

SLTBR Abstract Format Information

Please prepare your submission as follows (submissions not properly prepared will be returned for correction). Note that all meeting abstracts will be published in [Chronobiology International](#), and so must be formatted according to the journal specifications as below.

Email completed abstract to sltbrinfo@aol.com with the Abstract Submission Form and Disclosure Form; please be sure you receive a confirmation of receipt of your abstract.

Abstract Review

Because of limited time for paper sessions, the committee may request that you prepare a poster, to be presented in a special poster session.

Presentation Format

Oral presentations will be 10 minutes in duration, followed by a five-minute discussion. Slide and overhead projectors will be available. Material for posters should be clearly visible from a distance of three feet. Title and authors should be listed at the top in large letters. Mounting boards and materials will be provided. Poster size will be provided in the notification letter.

Registration and Membership Requirements

No abstract will be considered for presentation unless the presenting author is a member of SLTBR and is registered for the meeting. Meeting registration and fee must accompany abstract submission if they have not been submitted earlier. