

HELPING HANDS



Seasonal Affective Disorder - The Winter Blues

Excerpts from ERIC SCHULTZ, Staff writer eric.schultz@theredstonerocket.com

This time of year – with the short days, cold weather, and the struggle to resume a normal schedule after the holidays – can be hard on anyone. It is a time of transition from the light of the holidays to the long, cold, dark slog of winter. For some, it's the time of the winter blues; but for others, it's a more serious form of depression called seasonal affective disorder. "SAD is more than just 'winter blues,'" according to the American Psychiatric Association's website. "The symptoms can be distressing and overwhelming and can interfere with daily functioning. Reduced sunlight exposure from shorter days and less sunlight can disrupt the body's internal clock has been linked to chemical changes in the brain. Melatonin is a sleep-related hormone, which the body makes more of when it's dark.

If someone is predisposed to depressive symptoms, then they're going to have a higher likelihood of developing seasonal affective disorder. Less sunlight may increase vitamin D deficiency, which is linked to serotonin and mood. Additionally, decreased physical activity due to cold, darkness and weather can negatively impact mood and ability to cope with stress. Feelings of loneliness can increase because people aren't socializing outside and instead are staying home in the warmth.



If someone is struggling this winter with seasonal affective disorder, there are things you can do to help get through the struggle. Exposure to sunlight and light therapy are recommended for seasonal affective disorder. Therapy, improving relationships, learning alternative coping strategies, and medication are additional ways to manage SAD. Simply taking care of yourself by eating regular meals, moving your body as much as possible, and participating in social and religious activities is important too. If depression persists, people can reach out for help. Seeking support from a therapist or EAP to problem solve strategies and work through stressors and negative thinking that can accompany depression can help.

Treatment



Treatment for seasonal affective disorder may include light therapy, psychotherapy and medications. If you have bipolar disorder, tell your health care provider and mental health professional — this is critical to know when prescribing light therapy or an antidepressant. Both treatments can potentially trigger a manic episode.

Light therapy

In light therapy, also called phototherapy, you sit a few feet from a special light box so that you're exposed to bright light within the first hour of waking up each day. Light therapy mimics natural outdoor light and appears to cause a change in brain chemicals linked to mood.

Light therapy is one of the first line treatments for fall-onset. It generally starts working in a few days to a few weeks and causes very few side effects. Research on light therapy is limited, but it appears to be effective for most people in relieving symptoms.

Before you purchase a light box, talk with your health care provider about the best one for you, and familiarize yourself with the variety of features and options so that you buy a high-quality product that's safe and effective. Also ask about how and when to use the light box.

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Treatment (continued)

Psychotherapy

Psychotherapy, also called talk therapy, is another option to treat. A type of psychotherapy known as cognitive behavioral therapy can help you:

- Learn healthy ways to cope with, especially with reducing avoidance behavior and scheduling meaningful activities
- Identify and change negative thoughts and behaviors that may be making you feel worse
- Learn how to manage stress
- Build in healthy behaviors, such as increasing physical activity and improving your sleep patterns

Medications

Some people with benefit from antidepressant treatment, especially if symptoms are severe.

An extended-release version of the Aplenzin) may help prevent depressive antidepressants also may commonly be Your health care provider may recommend before your symptoms typically begin each you continue to take the antidepressant away.



antidepressant bupropion (Wellbutrin XL, episodes in people with a history of. Other used to treat.

starting treatment with an antidepressant year. He or she may also recommend that beyond the time your symptoms normally go

Keep in mind that it may take several weeks to notice full benefits from an antidepressant.

In addition, you may have to try different medications before you find one that works well for you and has the fewest side effects.



IAM Peer Employee Assistance Program

The heart and soul of the District 141 Employee Assistance Program is the local lodge EAP peer coordinator. These dedicated men and women volunteer their personal time to assist other union members and their families who are experiencing personal difficulties. EAP peer coordinators do not make clinical diagnoses or clinical evaluations, however, they are trained to make a basic assessment of your situation and refer you to an appropriate resource for a more detailed evaluation. EAP peer coordinators will follow up to ensure you have been able to access services that addressed the difficulty you were experiencing.

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What to consider with light therapy

Here are some questions to think about when buying a light box for seasonal affective disorder:

Is it made specifically to treat SAD? If not, it may not help your depression. Some light therapy lamps are designed for skin disorders — not for SAD. Lamps used for skin disorders mainly produce ultraviolet (UV) light and could damage your eyes if used incorrectly.

How bright is it? Light boxes produce different intensities of light. Brighter boxes will require less time to use each day, compared with dimmer boxes, to achieve the same effect. Usually, the recommended intensity of light is 10,000 lux.

How much UV light does it release? Light boxes for SAD should be designed to filter out most or all UV light. Contact the manufacturer for safety information if you have questions.