

SAD: Seasonal Affective Disorder



What is Seasonal Affective Disorder?

Seasonal Affective Disorder (SAD) is a type of depression where a person has experienced a significant change in their mood due to the seasons changing. This condition commonly occurs during the fall and winter months when there is less sunlight and the days get shorter. It will usually lift in the warmer months. **In some cases, it is the reverse:**

- **Winter-Pattern SAD:** Symptoms arrive in late fall or early winter and go away in the spring and summer.
- **Summer-Pattern SAD:** Symptoms arrive in spring and summer, and go away in the winter months. This is less common.

While many may feel “down” or have the “winter blues” during these seasons, for some people this mood shift is more serious and can affect how they think, feel and behave.

What Causes SAD?

Researchers are still working to determine the exact cause of SAD. Most of this research has been focused on winter-pattern SAD as it is easier to study and more common.

Research indicates that people with SAD, especially winter-pattern, may have reduced levels of the chemical serotonin, which regulates mood. It also suggests that sunlight affects the levels of molecules that help maintain normal serotonin levels. Shorter daylight hours may prevent these molecules from functioning properly, contributing to decreased serotonin levels in the winter.

Other studies suggest that both forms of SAD relate to altered levels of melatonin—a hormone important for maintaining the normal sleep-wake cycle. People with winter-pattern SAD produce too much melatonin, which can increase sleepiness and lead to oversleeping.

- **Winter-pattern SAD may be caused by reduced levels of serotonin due to less sunlight.**
- **People who have other mental health disorders such as bipolar disorder are more likely to develop SAD.**
- **SAD occurs more often in women than men.**
- **Four types of treatment for SAD are light therapy, psychotherapy, antidepressant medications and vitamin D supplements.**

Who is Most Likely to Develop SAD?

SAD often begins to develop in young adulthood. It is more common in women than in men. It is more common in people who have depression or bipolar disorder, especially when they have repeated depressive and hypomanic episodes (less severe manic episodes). Other common disorders associated with SAD are eating disorders, anxiety disorders, panic disorders, or attention-deficit/hyperactivity disorder.

Winter-pattern SAD also occurs more often than summer-pattern SAD. Due to this, SAD is more common for people living farther north, where there are shorter daylight hours during the winter. For example, people in Alaska or New England are more likely to develop SAD than people in Texas or Florida.

SAD can also run in families and may be more common in people who have relatives with other mental illnesses.

Can SAD be prevented?

Because the onset of SAD is so predictable, people with a history of the disorder might benefit from starting the treatments before the fall (for winter-pattern SAD) or spring (for summer-pattern SAD) to help prevent or reduce depression symptoms.



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What Are The Signs and Symptoms of SAD?

SAD is a type of depression where there is a recurrent seasonal pattern. These symptoms last around 4-5 months out of the year. These include:

- Persistent sad, anxious, or “empty” mood with feelings of hopelessness or worthlessness.
- Irritability, frustration, restlessness or a lack of interest or pleasure in activities once enjoyed. A gloomy outlook on life.
- Low energy, fatigue, or feeling slowed down, with difficulty concentrating, thinking, or making decisions.
- Unexplained physical pain, headaches, or digestive issues.
- Thoughts of death or suicide or past suicide attempts.

Additional Symptoms for **Winter-Pattern SAD** can include:

- Oversleeping (hypersomnia)
- Overeating, particularly with a craving for carbohydrates, leading to weight gain
- Social withdrawal (feeling like “hibernating”)

Additional Symptoms for **Summer-Pattern SAD** can include:

- Trouble sleeping (insomnia)
- Poor appetite, leading to weight loss
- Restlessness, agitation, violent or aggressive behavior
- Anxiety

How is SAD Treated?

There are four main types of treatment for SAD that can be used alone or in combination with others. These include:

- **Light Therapy:** This therapy aims to expose a person with SAD to a bright light to make up for the diminished natural sunlight in the darker months. For this treatment, the person sits in front of a very bright light box every day for about 30–45 minutes, usually first thing in the morning, from fall to spring. The light box, which is about 20 times brighter than ordinary indoor light, filters out the potentially damaging UV light, making this a safe treatment for most people.
- **Psychotherapy:** CBT (Cognitive Behavioral Therapy) has been adapted for people with SAD (known as CBT-SAD). CBT-SAD is typically conducted in two weekly group sessions for 6 weeks that focus on replacing negative thoughts related to the season, such as thoughts about the darkness of winter or the heat of summer, with more positive thoughts. Behavioral activation is also used to help people identify and schedule pleasant, engaging activities to offset the loss of interest they typically experience in the winter or summer.
- **Antidepressant Medication:** Medications used to treat depression (antidepressants) can be effective for SAD when used alone or in combination with talk therapy. Antidepressants work by changing how the brain produces or uses certain chemicals involved in mood or stress.
- **Vitamin D:** Since many people with winter-pattern SAD have vitamin D deficiency, vitamin D supplements may help improve symptoms. However, studies testing vitamin D as a treatment for SAD have produced mixed results, with some studies indicating that it is as effective as light therapy and other studies finding no effect.

Connecticut Resources

CT Department of Mental Health and Addiction Services

www.ct.gov/DMHAS

NAMI Connecticut

www.namict.org

860.882.0236

National Resources

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

National Institute on Mental Health

www.nimh.nih.gov

988 Suicide & Crisis Lifeline

Call 9-8-8

Crisis Text Line

Text 741741

