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COMBATING SEASONAL AFFECTIVE DISORDER IN VERMONT

Prasanna Kumar

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Project Mentor: Dr. Jacob Shaw
PROBLEM IDENTIFICATION AND NEED

• Seasonal Affective Disorder (SAD) refers to cyclical episodes of depression, mania, or hypomania that occur during certain seasons of the year

• Most common form is winter depression, which has been associated with psychosocial impairment¹
  • Depressed mood
  • Loss of interest
  • Changes in weight/appetite (weight gain and increased appetite more common)
  • Changes in sleep (hypersomnia more common)
  • Fatigue
  • Guilt/worthlessness
  • Suicidal ideation

• Treatment²,⁸
  • Antidepressants (SSRI)
  • Light therapy
  • Psychotherapy/CBT
  • Aerobic exercise (especially in the mornings with natural light)
  • Sleep hygiene
  • Dawn therapy

• Impacts work, education, parenting, finances, and relationships with others⁷

• Associated with other psychiatric conditions such as generalized anxiety disorder, panic disorder, and chronic fatigue syndrome⁹

• Estimated to affect 9-10% of individuals in Vermont while only 1.5% in Florida³,⁴
PUBLIC HEALTH COST

• Data not available for seasonal affective disorder specifically
  • 10-20% of individuals with depression experience a seasonal pattern of episodes

• Economic impact of Major Depressive Disorder (MDD) extends beyond direct healthcare costs
  • 45% direct medical expenses
  • 50% workplace costs (absences and reduced productivity)
  • 5% suicide costs
  • Over 60% of total costs were due to comorbid conditions and not MDD

• In Vermont, adults with depression are less likely to engage in healthy behaviors
  • Significantly more likely to be affected by 4 chronic diseases that claim the lives of over 50% of Vermonters
COMMUNITY PERSPECTIVE

• Dr. Jacob Shaw, MD – Family Medicine Physician at Community Healthcare Center of Burlington (CHCB)
  • “Access to behavioral health counseling is the biggest barrier to mood disorders in general, and SAD is not an exception”
  • “Lifestyle modifications are first-line. Lifestyle modifications should come at the least in addition to medications”
  • On recommendations for the prevention of SAD: “Trying to encourage people to find winter outdoor activities that they can do that is accessible and something that they enjoy. Skiing is great for a lot of people but can be limited for people who do not have the income to afford it. Older patients or those with arthritis may not be able to engage in it. Whether it's snowshoeing, cross country skiing, or just winter hiking, having some kind of outdoor activity in the winter can help with those symptoms”

• Licensed social worker at CHCB
  • “Things get more difficult for people [with mood disorders] in the winter months”
  • “People might be off for a couple weeks after daylight savings. People generally have insight”
  • On barriers to treatment: “Cost. For people who don’t have insurance or have commercial insurance with high deductibles, they’re not able to afford sessions and may have to pay out-of-pocket. There are not enough therapists out there”
  • “I always encourage lifestyle changes and behavioral modifications. I do a lot of behavioral activation, which is a CBT tool for people who have low motivation. I see a lot of people coming in who want therapy before medication… People don’t realize how much work it takes outside of the therapy room”
  • On recommendations for the prevention of SAD: “Continuing to stay active. Regular exercise is really important. Connecting with people – I think this was a particularly difficult winter because of COVID-19...We’re really big on sleep hygiene… I encourage people to find winter activities that are appropriate that they’re going to enjoy and want to do so that they don’t stop all activity once it gets too cold”
INTERVENTION

- Informational flyer on Winter Blues/Seasonal Affective Disorder (SAD)
  - QR codes with links to local resources in Burlington, VT
  - Information on symptoms and treatment of SAD
  - Need identified through interviews with providers
  - Collaboration with AHEC to maximize reach
  - 50 flyers distributed at the Community Health Care Center of Burlington South End office
RESULTS

• Reviewed by CHCB providers and AHEC for efficacy
• Met with enthusiasm upon distribution
• QR codes were thought to effectively connect patients with local resources for wellness activities
• Plan to have flyers available for next winter
EVALUATION OF EFFECTIVENESS

• Survey or focus groups with patients
  • Assess ease-of-use of the flyer
  • Accessibility of winter sports in Burlington
  • Identifying other barriers to access
    • Financial or practical issues
• Interviewing providers at other primary care offices throughout Burlington
• Limitations
  • Only so much space for information on one page
  • Only in English
  • Only physical copies distributed
  • Need smartphone to utilize QR code
  • Applies more to winter months
  • No assessment of effectiveness was conducted
FUTURE RECOMMENDATIONS

- Distribute flyers at other CHCB offices or other primary care offices throughout Chittenden County
- Evaluate the effectiveness of the flyer
  - Surveys, focus groups, interviews of patients or other healthcare providers
  - Assess patients’ moods before and after winter
- Translate flyer to other languages commonly spoken in Burlington, VT
- Distribute electronic versions
  - WhatsApp
  - Email
  - Directly into patients’ office visit summaries
- Create large posters that could be present in waiting room or patient rooms
- Create versions specific for elderly population or kids
- Help individuals connect with others with similar wellness goals
REFERENCES


