

Stonebriar Psychiatric Services News & Views

OCTOBER, 2012

VOLUME 9, NUMBER 10



**David T. Tharp,
M.D., M.Div.,**

**Board Certified
Psychiatrist**

Medical Director

**Stonebriar Psychiatric
Services, PA**

3550 Parkwood Blvd.
Suite 705
Frisco, TX 75034

Phone
972-335-2430

E-mail
NewsletterQuestions@
stonebriarps.com

We're on the Web!
www.stonebriarps.com

Services We Offer

Individual Therapy
Marital / Couple's
Family Therapy
Personal Life Coaching
Group Therapy
Medication Management
Speaking
Seminars

Treatment for

Depression
Anxiety / Panic Attacks
Eating Disorders
Bi-polar Disorder
Obsessive - Compulsive
Disorder
Compulsive Behaviors
such as sexual
addiction
Post-traumatic Stress
Disorder from past
abuse
Relational issues
Adjustment to life
changes

Ages Served

Adult
Adolescent
Children ages 10 & up

It's That Time of Year Again...

We made it through summer, and moms again feel that they have some time to get the things done that they couldn't before now that the children are back in school. There should be some sense of relief with hopefully a bit less stress. But for many this does not feel like a time of relief, but rather a time of dread and foreboding as we head into the fall knowing that the winter months, as nice as they may be relative to when you lived up north, are coming. Instead of relief, you're feeling kind of sad, tired, cry more easily than usual, and just can't enjoy anything like you did last summer. What's the problem...perhaps you're depressed.

Depression affects approximately 15% of individuals over the course of a lifetime with that percentage being approximately 25% for women. Through television and newspaper ads everyone has heard the terms "major depression," "clinical depression," and one point some years ago a Hollywood star tried to convince millions of women that there is no such thing as a postpartum depression. Interestingly, he is male, but that might be another subject for another time. The truth is that depression is very real and also quite common. But I would like to talk about a specific type of depression known as seasonal affective disorder, or SAD for short.

Seasonal affective disorder is a type of depression that tends to have a seasonal component in that frequently individuals will find themselves feeling more depressed as they get into late fall or and the winter months. Although it certainly seems more common in the colder northern climates, where gray days tend to predominate, it also can occur in the southern climates as well as we all experience less daylight time relative to summer. Although moods have been observed to change with the seasons since antiquity, SAD has only been recognized as a psychiatric entity within the past 20 years. In the early 1980s, the National Institute of Mental Health was contacted by a research engineer named Herbert Kern. Mr. Kern described having a recurrent depression, which he discovered, through his methodical journaling, seemed to follow the seasons. His depression would get worse in the fall and winter and then improve in the spring and summer. He subsequently became one of the first patients participating in an NIMH study utilizing phototherapy, also known as light therapy.

To qualify as a seasonal affective disorder, one must have characteristics of a recurring major affective disorder, such as decreased energy, feelings of sadness or guilt, sleep or appetite disturbance, inability to feel pleasure or enjoy oneself, etc., and these episodes of depression must have occurred during the fall or winter and remitted in the spring and summer. This pattern must have been present for at least two consecutive years and may occur as part of either a recurrent major depressive disorder or a bipolar type of disorder. In those with a bipolar disorder which has a seasonal component, the high mood swings frequently will tend to come on in the spring and summer. Although individuals with SAD are less likely to exhibit psychotic symptoms and may be at lower risk for suicide relative to those with a non-seasonally related major mood disorder, it still represents a significant impairment regarding one's ability to function and enjoy life.

Sleep studies have indicated that it frequently takes individuals with SAD longer to get to sleep and that they experience longer sleep times, but the slow wave sleep, which is considered the restorative part of the sleep cycle, is decreased by almost one half. The time until one starts to dream did not seem to change, which is unlike the pattern found in other depressive illnesses. Other conditions can also exist in combination with SAD, including eating disorders and particularly bulimia nervosa. Binge eating tends to get worse in the fall and winter for these individuals. Certain personality styles seem to be more common, with those with an avoidant personality characterized by social inhibition and feelings of inadequacy a bit more common than others.

The causes of SAD are not yet known in spite of ongoing research. Four main ideas have been put forth, including those related to the duration of sunlight, changes in the circadian cycle during winter months, and changes in secretion of the hormone, melatonin. Perhaps most intriguing is the role that light may play in therapy.

In many controlled studies bright light therapy has been shown to be effective when compared with placebo. It is usually given at 2500 lux for two hours per day or 10,000 lux for 30 minutes per day at eye level. Much evidence supports optimal results when the light is administered in the morning between 6 and 10 a.m., and those who go to bed early and get up early tend to need the light earlier than those who stay up later and sleep later. Light therapy can be used alone and can be used in a preventive fashion by beginning it in early fall and continuing it through early spring. Given its limited side effects it may be used alone with relatively mild depressions, but most experts would recommend using it in combination with medication when treating a significant major depression. Certain drugs may affect one's reaction to short wave-length light and lead to rashes or sunburn, such as tetracycline, sulfonamides, and certain psychotropic medications. To make this evaluation one should see a psychiatrist or other trained professional for a full evaluation. Other side effects tend to be mild and relatively uncommon, including headaches, eye irritation, and nausea.

Light boxes can be purchased on the Internet at very low prices, generally between \$150-300 for a 10,000 lux unit. It also seems that periodically glancing at the light may be needed as at least one tract in the brain that connects the retina to the hypothalamus may play a role in setting the circadian clock. Some studies have also shown that homemade boxes using fluorescent lights mounted on a board may be equally effective, as long as one has controlled for having an adequate intensity of light.

It is also important to distinguish SAD from the usual letdown that many experience after the holidays which can be normal. Visiting family and children have gone back home, the Christmas decorations are coming down, and it feels like you are now returning to the "same old grind." It's important to recognize that this time of year can be difficult for many reasons, but it won't last forever. It's important after the holidays to find activities and be with people that you enjoy so that your "cabin fever" doesn't become a major illness, even here in Texas.



Do you have topical requests for future newsletters? Let us know at: NewsletterQuestions@stonebriarps.com



Stonebriar Psychiatric Services, PA
3550 Parkwood Blvd. Suite 705 Frisco, TX 75034

972-335-2430

www.stonebriarps.com