

SLTBR NEWSLETTER

Society for Light Treatment and Biological Rhythms

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SLTBR ORGANIZES: MONTREAL, MUNICH

A preliminary meeting to discuss the merits of forming a professional organization focusing on Seasonal Affective Disorder (SAD) and light therapy was held May 9th, 1988 at the Hotel Queen Elizabeth in Montreal in conjunction with the American Psychiatric Association meetings. Initial presentations were made by the "SADhoc" committee: Drs. Hellekson, Lewy, Rosenthal, Terman, and Wirz-Justice. Discussion followed among the approximately 30 invited guests.

A second meeting was held August 19th, 1988, at the Collegium Internationale Neuro-Psychopharmacologicum in Munich, recapitulating the aims set forth in Montreal. A number of new researchers in the field -- in particular from Eastern Europe -- indicated their interest in such an organization.

The concept of an organization of clinicians and researchers working in the areas of light therapy and biological rhythms was generally agreed upon. Suggested form and scope varied. Several members cited the need to remain in the "mainstream" by publishing in existing journals and affiliating as a task force with either clinical organizations -- such as the American Psychiatric Association or American Psychological Association -- or research organizations--

such as the Society for Research on Biological Rhythms. The possibility of liaison with the Association of Professional Sleep Societies, which has a major interest in chronobiology and a precedent of separate clinical and research groups, was suggested. The hazard of becoming an isolated group with the emphasis on exclusion and accreditation was mentioned.

Because light therapy may be used for disorders as varied as shift work and skin disorders, and because SAD may be related to temperature as well as light, the domain of the organization needs delineation.

With the rapid advancement of the field and the availability of electronic communications, a network of MCI Mail subscribers, and perhaps an electronic bulletin board, might be established to facilitate exchange of information, recent findings, new references, teaching slides, membership and referral lists, etc. This could serve as an "on-line clearing-house" through which position papers could be developed within "computerized committee meetings," following the model of the SADhoc committee (*see item below*). Links to university-based BITNET systems, and to facsimile (fax) systems could also be arranged.

Several priorities have been outlined: (1) liaison with the U.S. Food and Drug Administration (FDA), and a consensus statement regarding the safety of light therapy; (2) liaison with U.S. medical insurers, in order to motivate third-party reimbursement for light fixtures and clinical supervision; (3) liaison with a newly-formed U.S. patient support group, the National Organization for Seasonal Affective Disorder (NOSAD); (4) liaison with lighting manufacturers; (5) improvement and standardization of rating scales such as the Hamilton; (6) a consensus statement regarding clinical supervision in light therapy for SAD patients versus self-administration of bright-light treatment by the general public.

Following these initial meetings, the SADhocs devised an organizational plan. SLTBR would be founded as an international, not-for-profit organization, with a proposed slate of officers to serve two years with subsequent annual elections: President, A. Lewy; President-Elect, N. Rosenthal; Vice President, A. Wirz-Justice; Secretary, M. Terman; Treasurer, C. Hellekson. Membership categories would include professionals with research involvement, affiliates, and corporate representatives (*see item below*).

Initially the primary work of SLTBR would be through committees which would develop position papers on important issues to the field, publish a newsletter, and arrange an annual meeting. Several committees have already begun work (*see reports below*): *Federal and Industrial Relations*, G. Brainard, Chair; *DSM-IV Liaison*, D. Avery, Chair; *NOSAD Liaison*, N. Rosenthal, Chair; *Membership*, C. Eastman, Chair. The site and format of the first annual meeting are still under discussion, but will be announced in the next newsletter.

C. J. H., A. W.-J.

FEDERAL/INDUSTRIAL RELATIONS

Although SLTBR must focus initially on its own internal program, it is not premature to begin structuring our relationship with other relevant organizations. Specifically, branches of the government and professional commercial organizations are already interested in our developing field of research and applications. It seems desirable for SLTBR to lead the way in establishing interactions with these organizations rather than waiting for them to define their interactions with us. More to the point, responsible self-regulation of our field is preferable to external regulation.

