

## Psychosocial therapies for bipolar disorders

# SLEEP DEPRIVATION THERAPY (SDT)

Sleep deprivation is used for severe bipolar depression. Around 50 to 60% of afflicted persons show a significant improvement in symptoms. However, the success in therapy is often only short-lived. Consequently, medicinal therapy for mood stabilisation should also be administered at the same time as sleep deprivation.

### There are two types of sleep deprivation:

- Total sleep deprivation from the morning of the first day until the evening of the second day over a period of around 40 hours.
- Partial sleep deprivation from 01h00 in the morning until the following evening.

Both forms have an anti-depressive effect. However, partial sleep deprivation is probably less of a burden for those affected. Sleep deprivation should always occur in the second half of the night, as it is precisely during this time that neurotransmitters that support depression are distributed in the brain while sleeping. By contrast, sleep deprivation in the first half of the night has no anti-depressive effect.

One advantage of sleep deprivation is that it can also be effectively and easily performed in patients at an advanced age. It is important that the afflicted person is informed as to the treatment and its mode of operation before starting the therapy. It is useful to perform sleep deprivation together with other afflicted persons or in the company of a night-watch. The afflicted person should not be alone and should where possible be kept occupied. Sleep deprivation may be repeated once or twice per week, depending on the severity of the symptoms and effectiveness.

**Source:** [www.Medizin-Info.de](http://www.Medizin-Info.de)