

## Module 1763

# Seasonal affective disorder

### This module covers:

- The definition, cause and incidence of seasonal affective disorder
- How the condition is diagnosed
- Management of SAD, including non-pharmacological strategies

### September

#### Clinical: Winter care

● Seasonal flu	September 5*
● Care of the elderly in winter	September 12
● Seasonal affective disorder	September 26

#### Clinical: Sexual health week

● Contraception	September 19
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\*Online only for Update Plus subscribers

### Asha Fowells

Pharmacist and freelance health writer

As the temperature drops and the nights start to draw in, it is natural to long for the balmy, light evenings of the summer. Unsurprisingly, the prospect of the cold, dark months ahead can leave some people feeling down. After all, who doesn't feel more cheerful and energetic with the warmth of the sun on their face?

For some, that disheartened feeling doesn't pass, and they experience a slump in mood that can impact on their everyday lives. This is seasonal affective disorder, often abbreviated – fittingly – to SAD. Also known as the winter blues, this type of depression affects approximately one in 15 people in the UK and typically occurs between September and April, according to charity the Mental Health Foundation.

### What is SAD?

The symptoms of SAD are similar to those of depression – low mood, energy and libido with decreased general enjoyment in life – but are distinguishable by their recurring nature and the time of year at which they occur. Symptoms usually start gradually in autumn, worsening as the season turns into winter and improving as the days start getting longer and spring arrives.

Sufferers also report the following, which can set SAD apart from clinical depression:

- sleeping and eating more than normal
- finding it difficult to wake up in the morning and to get going during the day
- craving carbohydrate-rich foods such as bread, potatoes and chocolate, which in turn can lead to weight gain.

The root cause of SAD is thought to be reduced exposure to sunlight. It is not clear exactly how this impacts on mood, but it is likely to be due to changes in biological functions such as the production of serotonin and melatonin and disruption of the body's circadian rhythms.

Other factors can also play a part, from someone's general emotional state and incidence of depression in the past, to a lack of social interaction with other people. Women are more likely to experience SAD than men, particularly during childbearing years.



Reduced exposure to sunlight is thought to affect some biological functions, such as serotonin production

People living in the UK are susceptible to SAD because of the difference between the amount of sunlight during summer and winter. Research has found that people living near the equator, where there are long hours of daylight all year round, are highly unlikely to suffer from the condition.

There is a milder form of SAD known as sub-syndromal SAD, which causes discomfort but not the same level of distress that patients with SAD experience. Support organisation the Seasonal Affective Disorder Association estimates that some 20% of the UK population suffer with this less debilitating form of SAD each year.

## Diagnosis of SAD

SAD is diagnosed using the *Diagnostic and Statistical Manual of Mental Disorders* fifth edition criteria, commonly referred to as DSM-5. This involves establishing that the patient has been affected by feelings of depression or hopelessness, and/or has little interest and gains little interest from doing things, on most days for most of the time for at least two weeks.

The patient is then asked if they have other typical symptoms of depression, in addition to the core symptoms listed above. For example, symptoms may include, fatigue, feelings of worthlessness or guilt, problems concentrating and making decisions, thoughts of suicide or death and changes in sleeping patterns.

If SAD is suspected, the patient should be asked about symptoms directly relating to the condition, such as food cravings and weight gain, plus whether they have experienced similar feelings at the same time in previous years, with remission of symptoms in between.

The severity of the condition is dictated by how many symptoms the patient reports against a scale such as the Hospital Anxiety and Depression Scale (HADS) or the Patient Health Questionnaire (PHQ-9). However, in its guidance on depression, the National Institute for Health and Care Excellence (Nice) emphasises how important it is to avoid basing a diagnosis simply on a symptom count. Instead, it urges healthcare professionals to take into account the degree of functional impairment and/or disability the patient is going through.

Other investigations are not usually considered necessary, unless the doctor feels the need to exclude other conditions that may be causing similar symptoms, for example hypothyroidism.