There are at least two branches of the U.S. federal government with an interest in our field: the Center

for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA), and the National Bureau of Standards (NBS). Doubtless there are similar governmental concerns in other countries where light treatment is being used, and it is important to identify them. At this time, neither FDA nor NBS have formulated official policy concerning light treatment for winter depression, although it is undoubtedly within their purview to do so. This becomes increasingly likely as our field progresses.

Beyond government, lighting and electrical manufacturing industries are interested in our domain -- specifically, the Commission Internationale de l'Eclairage (CIE, or International Commission on Illumination), the Illuminating Engineering Society (IES) and the National Electrical Manufacturers Association (NEMA).

Please let me know if you have contacts within any of the organizations listed above, if you know of other relevant governmental or industrial organizations, if you have an opinion about how we should develop interactions with these organizations, and if you would be willing to participate on this committee.

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DSM-IV LIAISON

This committee asks light therapy researchers for their critique of the present DSM-III-R criteria for diagnosis of seasonal pattern. The DSM-IV committee of the American Psychiatric Association has decided *no* changes will be made in the present criteria unless there are data to back up a change -- despite the fact that relatively few data were presented to support development of the DSM-III-R criteria for seasonal pattern.

Several SAD researchers have already suggested that the 60-day windows for the spontaneous onset and remission of seasonal depression are too narrow. For example, a patient with onset one year in September and the next year in December could not have both years count toward a diagnosis of SAD. We might recommend broadening the window to 90 or 120 days in order to capture patients with variable onset and offset, *but data are needed to support such a change*. Data might comprise comparisons of SAD patients who fulfill DSM-III-R criteria with those who fulfill the criteria except for the 60-day contin-

agencies. Are these groups similar in their response to light therapy, phenomenology, and family history?

Another common criticism of DSM-III-R criteria is the issue of specificity regarding season of the year. David Dunner, who is in charge of the Affective Disorders section of DSM-IV, has reviewed Thomas Wehr's data suggesting that patients with recurrent summer depressions differ phenomenologically from winter depressives. Dunner feels that these data are strong enough to suggest that the SAD category should not be dropped in favor of a more specific term, such as "winter depression." On the other hand, Dunner also feels that Wehr's data are insufficient to support subtyping SAD into fall/winter and spring/summer categories. It seems likely, then, that DSM-IV will retain a global SAD category without specification of the bothersome season. Norman Rosenthal has suggested that SAD be subtyped into fall-winter and Not Otherwise Specified (NOS) categories, in compromise. It is important that any other investigators with data relevant to seasonal subtyping communicate with both SLTBR and DSM-IV committees.

A third issue is whether a severity range should be specified for the SAD diagnosis. In DSM-III-R, *Depression NOS* is an ambiguous entity referring to mild depression. The DSM-IV committee is debating whether to drop it altogether. This would have implications for SAD since about 14% of the NIMH population survey of Montgomery County suffers from "subsyndromal SAD." Should subsyndromals qualify for a DSM-IV diagnosis, or do they fall within a "normal" range? Do you have data which support your position on this issue?

Finally, Norman Rosenthal has suggested that in some way "responsiveness to light," not assessed in DSM-III-R, be included in new criteria. If symptoms improve when the patient lives closer to the Equator, for example, such a finding would bolster the SAD diagnosis.

Please send me any proposed changes. I will forward them to Dr. Dunner and integrate them into a possible SLTBR position paper, keeping you abreast in future newsletters. Even if we are unable to change criteria in DSM-IV, we should certainly begin collecting data to support possible changes in -- dare I say? -- DSM-V.

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MEMBERSHIP

We would like to build a large and inclusive SLTBR membership. In order to accommodate diverse backgrounds and interests, the following membership structure has been proposed: *regular members* (Ph.D. and M.D. researchers working and publishing in the field), *affiliate members* (clinicians, students, scientists in other fields, and laymen), and *corporate members* (businesses manufacturing equipment such as light boxes or dark goggles, related pharmaceuticals, publishers).

Initially, we plan to assemble a charter membership by invitation of the Ad Hoc Committee. Afterwards, applications will be solicited for other members. Applications for regular membership will require a curriculum vitae and a letter of nomination from a regular member. At least one publication related to bright light treatment or biological rhythms will be expected. Exceptions to these criteria will be considered by the Ad Hoc Committee (by that time, constituted as Board of Directors), which will make the final decision on acceptance to membership categories.

