Modafinil as an alternative to light therapy for winter depression

Keywords: Modafinil; Depression; Seasonal Affective Disorder

Modafinil is a novel psychostimulant marketed for daytime sleepiness associated with narcolepsy. It has also shown efficacy in depression as an augmenting treatment [3] or in monotherapy [1]. Considering its psychostimulant properties, it appears sound to try this compound in depression subtypes with marked fatigue and/or hypersomnia such as atypical depression or winter depression.

Mr X., a 46-year old man, was seen on January 2nd as an outpatient at our "mood disorder" department for major depression according to the ICD-10 criteria, with moderate intensity without somatic syndrome (F 33.10) despite 6 weeks treatment with citalopram 20 mg/day. He satisfied for ICD-10 provisional criteria for Seasonal Affective Disorder. Depressive recurrences appeared every year for more than 20 years with full recovery in spring and summer. He also fulfilled the atypicity criteria of Liebowitz [2]. Severity was assessed with the Structured Interview Guide for the Hamilton Depression Rating Scale—Seasonal Affective Disorders Version [4], the usual 21 items of the Hamilton Depression Scale (HDS) plus eight items assessing atypical symptoms (AS) and with the Hospital Anxiety and Depression Scale (HAD) [5]. Initial scores on the Hamilton scale were 17 on the depression scale and 16 on the scale for atypical symptoms. The score on the HAD depression subscale was 12. Seasonality was assessed with the Global Seasonal Scale (GSS) from the Seasonal Pattern Assessment Scale. Mr X's GSS score was 23.

Bright light therapy was added to the ongoing citalopram treatment. After 14 daily morning sessions of 10000-lux white light for 30 min, depressive scores were unchanged (HS = 18; AS = 19; HAD = 12). Light therapy was then stopped and modafinil (200 mg/day) was added to the ongoing citalopram. Two weeks later (3 February, 2003) the patient had remitted (HS = 3, AS = 3, HAD = 2) but still felt some fatigue, which led to increase the modafinil dosage (300 mg/day). Another 5 weeks later, he was still well (HS = 4; AS = 0) without any fatigue under the same regimen.

The dramatic improvement occurred after 10 weeks treatment with citalopram and more than 2 months before the patient's usual remission period. This improvement may therefore be primarily or even exclusively attributed to modafinil. According to this case report, modafinil may be considered for atypical or winter depression as an augmenting or as an alternative treatment.

References

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