S27-01 - **SLEEP TIMING AND SLEEP MANIPULATION AS ANTIDEPRESSANTS**

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Disturbed sleep is an intrinsic symptom of depression and may precede or even initiate it. Thus, it is surprising that depriving a patient of sleep can induce improvement, often within hours - however usually with relapse following recovery sleep. Clinical trials of early and late partial sleep deprivation, or shifting sleep earlier, suggest a critical circadian phase where wakefulness is necessary for the antidepressant response. Combination with medication or light therapy can maintain improvement. There is now sufficient evidence for many chronotherapeutic combinations (Table) to support the use of "wake therapy" - the fastest antidepressant modality known - in general psychiatric practice (1).

THERAPEUTIC RESPONSE	LATENCY	DURATION
Total (TSD) or partial (PSD) sleep deprivation	hours	~ 1 day
Phase advance of the sleep-wake cycle	~ 2 days	~ 2 weeks
TSD followed by phase advance	hours	~ 2 weeks
Repeated TSD or PSD	hours	days/weeks
Repeated TSD or PSD + ADs	hours	weeks/months
Single or repeated TSD or PSD + light therapy; phase advance & light therapy	hours	weeks/months
Single or repeated TSD or PSD + lithium, pindolol, or SSRIs	hours	months
Light therapy (SAD + non-seasonal MD)	week(s)	weeks/months
Light therapy + SSRIs (non-seasonal MD)	days	months

[Circadian and Sleep Therapies of Major Depression]

(1) A. Wirz-Justice, F. Benedetti, M. Terman (2009) Chronotherapeutics for Affective Disorders. A Clinician's Manual for Light and Wake Therapy. S.Karger AG, Basel.

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