Membership fee structure, and initial invitations, await incorporation of the Society and registration of by-laws, both of which are in progress. Please contact me with your inquiries or suggestions concerning membership policy.

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NOSAD LIAISON

A U.S. National Organization for Seasonal Affective Disorder (NOSAD) was formed in the Washington DC area this past year in order to support the interests of SAD patients. Its membership is open to patients, friends, relatives, interested professionals, and any others who wish to further its goals.

NOSAD's goals include: (1) disseminating information about SAD through a newsletter; (2) offering support groups to patients and their families in a manner that has been successful for many other medical and psychiatric illnesses; and (3) working for goals that are important to patients, such as insurance reimbursement for light fixtures. NOSAD members are eager to foster and facilitate the form-

ation of affiliated groups across the country. It would seem desirable that these groups have both autonomy as well as a relationship to the Washington group. Mechanisms for establishing such groups have not yet been determined, and would obviously depend on the wishes of the prospective national membership.

SLTBR members could interact fruitfully with NOSAD by contributing appropriate articles to NOSAD's newsletter, as well as stimulating the formation of local groups in their areas. NOSAD would also be interested in sharing printed materials and experiences with sister-groups that might form in Canada, England, and Europe. The President of NOSAD, Barbara Ingersoll, Ph.D., a clinical psychologist, welcomes your ideas about interactions with professionals: 4838 Park Avenue, Bethesda, MD 20816. Tel (201) 229-9497.

N. R.

HEALTH INSURANCE REIMBURSEMENTS

This committee is working on the question of insurance reimbursement for light therapy apparatus and associated clinical fees. Norman Rosenthal, for example, is investigating the U.S. Federal employee question -- a familiar scenario in which the insurer currently considers light treatment for SAD an "experimental" procedure on the basis that its use has not received formal approval by the FDA.

A small number of Blue Cross/Blue Shield insurance plans have covered the cost of light boxes (e.g., in New York [inconsistently] but not in Washington DC). Other insurance companies, but by no means the majority, have provided reimbursement (e.g., Aetna [inconsistently], Equitable, Lincoln, Mega, Metropolitan/Empire, National, Prudential).

I ask SLTBR members to provide our committee with the following information: names of insurance companies that have/have not covered the costs of treatment and apparatus; the U.S. state in which the policy is registered; the amount covered; and whether for private treatment or research purposes. Future newsletters will provide update reports, and suggestions for effective approaches to insurers. Given sufficient data, we will develop an SLTBR position paper on this pressing issue.

Leslie Powers, M.D., 15 West 75th Street, New York, NY 10023. Tel (212) 722-5222; MCI Mail 373-0801.

SIGH-SAD NOTES

A new *Structured Interview Guide for the Hamilton Depression Rating Scale -- Seasonal Affective Disorder Version* (SIGH-SAD) is available to researchers and clinicians. It provides a standardized format for administering the HAM-D and includes an addendum of eight items developed specifically to evaluate atypical symptoms not addressed in the HAM-D but commonly seen in SAD patients (e.g., appetite changes and weight gain, increased sleep, loss of energy, and social withdrawal). The rater reads the lead question for each item exactly as written, and suggested follow-up questions guide further inquiry as needed. This format greatly increases comparability of scores between raters, between research centers, and between ratings performed by the same evaluator over time.

The SIGH-SAD is already used widely -- it is being translated into French and German as well -- and has been revised with consideration of the extensive input of many researchers. Unfortunately, in order to maintain established reliability of the Hamilton scale, we have been unable to make changes in the scale score descriptions (except for the SAD addendum). While we are keeping track of potential revisions of this part of the rating scale, we actively seek comments on the structured inquiry portion of the instrument in order to improve consistency of administration of the SIGH-SAD.

