Adjunctive bright light in nonseasonal major depression

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ABSTRACT

Bright light treatment is an established treatment for seasonal affective disorder (SAD). Studies with bright light treatment for nonseasonal depression have, however, shown conflicting results. The objective of the present study was to evaluate the effect of bright light as an adjunct treatment to antidepressants in patients with nonseasonal major depression. In total, 102 outpatients with nonseasonal depression (DSM-IV), referred by general practitioners, were randomised to daily treatment with bright white light (10,000 lux for one hour) or dim red light (50 lux for 30 minutes) for a five-week period. All patients were concomitantly treated with sertraline in a fixed dose of 50 mg.

Both on interview and self-assessment scales, the results showed a better outcome for the bright-light-treated group. The differences between treatment groups were statistically significant on the interview scales from week one and onwards. After five weeks of treatment, response (>50% reduction in 17-item Hamilton Depression Rating Scale score) was obtained in 66.7% of the patients in the bright-light-treated groups and 40.7% of the patients in the dim-light treated group. Remission (17-item Hamilton Depression Rating Scale score ≤7) was obtained for 41.7% of the bright-light-treated patients compared to 14.8% of the dim-light-treated patients. Thus, an early onset of action was combined with a sustained effect. Side effects of light therapy as well as sertraline were mild. A high percentage of patients with melancholic depression was included into the study (78%). Patients without ongoing antidepressant treatment at inclusion and patients included during winter had a better outcome and a greater separation between treatment groups.

These results confirm some of the findings from smaller studies indicating that bright-light-treatment augments the effect of antidepressant treatment with an SSRI in patients with nonseasonal depression. The optimal treatment duration for bright light and the possibly different effect in different depression sub-types need to be established. The efficacy and applicability of bright-light-treatment in inpatients should also be studied.

The findings from the present study should give inspiration to the use of bright-light-treatment in combination with antidepressant treatment in outpatients with major depression.