Light Treatment and Biological Rhythms

Bulletin of the Society for Light Treatment and Biological Rhythms

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EXECUTIVE OFFICE CHANGE

As you may have heard by now, it is with great sadness that we have accepted the resignation of Marty McCullough as our executive director, effective with the new year. Although it is hard to let go of someone who has held the society together for so long, we must also look forward — forward to Marty's growth, as she assumes a full time position with another professional association, and forward to the growth of SLTBR. We thank Marty for the many years of good-humored, efficient, helpful and knowledgeable support of the Society's activities, and wish her well for the future.

Sonia Ancoli-Israel coordinated the selection process for a new executive director for our organization, working very closely with Michael Terman and Chris Gillin. After interviewing several candidates, the Board has decided to hire the Resource Center for Associations (RC), Jerry Bowman, CAE (President) and Francine Butler, Ph.D., CAE, CMP (Executive Vice-President). Jerry has 37 years and Francine has 27 years of experience as CEOs of professional, trade and academic associations. Their management will bring a host of benefits to the Society including a professional staff dedicated to the needs of SLTBR. We will be able to provide continuity of service with a full team of association specialists for meetings, publications, finances, membership and management/ administration — all at competitive rates.

Our new executive staff share our philosophy that the membership is the life blood of any association and they feel they have the experience and know-how to help our membership grow. A one-year contract has been approved by the SLTBR Board of Directors. RC is committed to helping us to grow and to increasing our income, primarily through membership and publication initiatives.

So, with the New Year, we welcome the Resource Center. Give them a call if you have questions or suggestions. They are looking forward to meeting and getting to know all of you.

We hope all of you had a wonderful holiday season. Here's to a Happy New Year and to great growth for SLTBR.

Anna Wirz-Justice
President

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Opinions expressed in this news bulletin are those of the author and do not necessarily represent the views of the Society or its Board of Directors.

Unsolicited manuscripts, letters to the editor, and Bulletin Board announcements should be submitted to Dr. Scott S. Campbell, Laboratory of Human Chronobiology, Cornell University Medical Center, 21 Bloomingdale Rd., White Plains, NY 10605, USA. Please submit one double-spaced hard copy and a diskette file (Macintosh: MS-Word, MacWrite; IBM: WordPerfect as Textfile; e-mail: sscampb@med.cornell.edu.) Manuscripts and Diskettes will not be returned. We reserve the right to edit and condense letters to the editor.

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REIMBURSEMENT UPDATE

Insurance reimbursement for light therapy devices in the U.S.A.

Insurance reimbursement application for therapeutic lighting devices in the U.S. remains an uneven process with an uncertain outcome, owing both to the treatment modality's relative novelty and to the evolving cost consciousness of the medical marketplace. Since the possibility of reimbursement influences many patients' and clinicians' decisions to utilize the treatment, an update on reimbursement practices and application strategies is warranted.

Recent trends in reimbursement are not easily gauged, mainly because application rates and their outcomes are within the province of individual users and formal follow-up information is largely lacking. The best impression of past application outcomes comes from the Terman group in New York City, who queried about 100 of their former patients last spring. Their survey revealed that only 1 in 5 patients queried had applied for reimbursement and that about 1 of 4 of those who had applied were granted at least partial reimbursement for the device. Such findings were generally consistent with several less systematic responses from others who answered last spring's *LTBR* reimbursement poll.

Strategies employed in successful reimbursement applications included the following:

- an accompanying letter from the prescribing clinician which supported the diagnosis and, when possible, described past failures with other treatment modalities and a successful response to light.
- inclusion with the application of the SLTBR Insurance Reimbursement Packet. This packet provides insurance companies with pertinent evidence that light therapy is both a conventional (i.e., not experimental) and effective treatment for winter depression.
- pre-purchase request to the insurer for reimbursement approval.
- reapplication after initial rejection.

Successful applications were reported from both traditional fee-for-service and HMO-type insurers. There were no reported instances of successful applications to Medicare or Medicaid.

Aside from individual application strategies, it is clear that the reimbursement success rates would be very positively affected by the hoped for U.S. Food and Drug Administration (FDA) reclassification of therapeutic lighting devices from Class III to Class II (see *LTBR* 1992, *5*:1-8). Such FDA reclassification is currently being pursued by the Circadian Lighting Association, a consortium of lighting device manufacturers and marketers.

