

TMS TRENDS

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How to Beat the Winter Blues

Do you often have the blues when the weather gets colder and the days shorter? If the sadness makes it difficult for you to get out of bed or be around family or friends, you may have seasonal affective disorder. Dr. Hanita Chhabra, a psychiatrist and Maryland regional medical director with Greenbrook TMS NeuroHealth Centers, said there are many ways to treat and help people cope with seasonal affective disorder.

What is seasonal depression or seasonal affective disorder?

Seasonal Affective Disorder, or SAD, is a major depressive episode that has its most frequent presentation at a particular time of the year. It is somewhat different from major depressive disorder, or MDD, which is a recurrent disease that is episodic and varies in duration and severity. When the majority of MDD episodes are linked with a particular time of year, they can be more accurately characterized as SAD.

When do most people get the disorder?

Most SAD patients are impacted during the fall and winter months as a result of colder weather and fewer hours of daylight. Although less common, some patients experience seasonal depression in the spring and summer months. For some the holidays serve as a buffer, something to look forward to that can delay their most acute symptoms from manifesting until January or February. For others, however, the holidays themselves are a trigger. For those who have lost a loved one or do not have a sufficient social support system, the holidays can feel like a painful reminder of what's missing rather than a diversion from depression.

What are the symptoms?

Just as with any major depressive episode, SAD symptoms include a predominant feeling of sadness; loss of interests; lack of pleasure; changes in sleep, as well as changes in energy and appetite. In more severe cases or for those who don't receive adequate treatment, symptoms can progress to include feelings of excessive guilt, worthlessness, hopelessness, helplessness, or, worse, active thoughts contemplating ways to take one's life.

How do you know if you have the clinical disorder and not just sadness?

The key indicator in diagnosing SAD or MDD is the duration of symptoms and the degree of impairment, such as symptoms lasting closer to 1-2 weeks that affect the quality of one's life or function. These symptoms can include: unusual difficulty getting out of bed; getting dressed; focusing at work; or avoiding people, including friends or family. There are several online resources and self-report scales one can use to help track and assess their depressive symptom severity.

What is the treatment for the disorder?

As a treating psychiatrist, my first modality of treatment for SAD is medication, as it can help regulate mood and shorten the duration and severity of depressive episode. For patients who have not seen

success with antidepressants or are experiencing intolerable side effects from medication, SAD or MDD can be treated with transcranial magnetic stimulation, which is a safe, non-drug, non-invasive treatment that uses magnetic pulses to influence brain activity and awaken inactive parts of the depressed brain. Due to the relative consistency to the episodes, SAD lends itself especially well to transcranial magnetic stimulation. Transcranial magnetic stimulation can be used in conjunction with medication or as a stand-alone treatment and is a non-sedating treatment available in a physician's office and covered by most insurance plans, including Medicare and Tricare. The Neurostar Advanced Therapy device was the first transcranial magnetic stimulation device cleared by the FDA in 2008 and is currently the most widely available and utilized device to treat MDD. Typically, transcranial magnetic stimulation is about 19 minutes, for four to six weeks, depending on your doctor's recommendation. After being treated with transcranial magnetic stimulation, many patients achieve remission for several months or longer without the need of having to take medication and deal with the potential side effects

Are there ways to cope other than taking drugs? If so, what ways?

In addition to transcranial magnetic stimulation, which works by delivering magnetic stimulation to specific areas of the brain involved in mood regulation, talk therapy (psychotherapy) can be beneficial to improve a patient's coping of symptoms and awareness in the very early stages, so complimentary therapies have a greater chance of success. Other complimentary modalities that may help in mild to moderate episodes include light box therapy and Vitamin D, B Complex and Omega 3 fatty acid supplementation. Physical exercise, such as yoga is also known to help lessen depressive symptoms. If one is in the position to travel, visiting a warm, sunny climate can also be helpful. Also, don't give up hope. One of the most challenging complications of depression is the loss of hope and inability to see getting better. Fortunately, the medical field has made major advances in the treatment of depression, underscoring that there is hope and depression is treatable.

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