Today on Across the Fence we will explore Seasonal Affective Disorder as we look at the symptoms, causes, and treatments and research being done at the University of Vermont Psychology Department. Good afternoon and thanks for joining us. I am Judy Simpson. With shorter days and less sunlight that's the time of year that medical professionals see cases of Seasonal Affective Disorder also known as SAD. To find out more I'm joined by Kelly Rohan who is a professor in the UVM Psychology Department. She is the lead researcher on a grant from the National Institute of Mental Health to further study the treatment of SAD. Welcome to you. How does a Seasonal Affective Disorder differ? Is it a form of depression or is it not?

Kelly.: It is a form of depression. Really the only thing that makes it different from garden variety clinical depression also known as major depression is the fact that it follows a seasonal timeline. The symptoms occur in fall in the winter and they go away in the spring and summer.

Judy.: Let's talk about some of the symptoms.

Kelly.: When we're diagnosing seasonal affective disorder as mental health professionals we're looking for our relationship between a certain season of the year and the onset of the depression. Primarily we're talking about the fall and winter months and the symptoms resolve or go away for in the opposite season in the spring and summer months. Sometimes we see cases of bipolar disorder also known as manic depression that followed a seasonal pattern. In those cases a person might become manic or hypomanic in the spring or the summer. We're looking specifically over the past two years of life to see if the seasonal pattern can be identified and
then across the individual's life time as a whole this pattern really has to could dominate their presentation.

Judy.: Interesting. What are some of the symptoms people will have if they have said?

Kelly.: Symptoms of sad include feeling depressed or down. Some of that symptoms we commonly see in depression that is not seasonal they include a loss of interest in everyday activities. Things that are normally fun and enjoyable for the person. Difficulty functioning in social activities and at work. Loss of interest in sex. Difficulty concentrating but they also include what we call in of psychiatry what we call reverse vegetative symptoms. Low energy increased weight carbohydrate cravings. Sleeping too much and afternoon even a move our energy slumps. What you're looking at right now these are the symptoms in sad that were reported by patients who were treated at the national institute of mental health. Over 600 said patients. Most commonly they reported losing interest in their everyday activities. Going into hibernation mode feeling sad having an increase in appetite having an increase in weights sleeping many more hours a day. It's not uncommon for us to see patients asleep to four more hours a day in the winter then they do in the summer.

Judy.: No kidding. Some people in northern latitudes feel worse in the winter than they do in the summer. So how does sad differ from having say the winter blues?

Kelly.: That's an excellent question because most of us in the northern latitude do feel different in the winter then we do in the summer. So we really need to think of the symptoms has been on a continuum with seasonal affective disorder were sad being at the extreme of this. Most of this are going to fall in the middle and feel a little bit different in the winter in terms of our energy our mood our sleeve our appetite and so on. Then probably in the middle is as group that we call the winter blues or sub syndrome seasonal affective disorder.

Judy.: Some people feel worse and the wintertime in different parts of the country how common is sad and the general population?

Kelly.: In general said is quite common at least in the United States. It increases the further away from the equator that you get. It certainly more common in women than men at least two times as many women
experienced sad and if we look across the united states we don't have prevalence in every single location but for example Nashua New Hampshire the general prevalence there is 9.7%. Sarasota Florida 1.4%. It surprises some people to realize said exists in Florida. Washington, DC about 5%. In Vermont we estimate that it's about 8% based on what's been found at nearby locations.

Judy.: Interesting so what's happening in the environment as the seasons change that the trigger an episode of sad or cause sad?

Kelly.: There are a lot of possible culprits when we look at environment and what might bring these symptoms on most of the evidence supports photo period. Which is simply how many hours of daylight from dawn to dusk. Of this seems to be the strongest predictor of when the symptoms begin from year to year when people have said and also how bad they will feel on any particular day. It's largely determined simply by how long the day lasts.

Judy.: Interesting. Is that just sunlight or can that be activity?

Kelly.: It's simply the number of hours a day lasts. This is different from other measures that are listed in here like how many minutes of sunshine are in a day how many minutes a shadow can be detected. Solar radiation is a measure of how bright be available light is as well. It really seems to be photo. Simply the number of hours from dawn to dusk. That's the biggest predictor of the symptoms. Temperature has a very small affect. It has an effect but its small compared to photoperiod.

Judy.: I understand that bright light therapy is the most widely tested treatment for sad. What does light therapy involve?

Kelly.: Light therapy involves sitting in front of a device that produces bright light every morning upon waking. The light boxes are most commonly used produced 10,000 lux of white fluorescent light. 10,000 lux is the same intensity of light that comes from the sky as sunrise so that's why that particular intensity is selected. Very consistent use from the onset of the first symptom through the time that the person would naturally feel better so typically into the spring to use it every day with consistency is believed to be very important for effectiveness.

Judy.: Does it matter what time it they use it?
Kelly.: Most commonly we use it first thing in the morning unless we see a patient who has a pattern of falling on their face with fatigue late in the evening. Afternoon sleepiness and for that kind of person a little dose of the afternoon light in addition to the morning light is often helpful.

Judy.: Are there side effects?

Kelly.: There are side effects most commonly these are things like headache eyestrain and feeling time a wired up. Rare but serious side effects include a possibility of mania or hypo mania and increased thoughts of suicide. These are the reasons why it's important to do light therapy under the supervision of a mental health provider to try to monitor the side effects and to also get the dose just to write for that particular person.

Judy.: Because there are light bulbs that are sold that report to do this so it would be tempting for anybody to think all just get one of those light bulbs and sit in front of it for a couple of hours but you really need to know what you're doing.

Kelly.: This is very true to its a cottage industry but it's potentially dangerous for people to go out on their own and try to use Medical Devices to treat clinical depression.

Judy.: How effective is light therapy as a treatment for sad?

Kelly.: It's very effective. It's the best available treatment it improves symptoms in most people who try it to a certain extent about 50% of people who use light therapy will meet full remission criteria and remission is good that's what we're striving for that means the depression is fully lifted. The drawbacks to light therapy include problems with long-term compliance. If a person needs to use this treatment every day in order to stay well and they need to do a year after being very compliant with that medical device has going to be important to fortify against a relapse.

Judy.: It would be just like taking of medicine you do the same time every day and that's something you have to commit to.

Kelly.: Exactly yes medications and light therapy by all accounts are palliative treatment that means they suppress the symptoms. But they have to be with regularity over time in order to keep working.
Judy.: Is that one of the problems that maybe some people feel like if they skip a day or change the time that they use the light therapy is that it's not working forget it.

Kelly.: Yes that's a big problem. Perceived inconvenience and ineffectiveness are the biggest reasons that people say to discontinue light therapy in the long-term.

Judy.: Now your research is examining an alternative treatment for said it's called cognitive behavioral talk therapy. Tell us about that?

Kelly.: Cognitive behavioral talk therapy or CBT has been around since the 1960s. It's widely used for depression is establish effective treatment. We're unique in that we as a first group to try to apply to sad. It's a kind of therapy that identifies what people think about when they're feeling down and what they're doing their own behaviors that may contribute to their depression. We try to identify these negative thoughts and challenge and change them to make them less negative and more positive. In the behavior level we're looking for wintertime interest things a person can do to be excited about and find and joins and this time of year. Up to get out of that hibernation mode and use the skills are only this winter but every winter in the future to try to fortify against a relapse or recall events of the sad.

Judy.: This puts a lot of that to the person to really take control of their symptoms and their situation. That is kind of tough I mean I guess everybody just wants to look for the easiest thing can you just write a prescription?

Kelly.: This is very true I think a former participant said it best she said it's as though a light therapy hands you a fish to and the cognitive behavioral therapy teaches you how to fish. Cognitive behavioral therapy does put the person in the driver's seat to try to exercise some control over their symptoms. Whereas again light therapy is a palliative treatment to kind of a passive recipients of light. This of course can be helpful but it's a very externally focused different approach than what cognitive behavioral therapy is trying to do.

