

Kids' KOrner

Some People Are Sick And Tired Of Winter

**Bright Lights
Help Alleviate
Perplexing Winter
Depression**

**By Mercer Cross
National Geographic
News Service**

BETHESDA, Md. — Dr. Norman E. Rosenthal, one of the world's leading authorities on seasonal depression, admits that he himself suffers from the winter blahs.

He copes with his problem the same way his more severely afflicted patients at the National Institute of Mental Health do. For several hours each winter day, he works beside a bank of especially bright fluorescent lights.

An unknown number of Americans -- at least several hundred thousand -- become depressed enough to cease functioning normally during the dark days of winter. Psychiatrist Rosenthal coined the term now commonly used to describe their trouble: seasonal affective disorder, SAD for short.

Starting in the fall and continuing through the winter, SAD sufferers sink into depression. They lose their ability to concentrate. They overeat, oversleep, and gain weight. They become irritable and squabble with their spouses and associates. Their sex drive diminishes.

Women are four times likelier than men to have the seasonal melancholia. Onset of the disorder may come in childhood, but is more likely to start in young adulthood. Although darkness seems to be the main cause, cold, snowy weather may contribute.

Alcoholism and suicide go hand in hand with SAD. "Lots of that suicide -- probably 90 percent -- is alcohol-related," says Dr. Aron S. Wolf, a psychiatrist in Anchorage, Alaska.

Come spring, as the days grow longer, the symptoms start to fade. By summer, the SAD victims are normal again.

The farther north people live, the more prevalent the syndrome becomes. Swedes call it "Lapp sickness," for the isolated Laplanders who dwell above the Arctic Circle. The Finnish word is "kaamos."

Whatever it's called, seasonal depression has been around as long as recorded history. In about 400 B.C., Socrates said that "melancholia occurs in the spring."

But not until the winter of 1981-82 did Rosenthal and his col-

leagues conduct research that led to development of the full-spectrum light panels, five to 10 times brighter than average indoor lights.

Among American specialists, the lights are the generally accepted treatment for SAD sufferers. After a few days of sitting in front of the lights for several hours, most victims of extreme blahs perk up significantly. When they cease treatment for more than a few days, their depression returns.

The specialists don't agree on the optimal daily time for using the lights. Rosenthal says two hours; other doctors say one; still others say six. A minority of patients don't respond to the lights and require other treatment, such as antidepressants.

Doctors have yet to learn exactly what brings on SAD. One physiological possibility is that it is related to hormones such as melatonin and prolactin and to serotonin, a chemical in the body. Bright lights, according to one theory, help to control these substances.

"The one thing I like to emphasize is that if somebody is genuinely depressed, he or she would do very well to have an expert treat the problem," Rosenthal says.

That advice doesn't stop some depressed people from circumventing their doctors. "We send lots of people to the lighting-supply store," Wolf says of those who reject professional help.

Although light therapy so far has been used predominantly by U.S. doctors, international cooperation may not be far away. Dr. Carla Hellekson, a psychiatrist in Fairbanks, Alaska, says that Americans and Russians have reached preliminary agreement on a joint study by Alaskan and Siberian specialists.

Among the many unanswered questions, Dr. Hellekson says, is why Alaskan Eskimos are less susceptible than whites to SAD. "Clearly they've adapted over many centuries," Wolf says, "if you believe in the land-bridge theory, the Eskimo people were Siberians to begin with."

Long Scandinavian winters create their share of depression. But Dr. Eric Jannerfeldt, medical attache at the Swedish Embassy in Washington, says that light treatment isn't used in his country.

"Swedes tend to take advantage of winter much more than you do here," he says. Part of the U.S. problem, he suggests, may be the prevalence of windowless offices.

"That is quite unthinkable in Sweden," he says.

Some scientists have drawn a correlation between SAD symptoms and hibernating animals. Rosenthal rejects the correlation. "Zoologists scoff at the analogy because it's very superficial," he says. "The similarity is that both the hibernating animal and a patient with SAD are less active in the winter. And that's probably where it stops."

All the experts agree that much remains to be learned about the perplexing illness. Rosenthal and his associates at the national institute are doing research on reverse SAD, which depresses some people in summer but sends them soaring in winter.

Doctors at the University of Minnesota Hospitals in Minneapolis are investigating SAD's effects on children. At Brookside Hospital in Nashua, N.H., researchers concerned about possible retinal damage from the full-spectrum lights are studying the removal of ultraviolet light from the spectrum.

Rosenthal says he hopes that eventually light therapy will go beyond its present limited use and "serve as a probe into our understanding of brain function."



Rigors of nearly interminable winters pose a challenge for residents of northern latitudes, such as this man in Helsinki, Finland. The farther north people live, the more susceptible they are to seasonal affective disorder, or SAD, which afflicts millions worldwide. Finns call it "kaamos." Swedes call it "Lapp sickness."

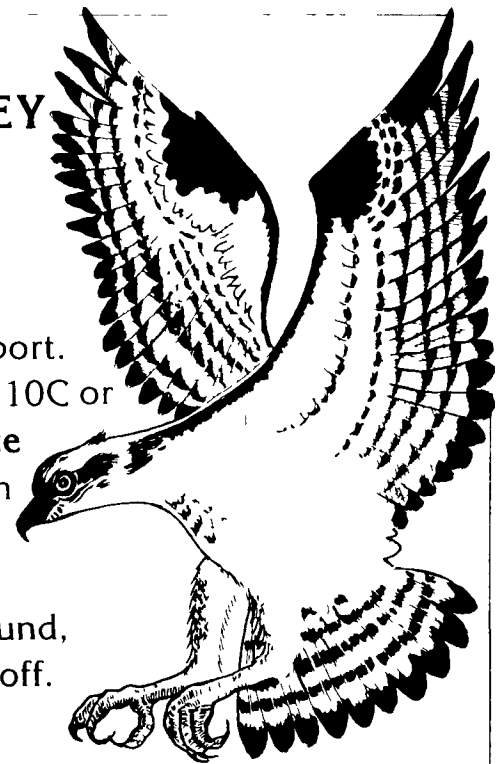
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