

SEASONAL DEPRESSION

The signs, symptoms and treatments

By Lydia Nuzum
Staff writer

A person's mood can change like the seasons, but for those whose moods seem to change with the seasons, the culprit could be a condition that affects as many as 3 million Americans every year — Seasonal Affective Disorder.

More than “the winter blues,” Seasonal Affective Disorder, or SAD, is a condition that can closely mimic depression and causes a range of symptoms, from lethargy to feelings of hopelessness, according to the Mayo Clinic. Dr. Scott Fields, an associate professor and the director of behavioral science at the West Virginia University School of Medicine — Charleston Division's Department of Family Medicine, said seasonal depression is a problem for as much as 6 percent of West Virginia's population, especially between September and March.

“SAD occurs when you have a patient who has some depressive symptoms, but they seem to occur only during a certain season — you can have a winter seasonal pattern, or even a summer seasonal pattern, though that is very rare,”

More than “the winter blues,” Seasonal Affective Disorder, or SAD, is a condition that can closely mimic depression and causes a range of symptoms, from lethargy to feelings of hopelessness. . .

Fields said. “There is some overlap in symptoms with SAD and depression.”

According to Fields, diagnosing depression and SAD require similar approaches, but Fields cautioned that it's important to examine a patient to ensure that their symptoms have a seasonal component before diagnosing SAD over depression. Fields looks for several symptoms in diagnosing depression, using the mnemonic device “SIG-E-CAPS,” which stands for Sleep Changes, Interest loss, Guilt, Energy (a lack of it), Cognition, Appetite, Psychomotor and Suicidal thoughts.

“Typically, with Seasonal Affective Disorder, the feelings of guilt and worthlessness aren't as big a concern,” Fields said. “Folks with the seasonal component may experience some of those symptoms, but it's not generally as severe. They're not typically suicidal or struggling with missing a lot of work or anything like that,

but what they do have — they tend to feel tired, they may have some irritability or problems getting along with people. Some complain about feeling heavy, like they can't move their limbs well, as though they're weighted down. They may oversleep or may be eating differently.”

Fields said academic articles on the condition caution that if a person's food craving change, especially to favor carbohydrate-rich foods, or they start oversleeping, it could point to SAD. Feeling more irritable or sensitive are other symptoms common to the disorder, Fields said.

The exact causes of SAD are up for debate, Fields said.

“We're not sure exactly what causes it,” he said. “There are different theories out there ... reduced serotonin levels, insufficient light to the retina and how that plays a role in how we react throughout the year; theories about how decreases in light mess with your circadian rhythms. They're all just theories, of course.”

The disorder does have a number of treatments, however, and Fields said he tends to favor one in particular — “light therapy,” in which the patient uses a light box to simulate natural light. This treatment works in a majority of patients, Fields said, adding that it can cause minor side effects like headaches and light sensitivity.

“They look like a computer screen and they emit light,” he said. “You keep them two to three feet from you, not looking directly into them, but allowing yourself exposure while you read the paper in the morning ... or you're watching TV, getting that 20 to 30 minutes of light,” he said. “For whatever reason, whether it's working on serotonin, melatonin, circadian rhythm, light to the retina, that seems to work for roughly three-quarters of people. The reason I recommend it is that there are fairly minimal side effects, you don't have to continue seeing a doctor, you don't have to buy it every month ... I do tell people to start by seeing a professional, though, to determine whether it is, in fact, seasonal depression.”

Acupuncturist wants to help addicts

By Lori Kersey
Staff writer

Acupuncture has been used in Chinese medicine since ancient times, and one area practitioner hopes to one day use the alternative medicine method to help combat the state's staggering opioid addiction epidemic.

Kristan Richardson, an acupuncturist with Almost Heaven Acupuncture in South Charleston, wants to start a community acupuncture clinic aimed at treating chronic pain and those experiencing withdrawal symptoms.

“My dream is to help this state — not only with chronic pain but to aid in the withdrawal while they transition to recovery whatever those symptoms — nausea, jitters, anxiety, or the pain itself,” Richardson said.

Acupuncturists typically work either with a patient in private or with a group of people all at once, she said.

“Imagine dialysis in recliners,” she said of a community setup.

