

Seasonal Affective Disorder, Grief Reaction, and Adjustment Disorder



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KEYWORDS

- Adjustment disorder • Grief reaction • Complex grief • Seasonal affective disorder
- Diagnosis • Treatment

KEY POINTS

- Patients with seasonal affective disorder meet criteria for major depressive disorder or bipolar disorder, with symptoms occurring seasonally and with spontaneous remission that can be treated with phototherapy or antidepressants.
- Grief is a normal response to loss; complex grief affects 7% of patients and is characterized by more severe symptoms that may require pharmacotherapy.
- Adjustment disorder is an abnormal response to a stress that is time-limited and is best treated with psychotherapy.
- Referrals for psychotherapy for counseling or to psychiatry for severe symptoms for all 3 disorders may be indicated.

INTRODUCTION

Primary care providers (PCPs) are on the front line for patients experiencing affective disorders and normal or abnormal responses to loss or stressors. Identifying which patients with affective disorders such as major depressive disorder (MDD) or bipolar disorder have seasonality to their symptoms can allow the PCPs to guide the patient to the most appropriate care, including light therapy that is not typically used in other affective disorders. For patients who experience loss or stress, knowing normal and abnormal responses, including the typical temporal course of emotions, can help the PCP design an appropriate treatment plan depending on the severity of symptoms. Most patients with seasonal affective disorder (SAD), grief reactions, or adjustment disorder can be managed in the primary care setting, possibly in conjunction with a therapist.

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SEASONAL AFFECTIVE DISORDER
Symptoms

SAD is not a separate mood disorder from MDD, bipolar 1 disorder, or bipolar 2 disorders. Instead the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) classified SAD as a subtype of these mood disorders with a seasonality of onset and remission.¹ Affective symptoms occur during a particular time of year and then spontaneously remit. Two types of SAD have been described.² Winter-onset SAD is more common and frequently presents with increased appetite, weight, and sleep. Spring/summer SAD is less common and is characterized more often with poor appetite, weight loss, and insomnia. Patients need to meet criteria for MDD (Fig. 1) with full remission as the season progresses.

Diagnostic Tests

Several screening tools can assist in identifying patients with SAD. The Patient Health Questionnaire 2 can identify patients who need additional evaluation for a depressive disorder. The Seasonal Pattern Assessment Questionnaire (SPAQ) is an older instrument that can be used to screen but not diagnose patients who may have SAD.^{3,4} The SPAQ includes changes of mood, appetite, sleep, weight, and social activities across seasons, a rating of how much the changes are a problem to the individual, and consideration of months during which the symptoms are worse (December, January, February for winter SAD; June, July, August for summer SAD). The Seasonal Health Questionnaire (SHQ) is a newer instrument that has improved sensitivity and specificity.⁵ This questionnaire is divided into 6 sections, and probes for the number of times a person has had depression symptoms over the past 10 years lasting more than 2 weeks and the seasonality of the symptoms. Patients who do not screen positive for depression on the initial sections do not complete the remainder of the instrument that assesses for seasonality.

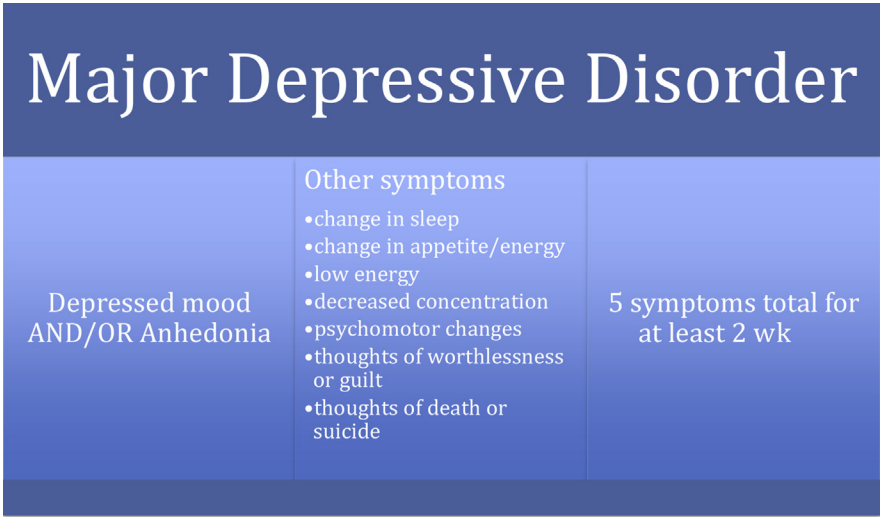


Fig. 1. DSM-5 criteria for the diagnosis of major depressive disorder. (Data from American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 5th edition. Arlington, VA: American Psychiatric Publishing; 2013.)

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