

## LICHTTHERAPIE ONDERZOEK PREPARTUM / POSTPARTUM DEPRESSIE

Abstracts

### Postnatal Depression

Clin Evid. 2009 Jan 26;2009.pii:1407

**Craig M, Howard LM.**

**INTRODUCTION:** The differentiation between postnatal depression and other types of depression is often unclear, but there are treatment issues in nursing mothers that do not apply in other situations. Overall, the prevalence of depression in postpartum women is the same as the prevalence in women generally, at about 12-13%. Suicide is a major cause of maternal mortality in resource-rich countries, but rates are lower in women postpartum than in women who have not had a baby. **METHODS AND OUTCOMES:** We conducted a systematic review and aimed to answer the following clinical questions: What are the effects of drug treatments, and of non-drug treatments, for postnatal depression? We searched: Medline, Embase, The Cochrane Library, and other important databases up to May 2008 (Clinical Evidence reviews are updated periodically, please check our website for the most up-to-date version of this review). We included harms alerts from relevant organisations such as the US Food and Drug Administration (FDA) and the UK Medicines and Healthcare products Regulatory Agency (MHRA). **RESULTS:** We found 34 systematic reviews, RCTs, or observational studies that met our inclusion criteria. We performed a GRADE evaluation of the quality of evidence for interventions. **CONCLUSIONS:** In this systematic review we present information relating to the effectiveness and safety of the following interventions: group cognitive behavioural therapy, hormones, individual cognitive behavioural therapy (CBT), infant massage by mother, interpersonal psychotherapy, light therapy, mother-infant interaction coaching, non-directive counselling, other antidepressants, physical exercise, psychodynamic therapy, psychoeducation with partner, selective serotonin reuptake inhibitors (SSRIs), St John's Wort, telephone-based peer support.

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### Complementary and Alternative Medicine for Perinatal Depression

J Affect Disord. 2009 Jan;112(1-3):1-10

**Freeman MP.**

**INTRODUCTION:** Perinatal Major Depressive Disorder (MDD) is common and poses particular treatment dilemmas. Complementary and Alternative Medicine (CAM) treatments are widely used, accessible, and understudied for well-defined psychiatric indications. Women are more likely than men to both suffer from MDD and use CAM. **METHODS:** A PubMed/Medline search was conducted to assess the evidence base for commonly utilized CAM treatments, MDD, and perinatal depression. **RESULTS:** Among CAM treatments, omega-3 fatty acids have received the most specific study in terms of epidemiological, preclinical, and clinical research for perinatal depression. Three randomized placebo-controlled trials have been conducted in which investigators assessed omega-3 fatty acids vs. placebo for perinatal depression, with conflicting results. CAM interventions that can be easily added to a treatment plan with little risk and general health benefits for most women include omega-3 fatty acids, exercise, and folate, although data are insufficient at this time to recommend any of these as monotherapy for perinatal depression. S-adenosyl-methionine (SAMe) and bright light therapy may be reasonable to consider based on the evidence in MDD. St. John's Wort requires further study with regard to safety in pregnancy, and drug interactions can be a potential problem. **DISCUSSION:** Further study is required to elucidate the role of CAM treatments for perinatal depression, and the clinical context of perinatal depression requires safe, effective, and accessible treatment options.

## **Bright Light Therapy in Pregnant Women Depression: 3 Case Studies**

Psychiatr Pol. 2006 Mar-Apr;40(2):261-7.

**Krzystanek M, Krupka-Matuszczyk I.**

**AIM:** Bright light therapy (BLT) is a new method of biological treatment in psychiatry. Good tolerance makes it an attractive method used not only in seasonal affective disorder. An episode of depression during pregnancy may be a new indication. The study aimed to describe effects of treatment of depression in 3 pregnant women. **METHOD:** The women were out-patients in their 6-th, 7-th and 8-th months of pregnancy and diagnosed with depression according to ICD-10 criteria. The treatment was a morning exposure to 1 hour 5 000 LUX bright light from Monday to Friday. The antidepressant effect was assessed after the 2nd and 4th week of BLT. Side effects of BLT were monitored over the whole BLT treatment period. **RESULTS:** The mean improvement of depressive symptoms after 2 and 4 weeks of BLT was 33% and 55%, respectively. Side effects were not observed in any of the patients. **CONCLUSIONS:** Morning BLT seems to be an effective and a very well tolerated mode of treatment of pregnant women suffering from non-seasonal depression. The manner and length of BLT maintenance treatment requires further studies

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## **Randomized Clinical Trial of Bright Light Therapy for Antepartum Depression: Preliminary Findings.**

J Clin Psychiatry 2004 Mar;65(3):421-5.

**Epperson CN, Terman M, Terman JS, Hanusa BH, Oren DA, Peindl KS, Wisner KL.**

**BACKGROUND:** Bright light therapy was shown to be a promising treatment for depression during pregnancy in a recent open-label study. In an extension of this work, we report findings from a double-blind placebo-controlled pilot study. **METHOD:** Ten pregnant women with DSM-IV major depressive disorder were randomly assigned from April 2000 to January 2002 to a 5-week clinical trial with either a 7000 lux (active) or 500 lux (placebo) light box. At the end of the randomized controlled trial, subjects had the option of continuing in a 5-week extension phase. The Structured Interview Guide for the Hamilton Depression Scale-Seasonal Affective Disorder Version was administered to assess changes in clinical status. Salivary melatonin was used to index circadian rhythm phase for comparison with antidepressant results. **RESULTS:** Although there was a small mean group advantage of active treatment throughout the randomized controlled trial, it was not statistically significant. However, in the longer 10-week trial, the presence of active versus placebo light produced a clear treatment effect ( $p = .001$ ) with an effect size (0.43) similar to that seen in antidepressant drug trials. Successful treatment with bright light was associated with phase advances of the melatonin rhythm. **CONCLUSION:** These findings provide additional evidence for an active effect of bright light therapy for antepartum depression and underscore the need for an expanded randomized clinical trial.

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## **An Open Trial of Morning Light Therapy For Treatment of Antepartum Depression.**

Am J Psychiatry. 2002 Apr;159(4):666-9.

**Oren DA, Wisner KL, Spinelli M, Epperson CN, Peindl KS, Terman JS, Terman M.**

**OBJECTIVE:** About 5% of pregnant women meet criteria for major depression. No pharmacotherapy is specifically approved for antepartum depression; novel treatment approaches may be welcome. The authors explored the use of morning bright light therapy for antepartum depression. **METHOD:** An open

trial of bright light therapy in an A-B-A design was conducted for 3-5 weeks in 16 pregnant patients with major depression. The Hamilton Depression Rating Scale, Seasonal Affective Disorders Version, was administered to assess changes in mood. A follow-up questionnaire was used to assess outcome after delivery. **RESULTS:** After 3 weeks of treatment, mean depression ratings improved by 49%. Benefits were seen through 5 weeks of treatment. There was no evidence of adverse effects of light therapy on pregnancy. **CONCLUSIONS:** These data provide evidence that morning light therapy has an antidepressant effect during pregnancy. A randomized controlled trial is warranted to test this alternative to medication.