

## 'Tis the Season ... for Depression; Get Your Patients Moving. - Frankly Speaking EP 42

### Transcript Details

This is a transcript of an episode from the podcast series "Frankly Speaking" accessible at Pri-Med.com. Additional media formats for this podcast are available by visiting <http://www.pri-med.com/online-education/Podcast/seasonal-depression-frankly-speaking-ep-42#sm.0003hik4s15f1e3apk71lyr6q3sxw>

### Dr. Frank Domino:

Your patient Sarah is here for her annual exam. She's 60 years old and has a past medical history of hypothyroidism, well controlled hypertension, and migraine headaches. She has no chief complaint today but has told the medical assistant that she's dreading the onset of winter. She already feels fatigue just thinking about it and asks, "Is there any pill or anything I can take to help treat this?" This is Frank Domino, professor and family physician at the University of Massachusetts Medical School. Joining me today is Jill Terrien, assistant professor and director in nurse practitioner specialty programs at the University of Massachusetts Medical School Graduate School of Nursing. Welcome to the show, Jill.

### Jill Terrien:

Thank you, Frank.

### Dr. Frank Domino:

Wow, I can totally identify with Sarah, as the fall goes into winter I always start feeling apprehension and a bit blue. What strategies can we offer Sarah as the year reaches to the end?

### Jill Terrien:

So it's interesting, and I'm glad Sarah said this to the medical assistant as they came into the room. Patients really put a lot of stress on themselves as we get into the winter season. There's a

lot going on; the weather changes, especially here in New England, and people are affected by that. So I think that I wanna know from patients like Sarah, what is their typical day like? And what are they doing? And why do they feel this way? And what are their symptoms? So that I can adequately understand where she's coming from, and we can talk about it in a shared decision making kind of way. 'Cause there are many recommendations out there; they're not for everybody, and if you give several recommendations at a visit, how many can be implemented? So I think it's tailoring it to your patient to see really what they can do.

**Dr. Frank Domino:**

So Jill, what does the medical literature tell us about how we should be addressing Sarah's questions and concerns today?

**Jill Terrien:**

Looking at the Hunt study that was done in Norway, there were participants enrolled in 1984 to 1986 and what they did is that they looked at them again in 1995 to 1997; they controlled confounders and mediators; they looked for health cohort, and they did logistic progression models specifically looking for any depression and anxiety that may have been prevented by, in this case exercise. And the exercise was pretty much anything that could be walking, or swimming; they didn't ask too many... They didn't restrict it to any certain activities, but they found that the majority was walking and swimming. And what ended up happening is that they found that people that did anywhere from one to two hours of exercise a week actually had a decreased rate of depression. They also looked at anxiety, but anxiety was not prevented.

**Dr. Frank Domino:**

So it sounds like small amounts of exercise, one to two hours a week was fairly effective at preventing the adverse effects of seasonally related depressive disorders. What other things can we help tell Sarah and all our patients about how to address the change of season and how we know it might affect us as individuals?

---

**Jill Terrien:**

Well there is a lot of information out there, and I think that basic is that we wanna make sure that Sarah is getting adequate rest and sleep, that she's getting proper nutrition, that she is got her blood pressure managed. And what is it about her social habits? Actually talking about alcohol, tobacco, and even illicit drugs to understand what is her personal risk and what's her past medical history. Is the depression in her family? How has she felt other times, and what has she done, what practices that maybe helped her. I think what we can take is if she's not exercising currently right now, I think the good news is, is that even if she does something one hour a week, it could make her feel better. And what the study, the Hunt study had found is that most people feel that benefit in the first hour of exercise, and that could be endorphin release and just having a feeling of control.

**Dr. Frank Domino:**

In this study, was it required that the hour of exercise all occurred at once, or could it have been spread out throughout the week?

**Jill Terrien:**

It could be spread out throughout the week.

**Dr. Frank Domino:**

That's great. Now it's interesting, you mentioned you have to look at her social factors, and we think of alcohol and tobacco and so forth, but I like the fact that you raise sleep as an issue, and factors that have helped her in the past. I also think about factors that can actually make matters worse. Being isolated from family and friends, or in conflict with family and friends can also make matters worse. Any thoughts about other non-pharmacologic measures like meditation, or light therapy?

**Jill Terrien:**

Oh, absolutely. There is evidence that increasing daylight and light therapy during these dark winter months can help some people. Also meditation/mindfulness being aware of what's

---

happening to you in a day, I think that one thing we need to be better at, all of us, is unplugging for 10 minutes a day and it's really hard; time yourself and try to do nothing for 10 minutes, but it can recharge your batteries. And Sarah mentioned stress. So what is the stress at work? Is it the long hours? Is it the commute? Can there be small changes in lifestyle that can enhance her positive feelings? And I also wanna say, as you're screening Sarah, we can't forget about suicide and at least asking, how many symptoms are you having, and how much is it affecting you? Because I think that we do have pills for everything, but we also know that they're not the absolute answer. But in cases of major depressive disorder, that may need to do pharmacologic integration.

**Dr. Frank Domino:**

Thank you Jill. This is terrific information. Practice Pointer: As the seasons change, be aware of patients need for screening and evaluation of depressive symptoms, and as little as one hour a week of regular exercise can help prevent the onset of seasonally related depression. Join us next time when we discuss the role of body modification and tattooing among young adults in the United States.