

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.

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 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.

Reviewed by Ken Duckworth, M.D., and Jacob L. Freedman, M.D., December 2012