

Publication

A Randomized, Double-Blind, Placebo-Controlled Study of Light Therapy for Antepartum Depression

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)**ID** 1193771**Author(s)** Wirz-Justice, Anna; Bader, Anja; Frisch, Ulrike; Stieglitz, Rolf-Dieter; Alder, Judith; Bitzer, Johannes; Hoesli, Irene; Jazbec, Sandra; Benedetti, Francesco; Terman, Michael; Wisner, Katherine L.; Riecher-Roessler, Anita**Author(s) at UniBasel** [Bitzer, Johannes](#) ; [Hösli-Krais, Irene M.](#) ; [Riecher-Rössler, Anita](#) ; [Stieglitz, Rolf Dieter](#) ;**Year** 2011**Title** A Randomized, Double-Blind, Placebo-Controlled Study of Light Therapy for Antepartum Depression**Journal** Journal of clinical psychiatry**Volume** 72**Number** 7**Pages / Article-Number** 986-993

Objective: Affective disorder during pregnancy is a common condition requiring careful judgment to treat the depression while minimizing risk to the fetus. Following up on promising pilot trials, we studied the efficacy of light therapy. Method: Twenty-seven pregnant women with nonseasonal major depressive disorder according to DSM-IV (outpatients, university polyclinic) were randomly assigned to 7,000 lux fluorescent bright white or 70 lux dim red (placebo) light administered at home in the morning upon awakening for 1 h/d in a 5-week double-blind trial carried out between October 2004 and October 2008. Clinical state was monitored weekly with the 29-item Structured Interview Guide for the Hamilton Depression Rating Scale (HDRS) with Atypical Depression Supplement (SIGH-ADS). Changes of rating scale scores over time were analyzed with the general linear model. Differences from baseline of SIGH-ADS and 17-item HDRS scores at every time point were the dependent variables, time was the within-subjects factor, and treatment was the between-subjects factor. The model also included baseline score of depression and gestational age at intervention start. Results: The superiority of bright light over dim light placebo was shown for both SIGH-ADS ($R^2 = 0.251$; $F_{3,23} = 3.91$; $P < .05$) and HDRS ($R^2 = 0.338$; $F_{3,23} = 5.42$; $P < .01$) when analyzing the week-by-week change from baseline, and HDRS scores showed a significant interaction of treatment with time ($F_{4,92} = 2.91$; $P < .05$). Categorical analysis revealed that the response rate (HDRS $\geq 50\%$ improvement) at week 5 was significantly greater for bright light (81.3%, $n = 16$) than for placebo light (45.5%, $n = 11$) ($P < .05$). Remission (final score 8) was attained by 68.6% versus 36.4%, respectively ($P < .05$). Expectation ratings did not differ significantly between groups. Conclusions: Bright white light treatment for 5 weeks improved depression during pregnancy significantly more than placebo dim red light. The study provides evidence that light therapy, a simple, cost-effective antidepressant modality with minimal side effects for the mother and no known risk for the unborn child, may be a useful non-pharmacologic approach in this difficult situation.

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