Eficacitatea terapiei pe baza de lumina in tratamentul tulburarilor afective

Medic rezident- Eduard Cocea

- Specificantul „Cu **Pattern** Sezonier" –acesta poate fi aplicat patternului episoadelor depresive majore din tulburarea bipolară I, tulburarea bipolară II sau tulburarea depresivă majoră recurentă. Elementul esenţial îl constituie debutul şi remisiunea episoadelor depresive majore în anumite perioade caracteristice ale anului. In cele mai multe cazuri, episoadele încep toamna sau iarna şi se remit primăvara. Mai rar, pot exista şi episoade depresive recurente, vara.
- Episoadele depresive majore care survin în pattern sezonier se caracterizează adesea prin anergie notabilă, hipersomnie, mâncat excesiv de mult, plus ponderal şi dorinţa de a mânca hidraţi de carbon. Nu este clar dacă patternul sezonier este mai frecvent în tulburarea depresivă majoră recurentă ori în tulburările bipolare. în cadrul grupului tulburărilor bipolare, însă, patternul sezonier pare a fi mai probabil în tulburarea bipolară II decât în tulburarea bipolară I. La unii indivizi, debutul episoadelor maniacale sau hipomaniacale poate fi, de asemenea, în raport cu un anumit sezon. Strălucirea luminii din spectrul vizibil utilizată în tratament poate fi asociată cu comutări în episoade maniacale sau hipomaniacale.
- Prevalenta patternului sezonier de tip hivernal pare a varia cu latitudinea, etatea şi sexul. Etatea este, de asemenea, un predictor puternic al sezonalităţii, persoanele mai tinere fiind expuse unui risc mai mare de episoade depresive hibernale. Femeile constituie 60%-90% dintre persoanele cu pattern sezonier, însă nu este clar faptul dacă sexul feminin este un factor de risc specific în plus faţă de riscul asociat cu tulburarea depresivă majoră recurentă. Deşi acest specificant se aplică apariţiei sezoniere de episoade depresive majore complete, unele cercetări sugerează că un pattern sezonier poate ilustra tabloul clinic la unii indivizi cu episoade depresive hibernale recurente care nu satisfac criteriile pentru un episod depresiv major.

Criteriile pentru specificantul „Cu Pattern Sezonier"

A. Există o relaţie temporală regulată între debutul episoadelor depresive majore din tulburarea bipolară 1 sau tulburarea bipolară II, ori tulburarea depresivă recurentă, şi o anumită perioadă a anului (de ex., apariţia regulată a episodului depresiv major toamna sau iarna).Notă: Nu se includ cazurile în care există un efect evident al stresorilor psihosociali în raport cu sezonul (de ex., a fi în mod regulat fără serviciu în fiecare iarnă).

B. Remisiuni complete (sau schimbare din depresie în manie sau hipomanie) survin, de asemenea, într-o anumită perioadă a anului (de ex., depresia dispare primăvara).

C. în ultimii 2 ani, au survenit două episoade depresive majore, ceea ce demonstrează relaţiile temporale sezoniere definite la criteriile A şi B, şi nu au survenit nici un fel de episoade depresive majore nonsezoniere în cursul aceleiaşi perioade,

D. Episoadele depresive majore cu caracter sezonier (aşa cum au fost descrise mai sus) depăşesc substanţial ca număr episoadele depresive majore fără caracter sezonier care au putut surveni în cursul vieţii individului.

Fototerapia (terapia cu lumina) reprezinta expunerea la lumina mai intensa decat lumina becului, dar nu la fel de intensa ca lumina soarelui.

Metoda

- **Studiu de metaanaliza realizat de doctori din cadrul departamentului de psihiatrie al Universinatii Carolina de Nord**
- **S-a folosit platforma PubMed, cautandu-se studii dupa anumiti termeni cheie precum:fototerapie, tulburare afectiva sezoniera, tulburare afectiva bipolara, tulburare de somn, ritm circadian**

Criterii de selectie

- Varsta 15-65 ani in dorinta de a stabili un tratament adecvat standard
- Studii randomizate, controlate placebo
- Doza minima:

-tratamentul cu lumina puternica: minim 4zile x 3000 lucsi-ora; placebo: maxim 300 lucsi

-tratament dawn simulation (simularea diminetii): crestere treptata a intensitatii luminii de la 0 la 300 lucsi intr-o perioada de 1,5-2 ore.; placebo: o cretere < 5 lucsi si/sau <15 minute

Selectia studiilor

- Initial 173 studii
- In urma aplicarii criteriilor de excludere: 21 studii

TABLE 1. Randomized, Controlled Trials of Bright Light and Dawn Simulation in the Treatment of Mood Disorders

