

The SAD Days of Winter

As temperatures dip, many people look forward to cozy fires and warm sweaters. But for others, the shorter days with less natural light bring unwelcome changes in mood, sleeping and eating patterns, and energy levels. This type of depression, called seasonal affective disorder, or SAD, and its milder cousin, the winter blues, can also mean difficulty concentrating, decreased libido, social withdrawal, and carbohydrate cravings.

Although researchers don't know exactly what causes SAD, some believe darker days make your body produce more melatonin, a sleep-regulating neurohormone. Winter's diminishing light may also decrease levels of a mood-influencing neurotransmitter called serotonin. SAD affects up to 6 percent of Americans, and roughly another 14 percent get the winter blues (mostly in northern latitudes with pronounced seasonal changes). It often runs in families, perhaps through a genetic variant that affects serotonin. Women, especially in their 20s through 40s, are more likely to experience SAD than men, possibly because estrogen and progesterone make hormone receptors in women's brains react differently to light.

Treating SAD with Integrative Medicine

Daily exposure to light is the first line of treatment for SAD. If spending more time outdoors doesn't improve symptoms, get a light box, which emits light 10 to 20 times brighter than normal indoor lighting while filtering out harmful UV rays. Research shows light therapy helps 60 to 90 percent of SAD sufferers, often within one week.

Most people respond best to a light box early in the morning. Start with 20 minutes a day, increasing if necessary, suggests Norman Rosenthal, MD, a psychiatrist and author of *Winter Blues* (Guilford Press, 2006). You can also wear a portable light visor or use the light box while exercising indoors. Another option is a dawn simulator, which gradually turns on a bedside lamp in the morning. Light boxes cost between \$250 and \$500. Online vendors include lightforhealth.com and those linked to Dr. Rosenthal's website (normanrosenthal.com). Other treatment options include:

SSRI antidepressants. Studies show that SSRI (selective serotonin reuptake inhibitor) antidepressants, such as Prozac, restore serotonin balance and work as well as light therapy. Although SSRIs have more side effects and take longer to start working, they may be helpful for people who can't maintain or don't respond to light therapy. Combining an antidepressant and light therapy may help lower the drug dosage.

St. John's wort. This popular herb is an excellent antidepressant. One German study hypothesizes that because St. John's wort increases sensitivity to light—essentially magnifying the effect of normal light—it's especially helpful for SAD. Because of this effect, however, taking it along with light therapy can increase the eye's sensitivity to light. A typical dose of St. John's wort is 300 mg three times daily. (Do not take it together with an SSRI antidepressant.)

Cognitive-behavioral therapy. A promising study found that patients who received cognitive-behavioral therapy (CBT) for SAD improved as much as those treated with light therapy, but the people who received CBT as all or part of their treatment were much less likely to relapse the following winter than those treated exclusively with light therapy (*Journal of Affective Disorders*, June 2004). CBT, which emphasizes changing negative attitudes and behaviors, works well alone or with other treatments.

Negative ion therapy. While more research is needed, a few studies suggest high-density negative ion therapy can improve SAD, with no side effects. Used for 20 to 30 minutes a day, high-density generators have the advantage of working even while you sleep to release negative ions into the air. Researchers aren't sure why this therapy helps, but some of Dr. Rosenthal's patients have reportedly benefited from the devices, which cost around \$150 to \$190.

Melatonin. Although contrary to the theory that increased melatonin plays a role in SAD, a recent study found that taking small amounts of melatonin can improve symptoms. Subjects took .1 mg of melatonin every two hours for three or four times a day beginning eight hours after awakening. This preliminary evidence, published in the *Proceedings of the National Academy of Sciences* (May 9, 2006), suggests the supplement helps your body's internal clock adjust to shorter winter days. With no sustained-release formulas currently available, you may prefer to wait until one is instead of following the study's complicated dosage schedule, suggests lead researcher Alfred Lewy, MD, PhD.

Lifestyle changes. Whatever treatment you choose, I recommend incorporating these measures: Make time to exercise daily. Exercise acts as a natural antidepressant and helps prevent weight gain. Increasing your exposure to light is key, whether it's spending time outside, sitting near bright windows, or adding lamps indoors. And consider vacationing in a sunny place. Use relaxation techniques to help stay emotionally balanced. High-glycemic carbs such as cookies, cakes, and other sweets temporarily increase serotonin, but your mood may darken when your blood sugar drops again. A diet focused on protein and low-glycemic carbs such as whole grains and legumes will lift and sustain both your mood and energy levels. **SP**

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