

## Holiday Blues or Something Else?



**When you're not quite feeling yourself this holiday season.**

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This time of year the air waves are full of holiday songs, movies with happy endings and scenes of family and friends coming together to share a meal, fond memories and good cheer.

Keep in mind that not everyone fits into this idyllic representation of the holiday season.

For many people this is a time of sadness and loneliness. Loneliness is more common than you may think. According to a survey conducted by the AARP Foundation, 31% of the U.S. population, feel lonely during the holiday season.

People who may be most vulnerable this holiday include people who live far from loved ones, parents whose children have left home, seniors, individuals with health challenges, or those who are dealing with the grief of a loved one who has passed or the end of a once valued relationship.

If possible, it's important for each of us to reach out to family, friends and neighbors who may be alone or struggling this holiday season.

### **HOLIDAY BLUES**

"Holiday Blues" may occur during any holiday or vacation period, but seems to be most common during the December holidays. The feelings of the "Holiday Blues" can be intense and unsettling, but these feelings are usually short term, lasting only a few days to a few weeks prior to or just after the holiday.

These unpleasant symptoms usually subside after the holiday season and the person is able to resume their normal day to day activities.

## ***Sampling of Symptoms***

- changes in appetite causing weight loss or gain
- agitation or anxiety
- decreased interest in activities
- an ability to maintain a daily routine despite emotional discomfort
- decreased concentration, but an ability to complete tasks
- tearfulness, but after crying there is a small measure of relief
- no appreciable changes in personal hygiene
- no thoughts of self harm or harm toward others
- sadness which is usually limited to less than 2 weeks

## **HOLIDAY BLUES vs. SOMETHING ELSE**

Many people suffer from the holiday blues and it passes relatively soon as the holiday season comes to an end. For others the feelings linger affecting the person's life in a number of different ways.

***What else could explain the way you're feeling?***

## **SEASONAL AFFECTIVE DISORDER**

It is estimated that 11 million people are diagnosed with Seasonal Affective Disorder or SAD. This is a mood disorder characterized by mental depression related to a certain season of the year, most often being winter. SAD is a clinical diagnosis with the onset usually occurring during adulthood, and is four times more likely to be experienced by women than by men.

## ***Sampling of Symptoms***

- daytime drowsiness
- fatigue or low energy
- decreased sex drive
- difficulty thinking clearly & diminished concentration
- tendency to overeat
- weight gain

## **ANXIETY**

### **Just the Facts**

Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year.

Anxiety disorders are highly treatable, yet only 36.9% of those suffering receive treatment.

People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders.

Anxiety disorders develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.

Source: Anxiety and Depression Association of America

**Generalized Anxiety Disorder (GAD)** is believed to affect more than 4 million Americans annually, and is characterized by 6 months or more of chronic, exaggerated worry and tension that is unfounded or much more severe than the normal anxiety most people experience. People with this disorder usually expect the worst; they worry excessively about money, health, family, or work, even when there are no signs of trouble.

### ***Sampling of Symptoms***

- panic, fear, or apprehension
- uncontrollable obsessive thoughts
- sleep disturbances with nightmares
- fatigue
- feeling cold and clammy
- irritability
- muscular tension
- feeling lightheaded or out of breath
- nausea
- frequent trips to the bathroom
- feeling of a lump in the throat

## **DEPRESSION**

It is estimated that 17.6 million American adults (10% of the population) suffer from depression.

There are 3 forms of depression:

1. **Major Depression** - a combination of symptoms that interfere with a person's ability to work, sleep, eat, and enjoy once pleasurable activities. These episodes may occur only once, but more commonly occur several times in a lifetime.
2. **Dysthymia** - a less severe type of depression, and involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.
3. **Bi-polar Disorder** – According to the National Institute on Mental Health (NIMH) there are 4 basic types of bipolar disorder; each experiencing changes in mood, energy, and activity levels.

**Bi-polar 1 Disorder** - defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care.

Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.

**Bipolar II Disorder** - defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.

**Cyclothymic Disorder** (also called cyclothymia) - defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.

**Other Specified and Unspecified Bipolar and Related Disorders** - defined by bipolar disorder symptoms that do not match the three categories listed above. Source: NIMH

## ***Sampling of Symptoms***

### **Depression**

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that were once enjoyed
- decreased energy, fatigue, being "slowed down"
- difficulty concentrating, remembering, or making decisions
- insomnia, early-morning awakening, or oversleeping
- appetite and/or weight loss, or overeating and weight gain
- thoughts of death or suicide; suicide attempts
- restlessness, irritability
- persistent physical symptoms that do not respond to treatment - e.g. headache

### **Mania**

- abnormal or excessive elation
- unusual irritability
- decreased need for sleep
- grandiose notions
- increased talking
- racing thoughts
- increased sexual desire
- poor judgment
- inappropriate social behavior

My wish for you and your loved ones is that you have a healthy and happy holiday season.

If however you find yourself struggling, remember that help is just a phone call away!

## **MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES**

### ***- CT Department of Mental Health and Addictions Services***

410 Capitol Avenue  
Hartford, CT 06106  
800-446-7348  
TDD: 888-621-3551  
[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)

### ***- F.S. DuBois Center***

(Operated by the State of CT)  
780 Summer Street  
Stamford, CT 06905  
For general information: 203-388-1600  
Crisis services: 203-358-8500 or 800-586-9903

### ***- SAMHSA's National Helpline***

1-800-662-HELP (4357)  
TTY: 1-800-487-4889

**- Veteran's Crisis Line**

1-800-273-8255

TTY: 1-800-799-4889

Text to 838255

**- Connecticut Suicide Hotline**

8am - 8pm

(203) 551-7507

or

Franklin S. DuBois Center

24 hours / 7 days

203-358-8500

**- CT Info-line**

Dial 211

<http://www.211ct.org>

Photo by Microsoft

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*Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.*

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*Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.*

*Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.*

*Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care Team, while working with members of the Team to formulate a comprehensive Care Plan (a road map).*

*Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.*

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