In summary, insurance reimbursement for lighting devices is uncertain but not uncommon and thus application for reimbursement by those who purchase such devices is strongly justified. Success of application may be enhanced by persistence and by inclusion of supporting material from one's prescribing clinician and the SLTBR Reimbursement Packet. The latter may be ordered through the Society's publications program. Contact the *SLTBR*

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SAD ASSESSMENT TOOLS REVISED

Structured Interview Guide for the Hamilton Depression Rating Scale — SAD version

The *SIGH-SAD* and its self-rating version, the *SIGH-SAD-SR*, have been revised to include a new item — Difficulty Awakening — which is to be noted but not entered into the total score. This follows on Dr. David Avery's report at the last SLTBR annual meeting, which concluded that "the symptom of difficulty awakening is common among SAD patients, improves with effective treatment, has reasonable interrater reliability, and correlates with both depression ratings and an analog measure of quality of awakening" (Avery et al., 1994, p. 21). Importantly, "the hypersomnia item of the *SIGH-SAD* did not correlate significantly with the depression ratings or the difficulty awakening score".

The Insight item (H15) on the *SIGH-SAD-SR* has been extensively rewritten in order to reduce a past problem with false positives, i.e., attributing depressed mood to physical ailments and reporting no history of depression.

Hypomania Interview Guide (including Hyperthymia)

The *HIGH-SAD* has received a thorough revision, and has been reincarnated as three separate instruments: The *HIGH-C* and *HIGH-R* are structured interviews for current (i.e., past week) and retrospective assessments, respectively; the *HIGH-C-SR* is a new self-rating questionnaire (modelled on the *SIGH-SAD-SR*) that may be useful for tracking hyperthymic, hypomanic and manic symptoms by periodic time-sampling.

The scope of symptoms on the *HIGH* instruments has been expanded from 12 to 15 items. It includes all DSM-IV criterion symptoms for a Hypomanic Episode, and a simple scoring algorithm has been provided to enable provisional diagnoses of hypomanic episodes with elevated/expansive or irritable mood, above-and-beyond the scaling of global symptom severity. New items include Increased Energy, Sexual Thoughts and Activity, Distractibility and Concentration, and Decreased Eating. One earlier item, Insight, has been dropped on the grounds that it is not a symptom which is scaled by severity, is not included in the DSM-IV diagnosis of a Hypomanic Episode, and proved to be problematic for scoring in the earlier editions.

Anchor points for each item on the revised *HIGH* have been spread across the range of 0 to 4. "0" indicates absence of the symptom; "1" and "2" indicate degrees of mild presentation short of hypomania (but typical of hyperthymia); "3" indicates moderate severity, persistent, uncharacteristic for the patient, and observable to others (as is typical of hypomania); and "4" indicates marked or severe symptomatology (typical of mania). The point assignments differ from the earlier versions, in which various symptoms received unequal scale ranges. However, an algorithm has been provided to enable computation of a "*HIGH-SAD* approximate score" for comparison with data collected using the earlier versions.

Although the *SIGH-SAD* and *HIGH* were originally developed to facilitate studies of SAD and monitoring of SAD patients in open treatment, the presence of a seasonal pattern is irrelevant for scale administration, and these instruments are equally applicable for assessing mood disorders without seasonal pattern. The inclusion of a set of eight atypical symptoms in the *SIGH-SAD* makes that instrument a more comprehensive assessment tool than the Hamilton Depression Rating Scale or its structured-interview version, the *SIGH-D*.

The revised *SAD Assessment Tools Packet* includes scoring and interpretation guides, and is available through SLTBR's publication program. Contact the *SLTBR Executive Office, 10200 West 44th Avenue, Wheat Ridge, CO 80033; tel 303-424-3697, fax 303-422-8894.* Permission is granted for reproduction for use by clinicians and researchers.

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REFERENCE

Avery, D., M.A. Boltc and D. Eder (1994) Difficulty awakening as a symptom of winter depression. Soc. Light Treatment Biol. Rhythms Abst. 6:21.

BOOK REVIEWS

Two Views of the Blues

Fight the Winter Blues, Don't Be SAD: Your Guide to Conquering Seasonal Affective Disorder
By Celeste A. Peters, (Calgary, Alberta, Canada: Script Publishing Inc., 1994, 243 pp., CAN$18.95, US$14.95).

