For Immediate Release

Testing Alternative Treatments for Depression

October 1, 2010 (Toronto, ON) – Two complementary treatments for clinical depression – bright light therapy and negative ion therapy – are being tested in combination with traditional therapies in a new Canadian study.

"We are exploring whether these two alternative therapies, when combined with medication, will improve the success of treatment for people suffering from Major Depression Disorder," says Dr. Anthony Levitt, Lead Investigator of the Sunnybrook study and Chief of the Department of Psychiatry at Sunnybrook Health Sciences Centre. "We expect to see changes in depressive symptoms and improvements in their quality of life. In as little as three years from now, the study completion is expected to provide important information to change and guide treatment of depression."

The three-year study, nicknamed "LIFE": Light, Ion, and Fluoxetine Efficacy in Depression, is being conducted at six sites across Canada; of which Sunnybrook is one. Each site is currently enrolling participants between 19 and 60 years of age and experiencing Major Depression. 216 patients will be recruited at the six sites over three years.

Treatments for Major Depression traditionally involve Psychotherapy, such as Cognitive Behavioural Therapy and/or medication. Both light and ion therapies are complementary non-pharmacological approaches that are safe, easy to use, and are well tolerated. Each of these treatments can be used alone or in combination with antidepressant medication.

Both alternative therapies have been shown to be effective in treating Seasonal Depression, experienced during the fall and winter months. The researchers are now testing these alternative therapies in relation to Major Depression that is not linked to seasons, to determine if they will improve efficacy of the medication.

"The recovery rate for patients treated with both cognitive therapy and medication is currently only 60 per cent. We want to see if these alternative treatments help medications with improving clinical responses and decreasing remission in these patients," adds Dr. Levitt, also a professor of Psychiatry at the University of Toronto. "We're always interested in exploring different treatments in an effort to find the best suited therapies for our patients so that they will experience maximum success with minimal side effects."

Participants will be randomly assigned to different combinations of treatments: for eight weeks, each participant will use either a fluorescent light box or a negative ion generator, and will take either fluoxetine (a well-known and effective antidepressant medication, also known as Prozac) or a placebo sugar pill. The research team will evaluate each participant's changes in depressive symptoms and quality of life. At the end of the study, doctors and patients will have important information to guide treatment recommendations for depression.

Light Therapy consists of regular exposure in front of a light box of up to 30 minutes within 15 minutes of arising from habitual wake time (between 7:00 and 9:30 am). Participants are also asked to keep track throughout the day of how much time they spend outdoors. Light boxes emit bright light (10,000 lux), carefully UV filtered. The patient is given the light box to bring home for seven weeks and they are re-assessed during regulatory follow-up calls. The treatments are very well tolerated. The box is placed 18 inches away from the person, and one can read, eat breakfast or do work in front of the light box as long as it is at eye level. The individual does not need to stare directly at the light or negative ion generator to gain the treatment benefits.

At any given time, at least one person in 20 (five per cent of the general population) is suffering from clinical depression, which may cause significant problems in family and personal relationships, work attendance and productivity, and overall quality of life. The World Health Organization has estimated that by 2020, depression will be the second leading cause of disability worldwide.

The six sites participating are: University of British Columbia (Lead Site/Vancouver), Dalhousie University (Saint John), McGill University (Montreal), Sunnybrook Health Sciences Centre and the Centre for Addiction and Mental Health (Toronto), and the University of Calgary (Calgary). The study is funded by a Canadian Institutes of Health Research (CIHR) grant.

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