## Management of SAD

Nice recommends treating SAD in the same way as other types of depression, using a stepwise approach that uses the least intrusive, most effective intervention first

and moves onto the next most appropriate action if the previous one has not worked or been declined:

- Firstly, all known and suspected presentations of depression should be fully assessed, plus support, educational information and monitoring provided. Referral for further assessment and intervention may be offered.
- If the patient is found to have persistent subthreshold depressive symptoms (dysthymia) or mild to moderate depression, they should be managed using low-intensity psychosocial interventions such as guided self-help based on the principles of cognitive behavioural therapy (CBT), computerised CBT or a structured group activity programme, moving on to a low-intensity psychological therapy such as group CBT.
- Cases of moderate to severe depression and those who have not responded adequately to lower level management options described above should be offered medication (normally a selective serotonin reuptake inhibitor) or high-intensity talking therapy such as individual CBT or interpersonal therapy; the two may be combined if needed.
- Severe and complex depression, usually evident because the individual is exhibiting self-neglect or is in danger of taking their own life, requires referral to specialist mental health services, where medication and high-intensity psychological interventions will be used, often on an inpatient basis, and electroconvulsive therapy (ECT) and crisis services may also be involved.

Nice states that the treatment strategies described above should not be routinely varied by depression subtype, for example SAD, because there is no convincing evidence to support such an approach.

## Non-pharmacological strategies

Patients diagnosed with SAD may want to

avoid pharmacological treatment and, in this case, using a light box may be an option. Light boxes have gained in popularity over recent years as an alternative to medication, though the evidence is mixed. Nice does not discourage the use of light boxes but says to advise people that the "evidence for the efficacy of light therapy is uncertain."

The theory behind light boxes is that they provide sunlight-like light – albeit without the harmful ultraviolet rays – which stimulates the brain to create more melatonin, the hormone responsible for regulating circadian rhythms.

However, it is not simply a matter of sitting under a bright lamp – you need to have a certain amount of lux, which is the unit of measurement of light. Light boxes have between 2,500–10,000 lux and are at least 10 times the intensity of household lights, which are around 200–500 lux. Only light boxes licensed as medical devices should be used to treat SAD in line with the manufacturer's guidelines.

The Royal College of Psychiatrists (RCP) suggests that patients use a light box for 30 minutes to an hour each day. They should ideally be used in the morning to boost the body's natural melatonin production and circadian rhythm.

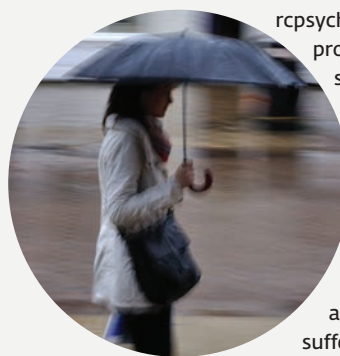
Those patients who receive benefit from the therapy will notice some improvement in the first week of use. Many manufacturers offer a 'try before you buy' scheme, which, given the lack of NHS funding for these expensive items, is an accessible option for SAD sufferers.

The side effects of light therapy use are usually mild, the most common being headaches, nausea, irritability and blurred vision. Regular light box users should be advised to have an annual eye test.

In addition, anyone with the following ►

### Further information

- Clinical Knowledge Summaries pull together a range of resources to provide information on conditions and their management. SAD is covered in its section on depression, which was updated this June: [cks.nice.org.uk/depression](http://cks.nice.org.uk/depression)
- NHS Choices is a good source of information for patients and carers: [nhs.uk/Conditions/Seasonal-affective-disorder/Pages/Introduction.aspx](http://nhs.uk/Conditions/Seasonal-affective-disorder/Pages/Introduction.aspx)
- The Royal College of Psychiatrists has produced a fact sheet on SAD as part of its series on mental health disorders:



[rcpsych.ac.uk/healthadvice/problemsdisorders/seasonalaffectivedisorder.aspx](http://rcpsych.ac.uk/healthadvice/problemsdisorders/seasonalaffectivedisorder.aspx)

- The mental health charity Mind is a good source of information for patients: [tinyurl.com/mind-sad-info](http://tinyurl.com/mind-sad-info)
- The Seasonal Affective Disorder Association is a charity offering support and information to people who suffer from full and sub-syndromal SAD, including guidance on choosing a light box: [tinyurl.com/sada-light-box](http://tinyurl.com/sada-light-box)
- Nice covers SAD in its guidance on depression, which can be viewed at [nice.org.uk/guidance/cg90/chapter/1-Guidance](http://nice.org.uk/guidance/cg90/chapter/1-Guidance)



should seek advice before trying light therapy:

- An existing eye condition
- A skin problem, such as systemic lupus erythematosus
- Medication that increases photosensitivity of the skin (for example, tetracyclines or St John's wort).

As an alternative, the RCP suggests SAD sufferers try a dawn-simulating alarm clock. These light up about an hour before the time set by the user, starting out dimly and gradually brightening. Some models can be used in reverse to promote good night-time sleep as well. Those who struggle to wake up and get out of bed on dark winter mornings may find these useful, although it is worth noting that they are not medical devices and the quality and effectiveness can therefore vary.