Don't Be SAD — this title is testament to both the primary defect and the saving grace of this new self-help guide for sufferers of seasonal mood changes. By using the all-too-convenient acronym for Seasonal Affective Disorder up front, it becomes immediately apparent that this will be a good read for the lay public who have been exposed to the sensationalism and superstition of the medical syndrome referred to commonly as "the winter blues."

Unfortunately, any reader with some analytical bent or scientific inclination may take offense to the condescending tone which pervades the text. For example, Peters offers scientific evidence for much of the prescriptive advice, but places this "bit more technical material" containing "graphs and numbers" in separate sections which one might find "impossible to deal with when they are depressed". While considerate, this patronizing tone sets the stage for the entire text. Again, presumably in consideration of the depressed audience who have little time or energy to read the text, especially because they need to get to the kitchen to try the recipes provided in Appendix B, the margins are 2+ inches around. Additionally, feel-good clip art is used on each and every page in the form of a gray scale light spectrum as a header, a target-like cursor in the center of each margin, and sunflowers surrounding each page number. Finally, the reader-friendly format is spattered with some "less technical graphs" and illustrative cartoons on nearly two thirds of the textual pages. The net result is substantially reduced material to read; although the residuum is not anemic, it does leave something to be desired.

There are numerous successes to be pointed out. The text is organized meticulously. Read about risk factors for SAD, complete a self-assessment questionnaire, learn more about your potential illness, and determine differential diagnoses in Part 1, "Are you SAD?". Part 2, "What Makes You SAD?" might have been combined with Part 1, as it briefly describes geographical prevalence and other risk factors involved in SAD, as well as "Factors that Compound SADness," including stress, premenstrual syndrome, and panic attacks. Throughout these sections, research findings are presented, some even outside the borders of the partitioned "Clinically Speaking" sections. The research is described typically in anecdotal form, with some name-dropping, but lacking in specific references. The author does include a "Further Reading" appendix which refers the interested reader to some of the landmark works in research on SAD and the development of light therapy for SAD. Peters should be commended for at least touching upon less popular SAD research topics, such as Gorman's work showing that many SAD patients are myopic, psychological differences between SAD and non-seasonal depression, and research involving summer SAD.

Part 3, "Don't Be SAD" is the real self-help part of the book, and adequately covers light therapy, medications, psychotherapy, and exercise and diet treatments for SAD. A sure favorite, Chapter 14, entitled "Follow the Sun", provides justification for a mid-winter vacation to the tropics, and even for a permanent vacation to a "spot in the world you are particularly taken with, a place where you feel so wonderful you begin to consider moving there." But a disclaimer reminds the reader that such thoughts may be the result of a manic swing, so beware. Also mentioned are means of dealing with and helping those you know who "are SAD", and simple hygienic methods of adapting your environment to alleviate the winter blues.

Part 4, "Why You're SAD", is a valiant effort to give the reader an introduction to what is known of the mechanisms underlying Seasonal Affective Disorder. Four main competing theories are described, and include chrono-biology, insufficient light exposure, abnormal light sensitivity, and biochemical theories of SAD. Unfortunately, these theories are introduced by flippant headers: "The Timing is All Wrong", "Fill'er Up!", "Sometimes You're Just Too Insensitive", and "It's All in the Chemistry". Perhaps the reader needs to be entertained, but the interested individual deserves a bit more intellectual credit.

Finally, the appendices contain the most useful and practical parts of Peters' book. In addition to the references for further reading and healthy recipes for those craving carbohydrates, there are lists of SAD clinics and practitioners in the United States and Canada, as well as local support group listings (there appears to be more support in Canada than the US and UK), light apparatus suppliers, and the Columbia Eye Check-up for Users of Light Treatment. This information is definitely useful,

perhaps too useful; while Peters pays lip service to warnings against self-medicating, everything is included here except a written prescription.

Perhaps the acidity conveyed for the present work is the result of dashed hopes. Upon receiving the book, I anticipated a novel and practical approach to helping the public recognize and obtain treatment for Seasonal Affective Disorder. I especially hoped that a unique aspect, lacking in previous popular works on the topic of Seasonal Affective Disorder, would be common-sense advice for those who have subclinical forms of SAD. I'm quite sure the author included such advice, but the problem lies in the delivery. It is difficult to discern the content of the text amidst the flowery presentation and syrupy tone in which the material is presented. Rather than enhancing the material, all the special effects serve instead to distract.