The clinic would charge patients on a sliding scale based on their income, she said. She's looking for help finding and applying for grant funding for the clinic.

According to the National Institutes of Health, results from a number of studies indicate that acupuncture may help ease chronic types of pain such as lower back pain, neck pain and osteoarthritis and knee pain. The

practice might also prevent migraine headaches and help reduce the frequency of tension headaches, according to the NIH.

If people can treat their chronic pain with acupuncture, it may keep them from picking up opioids in the first place so they wouldn't develop an addiction, Richardson reasons.

She said her fellow acupuncturists have been treating opioid addiction in clinics elsewhere for years. In many states — but not West Virginia — acupuncturists are considered primary care providers and paid for by insurance, she said.

Acupuncture can be used to treat pain, arthritis, stress and other ailments. The blood flow can be almost the same as exercise for the body because it mimics what is done with exercise, she said.

In acupuncture, needles are placed at particular points in the body and used to stimulate blood flow and energy flow, she said. The areas where the needles go are at major arteries and nerves to relieve inflammation and release endorphins. Those with a fear of needles might be comforted to know that the needles are tiny.

She said people don't feel a prick of insertion the same way people don't feel a mosquito when it bites.

“Most people describe them as an eyebrow or a beard hair,” she said.

Some states help college students avoid unplanned pregnancies

By Sophie Quinton
Staff writer

JACKSON, Miss. — At 10 a.m. on Wednesday, the 11 students in Carol Jussely's “Essential College Skills” class were talking about sex.

Crammed into school chairs and clustered in groups of three or four, they leaned together to confer and then shouted out answers to trivia questions like, “Fact or fiction: You can't get pregnant from having sex in a hot tub.”

Mississippi has among the highest teen pregnancy rates in the country, and the teens most likely to get pregnant are college age. So in 2014, the state passed a law that requires public colleges like Hinds Community College here to teach students how to avoid unplanned pregnancies. Arkansas passed a similar law last year.

Lawmakers in both conservative, Bible Belt states have fought for years over whether and how high schools should teach students about sex. Yet the new laws, which affect legal adults, were surprisingly uncontroversial.

And amid a national push to increase the share of Americans who have a postsecondary certificate or degree, other states and college systems are paying attention. Seven percent of community college dropouts leave because of an unplanned pregnancy, according to the American Association of Community Colleges.

Like most community colleges, Hinds doesn't collect data on why students stop showing up for class, and it's not clear if unplanned pregnancies are widespread or a major risk factor for dropping out.

But young mothers can be found all over Hinds' six campuses. As students settled into their seats in Jussely's classroom, a pony-tailed 21-year-old stood up and grimaced. “He's kicking,” she said apologetically, putting her hand on her belly.

Mississippi state Sen. Sally Doty said she couldn't believe it when Gov. Phil Bryant — “our Republican, tea party governor” — said in his 2012 inaugural address that he wanted to reduce teen pregnancies.

Doty, also a Republican, joined Bryant's teen pregnancy task force and started doing research. “I realized that 70 percent of our (teen) pregnancies were 18- and 19-year-olds,” she said. “They may not even think of themselves as teenagers.”

There were 5,644 teen pregnancies in Mississippi in 2012, according to state records, and 3,913 were among older teens. Although the state's teen pregnancy and birth rates have fallen steeply over the past 20 years, Mississippi's rates were among the highest in the nation in 2014, according to the non-profit National Campaign to Prevent Teen and Unplanned Pregnancy.

When teenagers have kids, they and their children often



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struggle. Teen mothers are less likely to pursue further education and get good jobs, and the children of teenage mothers are more likely to drop out of high school, experience health problems, go to jail and face unemployment as adults, according to the Centers for Disease Control and Prevention.

Yet Mississippi lawmakers have been reluctant to require public schools to teach comprehensive sex education.

“Any time that you talk about sex ed, it seems to be a volatile issue,” Doty said. Mississippi only started requiring high schools to teach such classes in 2011, with a focus on abstinence.

With advice from the National Campaign and the Women's Foundation of Mississippi, Doty wrote a bill to require colleges to come up with a plan for addressing “the prevention of unintended and unmarried pregnancies among older teens.”

