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Shedding Some Light on Seasonal Affective Disorder

By EDIE LAU
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Larry Steagall | Kitsap Sun Dani O'Connell operates the switchboard at Harrison Medical Center in Bremerton. O'Connell works with a special light over her desk , for light therapy.



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On a gray, wet autumn day, Dani O'Connell's windowless office at Harrison Medical Center is almost as bright as a sunny afternoon. O'Connell, ordinarily subdued by the approach of winter, is smiling and chatty.

The reason? A rectangular box 2 feet long, mounted on the wall, washes the room with light. O'Connell credits the light box with boosting her mood and energy, staving off nature's darkness.

"It helps me wake up," said O'Connell, whose shift as a switchboard operator begins at 7 a.m. "I feel more alert."

In the lengthening night of winter — which is dramatically evident with the return this weekend to Standard Time — many people feel blue and even outright depressed. They're listless and withdrawn. They want to eat more and sleep more.

Medicine has a name for this familiar syndrome: Seasonal Affective Disorder. Whether a person has full-blown SAD, a form of clinical depression; or, like O'Connell, undergoes a seasonal slump, light has become a standard first choice for treatment.

Light therapy is so popular that consumers can find many products online in a bewildering array of styles: dimmable, blue light, full-spectrum, large, small, L.E.D., fluorescent, the list goes on.

But watch out. While light therapy has been demonstrated in studies to work for some people, not any old light will do. Researchers caution that consumers should buy only products that have been rigorously tested. "A wide range of manufacturers have developed treatment apparatus without testing for safety and clinical benefit, and so anything goes," said Dr. Michael Terman, director of the Center for Light Treatment and Biological Rhythms at Columbia University Medical Center in New York.

"It's very difficult for consumers to sort it out," Terman said. "It's very easy to write clinical hype."

To date, the U.S. Food and Drug Administration has not approved any light box to treat SAD. For physicians, that's no big deal. "I prescribe many things that are off-label if there is some research supporting its use," said Dr. Peter Lucas, a psychiatrist at Group Health's clinic in Bremerton.

FDA spokesman Chris DiFrancesco said the agency "considers light boxes to be low risk. But the question is," he added, "do they work?"

For consumers who want to give it a try, the government provides no guidance. To help fill the gap, Terman and other light-therapy researchers run the Center for Environmental Therapeutics, a non-profit organization that serves in part as a science-based information clearinghouse. Its Web site (www.cet.org) gives advice on how to select a light.

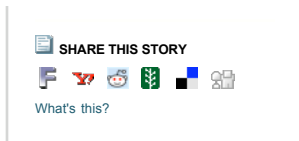
It advises, for example, avoiding full-spectrum lights, which emit harmful ultraviolet radiation; and blue lights,

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which it says has been inadequately tested for therapeutic value. It also warns against using tanning beds.

Despite CET's concern over products peddled with unsubstantiated claims, it does recommend that people look to the marketplace for a light rather than try to make their own. "People have attempted to fabricate light

therapy systems for themselves and sometimes gotten into great trouble, with eyelid burning and so on," Terman said. "The good devices have been very carefully engineered to avoid that kind of problem."

Light therapy is believed to work by sending a signal through the retina to a "clock" in the brain that governs the body's sleep-wake cycle, also known as the circadian rhythm. Morning light, whether produced by the sun or artificially, serves to reset the clock every day and synchronize it with local time, Terman said.

"It's the design of the circadian system to synchronize to early morning light, specifically," he said. "It's tracking sunrise, and when we allow sunrise to become later, the circadian system has to search for that synchrony. ... The mean joke is that our workday schedule isn't anchored to (natural daylight hours). It's anchored to

the clock on the wall."

Only a minority of people are thrown severely off-kilter by the shorter days, however. Fewer than 10 percent of people are estimated to suffer from SAD. Another 25 percent in northern and middle latitudes of the United States experience a mild form of SAD called the winter doldrums, according to the American Psychiatric Association.

For those people, treatment by light sounds simple enough. But it's not necessarily simple.

Physicians typically advise patients to use therapeutic lights at a certain time of the day — usually first thing in the morning — and for a limited time, from a half-hour to perhaps two hours. Patients must stay close enough to the light to expose their eyes. The daily regimen can be challenging. "Some people ... have problems complying with the discipline of it," said Lucas, the Group Health psychiatrist in Bremerton.

It doesn't work for everybody. Some people get headaches and feel irritated by the light. Overexposure can cause side effects similar to drinking too much coffee — jitters and insomnia. People with certain eye diseases or who are taking medicines that cause photosensitivity should not use light therapy.

The output of light boxes is measured in lux, a unit of illuminance. Therapy lights typically put out between 2,500 and 10,000 lux. By comparison, a bright office light might put out 400 lux; lights in a household living room, 50 lux. The sun delivers about 1,000 lux on an overcast day; and up to 100,000 lux on a bright, cloudless afternoon.

Therapeutic lights aren't cheap, running around \$200 and up, and many insurance plans do not pay for them. Lucas noted that some patients opt for medication to allay their seasonal depression because the pills are covered.

Finally, light and pills aren't the only antidotes, said Dr. Dan Diamond, a family physician at The Doctors Clinic in Silverdale. Diamond urges his patients to raise their spirits by exercising regularly, spending time with friends and heading outside, regardless of weather.

"I'm amazed by the number of people who tell me, 'I'm going to wait until the weather gets better,'" Diamond said. "We're going into a 5-month gray period. If we wait, we're hurting."

What to Look For

The nonprofit Center for Environmental Therapeutics has this advice for selecting a therapeutic light:

Look for a product that has been tested successfully in peer-reviewed clinical trials.

The box should provide 10,000 lux of illumination at a comfortable sitting distance. (Product specifications are often missing or unverified.)

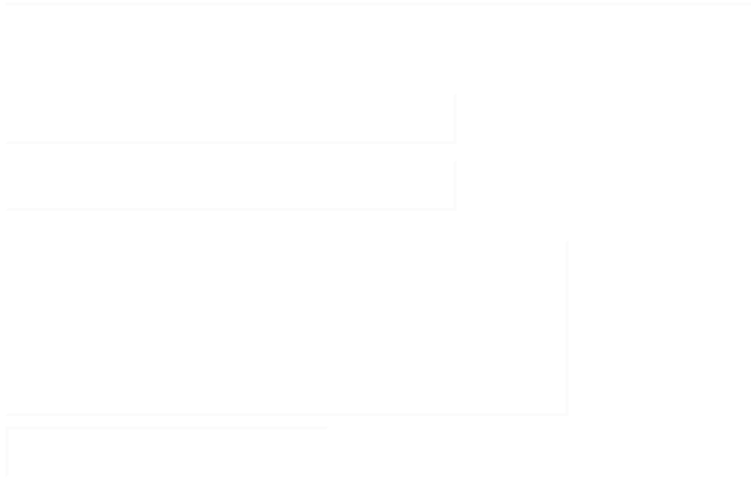
Fluorescent lamps should have a smooth diffusing screen that filters out ultraviolet rays, which are harmful to the eyes and skin.

The lamps should give off white light rather than colored light.

"Full spectrum" lamps and blue lamps provide no known therapeutic advantage.

The light should be projected downward toward the eyes at an angle to minimize glare.

Smaller is not better: With a compact light box, even small head movements will take the eyes out of the therapeutic range of the light.



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