HELPING PATIENTS TO COPE WITH SEASONAL AFFECTIVE DISORDER

The shorter daylight hours in winter bring the prospect of seasonal affective disorder for some people. Nerys Hairon outlines how nurses can help affected patients.

THE CHANGING of the clocks bringing shorter days and reduced hours of sunlight means that some patients will start reporting symptoms of seasonal affective disorder.

SAD is a type of depression or mood disorder with a seasonal pattern. The most common form is also known as ‘winter depression’. Symptoms usually develop some time between September and November, tend to be worse when the days are shortest (in December, January and February) and generally last until March or April, improving in the spring.

There is also a summer version of seasonal affective disorder. However, this is far less common and has different causes and symptoms from the winter form of SAD.

PREVALENCE

Around one in 50 people in the UK has SAD (CKS Library, 2007; NHS Direct, 2007). It is more common in women than in men and most often starts between the ages of 18 and 40. CKS Library and NHS Direct explain that up to one in eight people in the UK experience milder symptoms of ‘winter blues’ (sub-syndromal SAD).

Studies around the world have indicated that SAD becomes more common the further people are from the equator. This suggests that SAD is linked to the changes in the number of daylight hours through the year.

The Seasonal Affective Disorder Association (SADA) explains that for many people, SAD is a ‘seriously disabling illness’, preventing them from functioning normally without continuous medical treatment (SADA, 2007). It adds that for others it is a mild but debilitating condition causing discomfort although not severe suffering (sub-syndromal SAD).

CAUSES OF SAD

The exact causes of SAD are not completely clear but the condition appears to be related to changes in the amount of daylight during autumn and winter, which affects the levels of certain chemicals and hormones in the brain. The hypothalamus, which controls mood, appetite and sleep, is also thought to be involved.

Serotonin is thought to play a role in the condition, as reduced sunlight means that less serotonin is produced and people with SAD usually have lower levels than average in winter.

Melatonin, which affects sleeping and waking patterns, is also thought to be a contributory factor as it is produced in higher levels in the dark. People with SAD tend to have much higher levels than average of melatonin in winter.

Research suggests that there are genetic factors behind SAD, as people who have a close relative with the condition are at an increased risk of developing it.

SYMPTOMS AND DIAGNOSIS

SAD is characterised by a wide range of symptoms that can affect people to varying degrees. SAD symptoms usually recur regularly each winter, starting between September and November and lasting until March or April.

NHS Direct (2007) says that diagnosis will depend on whether patients have experienced symptoms during the same seasons for two or more consecutive years. The symptoms of SAD are outlined in box 1, p26. Diagnosis will also depend on whether
begin, by sitting a metre away from the box, an intensity of 2,500 lux is needed. SAD, a light that produces a minimum of 200–500 lux but, for effective treatment of this disorder, much stronger light is needed than that from a normal light bulb. Light boxes are not available on the NHS and have to be bought from specialist retailers. SADA recommends trying before buying and several companies offer home trial or hire schemes. Treatment for SAD should be supervised by a GP or clinic and identified negative thoughts and feelings that may compound symptoms of SAD. Patients should ask GPs about availability.

SELF-HELP

There are several self-help strategies that nurses can suggest to help patients cope with SAD, especially those with a milder form of the condition. The following simple lifestyle changes may help to improve symptoms:

- Trying to get as much natural sunlight as possible, especially at midday, for example, by taking a short walk at lunchtime;
- Making work and home environments as light and bright as possible;
- Sitting near windows when indoors;
- Taking regular exercise, particularly outdoors in daylight if possible;
- Eating a healthy, well-balanced diet;
- Avoiding stressful situations;
- Talking to friends and family about the condition;
- Delaying major upheavals or tasks until spring;
- Using relaxation exercises to unwind;
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CONCLUSION

It is clear that many people experience symptoms of seasonal affective disorder to varying degrees in winter. By understanding the causes of the condition and knowing about the range of treatments and self-help measures, nurses can help patients by improving management of symptoms.

**The Symptoms of SAD**

- **Sleep problems:** Usually a desire to oversleep and difficulty staying awake but people may experience disturbed sleep and early morning waking.
- **Lethargy:** Feelings of fatigue and inability to carry out a normal routine.
- **Overeating:** Craving for carbohydrates and sweet food, usually resulting in weight gain.
- **Depression:** Feelings of misery, guilt and loss of self-esteem, sometimes hopelessness and despair, sometimes apathy and loss of feelings.
- **Social problems:** Irritability and desire to avoid social contact.
- **Anxiety:** Tension and inability to tolerate stress.
- **Loss of libido:** Decreased interest in sex and physical contact.
- **Mood changes:** Some people with SAD experience extremes of mood and short periods of hyperactivity in spring.