

the professional HYPochondriac

Staying Sane

Is it the Seasonal Blues or Something More?



It's that time of year again. I look out my office window and see the gray sky and the leaves falling to the ground. The shorter days and the inevitability of what's coming — especially here in Chicago — is daunting. It makes you wonder: how do we distinguish between the seasonal blues and true depression?

“There's a whole spectrum of winter blues ranging from mild feelings of blah, ranging up to pretty severe episodes of depression or even sometimes bipolar disorder that require intensive psychiatric treatment,” says Dr. Michael Brodsky, Medical Director of Bridges to Recovery and instructor and board-certified psychiatrist at the UCLA David

Geffen School of Medicine who sees patients from around the country.

In the winter Dr. Brodsky gets an increased number of calls from patients having trouble staying motivated to go about their daily lives. “There's not a hard and fast line between winter blues and problems that need treatment,” he says.

The main criteria for determining whether you need professional help is: Are the blues you're experiencing impairing your ability to function socially or at work? Are you turning down social invitations that you used to accept, not feeling like making contact with family, friends, loved ones? Or, do you find yourself unable to get to work, arrive late, or can't finish work?

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Hormones play a huge role in regulating mood year-round, he says. The average age for menopause is 51 and for several years before that and many years after a decline in hormones plays havoc with mood and makes it very difficult to feel happy and motivated.

The best place to seek help is someone you trust, Dr. Brodsky says. This might be your internist or primary care doctor. If not, ask for a referral from someone you trust. The National Alliance on Mental Illness can help you find people in your area.

Especially for seasonal types of depression there are many treatment options:

Cognitive behavior therapy has a large body of evidence that it's effective.

Interpersonal therapy, used to address conflicts between patient and loved ones.

Light therapy, in which patients sit in front of a special medical light box (or wear a visor) for 20 to 30 minutes a day to compensate for a lack of light. The light box needs to be prescribed.

Exercise 30 to 60 minutes each morning in sunlight. Morning treatments are more helpful so light exposure doesn't interfere with sleep.

There's evidence that the old school medications such as Prozac and Paxil are effective for winter forms of depression. New medications are coming out all the time.

"You're not alone," says Dr. Brodsky. "The winter blues are common. Some people believe that everyone has the winter blues, that it stems from our evolutionary history of descending from animals that hibernate and those impulses are still with us. We eat more carbs, not unlike the bears. We urge women to take heart and to talk to people. Don't suffer alone. Nothing makes depressive symptoms worse than isolation."

The toll-free number for Bridges to Recovery is 1-877-386-3398. www.bridgestorecovery.com