A more substantial criticism of Peters work concerns the philosophical issue of the popularization of science. To employ a thesis laid out by John Burnham (1987), the media have replaced the seventeenth and eighteenth century type of superstition with a new kind of magic. Particularly in the fields of health psychology and medicine, elucidation of scientific facts has been surreptitiously substituted with step-by-step means of curing oneself. In addition to providing a sense of free will to the ill person who adopts such magic, the perverse and simplistic presentation of medical technology sells — and so becomes the pursuit of persons not directly involved in scientific research. Scientists who should be popularizing their research, presenting it to the public themselves, have secluded themselves in their laboratories and left the job up to a liaison. It is not that the time has not arrived for the public to take advantage of medical findings concerning Seasonal Affective Disorder; indeed, the time is now. Additionally, it is not that Peters fails in her attempt to present a readable, practical guide; indeed, she achieves this goal adequately. But other, more serious and scientific authors have done the job already and should continue to update their findings as developments occur. Pick up Peters book for the recipes and for entertaining reading. A reference manual it is not. Clinicians may recommend it to their patients, but should be prepared for questions which arise from reading this introductory text.

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REFERENCE

Burnham, John C. (1987) *How Superstition Won and Science Lost: Popularizing Science and Health in the United States*. New Brunswick, NJ: Rutgers University Press.

Fight the Winter Blues, Don't Be SAD: Your Guide to Conquering Seasonal Affective Disorder, by Celeste A. Peters, is a treatment manual geared towards the SAD sufferer. I found it a worthy addition to the literature written for the general public on this topic, and well worth recommending to patients.

Peters' book is meant to serve as a self-help manual for the sufferer, and does a creditable job of addressing the disorder from this perspective. The organization is straightforward. The first section is a thorough discussion on how to identify SAD, followed by a briefer section on the disorder's correlates and exacerbating factors. The third section is an extensive discussion of treatment options. I found the section on medications to be both thorough and admirably to the point, providing useful snapshots for each of the popular antidepressants. The discussion of psychotherapy was on the other hand fairly weak. There is some justification for de-emphasizing psychotherapy, given the evidence for a strong biological basis to SAD. On the other hand, some SAD sufferers could benefit from psychotherapy, while others need little more than basic counseling about social role issues that tend to accompany SAD. It would have been helpful had the conditions under which psychotherapy would be appropriate for the SAD sufferer been spelled out in more detail.

The book ends with a discussion of etiological issues associated with SAD. As with other technical issues not central to the treatment of the disorder, the competing models are handled cursorily but fairly. Throughout the book case studies and illustrations are used extensively to highlight and break up the discussion.

I found it worthwhile to compare Peters' book to Norman Rosenthal's ***Winter Blues: Seasonal Affective Disorder: What It Is and How to Overcome It***, the book I tend to recommend to lay persons interested in SAD. The two overlap a great deal in terms of content area, but I think they adopt different perspectives. Rosenthal's book is more comprehensive, offering greater insight into the understanding of SAD, as well as recommendations that

are helpful for the professional treating SAD. Peters' book is more focused, dealing with the practical aspects of living with and treating SAD. I would continue to recommend Rosenthal's book to anyone interested in learning about SAD. For the person whose goal is to learn what they can do to feel better, Peters' book is a worthy alternative that offers a good tradeoff between detail and coverage.

Peters should also be complimented for the accuracy of her information, a factor that has marred other works for the general public. The book is well-researched and in all important details I found it factual. Although the book suffers from some of the minor flaws inherent to self-help books — a tendency to overstate the certainty of conclusions and the strength of relationships, and to mix common sense or clinical lore recommendations with those based on hard research as if they were equally valid — I found little that would not be appropriate advice for the SAD sufferer. One minor problem I found with Peters' book was that the reader is left uncertain whether any of the information is applicable to summertime SAD. However, this criticism is universally applicable self-help literature in the area.

Overall, Peters' book is a worthwhile addition to the literature in this area and to the list of references one could recommend to the SAD sufferer. It offers a succinct and useful self-help guide to the identification and treatment of the disorder.

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REFERENCE

Rosenthal, N.E. (1993) *Winter Blues: Seasonal Affective Disorder: What it is and how to overcome it.* Guilford Press, New York.

"More Light!"

