Bright Light Therapy

Depression is prevalent in long-term care (LTC) populations and is typically treated with antidepressants. Bright light therapy (BLT) is a good non-pharmacological intervention that may help some residents with depression. It should generally be used along with other non-pharmacological interventions (e.g., cognitive behavioral therapy, behavioral activation, individualized pleasant activity schedule, exercise) and/or pharmacological interventions.

BLT should be considered for all residents with seasonal affective disorder (especially winter depression) and may also help residents with non-seasonal Major depression. Recent research has also found it useful as an adjunct to pharmacological interventions for Bipolar depression (Sit et al. Adjunctive bright light therapy for bipolar depression: A randomized double-blind placebo-controlled trial. American Journal of Psychiatry 2017; October 3rd).

BLT with sleep hygiene may improve sleep in individuals with dementia.

We recommend a BLT box that is 12 x 17 inches in size and provides 2000 – 10,000 lux of white light. We recommend the Carex or Uplift Daylight Classic BLT box (used in the Bipolar depression study mentioned above). This box is also recommended by the Center for Environmental Therapeutics (www.cet.org). It costs around $130. We have no financial relationships with the makers of this BLT box.

The resident can begin exposure to bright light for 15 minutes initially and slowly increase (15 minutes per week) as tolerated to 60 minutes per day. The box should be above the resident’s head at a 45-degree angle. One can start with exposure in the morning (6am-9am) but some residents may respond to exposure in the afternoons (noon-3pm). The resident is generally around a foot away from the screen, not looking at the screen but engaged in another activity (e.g., reading, watching TV). Adverse effects are minor and include eye strain and headache.


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