



Seasonal Affective Disorder

What is it?

SAD is a DSM-IV recognized subtype of MDD (major depressive disorder) and is characterized by depressive episodes that typically begin in late fall/early winter and remit in spring. Episodes may last up to 6 months. The diagnosis of SAD requires that the number of seasonal episodes substantially outnumber the non-seasonal episodes.

Signs/Symptoms of SAD

1. Increased sleep
2. Overeating and weight gain
3. Depression combined with irritability
4. Lack of interest in interpersonal interactions, loss of interest in enjoyable activities
5. Feelings of extreme fatigue

Prevalence

SAD varies with latitude ranging from 1.5% in Florida to about 9% in the Northern US. 1 out of 5 patients with a history of diagnosed depression met the SPAQ (Seasonal Pattern Assessment Questionnaire) criteria for SAD based on an online survey of 13,358 patients.

Treatment

1. Phototherapy
2. Psychotherapy/Exercise
3. Antidepressant Treatment

Wellbutrin XL

The first and only antidepressant indicated to prevent episodes of SAD. Wellbutrin was shown to prevent episodes of SAD in a combined analysis of 3 double-blind, placebo-controlled clinical trials with 1042 patients. Therapy was begun in the fall prior to onset of SAD symptoms and was tapered/discontinued in early spring. Treatment duration was 4-6 months for the majority of patients.

Dosage

Start with Wellbutrin 150 mg XL; titrate to 300 mg am after day 7, if 150 mg tolerated. Doses above 300 mg/day have not been studied for the prevention of SAD episodes.

Take-Home Point

Patients whose seasonal depressive episodes are infrequent or not associated with significant impairment should not generally be treated preventatively. For those with significant impairment from SAD, Wellbutrin can be a good first-line preventive; the recurring pattern of SAD establishes a window to initiate preventive therapy before symptoms occur.

Prepared by:

Susan Hutchinson, M.D.

Director - Orange County Migraine & Headache Center

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