Some End-of-Year Maladies
from Christmas Disease to Santaphobia and Depression

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It feels like only a few months ago when I was writing the last TOGA Pathology Lab Christmas newsletter and here we again, a year passes in the blink of an eye. It was also only in May this year when I wrote something for Mental health month and the New Year season is sometimes considered a time of mental health concern. I will share what I have uncovered, but first, something lighter. I wondered how many diseases include the word Christmas or Christmassy things. Only one came to mind, how many can you think of?

Maladies with references to Christmas

There actually aren't many maladies related to Christmas that I found. The least interesting, unless of course you suffer from it, is probably Christmas Tree Syndrome. It is not a reaction to all things Christmassy, but a real reaction to specific allergens, notably moulds, pollen, dust, and tree sap (terpenes or rosin) on a real pine (or related) tree. The warm indoor environment encourages mould spores to multiply while outdoor pollen sticks to the tree sap. Clearly this is a condition where a real Christmas tree, like a conifer, is present. Like most other allergies, treat sufferers with antihistamines and next year opt for the artificial version!

Another malady I came across is santaphobia. I knew about coulrophobia (fear of clowns), which is something I am familiar with. I have a black and white photo of myself with a clown when I was perhaps 5 years old and Boswel Wilkie came to town. In the photo I look absolutely petrified. The clown doesn't look too happy either, mind you. Anyway, Santaphobia is real phobia of, as you have guessed, Santa Clause. It's easy to see why children can be terrified, especially the first time they meet him. It is interesting that the phobia can extend into adulthood, and while it sounds rather comical on the surface, phobias can be severe and affect quality of life. Take a look at the latest DSM in psychiatry.

Christmas Disease

The only malady I knew that has the word Christmas in it is Christmas Disease (also called Haemophilia B, a deficiency of factor IX). It is named after the first person to be diagnosed with the illness in 1952 and is the second commonest factor deficiency after haemophilia A (factor VIII). Investigation of the disease follows the same route as haemophilia A, including assays like FBC, aPTT, PI, d-dimers, FDPs (if they still done), factor levels (VIII and IX) and usually confirmation of normal TT (thrombin time) and dRVVT (diluted Russell Viper Venom Test) and where possible the presence of inhibitors.

Factor IX is coded for by the *F9* gene on the X chromosome, so it is far more common in males. Carrier females should have 50% factor IX activity, but this can vary because of polymorphisms, so it is always advised to test the factor level in carriers. The clinical presentation is very similar to haemophilia A and varies in severity. Severe cases are usually diagnosed soon after birth, less severe ones after trauma. The classic symptomatology of severe cases is bleeding into deep tissues, in particular joints, and the treatment is factor replacement without ignoring cold packs, compression, elevation, etc. Factor replacement comes in different forms with recombinant factor IX ideal, but cost can be limiting and FFP (fresh frozen plasma) is used in resource poor settings. You may be curious about cryoprecipitate usage. Cryoprecipitate is rich in factors VIII and XIII (as well as fibrinogen and vWF) but not factor IX, which means that cryoprecipitate free plasma can be used but cryoprecipitate will be unhelpful unless of course fibrinogen replacement is required.

Mental health and the end-of-year blues

Perhaps the most discussed Christmas-related malady is mental health. Among therapists, general and other mental health practitioners the end-of-year blues is a common topic, even to the extent that it is referred to as ‘suicide season’. In my reading I have found that this assumption is not entirely accurate. In fact, the label ‘suicide season’ definitely requires qualification. One reason is that ‘the blues’, depression, and suicide are, of course, different mental states and are not a continuum as sometimes portrayed.

End-of-year blues is extremely common. I avoid malls anyway, but Heavens above, during the Xmas holidays they are a torture and while not everyone is as avoidant as I am, many people will say that after two hours listening to carols over the public address system, queueing, looking for parking, and spending money one doesn’t have, are enough to make you feel pretty down. But when it comes to clinical depression and suicide the picture around Christmas is less straightforward. Let’s look at depression first.

Depression, Seasonal Affective Disorder (SAD) and Christmas

A review of the literature, which I must add is vast and I picked reviews from a range of reputable journals, indicates that while there are statistics for levels of an underlying propensity for Christmas-related depression in different cities, countries and nationalities, it is a complex picture. It is intimately associated with socio-economic demographics and circumstances. Of course, things like poverty, alcoholism, family violence, financial strain, loneliness, social unrest, and war all exacerbate already depressed people and trigger first-time major depression in those with a predisposition. So trying to establish a causal relationship between depression and the Christmas season is tricky. There is a a small correlation, for example clinical depression does have a peak around the end of year holiday period, but that is because of a whole of range of causal factors and overall the link may be statistically significant but not in all communities, not every end of year holiday season, and the peak depends on changing life circumstances. I suspect that a focus on life circumstances some of which may be more depressing during the holiday season is the important thing. There are two (and other) variables that are worth exploring further.

The first to think about is whether the increase in depressive symptoms at the end of the year is due to the holiday season itself or, in the case of the northern hemisphere, seasonal affective disorder (SAD). In this regard, there is statistical support for the following statements:

1. Rates of depression tend to vary from north to south and not from east to west. And there is a gradient in severity with increasing latitude.
2. The higher rates of SAD are (partly) due to the photoperiod (shorter periods between sunrise and sunset in Winter) and phase shift (earlier dawns in Winter affect the biological clock more acutely in depressives).
3. There is a spike in reports of depression in the southern hemisphere over the Christmas season as well as during the Winter period.

From these three statements one can infer that those vulnerable to depression are likely to experience more severe symptoms due to both SAD and the end of year holiday season. In the northern hemisphere, the two periods overlap, of course. In the southern hemisphere, there will therefore be peaks around the middle and the end of the year.

Before looking at suicide and Christmas holidays, there is a second compounding factor worth considering. This is the degree of social integration in different cultures. For example, as a general correlation, high-altitude inhabitants (in both northern and southern

hemispheres) adopt more individualistic cultures, which can contribute to feelings of loneliness as well. I mention this to highlight that there are almost certainly other factors contributing to the degree of depression in SAD and not just the photoperiod or phase shift.

Suicide and Christmas

While it is clear that depression does have a peak around the end of year Christmas holidays, it is a fallacy to assume that this automatically extends to a suicide peak. As alluded to earlier, depression and suicide are different mental states although of course they are also connected. What do the statistical data tell us?

Quite counter-intuitively, considering that this follows an almost inverse relationship with SAD, suicide peaks in the Spring and early Summer months. In the northern hemisphere there is a suicide peak between April and June and in the southern hemisphere the peak is usually November or early December. The reason for this is not clear and there are many speculative ideas, but the data from several studies support this. Some possibilities put forward are that when Spring arrives, people who are depressed because of the weather improve and socialise outdoors more, while others who are more intrinsically vulnerable are confronted by their disease and increasing loneliness. There is also the argument that Spring and Summer are emotionally energising and rather like the way anti-depressants can give someone the energy to actually commit suicide in the first few weeks of pharmacotherapy, the boost in energy in Spring can have a negative consequence.

Concluding remarks

Having started this newsletter with the rather playful question about maladies that are in some way related to Christmas, it may be helpful to provide the contact details for those that require mental health support during the Christmas season in South Africa. Anyone who suffers a specialised medical crisis over the Christmas holidays will attest to the added anxiety of finding support. For any health practitioner, I think the SADAG (South African Depression and Anxiety Group) helpline number is one of those you want to know where to find in an emergency. It is an exceptionally helpful organisation that deals with the full range of mental health crises.

For more information see https://www.sadag.org/

Toll Free 0800 567 567

References on request