SAD Students with Seasonal Affective Disorder

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Introduction

When November appears in the calendar year, typically everyone seems to disappear. The winter brings upon stress, loss of energy, and cold, weary days. People tend to retreat indoors to hibernate during the winter months, instead of staying outside and enjoying the poor weather. Dreary weather and staying indoors can cause a decline in the mental health of Americans. A person’s mental health can drop in the winter month because of weather conditions inhibiting people from exercising outside or weather causing depressive symptoms, which can lead to seasonal depression. Seasonal depression is most common in women, especially college aged women (Low and Feissner, 1998). This finding applies to the female students of Auburn University; they are more susceptible to having symptoms or being diagnosed with seasonal depression than the young men on campus. The bitter cold walks to class and the long rainy weeks are some of the factors that can cause seasonal depression in Auburn University’s female students. This paper will discuss seasonal depression among college aged females and the affects, treatments, and prevention methods of seasonal depression.

Defining Central Terms

“Worldwide, depressive disorders rank fourth as a source of disease burden” (Augestad, Slettemoen, & Flanders, 2008, p.). In fact, “one in five women will be diagnosed with a depressive disorder in their lifetime” (Craft, Freund, Culpepper, & Perna, 2007, p. 1499). Seasonal depression is one of many depression disorders that a woman could be diagnosed with. “For 1 or 2 out of 100 people, winter sluggishness and gloom take the form of clinical depression” (Harvard Mental Health Letter, 2004). Seasonal depression is known casually as Winter Depression or more commonly as Seasonal Affective Disorder (SAD). SAD is defined as a person having depressive symptoms, which occurs every year, more commonly around
winter (Antai-Otong, 2004). Just as the acronym implies, SAD is diagnosed based on symptoms such as prolonged sadness, loss of interest in regular activities, lack of concentration, and irritability (Simon, 2009). People who are diagnosed with SAD are likely to experience weight gain, fatigue, or increased sleep (Antai-Otong, 2004).

Furthermore, artificial bright light will be discussed later as a treatment for SAD. Artificial bright light is used in the winter to take the place of natural sunlight since it is lacking. It is light with the power of 10,000 lux or more, which is comparable to the amount of sunlight in the morning (Harvard Mental Health Letter, 2004). Some sources define bright light as 2500 lux or more, in this paper both powers will be discussed (Putilovi & Danilenko, 2005).

In addition, college student and winter months are two other terms are frequently used in the paper. College students will be the main group of people focused on in the paper. College students refers to people who attend a college or a university to take classes. The students’ ages typically range from 18 to 24 years old. The winter months include late November to early March.

**Prevention and Management**

After Day Light Savings Time, the days begin to get shorter and the sun sets earlier; therefore, people tend to become more exposed to darkness rather than sunlight. The lack of sunlight leads to depressive symptoms which then can contribute to the diagnosis of SAD if the symptoms continue (Cancro, 2008). Since SAD is more prevalent in winter, it is common to associate the cold weather as a factor contributing to the lack of sunlight. People are more inclined to stay indoors during frigid weather conditions, which does not allow them to get the proper sunlight that they might be accustomed to during the summer and spring months of the year.
In colleges, students spend most of their time doing homework or studying for classes. Increased studying develops in the winter months in order for students to be prepared for upcoming final exams. Since college students devote most of their time during the daytime sleeping, studying or in class, sunlight is very limited. Therefore, they have to take advantage of any time they can get to spend outside. Many students tend to choose the library as their place to study and get work done. Often times, students want a change of scenery, and instead of studying in the library they will choose to go outside and enjoy the sunlight. Unfortunately, studying outside is not an option for students in the winter-time because of chilly temperatures that will become unpleasant after prolonged time. This can lead to Vitamin D deprivation and can potentially cause SAD (Cancro, 2008).

Since sunlight is limited during the winter months, and often times, it is too uncomfortable to be outside, lack of sunlight causes people to express symptoms of depression or SAD. In order to prevent and treat SAD, a person can use bright light as an effective antidepressant at any time of the day (Putilovi & Danilenko, 2005). Bright light can imitate natural sunlight and trick a person’s body into thinking that it is natural sunlight. If a person does not have bright light, then they can substitute with the common fluorescent lights, which have been proven sufficient (Harvard Mental Health Letter, 2004). People should see improvements in a few short days, but still need to continue treatment (Harvard Mental Health Letter, 2004).

