

From Reuters Health Information Bright Light Therapy Improves Sleep in PTSD



By Karla Gale

NEW YORK (Reuters Health) Jun 09 - Bright light therapy helps relieve sleep disturbances in soldiers with posttraumatic stress disorder (PTSD), according to preliminary findings reported this week in San Antonio at the 24th annual meeting of the Associated Professional Sleep Societies LLC.

"Previous studies have shown that bright light may be effective in treating depression, anxiety, sleep problems, and cognitive function -- often the symptoms experienced in PTSD," lead researcher Shannon Cornelius, from the University of South Carolina in Columbia, told Reuters Health by e-mail.

Cornelius and colleagues randomized 16 veterans with combat PTSD to 4 weeks of bright light (daily 10,000 lux for 30 minutes) or placebo treatment (with an inactivated negative ion generator).

At baseline and immediately following completion of the study, the researchers assessed sleep quality with the Pittsburgh Sleep Quality Index with addendum for PTSD (PSQI-PTSD), which consists of seven items focusing on the frequency of disruptive nocturnal behaviors reported by PTSD patients (trauma-related nightmares, nocturnal intrusive memories, distressing dreams not related to the trauma, sleep terrors, nocturnal panic attacks, dream enactment behaviors, and other complex motor behaviors).

In the bright light group, mean PSQI-PTSD score declined from 5.9 at baseline to 2.6 post-treatment (on a 7-point scale), whereas mean score actually increased in the placebo group (from 2.8 to 3.2) ($p = 0.03$).

"In our pilot studies, sleep problems among veterans with combat PTSD were relatively resistant to improvement," Cornelius said. "Therefore, perhaps the most surprising, and encouraging, result of our ongoing study is the significantly greater reduction in the PSQI-PTSD measures following bright light compared with placebo control."

They also observed a moderate treatment effect on a Clinician-Administered PTSD Scale and on the Beck Depression Inventory.

Cornelius commented, "There are many drawbacks of pharmacologic treatments for PTSD (negative side effects, drug interactions, potential for abuse, etc.), and non-pharmacologic treatments may be out of reach for some veterans due to availability of skilled clinicians, the time-intensive nature of some therapy programs, or other factors."

Bright light therapy appears to be a good option for these patients. "It will be interesting to see the correlation between subjective sleep measures and objective measures (actigraphy), and the relationships between sleep quality and psychometric data," she added.

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