

E

A quarterly newsletter of INVEST EAP

M E S S E N G E R A I N V E S T E A P Employee Assistance Program

Supporting a Healthy Organization

Volume 9

Issue 1

Winter 2007

HERE COMES THE SUN

We all feel it: a sunny day puts a bounce in our steps, and gloomy weather seems to cloud our spirits as much as it darkens the sky.

When Jimmy Buffet sings about “changing attitude by changing latitude,” science supports his tropical siren song. In the winter, people in northern climates flock like migrating geese and ducks to warm weather destinations for beach vacations. The triggering impulse for man and beast may be the same: lack of light, rather than frosty temperatures.

The short day length causes us to feel sluggish because our body’s biochemistry craves sunshine. Just as plants use the sun to manufacture energy through photosynthesis, human beings need ultraviolet rays to convert vitamin D into a form the body can

metabolize. Fortunately, a few minutes of direct sunshine allows us to synthesize and store a lot of vitamin D. Unfortunately, chilly temps mean little contact between bare skin and meager midwinter rays. And the year-round need to prevent skin cancer, by diligently wearing sunscreen, puts two health needs into direct conflict. (See “Checklist: Skin Cancer.”)

For a certain percentage of the population, decreased winter sunshine leads to a cascade of alarming symptoms. These changes in mood, energy and sleep go far beyond a “normal” case of the winter blues. When the symptoms arise annually at the onset of winter and impair one’s ability to function properly, the condition is called Seasonal Affective Disorder. While distressing, the condition is highly treatable once it is properly diagnosed. (See “Sidebar: Seasonal Affective Disorder.”)

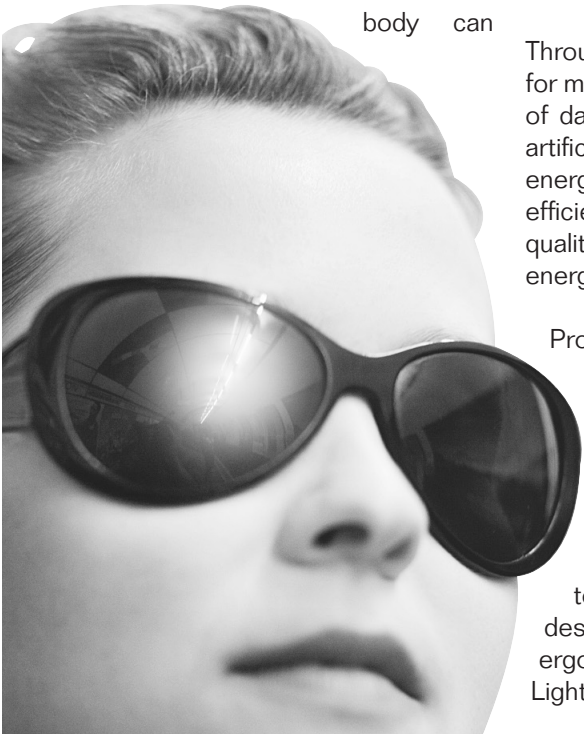
Throughout the year, however, the reality for most of us is that we spend the majority of daylight hours indoors, working under artificial lighting. The soaring cost of energy has accelerated the push for more efficiency in office illumination. But lighting quality also has a major impact on our energy and efficiency as human beings.

Proper lighting affects our health in several ways. Poor lighting--either insufficient quantity or deficient quality--can cause eyestrain, headaches, fatigue and irritability, decreasing both productivity and morale. In industrial situations, it can increase the risk of accidents. How to illuminate a workspace is a critical design element--as important as proper ergonomics to worker safety and comfort. Lighting changes should be carefully

researched, and their effects properly monitored.

One of the newest trends in architecture is harnessing the sun to illuminate interior spaces. It’s the ideal money-saving lighting solution: healthy, natural light for workers, without a single spin of the electric meter. Within existing offices, creative strategies might also exist for repositioning desks or conference tables closer to windows to take advantage of available light.

On a long, busy winter workday, it’s easy to get trapped inside and never see the sun. But a small dose of sunshine goes a long way towards preserving sanity as we wait for the first signs of spring. So bundle up and step outside for a few minutes during lunch. Soak up some rays and synthesize a little vitamin D--consider it a multitasking way to relax!



HERE COMES THE SUN **6 Second Summary:**

- ☉ Light--both natural sunshine and artificial indoor lighting--plays a crucial role in our physical and mental well being.
- ☉ For some people in northern climates, the onset of winter triggers physical and behavioral changes known as Seasonal Affective Disorder, a distressing but highly treatable condition.
- ☉ Skin cancer is the most common form of cancer, but prevention is easy by following “safe sun” practices and having suspicious spots checked immediately.

CHECKLIST: SKIN CANCER--FACING FACTS

One person dies every hour in America from skin cancer. More than 1.3 million cases are diagnosed every year--by far, the most common form of cancer. One in five Americans will get skin cancer in the course of a lifetime; the odds are one in three for Caucasians. Sun exposure causes the vast majority of these cases, yet fewer than one third of Americans routinely protect themselves from the sun.

Here are a few basic facts:

>People with the lightest skin, hair and eye colors are at the highest risk.

>Any history of sunburns, especially blistering sunburns in childhood, greatly increases risk.