Light and Biological Rhythms in Man
Edited by L. Wetterberg, (New York: Pergamon Press, 1993, 448pp., US$120).

It is said that Goethe's dying words were, "More light!" This volume responds bountifully to that appeal. A compilation of papers presented at a 1992 Symposium in Stockholm, this book aims "to summarize the knowledge of light as a regulator of biological rhythms in man in relation to health and disease" (editor Wetterberg's Preface). In so doing, the thirty-two contributions cover a vast and varied terrain, ranging from light-induced gene expression in the suprachiasmatic nuclei (SCN) (Takahashi), to the influence of height, weight, sex, age and latitude on human melatonin production (Wetterberg, et al.); from the treatment of peptic ulcers with pineal gland derivatives (Komarov, et al.), to the mathematical intricacies of Type 0 versus Type 1 circadian phase resetting in humans (Kronauer and Czeisler).

The book is divided somewhat arbitrarily into five sections, the first two of which, despite the volume's title, are made up primarily of contributions describing research using non-human vertebrates. These sections provide some of the most interesting and thought provoking chapters in the book. In addition to the excellent, introductory *Special Lecture* by Takahashi, describing mechanisms of photic entrainment in mammals, Foster and Menaker raise the intriguing possibility (reprised in a later contribution by Reiter) that non-classical, non-visual photoreceptors may be instrumental in the regulation of mammalian circadian rhythms. The authors identify cell types known as Landolt's clubs as likely candidates for such photoreceptors.

Relating their findings to humans, Foster and Menaker go on to speculate that certain circadian rhythm disturbances may be the result of a genetically-based lack of these circadian photoreceptors, the absence of which may not be consciously recognized by affected individuals. Such a defect might help to explain why some people have more difficulty than others synchronizing their internal clocks to the outside world -- they are "time-blind". Conversely, the presence of such "unconscious", non-visual photoreceptors in the retinae of some blind individuals may account for their ability to maintain temporal synchronization, although such entrainment may be subjectively attributed to social cues.

Such hypotheses are complemented by the contribution of Brainard and colleagues, who present a thorough discussion of mechanisms that mediate therapeutic effects of light in humans. These authors point out several misconceptions regarding intensity (e.g., very bright light is not required for melatonin suppression: under the proper circumstances, as little as 17 lux can produce statistically significant suppression) and wavelength, and they emphasize the importance of factors such as direction of gaze, pupillary dilation, retinal field exposure, and status of the ocular media in assessing therapeutic responses to light treatments.

Perhaps the most provocative issue raised in the book involves the question of placebo effects in light treatment. Several contributions specifically address this area, presenting direct and indirect evidence to suggest that the therapeutic effects of bright light treatment, particularly in Seasonal Affective Disorder (SAD) and late luteal phase dysphoric disorder (LLPDD), may be attributable in large part to placebo effects. Expanding on her preliminary findings in LLPDD, and using a more adequate placebo control condition, Parry reports that "active treatments did not show incremental benefits over placebo treatments" and concludes that a placebo effect of light therapy for LLPDD is quite likely.

With respect to SAD, Eastman and co-workers present results from two studies which suggest that the placebo effect may account for as much as 70% of the anti-depressant response to morning bright light treatment. The authors emphasize, however, that there is little difference between these findings using bright light, and those reported for differences between many anti-depressant drugs and placebo pills. In a thoughtful summary chapter in which he refers to this issue as the "placebo sword" hanging over the heads of investigators using bright light, Terman points out that there are aspects of symptomatology that correlate with treatment outcome, in the absence of differential expectations. This would not be the case, he argues, if light treatment was effective only through a placebo response.

Several contributions (sleep/wake regulation, hormone rhythms in sleep, unmasking of temperature data) are only marginally related to the stated objective of the book and serve to divert focus from the main topic. In addition, the volume would have benefited from more careful editing. For example, ultradian and infradian rhythms are mis-identified in the *Preface*, and several contributions suffer from a lack of clarity associated with inadequate English-language editing. Finally, the book suffers from the inevitable dilemma of all such volumes, which attempt to take a snapshot of a rapidly developing field: much of the information was dated even before it was published. These points notwithstanding, the book is a useful reference volume and provides a valuable, expansive and detailed representation of the field, circa 1992.

(This review originally appeared in Science 264: 1616- 1617.)

