

mindovermatter

written by Professor Gordon Parker

'Tis not the jolly season for all

Spring evokes a vision of new energy, while Christmas is portrayed as a happy and convivial season. But there is a darker side to the picture.

SEASONALITY OF MOOD DISORDERS

There is a seasonal variation to the onset of mood disorders – with a distinct increase in spring and a less distinctive increase in autumn, whether in the Northern or Southern Hemisphere. Such seasonal patterns have been described in relation to mania and to suicide, but are also evident across some of the depressive disorders.

It has long been recognised that those with bipolar disorder are more likely to have manic episodes in spring, with Hippocrates being one of the early observers of this phenomenon.

However, such an increase is not limited to mania and has been also demonstrated in relation to psychotic depression and melancholic depression in Australian-based studies.

Many hypotheses have

spring mood swings might well be screened for the possibility of bipolar disorder.

Such a seasonal pattern is different to 'seasonal affective disorder' (SAD) which is a relatively rare phenomenon in Australia compared to high-latitude regions in the Northern Hemisphere.

Here the individual more describes a hibernation-like syndrome where they feel tired and fatigued as well as depressed, and often describe hyperphagia and hypersomnia. Characteristic melancholic features are rare in SAD.

Until the last decade or so, suicide data showed the same seasonal pattern as described for bipolar disorder, being most marked in spring but also showing a slight increase in autumn.

While most distinct in regions of high or low latitude – and virtually non-existent in equatorial regions – studies over the last 10 years have shown attenuation of that phenomenon.

Varying explanations have been proposed, including the view that increased use of artificial light has resulted in changes to natural circadian rhythms and their impact.

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been pursued, with one noted here. In spring, there is a rapid increase in the hours of bright sunshine (or luminosity), and it has been suggested that this rapid increase stimulates the pineal gland, leading to a whole set of secondary biological perturbations that can trigger a mood swing (manic or depressed phase) in those who have a bipolar mood disorder.

Such a seasonality phenomenon is not observed in those with a non-melancholic depressive disorder, so patients describing or admitting to a distinct seasonal pattern of

If the suicide data were merely a reflection of a changed prevalence in the incidence of manic and depressive episodes, we would also expect to see attenuation in the seasonal presentation of bipolar disorder and melancholic depression.

But, while we will wait a few years before the official statistics inform us, clinical observation suggests that (at least in Sydney) there has been a distinct increase in the number of both of those mood disorders presenting in crisis in these last two months.

Consequently, the public



and private sectors have had great difficulty in coping with this increased demand, and seemingly greater than previous spring surges over the last decade or so.

CHRISTMAS

Christmas is a time when many experience depression, and there is a rise in suicide attempts.

Here, contributing factors appear to reflect social rather than biological issues. Christmas is generally viewed as a time of conviviality, when families get together and any tensions are appeased and differences reconciled. But the ostensible 'jolliness' of the season can make vulnerable people more vulnerable.

At highest risk of depression are those who have

become estranged from their family. The profile is not dissimilar to the general profile for those who commit suicide – male, unemployed, living alone, alcohol dependent and with a background history of depression.

For many, the Christmas season is a pointed signal of their societal dislocation and their self-perceived failure.

The contribution of many of the voluntary agencies in providing Christmas events is to be applauded. Their common strategy of offering food – either as a meal or as a hamper – is practical, while food has a strong meta-communication of care and support.

FESTIVE CHEER

There are few strategies that have been shown to reduce

the risk of suicide.

One, however, is intriguing. A British liaison psychiatrist who assessed individuals following a suicide attempt elected to send half the group a Christmas card – wishing them well and hoping that things had improved.

Over the next year, the suicide rate was distinctly lower in those who had received a card.

Replication studies have confirmed this finding and shown that the effect persists for up to six years. Simple – but effective – and worthy of wider consideration at this time.

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