

Abstracts on Depression in Pregnancy

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

An open trial of morning light therapy for treatment of antepartum depression. Psychiatry Department, Yale University, New Haven, CT, USA. *Am J Psychiatry.* 2002 Apr;159(4):666-9.

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.

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Randomized clinical trial of bright light therapy for antepartum depression: preliminary findings. Department of Psychiatry, Yale University School of Medicine, University Towers Suite 2H, 100 York Street, New Haven, CT 06511, USA. *J Clin Psychiatry.* 2004 Mar;65(3):421-5.

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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Seasonal variation in postnatal depression.

Department of Child Psychiatry, University of Oulu, Kajaanintie 52 A, FIN-90220, Oulu, Finland. *J Affect Disord.* 2004 Feb;78(2):111-8.

BACKGROUND: We evaluated the occurrence of postnatal depression in general and during different seasons as part of a larger longitudinal mother-child follow-up study. **METHOD:** One hundred and eighty-five mothers, from the maternity wards of University Hospital of Oulu, Finland, completed a self-rating depression scale, the Edinburgh Postnatal Depression Scale (EPDS) twice: first at hospital 2-7 days after delivery and the second time at home 4 months after the delivery. Different psychosocial variables were mapped out to avoid any confounding factors. The year was divided in two separate ways: first, three different time periods were selected by the amount of sunlight: dark (October-January), intermediate (February, March, August, September) and light (April-July), and second, the year was divided by seasons. The results were analysed by the chi(2)-test for multinomials. **RESULTS:** Sixteen percent (16.2) of mothers were scored as being depressed using 13 as a cut-off point immediately after the infant was born. Thirteen percent (13.0) were depressed measured 4 months postpartum. There was more mild depression in the autumn (ratio observed/expected 1.62; 95% confidence interval 1.05-2.19) immediately after delivery, using 10 as a cut-off, and less depression in the spring (0.27; 0.00-0.62) measured at home later, using 13 as a cut-off. When using classification by the amount of light there was more depression during the dark time (1.58; 1.05-2.11) immediately postpartum. **LIMITATIONS:** The group sizes and the amount of sample sizes collected within each month are quite small. **CONCLUSIONS:** It should be borne in mind that seasonal changes and alterations in the amount of light might influence the occurrence of postnatal depression.