



FULL TEXT  
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Clinical Trial > Arch Gen Psychiatry. 1998 Oct;55(10):883-9. doi: 10.1001/archpsyc.55.10.883.

## Bright light treatment of winter depression: a placebo-controlled trial

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### Abstract

..... Bright light therapy is the recommended treatment for winter seasonal affective disorder (SAD). However, the studies with the best placebo controls have not been able to demonstrate that light treatment has a benefit beyond its placebo effect.

..... Ninety-six patients with SAD completed the study. Patients were randomly assigned to 1 of 3 treatments for 4 weeks, each 1.5 hours per day: morning light (average start time about 6 AM), evening light (average start about 9 PM), or morning placebo (average start about 6 AM). The bright light (approximately 6000 lux) was produced by light boxes, and the placebos were sham negative-ion generators. Depression ratings using the Structured Interview Guide for the Hamilton Depression Rating Scale, SAD version (SIGH-SAD) were performed weekly.

..... There were no differences among the 3 groups in expectation ratings or mean depression scores after 4 weeks of treatment. However, strict response criteria revealed statistically significant differences; after 3 weeks of treatment morning light produced more of the complete or almost complete remissions than placebo. By 1 criterion (24-item SIGH-SAD score <50% of baseline and < or =8), 61% of the patients responded to morning light, 50% to evening light, and 32% to placebo after 4 weeks of treatment.

..... Bright light therapy had a specific antidepressant effect beyond its placebo effect, but it took at least 3 weeks for a significant effect to develop. The benefit of light over placebo was in producing more of the full remissions.

### Comment in

[Beginning to see the light.](#)

Wirz-Justice A.

Arch Gen Psychiatry. 1998 Oct;55(10):861-2. doi: 10.1001/archpsyc.55.10.861.

PMID: 9783554 Review. No abstract available.

[A turning point for seasonal affective disorder and light therapy research?](#)

Avery DH.

Arch Gen Psychiatry. 1998 Oct;55(10):863-4. doi: 10.1001/archpsyc.55.10.863.

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