

“Having the SADs”:

A Guide for Patients & Families about Winter Seasonal Affective Disorder (SAD)

What is Winter SAD?

Seasonal Affective Disorder - also called “SAD” - is more than just having “the blues”. SAD is a term for when someone experiences a depressive disorder that only occurs during a certain time of the year. While SAD can happen at any time of year, it most often affects people during the fall/winter months - which is why it is sometimes called *Winter SAD*. Given that Winter SAD is more common amongst those of us who live here in New England, that is the focus of this handout.

What are the symptoms of Winter SAD?

For most, Winter SAD starts around early November (when daylight savings time kicks in). The months of January and February are often the worst for people symptoms-wise, though people start to feel some relief by the spring or summertime. The symptoms of Winter SAD can include:

- fatigue
- weight & appetite changes
- over or undersleeping
- socially isolating
- loss of interest in hobbies & social activities
- difficulty concentrating
- low or irritable mood
- in some cases, thoughts or attempts of suicide

Who tends to get Winter SAD? What causes it?

SAD is most commonly diagnosed in people who are:

- younger (most common in ages 9-30)
- cisgender girls/women
- people who live in places the farthest from the equator (so either the very northern, or very southern, parts of the globe)
- those who live in places with less sunshine

We don't know yet what causes Winter SAD, but some theories suggest that any combination of seasonal weather/temperature changes, chemical imbalances or vitamin deficiencies in the brain, and/or having a personal or family history of depressive or other mental health disorders, may contribute to why someone develops SAD.

How is Winter SAD diagnosed?

Only a qualified healthcare provider - such as a primary care physician, psychiatrist, or psychotherapist - can diagnose Winter SAD. This process is usually done during a healthcare visit so the provider can interview the patient & the family about their symptoms.

What is the treatment?

While Winter SAD cannot be cured, it can be effectively managed with proper treatment and support. The most frequently recommended, evidence-based treatments for Winter AD are any combination of:

- Psychotherapy (namely a kind of therapy called Cognitive Behavioral Therapy, or CBT)
- Light therapy*
**NOTE: If it is recommended by your provider to try a lightbox, unless otherwise instructed, try to get one that has 10,000 lux intensity with a UV filter (so it's safer on the skin and eyes) and is as large as possible in size (the larger the box, the larger the potential benefits). The lightbox is then used by the patient, when first waking up, by sitting in front of it for around 30 or more/day. Lightbox therapy can carry some risks, so be sure to consult your primary care physician before using.*
- Vitamin D supplements
- Prescription medications, including antidepressants

What can I do to support myself/my loved one who has SAD?

In addition to the treatments recommended by your primary care and/or mental health providers, remember to emphasize at home the best you can:

- consistent sleep routines/hygiene
- a diverse, nutrient-dense diet
- regular body movement/exercise, as approved by PCP
- keep open your home's blinds/curtains as much as possible during daylight hours
- plan specific activities during midwinter that you will really look forward to
- stay active & in your usual routines - especially do things that get you outside, even on cloudy days (like winter sports), and socialize regularly with loved ones.