Judy.: That has to be really empowering for the patient to make that realization that we suck in maybe I can control this myself.
Kelly.: I think that's part of the reason it works so well actually is that the person is put in charge of their own symptoms and realizes the more they practice the skills and engage the better they feel and there's the potential to use the skills in the future to try to cope better with future winters.

Judy.: Can you give me some examples?

Kelly.: Just imagine if you're feeling depressed. You're in the throes of a major depressive episode and you're thinking that repetitively. I hate winter this is awful this is terrible it's never ending I feel this way every year. You're going to feel worse not better by virtue of being stuck in these negative cycles. Certainly people was sad have evidence that winter is it fun for them based on their own personal experience. I'm not a Pollyanna where I would want to change that into I love winter because that's not realistic but maybe if we could meet in the middle and say instead I prefer summer to winter. That's much and less negative in tone than to say I hate winter. It has a much less negative affect on mood. We're trying to interrupt the cycles of negative thinking.

Judy.: Then the next step from that would be to find something or activity that person might enjoy that they can only do in the winter.

Kelly.: That would be the ideal. If we could engage somebody in the winter sport or even something that they uniquely do in the winter that's inside like admitting circle. The club or a class that it take to carry them through the winter and be engaged ideally with other people in something that is highly enjoyable.

Judy.: What does your research suggests about the effectiveness of this cognitive behavioral therapy for sat.

Kelly.: So far we have done a couple of pilot studies? That have shown good effectiveness for cognitive behavioral therapy relative to light therapy. Of the navy that both therapies seem to work well in the initial winter. But when we follow people over time into the next brand new winter we're finding that perhaps cognitive behavioral therapy treated people do better in the long run meeting they have less of a return of their sad symptoms and they're less severely depressed the next winter's after treatment ends. We think what this means is that there retaining some of the skills that we'd teach them in the therapy and use them just as we tell them to in future winters to try to fortify themselves against a return of the symptoms.
Judy.: We've been talking just about sad but couldn't some of this therapy helped people in other aspects of their lives is well?

Kelly.: I think so. Certainly our purchase appends report that to us that they feel there's some generalize ability making one positive change what are the other things in live. What other things in life which you actually like to tackle. That's a component of the treatment. In the final sessions were working on relapse prevention where you going to do in the future now moving forward. We do try to zoom out a bit. Now that you're working on your sad and changing some of your wintertime habits to what other things in life what would you like to address? The skills and do have a pretty broad generalize ability I think to working on life in general.

Judy.: Do you find that people who have you been working as if to say they've been suffering with sad and have to go through this therapy that they do have other more serious issues or as serious issues in their lives as well or are they just dealing with everything that everybody feels within their life.

Kelly.: Sad patients for the most part do have problems other than sad. At least half of them have other coal morbid mental health issues such as anxiety disorders eating disorders etc. They're very much like patients who of non-seasonal depression and that way if this might be one component of what they're dealing with but there are other issues on board.

Judy.: What's next for your research?

Kelly.: We're underway with this national institute of mental health funded randomized clinical trial. Comparing light therapy to cognitive behavioral therapy. We're looking for 160 community adults who have said to participate. At the end of last winter we had 107 in the study so this winter were hoping to get the final 53 and a cohort after the treatments and we follow people for two years into two winters to see in the long-term How are people doing after having gone through the treatments.

Judy.: Interesting if someone wants more information about the study what should they do?
Kelly.: They can call our study phone which is (802)-656-9890 we also have a study website. It's: www.uvm.edu~sadstudy

Judy.: Terrific. Thank you so much for joining us today and I look forward to having you come back on next year and let us know what you've learned for studies this year.

Kelly.: That would be great.

Judy.: Thank you so much. That's our program for today I'm Judy Simpson we will see you again next time on Across the Fence.

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