHEN TO CONTACT YOUR OSTEOPATHIC FAMILY PHYSICIAN

Please see your family physician if any of your symptoms interfere with your daily life or become overwhelming. If you are having feelings of hurting yourself or others, please know help is always a phone call or text away via the suicide and crisis lifeline at 988. Do not hesitate to call or text this resource.

SOURCES:

1. DSM-V, Up-To-Date, Cochrane Library

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