Treatment, Diagnosis, and Study	Duration of Trial (days)	Experimental Group				Control Group				Effect Size
		Condition	Illuminance (lux)	Time (hours/day)	Number of Patients	Condition	Illuminance (lux)	Time (hours/day)	Number of Patients	
Bright light										
Seasonal affective disorder										
Avery et al., 2001 (9)	42	White light	10,000	0.5	33	Red light	0.5	1.5	31	0.09
Eastman et al., 1998 (10)	24	White light	6,000	1.5	49	Deactivated negative air ionizer		1.5	22	0.19
Michalon et al., 1997 (11)	14	White light	2,500	2.0	15	Red light	<300	2.0	14	1.53
Rosenthal et al., 1984 (1)	14	White light	2,500	6.0	9	Yellow light	100	6.0	9	2.08
Rosenthal et al., 1985 (12)	7	White light	2,500	6.0	13	Yellow light	≤300	6.0	13	1.19
Rosenthal et al., 1987 (13)	7	White light	2,500	5.0	7	White light	≤300	5.0	7	2.11
Schwartz et al., 1997 (14)	21	White light	10,000	1.5	17	Active light avoidance (dark goggles outdoors)			17	2.01
Terman et al., 1998 (15)	10–14	White light	10,000	0.5	85	Negative ion density (1.0×10^4 ions/cm^3)		0.5	19	1.05

Nonseasonal depression										
Baumgartner et al., 1996 (16)	7	White light	2,500	2.0	19	Red light	50	2.0	15	0.40
Kripke et al., 1992 (17)	7	White light	>2,000	3.0	25	Red light	<50	3.0	26	0.78
Volz et al., 1991 (18)	7	White light	2,500	2.0	22	Red light	50	2.0	20	0.35
Dawn simulation for seasonal affective disorder										
Avery et al., 1992 (19)	7	White light ("gradual dawn")	0–275	2.5	9	White light ("rapid dawn")	0–275	0.2	9	0.25
Avery et al., 1993 (20)	7	White light ("gradual dawn")	0–250	2.0	13	White light ("rapid dawn")	0–0.2	0.5	9	1.16
Avery et al., 1994 (21)	7	White light ("gradual dawn")	0–250	1.5	10	Red light	0–2	1.5	9	1.10
Avery et al., 1998 (22)	7	White light ("gradual dawn")	0–250	1.5	6	Red light	0–2	1.5	6	1.33
Avery et al., 2001 (9)	42	White light ("gradual dawn")	0–250	1.5	31	Red light	0–0.5	1.5	31	0.54
Bright light as adjunctive treatment of nonseasonal depression										
Beauchemin and Hays, 1997 (23)[a]	7	White light	10,000	2.0	8	White light	2,500	0.5	11	1.31
Fritzsche et al., 2001 (24)[b]	14	White light	2,500	2.0	21	Red light	50	2.0	19	0.09
Holsboer-Trachsler et al., 1994 (25)[c]	16	White light	5,000	2.0	14	No light treatment			14	–0.74
Muller et al., 1997 (26)[c]	28	White light	5,000	2.0	14	No light treatment			14	–0.80
Neumeister et al.,	6	White light	3,000	4.0	10	White light	100	4.0	10	0.81

Rezultate

TABLE 2. Significance of Effect Sizes for Studies of Bright Light and Dawn Simulation in the Treatment of Mood Disorders

Diagnosis and Treatment	Number of Studies	Effect Size	95% CI	p (z test)
Seasonal affective disorder				
Bright light	8	0.84	0.60 to 1.08	<0.0001
Dawn simulation	5	0.73	0.37 to 1.08	<0.0001
Nonseasonal depression				
Bright light	3	0.53	0.18 to 0.89	<0.003
Adjunctive bright light	5	–0.01	–0.36 to 0.34	>0.95

FIGURE 2. Effect Sizes in Studies of Treatment of Seasonal Affective Disorder With Bright Light

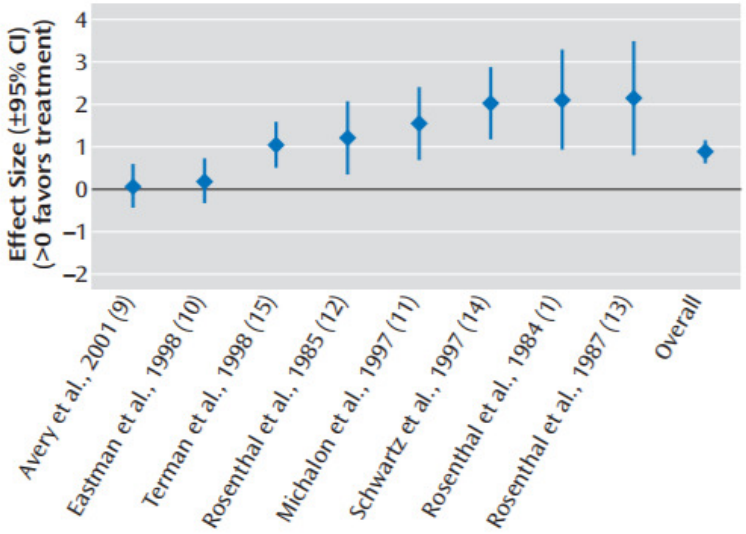


FIGURE 3. Effect Sizes in Studies of Treatment of Seasonal Affective Disorder With Dawn Simulation

