



Winter Seasonal Affective Disorder (SAD): A Guide for Healthcare Providers

What is Winter SAD?

Seasonal Affective Disorder - also called “**SAD**” - is the name for when major depressive disorder only occurs during a specific time of the year. SAD most often happens in the fall/winter months - which is why it's sometimes called *Winter SAD* - however SAD can also occur in the spring/summer months. Winter SAD is most common, thus the focus here.

Winter SAD symptoms usually begin in early November (with daylight savings time), however symptoms are typically most severe in January and February.

Symptoms can include:

- fatigue
- weight/appetite change
- change in sleep
- social isolation
- loss of interest in hobbies & social activities
- difficulty concentrating
- low or irritable mood
- suicidal thoughts or attempts

What causes Winter SAD?

The cause is currently unknown, but some theories suggest that any mixture of the seasonal weather/temperature changes, chemical imbalances or vitamin deficiencies, or a history of other depressive or other mental health disorders may contribute.

Who experiences Winter SAD?

SAD is found in up to 6% of patients, and is most commonly diagnosed in those who are:

- younger (ages 9-30)
- cisgender girls/women
- people who live in places far from the equator
- in climates with less sunshine

How is Winter SAD diagnosed?

Only a qualified healthcare provider - such as a primary care or mental health provider - can formally diagnose Winter SAD. This process is usually done through an interview with the patient about their symptoms.

How is Winter SAD treated?

The most frequently used, evidence-based treatments are:

- Psychotherapy (particularly Cognitive Behavioral Therapy, or CBT)
- Vitamin D supplements
- Medications including:
 - Antidepressants
 - Bupropion XL, but only *for patients 18+*
- Light therapy

NOTE: If recommending at-home light therapy using a lightbox, find one that has 10,000 lux intensity with a UV filter (so it's safer for the skin and eyes) and is as large as possible in size to get maximum effectiveness. Minimal dosage recommended is 30 minutes/day when first waking up (to mimic dawn), and slowly increasing from there as indicated.

Caution: side effects of lightboxes can include headaches, eye strain, feeling “a little wired”, and in rare cases severe insomnia. Do not recommend this for patients with pre-existing mania or hypomania, have retina/other eye issues, or have diabetes, as lightboxes may worsen those conditions.

What else can patients do?

Consider:

- a diverse nutrient-dense diet
- prioritize consistent sleep hygiene
- staying active - especially outside winter activities and socializing

Additional resources for patients & families:

- VTCPAP has a patients & families handout - request a copy by calling our main line at 802-488-5342, [or find it on our website](#)
- [HealthyMinds \(from the American Academy of Pediatrics\) page on SAD](#)
- Dr. Kelly Rohan's research on SAD, her UVM study currently seeks participants for an active trial (years 2020-2025) - call 802-656-9890 or email SadStudy@UVM.edu



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