>Sunscreen is not just for the beach: sun protection needs to be a year-round, daily habit. Snow and sidewalks reflect UV rays back at you while you're skiing or running errands, and UV rays come right through the windshield as you drive.

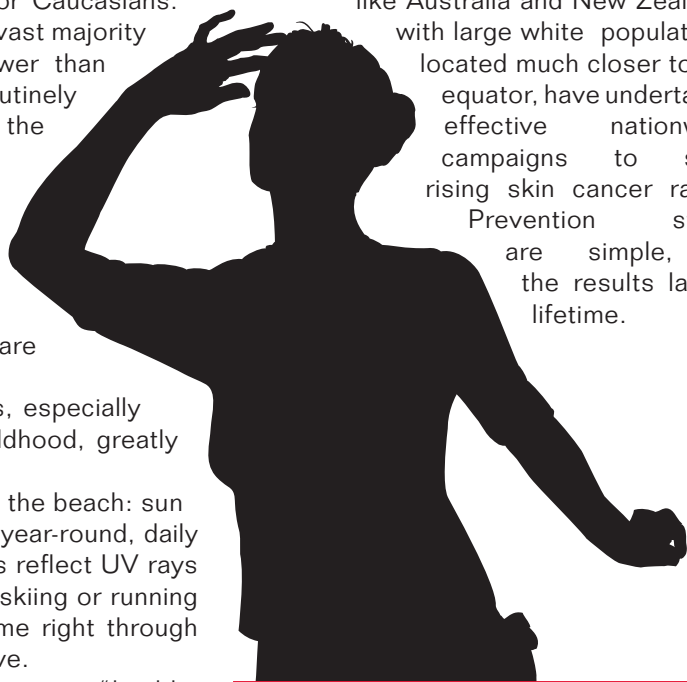
>There is no such thing as a "healthy tan."

>Tanning booths are especially dangerous: they emit more intense UV radiation than the sun.

>Even the deadliest form of skin cancer, melanoma, has a 99% survival rate if detected early.

The key to early detection is monitoring moles and "beauty spots" for changes in shape, color and size. Doctors advocate a monthly skin self-check, using the melanoma ABC's. Look for Asymmetry, irregular Borders, uneven Color, Diameter larger than a pencil eraser and Evolving--keep track of growth or differences of any kind. Depending on your history and risk factors, have a doctor monitor your skin on a regular basis as well. Seek immediate attention for anything that has recently changed.

Dermatologists and oncologists are frustrated by the American epidemic of ignorance and denial about skin cancer. A million people a day engage in indoor tanning, which is now a five billion dollar industry in the United States. Countries like Australia and New Zealand, with large white populations located much closer to the equator, have undertaken effective nationwide campaigns to slow rising skin cancer rates. Prevention steps are simple, and the results last a lifetime.



Resources

• www.bupa.co.uk/health_information/html/health_news/261103vitd.html. Fascinating British article on the hot topic of sunlight, vitamin D and cancer. Addresses how to balance conflicting research info: compares new studies showing increased cancer risk from D-deficiency with proven skin cancer danger from sun exposure.

• en.wikipedia.org/wiki/Seasonal_affective_disorder. Good overview, with links to recent scientific research and sites for coping and support.

• www.skincancer.org. Comprehensive site of the Skin Cancer Foundation. Key info on protection and prevention strategies, and how to perform a simple monthly self-exam of your skin.

SEASONAL AFFECTIVE DISORDER

It is normal to experience lower energy levels in the winter. Limits on outdoor activities mean we tend to get less exercise. Feeling sluggish may tempt us to seek a quick sugar fix, but too much junk food creates more lows than highs on the energy rollercoaster. Seasonal Affective Disorder (SAD), however, is much more than just the normal struggle to maintain physical strength and high spirits through the challenge of dark days and frigid thermometer readings. It is a serious disorder that impairs everyday functioning, and in severe cases can lead to clinical depression.

Because the symptoms seem vague and overlap with other conditions, they sometimes get overlooked or chalked up to something else--by patients and their doctors. Physical manifestations include fatigue, sleep problems, loss of libido and weight gain. Mood and behavior changes occur as well: depression, irritability, anxiety and trouble managing stress. Patients have difficulty just getting through their daily routine, and often withdraw from social contact.

The cause of SAD is not yet understood. One theory is that shorter winter days may trigger decreased production of the important brain chemicals serotonin and melatonin. The condition is rare in the tropics, and grows more common at higher latitudes. For example, one study showed the disorder occurred in 1.4% of Florida's population, while the rate was 9.7% in New Hampshire. Patients usually experience their first episode of SAD between the ages of 18-30. Symptoms sometimes resolve suddenly in the spring, with a burst of energetic activity.

The good news is that SAD responds well to treatment. For about 85% of patients, light box therapy provides significant or total relief of their symptoms. Patients can carry out normal activities, such as desk work or reading, while sitting in front of a special box that emits an intense light for a prescribed amount of time each day. If the light box alone doesn't bring relief, the class of antidepressants that affect serotonin may help bring brain chemistry back into balance. Recent research has also shown that a specific form of psychological support, called cognitive behavioral therapy, helps patients whose SAD is particularly tough to treat.

EAP SERVICES

EAP is here to help. For more information about articles in this newsletter, or any other EAP-related topic, please call one of our trained counselors at our toll-free number:

800-287-2173

www.investeap.org



Employee Assistance Program