



RIP & SHARE SAFETY HANDOUT

Don't Let Seasonal Depression Get You Down

Winter is upon us, and for many, a common condition called the “winter blues” will soon kick in. In extreme cases, the blues are diagnosed as winter depression, or seasonal affective disorder (SAD), which manifests itself in anxiety, depression, fatigue, irritability and overeating. SAD is a serious health problem, but usually relatively easy to treat. SAD seems to be triggered in the late fall when the amount of daily sunlight decreases.

In our industry, SAD is a double-whammy—not only could it affect you if you are an outdoor worker who is susceptible to it during the winter months when sunlight is limited, it may affect you if you are a night-shift or underground worker who is pre-disposed to SAD. For this last group, SAD isn't necessarily a winter issue—it can happen year around and be exacerbated by winter.

If during the winter you feel down most of the time, delay getting out of bed at your normal time, avoid seeing people you usually like to see, are unusually hungry for foods high in carbohydrates and even stop going to work, you aren't alone. SAD, in its full-blown form with severe depression and anxiety, affects an estimated 4 percent to 6 percent of the population, and another 10 percent to 20 percent have a milder form of SAD, reported S. Atezaz Saeed, M.D., and Timothy I. Bruce, Ph.D., of the University of Illinois, writing about SAD for the American Academy of Family Physicians (aafp.org) in 1998.

Approximately 14 million adult Americans are seriously affected by SAD and an additional 33 million have a less severe sub-syndromal SAD, reports Jane E. Brody in an article on the “winter blues” published in *The New York Times* in December 2006.

SAD may happen to you at any age, but usually first occurs in people between 18 and 30 years old; three out of four people affected are women. The average age of the first occurrence is 23, and the risk seems to decrease with age, report Saeed and Bruce.

SAD is a serious concern for miners, particular those who work in dark conditions. Night workers who sleep during the day are also at risk, since they tend to sleep through many of the few daylight hours of winter days.

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Natural building blocks for quality of life



SAD may be caused by a biochemical imbalance in the part of the brain controlling the release of hormones that happens when days become shorter and the number of sunlight during the winter months are fewer, according to the SAD Association, based in England (sada.org). The Mayo Clinic overview of SAD (mayoclinic.com) states that “[d]octors don’t know the causes of SAD, but heredity, age and your body’s chemical makeup all seem to play a role. So can the availability of sunlight.”

According to the National Institute of Mental Health (NIMH), part of the National Institutes of Health in Bethesda, Md., natural body rhythms rely on cues from the eyes, which register sunlight and send the brain information for controlling chemical changes in the body. The changes involve hormone levels, including increased serotonin for a sense of well-being and suppressed melatonin affecting sleep patterns. Hormone levels are out of whack in people with SAD.

For many people, SAD is a seriously disabling illness, preventing them from functioning normally without continuous medical treatment. NIMH estimates that less than 50 percent of people suffering from depression actually get the medical help they need. Many people with SAD simply suffer through the winter months.

Don’t be one of these people. Familiarize yourself with the symptoms. According to the Mayo Clinic, most of us feel down occasionally, but if you feel down for days at a time and you find less and less pleasure in life—and if you remember having these feelings for several winters—see your doctor.

Usually, SAD that occurs during the winter causes increased sleep, increased appetite for carbohydrates, irritability, interpersonal difficulties and a heavy feeling in arms or legs. SAD can also occur during spring and summer with opposite symptoms—hyperactivity, lack of appetite and sleeplessness.

Those who suffer most acutely also show signs of a weakened immune system and are more vulnerable to other infections and illnesses, according to the SAD Association.

The U.S. Department of Labor’s Mine Safety and Health Administration (MSHA) has long noted a trend of increasing serious injuries and fatalities during September, October and November. Could this be a result of the lethargy and inattentiveness caused by SAD? “We really can’t say for sure that this is the cause, but it certainly warrants consideration. Mine operators and miners should be aware that SAD could pose additional hazards during the coming months,” says Neal Merrifield, chief of the Metal/Non-metal Safety and Health Division.

According to researchers, 80 percent of SAD cases can be successfully treated with light therapy, medication and/or counseling.

The most common treatment is light therapy, and it seems to work. The Mayo Clinic reports that about 70 percent of people experience a reduction in their symptoms from daily light therapy and 50 percent experience remission. Doctors specify a duration of exposure and the optimal time of day for treatment in each case.

Timed exposure to daylight-intensity light is the treatment of choice for SAD, according to Ann Wirz-Justice, Ph.D., professor of psychiatry at the University of Basel in Switzerland, quoted in an article by Lynne Lamberg, published in *The Journal of the American Medical Association*, in November 1998. “Light is as effective as antidepressant medications are, perhaps more so,” she said. Lighting devices have become more powerful, more portable and less expensive. The devices typically use light with an intensity of 2,500 lux to 10,000 lux, simulating outdoor light near dawn or dusk.

When light therapy doesn’t work, antidepressants may help. Counseling or psychotherapy, along with light therapy or medication, helps patients talk through their feelings and identify and modify negative thoughts and behaviors that may play a role in the onset of SAD.

Light therapy, which can be difficult to schedule, and some medications, which cause drowsiness and lethargy, may not be practical treatments for mine workers. In cases of severe depression, however, individuals must see a doctor and consider these treatments. In cases of mild depression, however, making a few changes to your home and routine may make enough of a difference to keep you working productively.

The Mayo Clinic recommends various common sense things you can do to help you feel better. During the winter, open your home’s blinds and curtains, add skylights—let what light there is in; get outside on sunny days even if it is cold; exercise regularly; find additional ways to relax; and, when you can, take a trip to a warm, sunny place.

Be conscientious about your own health and mood, and pay close attention to your peers working around you. Those who seem to have a low energy level or show lessened interest in their surroundings may need help. ■

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