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FLASH(LIGHT) POLL RESULTS

The *Flash(light) Poll* solicits opinion from the membership, primarily in the form of a yes/no response, concerning a current, hopefully provocative, issue. The feature was introduced in the last issue of this bulletin [*LTBR 7*:1 (insert)]. Our first item for debate was:

I believe the therapeutic effect of bright light therapy in SAD is primarily a placebo effect.

We received responses from 40 of you, constituting approximately 10% of our membership. Of the respondents, 16 were researchers, 12 were clinicians, and four identified themselves as both researcher and clinician. We heard from four patients/consumers, three manufacturers/distributors and a journalist. Responses came from 15 states in the US, three Canadian provinces, three European countries and Australia. Three of you used e-mail to respond, three people faxed me, 32 of you used "snail mail", and two knocked on my door.

The results? Overwhelmingly "NO" (there was even one "Hell, no!"). A full 80% of respondents believe that the therapeutic effect of bright light exposure in SAD is not primarily a placebo effect. Only five respondents (12.5%) believe the opposite, and three respondents sat on the fence — two citing a lack of sufficient data to support either claim and one respondent pointing to individual differences in response.

Some of the comments that accompanied the "No" response indicated a certain degree of dubiety:

> " . . . much larger trials . . . are need to resolve this issue."
>
> "Seasonality in mood is likely to be light dependent. An excellent placebo effect is superimposed (secondarily)."
>
> ". . . visors yes, 10,000 lux light box no."

Other "No" respondents expressed no such uncertainty:

> " . . . there is a definite effect. I can feel it."
>
> "One argument for a true effect: There is no negative correlation between age and effect of light treatment, as . . . found for placebo tablets in winter depression."
>
> "Light is a drug."

Some comments that accompanied the "Yes" response:

> "The results from the multicenter, parallel studies of the light visor established this for me. . . . I regard light therapy as effective, but not efficacious."

"Just like the therapeutic effect of antidepressant drugs — most of the effect is due to the placebo component. The specific component is smaller."

Although the response rate to our first *Flash(light) Poll* query was even less than for an American election, we were encouraged by several of your comments expressing enthusiasm for the idea of a quarterly survey of membership opinions on provocative issues. While one obvious drawback to such a device is that typically complex issues must be placed within a rather simplistic framework, we hope that more of you will accept this shortcoming and express your opinions to upcoming issues.

S.S.C.

LIGHT PATENTS: A EUROPEAN RESPONSE

The "News and Comment" article in ***Science*** *(March 4, 1994) on the light patents evoked much amazed discussion in the European rhythm community. Since Article 52 (4) of the European Patent Convention states that "Methods for therapeutic and surgical treatment of human or animal bodies are not patentable; including the diagnosis. This is also applicable to the restoration of adequate bodily function . . .", it may not be as easy for these patents to be granted in Europe. The following statement has been issued by a group of concerned scientists and clinicians for publication in* ***Light Treatment and Biological Rhythms.***

We, the undersigned, European researchers in chronobiology and sleep research, are disturbed by the fact that a series of United States patents for the use of light in the assessment and modification of human circadian rhythms has been awarded to Brigham and Women's Hospital of Harvard University, Boston, Mass. We feel that these patents are based on collectively acquired insights into the sensitivity of the human circadian system to light, which is in the public domain, knowledge which cannot be justifiably patented by a single group of individuals. Furthermore, such blanket patent rights may inhibit further research and creative application of circadian concepts. We actively support legal action should European patent rights be assigned.

