

Search PubMed for Go Clear

Limits Preview/Index History Clipboard Details

Display Abstract Show 20 Sort by Send to

All: 1 Review: 0

About Entrez
NCBI Toolbar

Text Version

Entrez PubMed

Overview
Help | FAQ
Tutorials
New/Noteworthy
E-Utilities

PubMed Services

Journals Database
MeSH Database
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
Special Queries
LinkOut
My NCBI

Related Resources

Order Documents
NLM Mobile
NLM Catalog
NLM Gateway
TOXNET
Consumer Health
Clinical Alerts
ClinicalTrials.gov
PubMed Central

1: J Am Acad Child Adolesc Psychiatry. 1997 Jun;36(6):816-21.

[Related Articles](#), [Links](#)



A controlled trial of light therapy for the treatment of pediatric seasonal affective disorder.

Swedo SE, Allen AJ, Glod CA, Clark CH, Teicher MH, Richter D, Hoffman C, Hamburger SD, Dow S, Brown C, Rosenthal NE.

Department of Psychiatry, McLean Hospital, Belmont, MA, USA.

OBJECTIVE: To evaluate the efficacy of light therapy for the treatment of pediatric seasonal affective disorder (SAD). **METHOD:** 28 children (aged 7 to 17 years) at two geographically distinct sites were enrolled in a double-blind, placebo-controlled, crossover trial of bright-light treatment. Subjects initially entered a week-long baseline period during which they wore dark glasses for an hour a day. They were then randomly assigned to receive either active treatment (1 hour of bright-light therapy plus 2 hours of dawn simulation) or placebo (1 hour of clear goggles plus 5 minutes of low-intensity dawn simulation) for 1 week. The treatment phase was followed by a second dark-glasses phase lasting 1 to 2 weeks. After this phase, the children received the alternate treatment. Response was measured using the parent and child versions of the Structured Interview Guide for the Hamilton Depression Rating Scale, Seasonal Affective Disorders version (SIGH-SAD). **RESULTS:** Data were analyzed as change from baseline. SIGH-SAD-P total depression scores were significantly decreased from baseline during light therapy compared with placebo (one-way analysis of variance, rho = .009), and no differences were found between the placebo and control phases. Subscores of atypical and typical depression were also significantly decreased during the active treatment (rho = .004 and .028, respectively). A similar trend was noted with the SIGH-SAD-C, but this did not reach significance. At the end of the study, 78% of the parents questioned and 80% of the children questioned rated light therapy as the phase during which the child "felt best." **CONCLUSION:** Light therapy appears to be an effective treatment for pediatric SAD.

Publication Types:

- [Clinical Trial](#)
- [Randomized Controlled Trial](#)

PMID: 9183137 [PubMed - indexed for MEDLINE]

Display Abstract Show 20 Sort by Send to