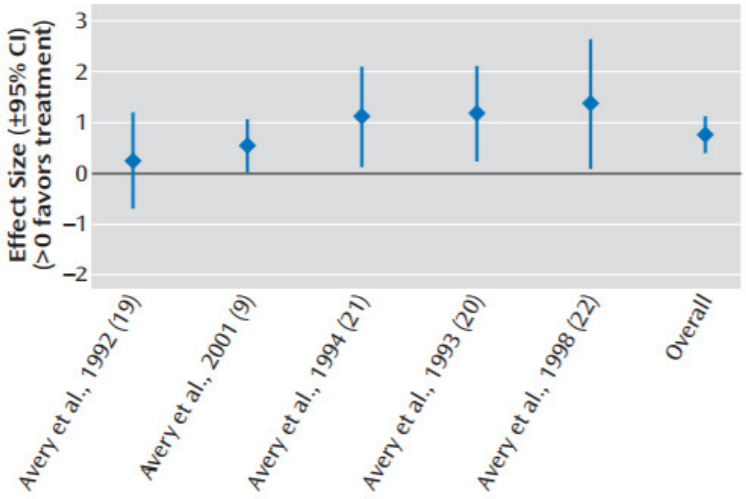


FIGURE 4. Effect Sizes in Studies of Treatment of Non-seasonal Depression With Bright Light

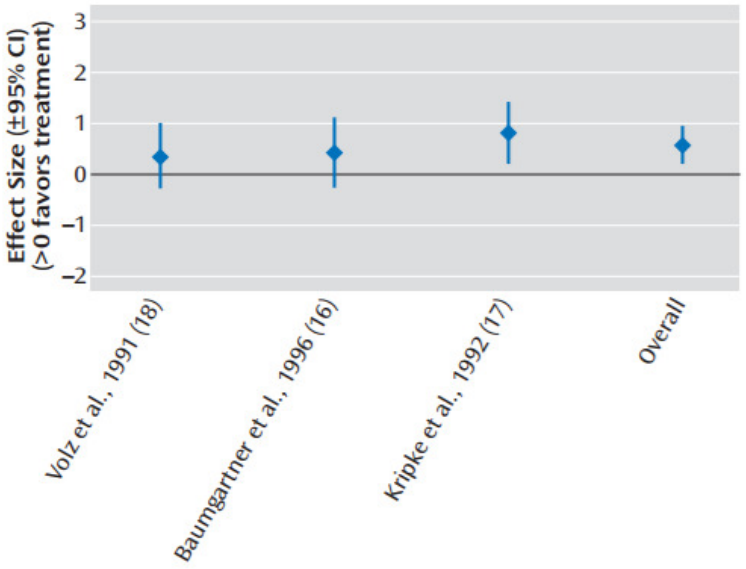
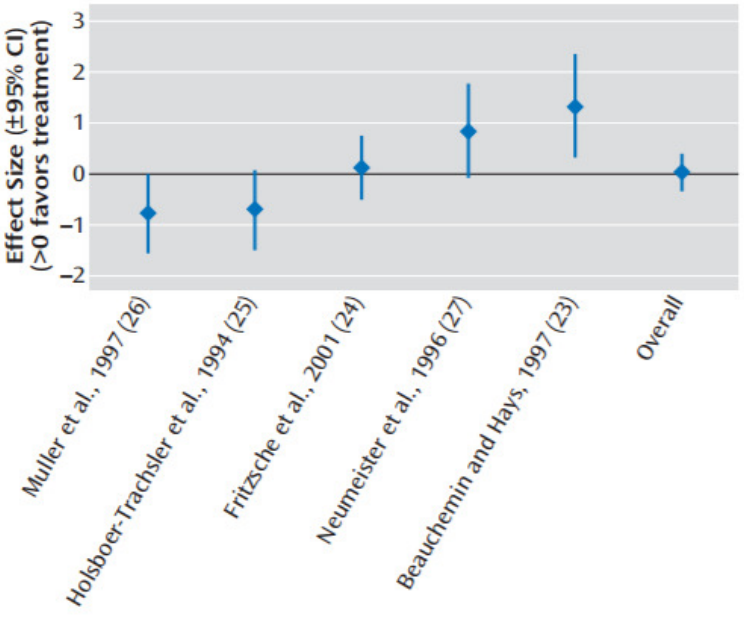


FIGURE 5. Effect Sizes in Studies of Treatment of Non-seasonal Depression With Bright Light as Adjunctive Treatment



Discutii

- Un numar mare de studii nu au indeplinit criteriile de selectie
- Crearea unui placebo corespunzator este dificila in acest tip de terapie
- Nu exista un interes al industriei farmaceutice in a oferi fonduri pentru studiile privind terapia pe baza de lumina
- Trebuie investigata eficacitatea terapiei pe baza de lumina si in grupurile <15 ani si >65 ani

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