A companion questionnaire, *The Hypomania Interview Guide (including Hyperthymia) for Seasonal Affective Disorder* (HIGH-SAD) based on a *Hypomania Rating Scale* by Norman Rosenthal and Thomas Wehr, and Richard Depue's *Criteria for a Hyperthymic Period*, is also available. It follows a similar structured format, with specified lead questions and suggested follow-up questions. The HIGH-SAD is comprised of 12 items covering symptoms seen in hyperthymic, hypomanic, or manic states and includes a retrospective version for use at screening to evaluate patients' descriptions of such episodes in the past.

Our goal is the refinement of these two instruments to facilitate communication among researchers and allow more accurate and reliable comparison of data from separate studies. We plan revisions for next fall, and are planning a cross-center item analysis using this winter's data from contributing groups, including a concurrent validation using the Clinical Global Impressions scale. Copies of these instruments are available, and comments and suggestions are gladly accepted.

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E-MAIL EXPEDITES

The SADhocs and committee chairs have been able to move so far so quickly largely through telephone connections to our computers, using the MCI Mail electronic mail system. A message or draft text entered in Fairbanks, for example, is instantly deposited in the addressees' "mail box," which can be polled in Basel, Bethesda, Chicago, New York, Philadelphia, or Portland, anytime thereafter. SLTBR organizers have occasionally MCI'd several times a day, both individually and in groups. We have discussed creating an MCI Mail Bulletin Board which could be consulted by SLTBR members for updated listings of professional referrals, committee report drafts in progress, etc. One can also use MCI Mail to send hardcopy messages to nonsubscribers worldwide, at lower expense than conventional express mail services.

MCI Mail is available worldwide through direct access by local E-Mail services, and is inexpensive. Local services sometimes entail significant expense, however. One economical strategy is to use university computer access locally, and to shunt messages via this "login" to national Telepac services. BITNET is another E-Mail service, available at many universities at no cost; its operation is more cumbersome than MCI's, however, and it cannot reach non-university-affiliated correspondents directly. Finally, facsimile (fax) devices allow instantaneous hardcopy transmissions through a regular telephone call, and can be initiated from MCI Mail even if you don't have a fax machine at your end.

We have learned that geographical distance is an historical artifact that need not slow collegial interactions. We encourage you to join our E-Mail conversations, and plan to publish an E-Mail directory as soon as SLTBR membership is formed. For helpful advice, debugging, and MCI Mail subscriptions, we recommend Gary Oppenheimer, Oppenheimer Software, 79th Street Basin, Box 39, New York, NY 10024. Tel (212) 724-9785; MCI Mail 218-0241. He can also supply information about international connections to MCI Mail, for Austria, Belgium, Denmark, France, Germany, Holland, Hungary, Norway, Sweden, Switzerland, UK, and more.

For BITNET connections, inquire directly at your university computer center.

M. T.

SRBR-JBR WELCOMES SLTBR

SLTBR members will find a mutual interest in the Society for Research on Biological Rhythms (SRBR) and its Journal of Biological Rhythms (JBR). SRBR was organized to promote the advancement of basic and applied scientific research in all aspects of biological rhythms, to disseminate important research results to the general public concerning biological rhythms, to develop and enhance the education and training of students and researchers in the field, and to foster interdisciplinary communication by convening conferences and publishing meritorious scientific articles. Colleagues interested in SRBR membership may contact: Dr. David Hudson, Dept. of Biology, University of Virginia, Charlottesville, VA 22901.

JBR has over the past three years established itself as the premier international journal dealing with fundamental mechanisms of biological time-keeping. A recent issue (Vol. 3, No. 2, summer 1988) was devoted entirely to the topic of *SAD: Mechanisms, Treatments, and Models*. The Editors invite further submissions dealing with light therapy and other issues in psychiatry related to biological rhythms. The journal accepts only the highest quality empirical papers, and not preliminary reports or clinical case studies. We are actively interested in publishing important clinical research that addresses fundamental questions about the mechanisms and functions of biological rhythms, and look forward to contributions from SLTBR members (four copies of manuscripts to be reviewed, sent to my office).

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NEWS ITEMS?

Please submit items for our next issues to Michael Terman. Deadline for Vol. 1, No. 2 is 2 January 1989. We plan a regular feature, "In Press . . .," listing accepted papers and chapters that members would make available as preprints. To include yours, please send the preprint and citation (journal, book, expected date of publication).

OUR THANKS TO . . .

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