A Clinician's Guide to Using Light Therapy

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# RAYMOND W. LAM, MD, FRCPC

Professor and Head of the Mood and Anxiety Disorders Program in the Department of Psychiatry, University of British Columbia, and Director of the Mood Disorders Centre of Excellence at UBC Hospital, Vancouver, Canada.

# EDWIN M. TAM, MDCM, FRCPC

*Clinical Associate Professor at the Department of Psychiatry, University of British Columbia, and UBC Hospital, Vancouver, Canada.* 



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# Preface

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Preface

# Light as therapy

Light is ever-present in our daily lives. We experience light as the gentle arrival of dawn, the first flip of a room light switch, the warmth of the noonday sun, the glorious colours of the sunset, and the cool beams of moonlight. Light is represented in everyday expressions of speech and as scenes and symbols in literature and the media in every culture throughout the ages.

Given its ubiquitous presence, perhaps it is not so surprising that light would have healing properties. We have been studying and treating people with light for the past 20 years. We began as skeptics and first designed and conducted controlled studies to convince ourselves that light therapy was not just an elaborate placebo. We have been gratified to see the rapid responses that people experience with light therapy and the difference it has made to the lives of so many. We expected that this effective non-pharmacological treatment that made so much sense would be enthusiastically embraced by physicians and mental health clinicians everywhere.

Unfortunately, there are wide chasms between scientific evidence and clinical adoption. Despite its simplicity and effectiveness, light therapy was not widely used. Although disappointed, at first we understood the poor clinical uptake: the original light boxes were large, expensive, and difficult to obtain, and the lower intensities they produced required two to four hours of daily exposure. With all these limitations, light treatment was used only by the most motivated people. But when light devices became more portable, more affordable, and more easily purchased, and when the duration of treatment was reduced to only 30 minutes a day, we expected that light therapy would take off. In 1999 we published clinical guidelines for clinicians to follow when using this excellent treatment. We waited eagerly for light therapy to become widely available in clinical settings.

Not so. Again, we were disappointed. The uptake for light therapy continued to be slow, despite the popular and successful courses that we gave at major psychiatric and professional conferences. It was clear that clinical adoption of new non-pharmacological treatments was very challenging for both physicians (psychiatrists and family doctors) and for mental health

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professionals. They needed more guidance about the practical details of using light therapy than scientific articles or textbooks could provide.

That observation was the inspiration for writing this book. It is not a reference textbook or a systematic scientific review. Rather, we have drawn on our collective 35 years of clinical and scientific experience to provide a simple, step-by-step guide to prescribe light therapy and to incorporate its use within a busy clinical practice. We hope that this practical book will help to make light therapy accessible to many more clinicians and to the patients that they treat.

# How to use this book

Because light therapy is used primarily for treating seasonal affective disorder (SAD), we begin in Chapter 1 by providing some "tips and traps" for recognizing, diagnosing, and assessing SAD and other related conditions. Those readers who are experienced in diagnosis can go immediately to Chapter 2, which describes a simple method for using light treatment. Chapter 3 covers the practical aspects of evaluating and purchasing light devices. Other treatments for SAD, which can be used alone or combined with light, are described in Chapter 4. We left the summary of scientific evidence for the effectiveness of light therapy and theories about its mechanism(s) of action for Chapter 5. In Chapter 6, we briefly review some of the other conditions (both seasonal and nonseasonal) in which light has been studied and in which it can be used clinically, along with practical considerations of how the light treatment method is modified. Finally, Chapter 7 provides many clinician resources that are helpful for using light therapy. The rating scales and patient handouts can be photocopied for clinical use and masters are also available for free download at our website, www.UBCsad.ca. This book is not extensively referenced like a scientific paper or a textbook. Instead, we provide a "Further reading" section at the end of each chapter with major references in the field and a list of reference books in Chapter 7.

We dedicate this book to our research mentors, Dr. J. Christian Gillin (in memoriam) and Dr. Daniel F. Kripke at the University of California,

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San Diego, whose sage scientific and professional advice has always been welcome, and to all our colleagues and patients (past, present and future) at the Seasonal Mood Disorders Clinic at UBC Hospital.

# Abbreviations used

5-HIAA	5-hydroxyindoleacetic acid
5-HT	5-hydroxytryptamine (serotonin)
ADHD	Attention deficit hyperactivity disorder
CBT	Cognitive behavioural therapy
DLMO	Dim light melatonin onset
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th
	Edition
DSPS	Delayed sleep phase syndrome
EEG	Electroencephalography
Ham-D	Hamilton Depression Rating Scale
LED	Light-emitting diode
MDD	Major depressive disorder
MDE	Major depressive episodes
MEQ	Morningness-Eveningness Questionnaire
MT	Melatonin receptor
PHQ-9	Patient Health Questionnaire, 9-item version
PIDS	Personal Inventory of Depression and Seasonality
PMDD	Premenstrual dysphoric disorder
QIDS-SR	Quick Inventory of Depressive Symptomatology, Self-Rated
RCT	Randomized controlled trial
SAD	Seasonal affective disorder
SCN	Suprachiasmatic nucleus
SIGH-SAD	Structured Interview Guide for the Ham-D, SAD version
SPAQ	Seasonal Pattern Assessment Questionnaire
SSRI	Selective serotonin reuptake inhibitor
STAR*D	Sequenced Treatment Alternatives to Relieve Depression
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