Beating the Winter Blues

As the days get shorter and the evenings grow darker, you may find yourself feeling more tired, cranky, or more unhappy or depressed than usual. If you’re feeling down in the dumps this time of year and can’t quite explain why, there’s a reason—you may be experiencing ‘SAD’ or Seasonal Affective Disorder.

According to the American Academy of Family Physicians, about 1 to 4 percent of people in the U.S. experience Seasonal Affective Disorder, or SAD—and another 10 to 20 percent may have mild cases of SAD. Sometimes referred to as the winter blues or winter depression, SAD is a real condition that can affect anyone, including those who have not previously experienced symptoms of depression.

Here’s everything you need to know to cope with Seasonal Affective Disorder.

What is Seasonal Affective Disorder (SAD)?

The National Institute of Mental Health (NIH) defines SAD as a “type of depression that comes and goes with the seasons, typically starting in the late fall and early winter, and going away during the spring and summer months. Depressive episodes linked to the summer can occur, but are much less common than winter episodes of SAD.”
The signs and symptoms of SAD include:

- Feeling anxious, grumpy, moody, or sad
- Loss of interest in activities you once enjoyed
- Low energy
- Overeating and/or weight gain
- Craving carbs, like bread and pasta
- Sleeping more but still feeling tired
- Social anxiety and/or withdrawal
- Trouble concentrating

Anyone can get SAD, but it's more common in:

- **Women**, diagnosed four times more often than men, according to the NIH
- People who live far from the equator, where daylight hours are shorter in the winter
- People between 15 and 55 years old
- People with a family history of Seasonal Affective Disorder
- People with depression or bipolar disorder

The causes of SAD are relatively unknown, but medical researchers have found some key biological factors. For example, people with SAD may have trouble regulating one of the key neurotransmitters involved in stabilizing mood—serotonin. People with SAD may produce less vitamin D, which plays a role in serotonin activity, or overproduce the hormone melatonin, which regulates sleep, leaving them feeling sleepier and more lethargic in winter.

**When Should I See a Doctor?**

While it’s sometimes hard to tell the difference between SAD and other types of depression, your doctor may diagnose you with SAD if:

- You have been depressed during the same season and have improved when the seasons changed for at least two years in a row.
- Your symptoms align with those that often occur with SAD.
- A close relative—a brother, sister, or parent—has had SAD.

If you have any of the symptoms or risk factors listed above, consider scheduling an appointment with your primary care physician immediately.
How Can I Combat SAD?

After you’ve been diagnosed with SAD, your doctor may prescribe one of four major types of treatment (or a combination of these):

1. **Light Therapy**

One of the main treatments for SAD since the ‘80s, light therapy is believed to work by resetting your biological clock. The idea is that light therapy replaces the diminished sunshine during fall and winter using daily exposure to bright, artificial lights.

Light boxes use fluorescent lights that are brighter than indoor lights but not as bright as sunlight. SAD sufferers may feel relief of symptoms by sitting in front of the light box for 30 minutes to one hour in the morning, on a daily basis until spring. You can also sit in front of the light box while you read, eat, work, or watch TV.

Dawn simulation is another type of light therapy. With this treatment, a dim light goes on in the morning while you sleep and gets brighter over time, simulating a sunrise. There are several wake-up lamps and alarm clocks that produce this effect.

2. **Medication**

Antidepressants are often prescribed to people with SAD. The most common ones are selective serotonin reuptake inhibitors (SSRIs), like paroxetine (Paxil) and sertraline (Zoloft). Other antidepressants include bupropion (Wellbutrin) and venlafaxine (Effexor).

Like all medications, there are side effects when taking antidepressants. Be sure to talk to your doctor about the risks associated with any medication you are prescribed, and be open to trying several different medications before your doctor finds the one that best improves your symptoms.

3. **Talk to a Professional**

Counseling may also be helpful or recommended by your doctor. During therapy sessions, you will learn more about SAD and its effects, how to manage your own symptoms, and
how to prevent it from reoccurring next year. You’ll identify negative thoughts and replace them with more positive ones, and identify activities that are engaging and enjoyable to help you cope with winter.

4. Vitamin D

Evidence for vitamin D supplementation is mixed—some studies suggest it may be as effective as light therapy, while others suggest there is zero effect on SAD symptoms. Your primary care physician can help you decide if vitamin D supplements are an appropriate form of treatment for you. You should not take these supplements without consulting a doctor first.

Not yet feeling the effects of SAD? Consider these tips for boosting your mood and motivation in winter.

- **Stay active.** Even a light walk on your lunch hour (indoors or outdoors) can curb the winter blues.
- **Step outside.** During midday and on sunny winter days, get outside. While inside, lift blinds and let natural sunlight in, or sit near the windows whenever you can to soak up that vitamin D.
- **Eat a healthy diet.** The right foods can boost your mood, increase your energy, and prevent weight gain in winter. Consider these five creative ways to lighten up your meals instead. To learn more about your overall nutrition and weight management, visit the FMH Center for Diabetes and Nutrition Services.
- **Keep warm.** Sometimes feeling cold can make you feel blue, too. Stay warm with hot drinks like a cup of tea, and wear warm clothes and shoes.
- **Start a new hobby.** When your mind is active and alert, it’s hard to feel depressed. Invest in a new interest—journaling, joining a gym, or cooking classes, for example—so you have something to look forward to throughout the week.
- **Visit friends and family.** Socializing with loved ones is good for your mental health. Reach out to the people you care about, or plan social events to keep you active and engaged.
- **Talk to somebody.** Whether it’s with a close friend or a paid psychologist, it helps to share what’s on your mind. Consider joining a support group with others who experience SAD, or schedule an appointment with a mental health professional.
What Options are Available?

No matter your health needs—or the season—your primary care provider (PCP) is available to help you maintain a healthy lifestyle. Especially if you’re struggling with the symptoms of SAD, consider reaching out to your PCP for help. If you don’t already have a primary care physician, contact Monocacy Health Partners Primary Care to find a provider that’s right for you.

At FRHS’ Monocacy Health Partners (MHP), we partner with you and your healthcare team to provide the highest level of primary care possible, offering a patient-centered medical home (PCMH) designed to meet patients where they are—in the right place, at the right time, and with the right care.

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We have six locations in Frederick, Myersville, Mt. Airy, and Union Bridge, and we’re open seven days a week. Plus, we offer same-day appointments and walk-ins.

Kick your SAD to the curb this winter—call 240-215-6310 or visit monocacyhealthpartners.org today.