Out with Summer In with Fall and Winter

Have you noticed periods of depression that seem to accompany seasonal changes? It has a name - seasonal affective disorder (SAD). It is characterized by annual episodes of depression – usually in fall or winter, which remits in spring and may alternate with periods of normal or high mood the rest of the year. Most people who experience SAD are women whose illness typically begins in their twenties, although men also report SAD of similar severity. It can also occur in children and adolescents. Many people report at least one close relative with a psychiatric condition, most frequently a severe depressive disorder or alcohol abuse.

What are the patterns of SAD?

Symptoms of winter SAD usually begin in October or November and subside in March or April. Some patients begin to slump as early as August, while others remain well until January. Regardless of the time of onset, most patients don’t feel fully back to normal until early May. Common characteristics include oversleeping, daytime fatigue, carbohydrate craving and weight gain. Additionally, there are the usual signs of depression such as lethargy, hopelessness, lack of interest in normal activities and social withdrawal.

In about one out of every 10 cases, annual relapse occurs in the summer. During that period, the depression is more likely to be characterized by insomnia, decreased appetite, weight loss, and agitation or anxiety. Patients often find relief with summer trips to cooler climates. Generally, normal air conditioning is not sufficient to relieve this depression, and an antidepressant may be needed.

The most common characteristic of people with winter SAD is their reaction to changes in environmental light. Patients living at different latitudes note that their winter depressions are longer and more profound the farther north they live. Patients also report that their depression worsens or reappears whenever the weather is overcast at any time of the year, or if their indoor lighting is decreased.

Treating SAD

Light therapy is now considered the first-line treatment, and if properly dosed can produce relief within days. Antidepressants may also help, and can be used in conjunction with light therapy. Bright white fluorescent light has been shown to reverse the winter depressive symptoms. The lamps are encased in a box with a lens that filters out ultraviolet radiation. The box sits on a table to raise it to eye level and above.

Find It Online

www.magellanassist.com

Did you know that you can log on to the Magellan website for resources, questionnaires and self-referrals?

It is quick, easy and confidential.

The website has a wealth of helpful information:

- Fill out online assessments such as a depression screening (found on the lefthand side under Quick Links)
- Find a provider
- Self Referral Online (click on Providers and Self Referral)

We also have helpful tips for preparing for your appointment. These tips will help you know what to expect and how to prepare for your session.

Want to know more about our providers? You can read up on the professional designation criteria set out by Magellan, which require certain levels of education and training. To find out more, click on Providers and then About Providers.

You can always call us as well at 1-800-308-4934. We have someone available 24 hours/7 days a week to assist with questions, provider information and much more.
DEPRESSION AWARENESS

There is Hope

Many people experience depression. It is a serious medical condition that can be treated like any other medical condition. If not treated, it can get in the way of work, family and almost every aspect of your life. So, like other medical conditions, depression needs to be identified and treated the right way.

Learn how to recognize the signs at all ages, how to reach out for help and how to support someone you care about. The following are some of the causes of depression:

• **Biological**—An imbalance in brain chemicals may cause or contribute to clinical depression.

• **Cognitive**—People with negative thinking patterns and low self-esteem are more likely to develop clinical depression.

• **Gender**—Women experience clinical depression at a higher rate than men. Though the reasons are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause.

• **Co-occurrence**—Clinical depression is more likely to occur along with certain illnesses, such as heart disease, cancer, Parkinson’s disease, diabetes, Alzheimer’s disease and hormonal disorders.

• **Medications**—Side effects of some medications can bring on depression.

• **Genetic**—A family history of clinical depression increases the risk of developing the illness.

• **Situational**—Difficult life events, including divorce, job loss, financial problems or the death of a loved one, can contribute to clinical depression.

Go Online Today!
Log on to www.MagellanHealth.com/member to access Depression Awareness and other helpful resources in the Spotlight section.

Which is Not a Symptom of Depression?
A. Loss of interest or pleasure in activities you used to enjoy
B. Change in weight
C. Heightened level of concentration
D. Energy loss

Check your answer on the bottom.

Now That’s an Idea!

Reach Out For Help

• Set up an exam with a primary care physician or a mental health professional and share questions and concerns you have.

• Write down your signs of depression, along with any questions you may have about depression and its treatment.

• Learn more about depression. A health care professional or your local mental health association can recommend reading material about depression and local support groups.

• Be actively involved in your depression treatment. Tell your provider about any changes in your mood. Share any concerns you may have about getting better.

Employee Assistance Program
1-800-308-4934

Whatever the problem, whenever the problem, we are here to help 24/7.
Confidential emotional, financial, and legal support provided at no cost to you.

Answer: C. Depression will not help you focus or concentrate. Other symptoms of depression include trouble sleeping (or sleeping too much), unshakable sadness, feelings of worthlessness or thoughts of death. The National Institute of Mental Health.
The Good News

Everybody feels sad or blue now and then. But if you’re feeling sad most of the time, and these feelings are interfering with…

• your relationships with your family and friends,
• your work,
• your grades or attendance at school, or
• overwhelming you in other ways,

…the problem may be depression. The good news is that you can get treatment and feel better soon. Most people with depression can be helped with treatment. But a majority of depressed people never seek or get the help they need.

When you’re depressed:

• You feel sad or cry a lot and it doesn’t go away.
• You feel guilty for no reason; you feel like you’re not good at anything; you’ve lost your confidence.
• Life seems meaningless or you feel that nothing good is going to happen to you again.
• You have a negative attitude or you just feel numb, as if you have no feelings.
• You don’t feel like doing the things you used to like to do—like hobbies, sports, being with friends or going out. You’d rather be left alone.

Without help, depression can get worse over time. The sooner you get help, the easier it may be to treat. The goal in treating depression is to remove the symptoms and to improve the quality of your life. By getting help, you can get back your life and once again:

• Enjoy the activities you used to enjoy.
• Relate to your friends and family.
• Be a productive member in society.

The Ones Affected

Major depression is a common illness and more common than you may think.

• Anyone can suffer from depression.
• Many times it goes unrecognized.
• Depression is more common in women than in men.
• It affects all age groups.
• Depression runs in families.

How Can I Help Someone Who is Depressed?

If you know someone who has depression, first help him or her see a doctor or mental health professional.

• Offer support, understanding, patience and encouragement.
• Talk to him or her and listen carefully.
• Never ignore comments about suicide, and report them to your loved one’s therapist or doctor.
• Invite him or her out for walks, outings and other activities.
• Remind him or her that with time and treatment, the depression will lift.¹

¹Medline Plus