While going outdoors during the winter months is not a cure for SAD in itself (those who work outside can still suffer), it can help reduce symptoms. The best time to be in the open air is at around noon on bright days, when the sunlight that is present is at its most intense.

Getting a winter sun break may benefit some people, although some patients may find their symptoms temporarily worsen upon their return to the UK, undoing any benefit they may have felt while abroad.

Those repeatedly suffering from SAD may find pacing useful. This involves the patient taking advantage of times when they feel better in terms of both health and mood to plan ahead, so they can reduce the amount of arduous activities they need to do in the near future.

For example, someone with SAD might choose to do their Christmas shopping in summer in anticipation of their energy levels having fallen by December, or batch cooked and frozen meals for days when getting food onto the table feels like too much effort. This also has the benefit of freeing up time when their SAD symptoms are at their peak to rest, or do activities they find more enjoyable that may help their state of mind.

The self-help measures that are recommended in clinical depression are applicable to patients who have SAD, namely:

- eating a healthy balanced diet, which can be challenging if carbohydrate cravings are one of the symptoms the patient is experiencing
- managing stress and avoiding situations that may cause anxiety and low mood
- taking regular exercise, such as a daytime walk that has the added benefit of increasing exposure to natural sunlight
- creating an environment conducive to sleeping at night, and establishing regular sleeping and waking times
- explaining the condition to family and close friends so they are better able to provide emotional and practical support
- attending support groups to reduce feelings of isolation by sharing personal stories.

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### 5-Minute Test

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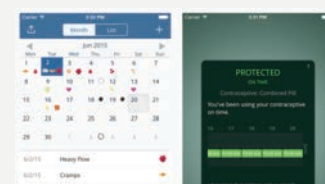


### App of the Week

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## Tips for your CPD entry on seasonal affective disorder

**Reflect** Which symptoms differentiate seasonal affective disorder (SAD) from clinical depression? How is SAD diagnosed? What are the side effects of light box therapy?

**Plan** This article discusses the causes, incidence and symptoms of SAD. Information about its diagnosis and management with non-pharmacological strategies such as light therapy is also included.

**Act** Read the Update article and the suggested reading (below), then take the 5 Minute Test (above). Update Plus subscribers can then access answers and a pre-filled CPD logsheet at [chemistanddruggist.co.uk/mycpd](http://chemistanddruggist.co.uk/mycpd).

Find out more about SAD on the Patient website  
[tinyurl.com/sad11](http://tinyurl.com/sad11)

patients with SAD on [sad.org.uk](http://sad.org.uk) website  
[tinyurl.com/sad13](http://tinyurl.com/sad13)  
[tinyurl.com/sad14](http://tinyurl.com/sad14)

Find out more about cognitive behavioural therapy (CBT) on the Royal College of Psychiatrists website  
[tinyurl.com/sad15](http://tinyurl.com/sad15)

**Evaluate** Are you now confident in your knowledge of the symptoms and management of SAD? Could you give advice about therapies such as light boxes and CBT to patients?

### Expert Q&A

Want to know more? Our seasonal affective disorder expert is on hand to answer any further questions you may have on this month's topic. Email your queries to: [asktheexpert@updateplus.co.uk](mailto:asktheexpert@updateplus.co.uk)

### 5-Minute Test

1. Seasonal affective disorder affects approximately one in 20 people in the UK.

**True/False**

2. The root cause of SAD is thought to be reduced exposure to sunlight.

**True/False**

3. SAD symptoms additional to those of depression include sleeping and eating more, craving carbohydrate rich foods and difficulty in waking up.

**True/False**

4. Women are more likely to suffer from SAD than men.

**True/False**

5. NICE recommends selective serotonin reuptake inhibitors as first-line treatment for mild to moderate depression.

**True/False**

6. Production of melatonin, the hormone responsible for circadian rhythms, is stimulated by the sunlight-like light provided by light boxes.

**True/False**

7. Light boxes have around 200-500 lux, which is 10 times the intensity of household lights.

**True/False**

8. The Royal College of Psychiatrists suggests SAD patients use a light box for 30 minutes to an hour each day.

**True/False**

9. Side effects following light therapy use include headaches, nausea, irritability and blurred vision. **True/False**

10. Going outdoors during the winter months, especially at noon on bright days, can help reduce SAD symptoms.

**True/False**