Signed,

J. Aschoff (Freiburg), J. Arendt (Guildford), D.G.M. Beersma (Groningen), O. Benoit (Paris), J.L. Blom (Alphen), A.C. Bobbert (Leiden), F. Boer (Oegstgeest), A.A. Borbély (Zurich), I.C. Campbell (London), A.M.L. Coenen (Nijmegen), S. Daan (Groningen), H.J. Dalewijk (Amersfoort), A. Daurat (Paris), J.H.M. De Groen (Maastricht), P.A. de Groot (Ermelo), M.J. De Vries (Leiden), A.W. de Weerd (Den Haag), P. Engel, W. Engelmann (Tubingen), M.M.M. Eysvogel (Enschede), H. Folgering (Groesbeek), J. Foret (Paris), M.C.M. Gordijn (Groningen), E. Gwinner (Andechs), P.M.J. Haffmans (Rotterdam), G. Hildebrandt (Marburg), H. Illnerová (Prague), G.A. Kerkhof (Leiden), W. Köhler (Frankfurt), A. Kumar (Amsterdam), B. Lemmer (Frankfurt), K. Meier-Ewert (Schwalmstadt-Treysa), J.H. Meijer (Leiden), H.A.M. Middelkoop (Leiden), D. Minors (Manchester), M. Mirmiran (Amsterdam), T. Penzel, B. Pflug (Frankfurt), W.J. Rietveld (Leiden), T. Roenneberg (Munich), G. Ruigt (Oss), R. Steinberg, C. Thompson (Southampton), J.H.M. Tulen (Rotterdam), A.L. van Bemmel (Maastricht) R.H. van den Hoofdakker (Groningen), H.P.A. van Dongen (Leiden), A.R.J. van Keimpema, E.L.J.M. van Luytelaar (Nijmegen), E.J.W. van Someren (Amsterdam), B.G. van Vianen (Leiden), J.W. Vredeveld (Heerlen), J.M. Waterhouse (Manchester), R. Wever (Andechs), M. Wiegand (Munich), A. Wirz-Justice (Basel), F. Wollnik (Konstanz), J. Zulley (Regensburg).

BULLETIN BOARD

WELCOME TO NEW MEMBERS

We welcome new members who have joined SLTBR since publication of the October 1994 issue:

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SLTBR MEMBERSHIP AND PUBLICATIONS INITIATIVE

As part of SLTBR's membership drive, the Society recently mailed information packets to over 6000 clinicians identified as having a current interest in light treatment for chronobiologic disorders. Due to the size of the mailing list, it is likely that some of our current members received this packet. We apologize for any confusion this mailing created. If you are a current SLTBR member, have renewed your membership using the renewal form sent early in December, or if you intend to renew before the January 20 deadline, please disregard this solicitation. We invite you to pass the information on to a friend or colleague and encourage them to join the Society.

The publications list and order form included in the mailing reflects increased pricing for many SLTBR publications. We will honor the prices listed in the old form (included in the October 1994 issue of *LTBR*) for all orders placed prior to March 31, 1995. The new order form will be included in the next *LTBR* issue and will be effective for current members as of April 1, 1995.

CORRECTION

There was an editing error in the last paragraph of M. Terman et al. (1994) Light treatment for sleep phase and duration disturbances, *LTBR 7*:7-17. That paragraph, on p. 14, should read:

In summary, hypersomnia in SAD can be effectively treated with bright light. Although the symptom need not be present for light to have an antidepressant effect, the report of hypersomnia is a positive predictor of response. The efficacy of light treatment for non-seasonal hypersomnia, either as a primary sleep disorder or a symptom of atypical depression (cf., Stewart et al. 1990), remains in question.

This correction has been made in reprint editions of the issue.

FEDERATION OF SLEEP RESEARCH SOCIETIES MEETING

The Second International Congress of the World Federation of Sleep Research Societies will be held in Nassau, the Bahamas, September 12-16, 1995. Entitled *The Mystery of Sleep*, this congress is designed to bring together sleep researchers, clinicians and technicians from throughout the world. For further information contact *Global Events, Congress Secretariat, 710 N. Trenton Drive, Beverly Hills, CA 90210 USA. Tel 310-247-8004; fax 310-247-8457.*

LIGHT SYMPOSIUM CONFERENCE

The Light Symposium Foundation has scheduled its 1995 international conference for October 9-11, 1995 in Atlanta Georgia. The deadline for completed abstract forms is February 1995. For more information contact *Michael Holick, M.D., Ph.D., Boston University School of Medicine, 80 E. Concord Street, M-1013, Boston, MA 02118 USA. Tel 617-638-4545; fax 617-638-8882.*

Society for Light Treatment
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THE SLTBR FLASH(LIGHT) POLL

"I believe SLTBR or another professional association should establish an accreditation program for light therapists."

☐ Yes (SLTBR) ☐ Yes (another association _____ [name])

☐ No accreditation program

Comment:

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Please forward your response to Scott S. Campbell, Ph.D., Laboratory of Human Chronobiology, Cornell University Medical Center, 21 Bloomingdale Rd., White Plains, NY 10605. Tel 914-997-5924; fax 914-682-1536; e-mail: sscampb@ med.cornell.edu