Although use of a bright light is an effective mode of treating and possibly preventing SAD, it is not the only method. If a person has mild symptoms of SAD, then successful treatments could be sitting near windows to obtain more sunlight, addition of lamps, or, if weather permits, spending time outdoors while the sun is out (Harvard Mental Health Letter,
SAD conditions may subside if the patient takes hour walks outdoors (Putilovi & Danilenko, 2005).

In addition to natural sunlight and artificial bright light treatments, another treatment for SAD is taking antidepressants (Simon, 2009). There is only one drug specified and approved for treatment for SAD which is bupropion (Simon, 2009). This drug has also been approved for treatment concerning “major depressive disorder” (WHO Drug Information, 2006). In order to be prescribed bupropion, the patient must have been diagnosed with a severe case of SAD. A severe case of SAD “requires that the number of seasonal episodes substantially outnumber the non-seasonal episodes during the individual’s lifetime” (WHO Drug Information, 2006).

Lastly, a close support group or a person who a SAD patient can confide in is also a technique for prevention and treatment of SAD (Simon, 2009). A person who fills the position of trust and honesty could be a loved one, companion, roommate, or a professional psychiatrist. Whomever a SAD patient chooses, they need to be trustworthy, understanding, encouraging and uplifting. Talking to the person can be therapeutic and can leave the SAD patient feeling as if they are no longer alone in their sadness and depression.

Role of Health Care Professionals

A person who is starting to see symptoms of depression or SAD should seek medical attention if it persists for at least 2 weeks (WHO Drug Information, 2006). If a patient does seek medical attention their health care professional should be able to recognize and provide information to treat SAD and depression. Health care professionals should pay close attention to their patient’s and be able to pick up on any signs of depression or SAD, especially during the winter months. In order for the health professional to recognize the symptoms of SAD, health care professionals need to be educated on the signs and symptoms of SAD and depression. If a
nurse or doctor asks their patient about their lifestyle or any changes in their lifestyle, this is a chance for the patient to open up and share their struggles or changes in weight or sleep patterns which are symptoms of SAD. Having the patient tell the health care professional about their life will also be restorative for the patient.

When a patient sees their health care professional, the nurse or doctor can prescribe treatments depending on the degree of SAD. If a patient has a mild case of SAD, the health care professional should suggest a 1-hour walk while it is sunny, sitting by windows, or lighting more lamps than usual (Work/Life, 2006). On the other hand, if the patient has a severe case of SAD the health care professional should suggest artificial bright light treatment, prescribing *bupropion*, or seeing a psychiatrist (Work/Life, 2006). Fortunately, most insurance companies will cover costs for artificial bright light treatment (Harvard Mental Health Letter, 2004).

**Summary**

In conclusion, Seasonal Affective Disorder is a serious condition that can cause a person to draw away from regular activities and friend and family. SAD can affect anyone, but mainly affects college aged females (Low and Feissner, 1998). SAD can affect people from the south like Alabama, in the winter months by staying inside out of the sun because of wintry conditions. In addition, southerners are at a high risk of developing SAD if they move to farther north, since they are used to warmer conditions in the south (Low and Feissner, 1998). SAD is mainly caused by deprivation of sunlight during the winter months (Simon, 2009). It can be treated by being in the sunlight for 1 hour a day, sitting near windows and lamps, being prescribed *bupropion*, or artificial bright light treatment (Harvard Mental Health Letter, 2004). It is better for a person to get treatment for SAD than to let it go untreated; the reason for this is because relationships can be damaged by lack of interest, loss of sleep can occur, as well as weight gain,
which can be tough to lose (Antai-Otong, 2004). More research is being conducted on SAD and the antidepressant drug, *bupropion* (Harvard Mental Health Letter, 2004).

Thankfully, people who think they might be or know people who might be suffering from SAD can find resources on the web to find symptoms and advice for their mental health issue. For example, the National Center for Biotechnology Information provides information on their website by typing in Seasonal Affective Disorder. The website lists symptoms, treatments, and other details about SAD. In addition, MedicineNet.com offers information on SAD and shares the definition, symptoms, causes, treatments, and helps find a psychiatrist for a person with SAD. For more information visit http://www.medicinenet.com/seasonal_affective_disorder_sad/article.htm. Also, Auburn University provides their students with 10 free counseling sessions per academic year through Student Counseling Services. SAD patients can find counseling helpful by being able to share their emotions, struggles, and lifestyle changes within a confidential environment. Visit http://www.auburn.edu/scs/counseling-individual.html for more information about Auburn University’s counseling services. Luckily, SAD does not affect a person throughout the entire year, but when it is diagnosed there a reliable treatments and health care professionals willing to help.
References


