SLEEP DEPRIVATION AS AN ANTIDEPRESSANT

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BACKGROUND

It was first described in 1970s by Schulte after reports of three depressed patients who treated themselves with Sleep Deprivation (SD). After that, the antidepressant effect of SD has been studied, replicated, and widely used because of its safety and its rapid antidepressant efficacy. For a very long time, it was the only known intervention that has proven antidepressant effects within a 24-hour period.

OBJECTIVES:

Characterize sleep deprivation as an antidepressant treatment.

MATERIALS AND METHODS:

Literature review; research using the key words/expressions: “sleep deprivation”, “wake therapy”, “depression”.

RESULTS AND CONCLUSIONS:

SD shows **antidepressant effects within 24 hours in approximately 40–60% of depressed patients.**

It can be applied in depressed patients without major side effects, with the only contraindication being a history of seizures. Its efficacy is independent of the patient’s sex, age, number of hospitalizations, earlier treatments, duration of episode or severity of depression.

Positive results in suicidal tendencies, psychomotor inhibition and depressive mood were reported. The main disadvantage is that **the effect is not stable – there was a relapse of depression symptoms in more than 80%** of responders after the recovery night. Strategies to stabilize the antidepressant effect of SD have been found - repeated SDs (twice or three-times a week), SD combined with sleep phase advance, SD combined with bright light therapy and the application of antidepressants or lithium.

The antidepressant effect of pharmacotherapy is faster when the treatment starts with SD.

Sleep Deprivation represents a potential first-line treatment for depression and should not be overlooked, as it represents a safe and fast treatment.

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