Behavior

Bruce Bower reports from Montreal at the annual meeting of the American Psychiatric Association

Let there be more light

In the last several years, researchers around the world have found that people who suffer from seasonal affective disorder (SAD), which throws them into a full-blown depression during the same two or three months every winter, often feel better after sitting in front of bright lights. The light therapy consists of several hours of exposure each day for about a week.

There is room, however, for improvement in the treatment of winter depression, says psychologist Michael Terman of the New York State Psychiatric Institute in New York City. In a review of 30 recent light-therapy studies encompassing more than 300 SAD patients, he finds that just over half of those treated with bright lights in the morning fully recover from their depression. The recovery rate drops to about one-third for those given light therapy at midday or in the evening.

While morning sessions are the most successful, it may be more effective to use light far exceeding the standard intensity employed by researchers, says Terman. The most common procedure is to place an individual in front of a screen emitting light five times brighter than ordinary room light.

This past winter Terman treated 18 SAD patients with light 20 times brighter than normal room light. This light exposure lasted for 30 minutes in the morning. A high-intensity screen that emitted the light was placed at an angle above each patient's head in order to simulate outdoor natural light just after sunrise. All the patients improved substantially, he reports, usually within several days of treatment.

"We need to see if longer periods of exposure to standard-intensity bright lights have stronger effects," says Terman, "as well as developing more naturalistic light sources."

Computer-controlled light screens are now under development that are placed in a patient's bedroom to automatically simulate the natural light of a sunrise during the dark mornings of winter, he notes.

Questions about AIDS education

The federal government's ambitious and extensive new AIDS education effort is unlikely to change the risky sexual behavior of many adolescents and young adults, say researchers at the University of Medicine and Dentistry of New Jersey in Newark. In fact, says psychiatrist Steven E. Keller, "we may be putting the cart way before the horse."

In interviews with 102 young people between the ages of 12 and 25, all of them living in Newark, Keller and his colleagues find the youths know a lot about AIDS. Yet many still engage in sexual activity that courts transmission of the AIDS virus. Sixty sexually active subjects were correct 90 percent of the time on an AIDS questionnaire. Most of them, however, reported "at-risk" activities, such as not using a condom and having sex with casual acquaintances or with people they believed were taking drugs intravenously. Sexually abstinent young people knew no more and no less about AIDS than those who were sexually active, says Keller. Primary sources of AIDS information were school, television and friends.

Subjects were not tested for exposure to the AIDS virus.

"You can't alter something as complex as sexual behavior with a passive education program," Keller notes. "The key issue is that high-risk activity is not the result of a simple lack of knowledge."

Researchers need to examine how knowledge is personalized and then put to use, says psychiatrist and study participant Steven J. Schleifer. In the case of AIDS knowledge, he adds, recurrent bouts of depression may interfere with the willingness to change sexual activities. Nearly one-third of young people in the sample reported experiencing severe depression at some time in their lives and 12 percent were depressed when the interviews took place.

An early start for panic

Children as young as 5 years old suffer from panic disorder, according to psychiatrist Donna Moreau of the New York State Psychiatric Institute and her colleagues. Previously, only a few isolated reports have suggested that children develop the mental disorder, she notes.

In a study of 220 children and their mothers tracked over two years, Moreau and her colleagues identified seven children experiencing panic attacks, six of whom had panic disorder. The children ranged in age from 5 to 18 at the time their panic problems began.

Panic attacks typically involve unexpected periods of fear or terror, combined with physical symptoms such as shortness of breath, dizziness, palpitations, trembling and nausea. Recurring attacks, often accompanied by fears of leaving home or being around others when attacks occur, lead to a diagnosis of panic disorder.

Children with panic disorder, says Moreau, had at least one parent who suffered from severe depression or panic disorder. Furthermore, each of the youngsters had several other psychiatric disorders. A 9-year-old boy, whose panic attacks started at age 5, also had phobias concerning elevators and bugs, as well as intense anxiety when separated from his mother because he thought she would die in a car accident.

Stepping out of social phobias

There are few people who do not, at times, get nervous in social situations, say while speaking in public. But in some instances, fears of public scrutiny and potential humiliation become all-pervasive and make a normal life impossible.

"Social phobias" can revolve around specific situations or extend to most interpersonal encounters, says psychiatrist Thomas Uhde of the National Institute of Mental Health (NIMH) in Bethesda, Md. "For the most part," he contends, "the public doesn't appreciate the extent to which a social phobia disrupts a person's life." One woman, for example, avoided speaking and writing in public for 15 years. She could not even write a check when others were around and was unable to work.

Her condition dramatically improved, says Uhde, after receiving drug treatment in an NIMH study of social phobia. Preliminary findings, according to study director Cheryl A. Shea, indicate that phenelzine, a drug that increases the amounts available of several neurotransmitters, and psychological training both provide relief from symptoms of social phobia. The researchers provided 12 weeks of treatment to 65 middle-class subjects, most with specific fears of public speaking, writing, eating or using public bathrooms. About one-quarter had more widespread fears of social situations. Some subjects received a type of psychological retraining, in which they explore the irrationality of their fears with psychologists, practice feared activities and then reenter social situations. Others received either phenelzine or alprazolam, a drug used with severely depressed patients. A fourth group was on a treatment waiting list and received no treatment.

Two months after the treatment ended, only patients given psychological therapy or phenelzine were rated as significantly improved by independent physicians, says Shea.

Phenelzine appears to be effective with about 80 percent of social phobics, says psychiatrist Michael R. Liebowitz of the New York State Psychiatric Institute, who has conducted several phenelzine studies. Short-term phenelzine therapy may not wipe out social fears entirely, adds Liebowitz, but it allows patients to talk to other people, develop social skills and build close relationships, often for the first time.

"With the proper treatment, we can make tremendous changes in the lives of these patients in a very short time," he says.