

Screening Questions For Seasonal Affective Disorder

OVERVIEW

Seasonal affective disorder (SAD) is considered to be a subtype of major depression. Rosenthal (1998), himself a sufferer of SAD, suggested that a diagnosis should be made when the client has major depression for at least two consecutive winters. The prevalence of SAD is between 0.4 and 2.9 percent of the general population (Westrin & Lam, 2007).

SAD has a characteristic symptom profile that differs from nonseasonal major depression:

- Extreme fatigue and exhaustion.
- Strong carbohydrate cravings and, consequently, increased carbohydrate consumption, often causing the client to gain weight in the winter.
- Paradoxically, carbohydrates increase energy in SAD clients, while other people just get sleepy.
- Client wants to go to sleep too early and sleep in too late.
- Hypersomnia accompanied with poor quality of sleep and frequent awakenings.
- Low sex drive.
- Poor concentration, difficulties thinking clearly, and feeling “in a fog” mentally.
- Relationships suffer because “people with SAD often just want to curl up in a secluded place and be left alone” in the winter (Rosenthal, 1998, p. 59).
- Some clients with SAD feel extremely sad, whereas in others, the previously mentioned symptoms are much more prominent.

SAD can be effectively treated with light therapy and/or psychotropic medications. Light therapy entails daily exposure to bright light through a special light fixture or light box. According to Lam and Levitan (2000), “Clinical consensus guidelines have recommended light therapy as a first-line treatment for SAD, based on the evidence of numerous studies showing efficacy, including large randomized controlled trials and meta-analyses” (pp. 469–470). So bright-light therapy is a well-validated treatment. However, one study found that the subjects’

mood improvements in SAD due to light therapy were not as great as the subjects' mood improvements during the following summer (Postolache et al., 1998).

SCREENING QUESTIONS FOR SAD

When your client presents with depression in the winter, try to ascertain the onset of the depression and the time frames of past depressive episodes:

- *When did you start getting depressed?*
- *When was the last time you were depressed? Have you been depressed in the winter before?*
- *At what time of year did you start feeling better?*

In addition, ask questions that might elicit typical symptoms and emotions of SAD:

- *When are you going to bed? How much are you sleeping? How is the quality of your sleep? (SAD sufferers will go to bed early, then sleep fitfully all night, perhaps awakening for a while in the middle of the night.)*
- *Have you been having any food cravings? For what?*
- *How has your concentration and thinking been?*
- *Do you feel any different on a sunny winter day or an overcast day?*

You might find that clients have taken steps that are partially effective at dealing with the situation, without really knowing what it is: going for tanning in the winter (intense tanning light lifts mood temporarily), vacationing as long as possible in sunny climates, or volunteering for business trips to sunny locales.

LIGHT THERAPY TREATMENT

Here are two reputable sources for high-intensity lights to treat SAD:

<http://www.northernlighttechnologies.com>

<http://www.sunbox.com>

Other lights are available as well. Be sure to check that the light is at an intensity of 10,000 lux. Do not confuse so-called full spectrum lights with the high intensity light that is needed to treat SAD. The client's insurance may not pay for a high-intensity light to treat SAD; however, you can call the company and ask for a discount for your clients. Then when the client calls, the client can give your name and get the discount. It is best for the client to get either an actual light box or one of the lamps that looks like a terribly ugly desk lamp. The other items offered (visors and dawn-simulating clocks) are not as well validated by research.

In order to treat clients with high intensity light, you should read more on the subject. However, here are a few guidelines for your information:

- *The client should use the light box as soon as possible after awakening.*
- *The amount of time needed by each client varies from 20 to 90 minutes.*

- *If the client feels sleepy too early at night, evening light can be added.*

Again, note that not every client with SAD responds sufficiently to bright-light treatment, and psychotropics may be needed instead or as a supplement.

REFERENCES

- Lam, R. W., & Levitan, R. D. (2000). Pathophysiology of seasonal affective disorder: A review. *Journal of Psychiatry Neuroscience, 25*, 469–480.
- Postolache, T. T., Hardin, T. A., Myers, F. S., Turner, E. H., Yi, L. Y., Barnett, R. L., et al. (1998). Greater improvement in summer than with light treatment in winter in patients with seasonal affective disorder. *American Journal of Psychiatry, 155*, 1614–1616.
- Westrin, A. & Lam, R. W. (2007). Long-term and preventative treatment for seasonal affective disorder. *CNS Drugs, 21*(11), 901–909.
- Rosenthal, N. E. (1998). *Winter blues: Seasonal affective disorder, what it is and how to overcome it*. New York: Guilford Press.