

LIGHT THERAPY WITH COELUX 45 LC ARTIFICIAL WINDOW IN THE TREATMENT OF DEPRESSION: THE EXPERIENCE AT THE MOOD DISORDER UNIT OF MILAN

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INTRODUCTION

The use of pharmacological antidepressant treatment alone is associated with several limitations: a percentage (30%) of non responder patients, the delayed therapeutic effect, the low compliance to treatment and the increased suicidal risk¹. Light therapy (LT) is an effective treatment for seasonal affective disorder and non-seasonal depression². LT combined with standard AD has been shown to hasten recovery and accelerate the antidepressant response³.

OBJECTIVES

It is difficult to compare the results of the scientific studies concerning LT as a antidepressant treatment because of the different devices and settings used. The COELUX artificial window installation allow to dispense LT in a condition of adequate comfort, in a suitable environment, with precisely established distance from the light source and intensity of the stimulus. Our aim is to evaluate COELUX artificial window for LT in terms of efficacy, safety and setting, comfort and exposure usability.

METHODS

Inpatients affected by unipolar and bipolar depression, without psychotic features (DSM-5 criteria) consecutively admitted in our Mood Disorder Unit from December 2016 to December 2017. LT was added to the ongoing medication treatment with AD (SSRI, TCA, SNRI) and Mood Stabilizer (Lithium or Anticonvulsants). Patients received LT according to MEQ. Severity of depression was rated with Hamilton Depression Rating Scale (HAM-D) and Beck Depression Inventory (BDI) at baseline and weekly. LT was administered with Coelux 45 lc Artificial Window device.

RESULTS

We recruited 76 depressed inpatients. Mean age: 57.6 years. 46 females (60.5%); 30 males (39.5%).

47 patients with unipolar (61.8%) and 29 with bipolar depression (38.1%).

All inpatients took an AD and 30 of them (39.5%) took a mood stabilizer.

Current episode mean duration: 7 months.

HAM-D mean score at baseline: 20.5.

BDI mean score at baseline: 16.5

T-test analysis showed a significant reduction ($p < 0.05$) of HAM-D and BDI scores at week 1 and week 2 from baseline (Tab.1). ANOVA analysis confirmed change in HAM-D and BDI scores over time ($p < 0.05$) (Tab.1), without difference due to diagnosis and pharmacological treatment.

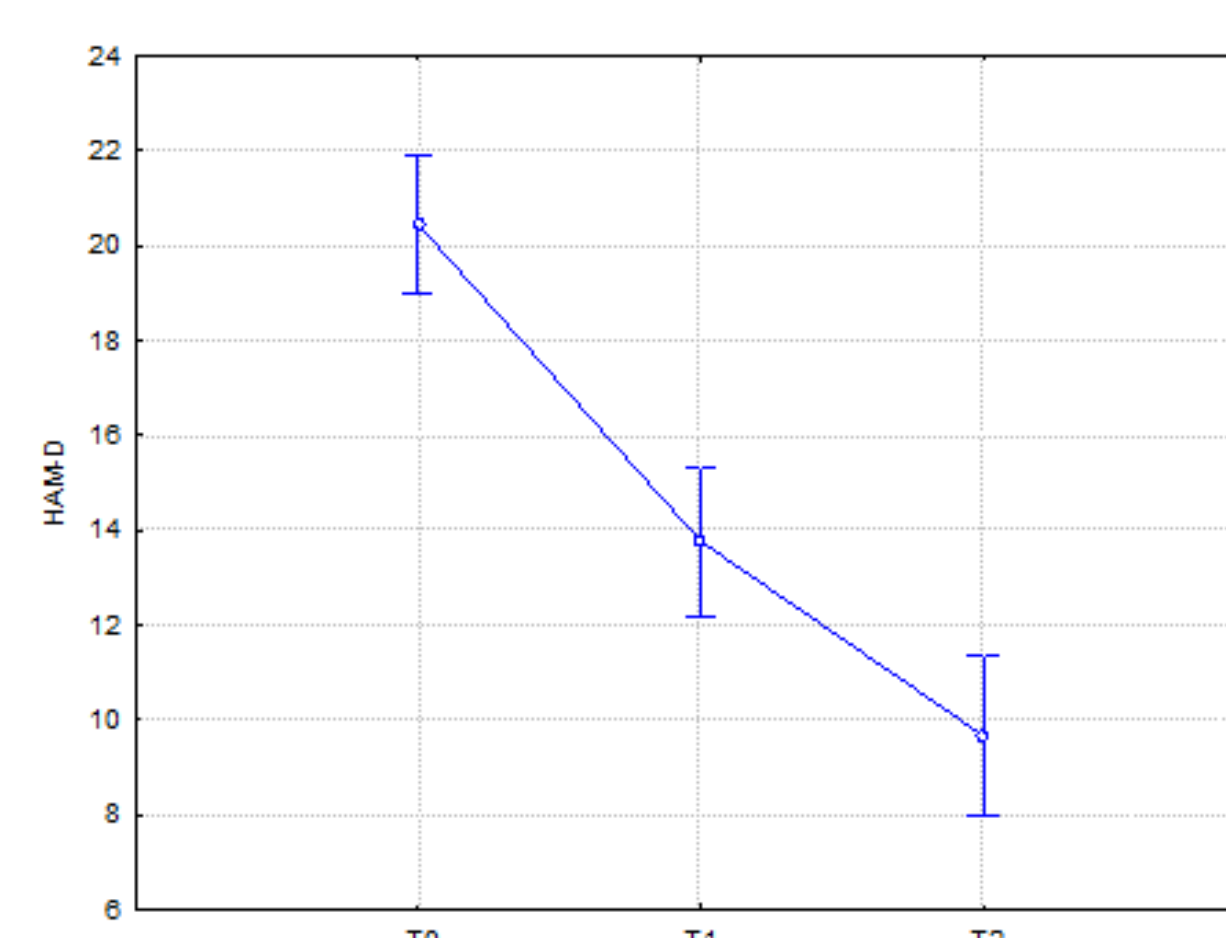


Fig. 1: Anova, change in HAM-D score over time.

	T0	T1	t-value	p	Std.Dev. – T0	Std.Dev. – T1
HAM-D	20,5	13,4	7,1	0,00	5,7	6,4
BDI	16,5	13,7	2,12	0,03	7,4	7,9

Tab. 1: T-test, change on HAM-D and BDI score from baseline and after 1 week of treatment.

CONCLUSIONS

In our study LT has shown a significant antidepressant effect in the first week of treatment, both in unipolar and bipolar patients. Generally the patients appreciated this approach and reported no uncomfortable effects.

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