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[J Clin Psychiatry](#). 2006 Oct;67(10):1527-35.

An open trial of light therapy in adult attention-deficit/hyperactivity disorder.

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Abstract

OBJECTIVE: In adults with **attention-deficit/ hyperactivity disorder** (ADHD), a delayed sleep/activity rhythm and/or seasonal mood symptoms may contribute significantly to core pathology and disability. This study examined whether a chronobiologically based treatment, i.e., morning bright **light therapy** (LT), might have utility as an adjunctive treatment for adult ADHD in the fall/winter period.

METHOD: Twenty-nine adults with DSM-IV ADHD were administered a standard 3-week **open trial** of LT during the fall or winter months. Primary outcome measures included percentage reduction on the Brown Adult ADD Scale and the Conners' Adult ADHD Scale. Secondary measures were decrease in depression scores according to the Structured Interview Guide for the Hamilton Depression Rating Scale, Seasonal Affective **Disorder** version; improvements on various neuropsychological tests; and shift toward an earlier circadian preference as measured by the Horne-Ostberg Morningness-Eveningness questionnaire. Regression analyses determined which variables at baseline best predicted improvement on a given outcome measure and which variables changed in parallel with one another. The study was conducted from November 2003 through February 2004.

RESULTS: Morning bright **light therapy** was associated with a significant decrease in both subjective and objective measures of core ADHD pathology, improved mood symptoms, and a significant phase advance in circadian preference. Multiple regression showed that the shift toward an earlier circadian preference with LT was the strongest predictor of improvement on both subjective and objective ADHD measures. Neither baseline global seasonality scores nor baseline depression scores strongly predicted LT effects on most measures of ADHD.

CONCLUSION: These findings suggest that during the fall/winter period, LT may be a useful adjunct in many adults with ADHD. Strikingly, the strongest correlate of improvement in core ADHD pathology was a phase advance in circadian preference rather than alleviation of comorbid seasonal affective **disorder**, suggesting important clinical benefits of LT beyond the treatment of seasonal affective **disorder**.

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