The measure, which Bryant signed into law in March 2014, describes steps colleges could

take, from giving students unplanned pregnancy prevention information to working with community health centers. And it suggests that colleges identify barriers single parents face, such as lack of access to child care.

Although Mississippi's law doesn't limit the discussion to abstinence, it didn't ruffle many feathers.

Arkansas — which also has a high pregnancy rate among older teens — passed a similar law in 2015, and it didn't stir much controversy there, either.

Doty noted that a lot of college students, particularly at community colleges, can be in their late 20s or 30s.

And many lawmakers consider unplanned pregnancy, at the college level, to be a workforce issue. “This is all about college retention,” said Republican state Rep. Robin Lundstrum, a co-sponsor of the Arkansas bill.

Most governors, including Arkansas Gov. Asa Hutchinson, a Republican, want more residents to earn postsecondary

credentials that will prepare them for high-skilled jobs.

“We've got to get students to stay in school and finish their degree or certificate or whatever program they're in, because we want them to be contributing members of society, we want them to be successful, we want the incomes in Arkansas to go up,” said Angela Lasiter of the Arkansas Department of Higher Education.

Delen Lee Jr., a 28-year-old who attends Hinds' Jackson campus, knows how hard it is to stay in school when you have a new baby at home. “I want to be there for the mother of my child,” Lee said. For a while that meant nights spent filling bottles for his son, on top of working as a dishwasher and going to class. Overwhelmed, he took last semester off.

In a way, the Mississippi and Arkansas laws extend services public colleges and universities already provide, like teaching students about sexual harassment.

Community colleges have historically paid less attention to students' health than residential four-year colleges. At the University of Mississippi, for example, students can head to the campus health center to be tested for sexually transmitted diseases and get birth control prescriptions. Hinds can't afford that kind of on-campus amenity.

Yet CDC statistics show that groups more likely to attend community college — low-income, African-American, His-

panic and Native American youth — are also more likely to experience a teen pregnancy.

Hinds began working on its pregnancy prevention and sexual health initiative before Mississippi passed its law, thanks to a small grant from the National Campaign. The initiative, branded “Back Off Baby, I'm in School,” uses materials and strategies developed by the nonprofit.

Mississippi lawmakers appropriated \$250,000 for college unplanned pregnancy prevention efforts in 2015. Hinds has mostly spent its portion of the state funds on promotional materials and faculty stipends, according to Mary Lee McDaniel, the head of counseling and testing.

McDaniel arrived in Jussely's cinderblock-walled classroom last week with a PowerPoint presentation full of trivia questions and a basket of chocolate chip cookies decorated with

Back Off Baby tags. The trivia contest's winning team got pens emblazoned with the Back Off Baby logo.

Teachers like Jussely have received \$250 stipends to come up with lessons that incorporate family planning. The ideas range from the obvious — using teen pregnancy statistics in a statistics class — to the creative, such as teaching the scientific method by asking students to test the strength of different brands of condoms.

Hinds also requires students to take online lessons on unplanned pregnancy prevention during orientation; includes Back Off Baby information at campus health fairs; and invites officials from the Health Department to campus to talk about safe use of contraceptives. Hinds' rural Utica, Miss., campus is planning seminars this month on healthy relationships and communicating with someone you're dating.

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2ND SESSION: JUL 12, 14, 19, 21, 25, 26, AUG 1, 2, 4 & 5
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(2) INFANTS W/PARENTS CLASSES (TUE/THU & SOME MON/WED/FRI CLASSES DURING 2ND SESSION)
CLASS TIME(S): 05:30PM-06:00PM
CLASS SCHEDULES:
1ST SESSION: JUN 7, 9, 14, 16, 21, 23, 28, 30, JUL 5 & 7
2ND SESSION: JUL 12, 14, 19, 21, 25, 26, AUG 1, 2, 4 & 5
COST: SEE BELOW FOR INFO/DETAILS

(3) ADULTS CLASSES (TUE/THU & SOME MON/WED/FRI CLASSES DURING 2ND SESSION)
CLASS SCHEDULES:
1ST SESSION: JUN 7, 9, 14, 16, 21, 23, 28, 30, JUL 5 & 7
2ND SESSION: JUL 12, 14, 19, 21, 25, 26, AUG 1, 2, 4 & 5
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