The autumn and winter months are a period of major changes, returns to obligations and routines. It’s colder, there are great temperature fluctuations during the day and less sunshine. These natural changes affect all of us. In the cold months, a large number of people complain of constant drowsiness and discomfort. These are two basic symptoms of "winter sorrow" that can lead to an emotional behavioral disorder. A disorder can affect the normal life and work of a person suffering from it. If mood swings are more pronounced, they can be classified as a seasonal affective disorder.

Seasonal affective disorder (SAD) is a type of depression that occurs at a certain time of the year and follows the change of seasons, occurs in the autumn, enhances and it culminates during the winter and disappears in the spring and as long as the sunny days pass. It occurs eight times more often in women, but children and adolescents are a vulnerable population. It usually appears for the first time between the age of twenty-one and thirties and rarely occurs in people older than 65 years of age. Characteristic symptoms are:
- Tiredness and moodiness
- Sadness and loss of interest in normal daily activities
- Depression and melancholy
- A change in appetite, an increased need for carbohydrates
- Weight gain
- Excessive sleepiness, prolonged sleep, sleep that does not rest, energy movements
- Low concentration
- Impatience and irritability
- A clear fear of social rejection and the avoidance of social situations, the need for loneliness
- Stomach problems and increased susceptibility to infections
- Decreased libido
Research shows that January is the most critical month since depression is the most pronounced. This information supports the theories that this disorder is due to the lack of daylight, or because of the lower number of sunshine hours during the winter. It is unknown why the absence of light has a stronger effect on some people compared to others. The reasons for the occurrence of seasonal depression are: change in the secretion and relationship between melatonin and serotonin (neurotransmitter) and disorder of the circadian rhythm (rhythm of waking and sleeping). Due to reduced exposure to sunlight, a biological clock that regulates mood, awake / sleep patterns and hormone can be slower in winter. Nerve centers in the brain that are responsible for the daily rhythm and mood are stimulated by the light that is received through the eyes. The received amount of light regulates the time and amount of neurotransmitter secretion. During the winter when the morning is dark, our organism does not get a sufficient trigger for the secretion of melatonin and serotonin, and it is, therefore, more difficult to awaken and activate. Seasonal affective disorder or winter depression is treated by exposure to light. The intensity of light and the length of light exposure are very important. Daytime exposure of daylight is recommended for 20 to 30 minutes in the period from 11 to 15 h. Apart from exposure to light, there are some slight changes in habit, they can help anyone overcome winter depression:

a) Physical activity and staying in the fresh air with thoughts of pleasant and beautiful things
b) Proper nutrition. Nutrients such as hazelnuts, apples, bananas, pasta, fish and sufficient fluid intake improve mood
c) Socializing and going out with friends. Talking with people improves mood and discourages negative thoughts
d) Dressing in bright colors, finding some hobby, sleeping enough

Risk factors for the development of winter depression include: life in cloudy areas with little sunny days, attachment to the house or other enclosed spaces, work at night or in different shifts. The reason for this is often the lack of exposure to light, which affects the reduction of serotonin secretion - a "hormone of happiness" that improves mood and sexual instinct and suppresses depression, anxiety and fear. There is still one significant hormone responsible for developing winter depression - melatonin. In normal amounts, melatonin even mitigates depression, but in the winter months, when the day goes by, the increased amounts of melatonin contribute to the development of seasonal or winter depression. Depression is one of the most common mental disorders of today. The number of people with depressive disorder continues to grow in all developed countries of the world. Epidemiological studies estimate that 3-4 percent of the population suffer from more severe, 1.5 to 2 percent of the milder forms of depression, while winter depression affects 2-5 percent of the population.
The frequency of depression is two to three times more frequent in women than in men. In everyday speech, depression symptoms such as psychiatric disorders and depression are often misunderstood, and due to the great occurrence of depression, it is important to distinguish these two concepts. Psychiatric depression disorder is a mood disorder and is a reflection of a disturbed chemical balance in the brain, in which genetic predisposition, age, stress, life philosophy, and lifestyle play an important role. Psychiatric disorders relate to significant mood swings, influencing the overall thinking, perception, physical condition, behavior and social functioning of a person who has now become a patient. So, clinical depression is of a longer duration and the person is unable to control such a mood.

Although the status of seasonal depression as a separate entity is not completely clear, trials consistently report the high prevalence of seasonal (predominantly winter) depression. This is reflected in a significant degree of morbidity, mostly in the winter months, for patients with this condition. Luminous therapy is proposed as a specific treatment for winter depression, but only a few inconclusive studies have been conducted and it cannot be said if light therapy or antidepressants are effective in treating it. Clarifying whether and in what degree treatments are effective will help in making informed decisions about the treatment of winter depression that patients with seasonal depression and doctors should bring. This question should be answered using a randomized controlled study design in which patients with mild to moderate depression with a seasonal pattern (seasonal affective disorder) receive light therapy or SSRI antidepressants in a partially placebo-controlled design. The doses of both light therapy and SSRI should be at acceptable or suggested therapeutic levels and there should be an initial phase for several weeks in which convincing placebo treatment is administered, followed by a randomization of one of the active treatments. The selected results should reflect the observations of both the observatory and the patient for the improvement and acceptability of treatment options.

REFERENCES