Symptoms and diagnosis

- Symptoms of winter depression begin during the autumn/winter seasons. There is a cluster of ‘atypical depressive symptoms’ that are characteristic of the condition and are as follows:
  - increased sleep, with associated daytime somnolence
  - increased appetite; in particular carbohydrate and chocolate cravings
  - weight gain.

- As well as the above atypical symptoms, many of the symptoms characteristically seen in non-seasonal depression can occur, e.g. loss of interest in normal activities, decreased energy, decreased motivation, impaired concentration and irritability. Indeed the most common and obvious differential diagnosis is non-seasonal depression and this distinction is important, particularly when considering whether to advise light therapy treatment.

- Symptoms typically resolve during the spring/summer. Moreover, many sufferers will experience some degree of symptoms of elevated mood in the summer time and as many as one third will develop hypomania (although full blown mania is rare).

- The diagnosis is made primarily on clinical grounds and SAD should be considered in all people with recurrent affective disorders. In addition to a full history, there are several questionnaires that have been designed to aid diagnosis. The Seasonal Pattern Assessment Questionnaire (SPAQ) is brief and is the most widely used.

Management (excluding light therapy)

- Regardless of severity, all SAD sufferers can benefit from taking the following practical steps:
  - Natural light therapy - Get outdoors as much as is practicably possible, particularly in the morning. A winter holiday to sunnier climates can be beneficial.
  - Continue regular exercise - This is in itself an antidepressant. Outdoor exercise is doubly beneficial.
  - Supportive psychological approaches - Make the patient aware of the symptom interactions and how improvement in one area will have a knock on affect in others. Set the shortest day of the year (i.e. 21st of December) as the winning post and remind them that from there things will get progressively better. Reassure them that each year they will learn more about their condition.

- Light therapy or antidepressant medication? When symptoms are more severe and function is impaired then physical therapies should be considered. Simply put, the more prominent the ‘atypical depressive symptoms’ the more likely it is that the patient will respond to light therapy. Patient preference should also be taken into consideration. In severe and/or unresponsive cases light therapy and antidepressants can be used together.

Light therapy

- Robust studies on efficacy of light therapy are difficult to design as it is impossible to blind participants to treatment and light therapy has an inherently large placebo effect. Despite this, several well designed studies have shown bright light therapy to be effective.
• From a practical point of view the light box is easy to use.

• To receive the recommended starting dose of 5000 lux hours/day the patient should sit between 18 and 21 inches away from a standard light box for 30 minutes. This is most effective if given in the morning but time may be 'topped up' in the afternoon if this is practical.

• Bright light treatment should not be taken at night as it can induce insomnia.

• Dose is adjusted according to response and side effects. A response to treatment is often seen within the first few days and if no response occurs in three weeks there is unlikely to be a benefit. Light therapy should be introduced and phased out at the same times as is recommended for antidepressant medication.

• Side effects are uncommon and generally well tolerated. The most common adverse affect is headache and blurred vision. Advice about not looking continuously and directly into the light often is beneficial. Feeling ‘wired’ and insomnia are also described. There are no known cases of ocular damage with bright light therapy.

• Light boxes are generally not available on the NHS but can be easily sourced via the internet and there are several reputable retailers who offer a 21 day sale or return refund. In addition they can be bought on the high street.

• There are alternatives to light boxes. In particular, dawn simulating alarm clocks have been shown to be effective and may facilitate treatment adherence.

Further reading


Magnusson A, Partonen T (2005) The diagnosis, symptomatology and epidemiology of seasonal affective disorder. CNS Spectrums, 10: 625-34. [PDF]


Terman M, Terman JS (2005) Light therapy for seasonal and nonseasonal depression: efficacy, protocol, safety and side effects. CNS Spectrums, 10: 647-663. [PDF]

Sohn CH & Lam RW (2005) Update on the biology of seasonal affective disorder. CNS Spectrums, 10: 635-646. [PDF]
