

COMMUNICATIONS

ISAD Committee on Chronotherapeutics in Affective Disorders

Dear members of the Japanese Society of Sleep Research, and psychiatrists interested in chronobiology

I would like to point your attention to an official report by the Committee on Chronotherapeutics in Affective Disorders, which was formed in 2004 by the International Society for Affective Disorders (ISAD). The international committee consists of Anna Wirz-Justice (Switzerland, chair) Francesco Benedetti (Italy), Mathias Berger (Germany), Raymond Lam (Canada), Klaus Martiny (Denmark), Michael Terman (USA) and Joseph Wu (USA). Our task was to review chronotherapeutics (light and wake therapy) in affective disorders, and the report was recently published as an Editorial in *Psychological Medicine*. Our summary is presented here:

The Committee on Chronotherapeutics, delegated by the International Society for Affective Disorders (ISAD), makes the following recommendations after reviewing the evidence as of November 2004.

1. Wake therapy is the most rapid antidepressant available today: approximately 60% of patients, independent of diagnostic subtype, respond with marked improvement within hours. Treatment can be a single or repeated sleep deprivation, total (all night) or partial (second half of night). Relapse can be prevented by daily light therapy, concomitant administration of selective serotonin reuptake inhibitors, lithium (for bipolar patients), or a short phase advance of sleep over 3 days following a single night of wake therapy. Combinations of these interventions show great promise.
2. Light therapy is effective for major depression – not only for the seasonal subtype. As an adjuvant to conventional antidepressants in unipolar patients, or lithium in bipolar patients, morning light therapy shows benefit even for patients with chronic depression of 2 years or more, outperforming their weak response to drugs. This method provides a viable alternative for patients who refuse, resist or cannot tolerate medication, or for whom drugs may be contraindicated, as in antepartum depression.
3. Given the urgent need for new strategies to treat patients with residual depressive symptoms, clinical trials of wake therapy and/or adjuvant light therapy, coupled with follow-up studies of long-term recurrence, are a high priority.

The Committee on Chronotherapeutics has the complete report (*Psychological Medicine* 2005, 35: 939–944) available for download from the website of the ISAD, and we also provide information about relevant websites and selected chronotherapeutics literature (<http://www.isad.org.uk/ccad.html>). We would appreciate your comments and input.

We are aware of the widespread interest in this field in Japan, with many experts already contributing greatly to clinical studies of light therapy in sleep medicine and psychiatry. We hope this report will rekindle enthusiasm in non-pharmaceutical, but biological and efficacious treatments of major depression.

Yours sincerely

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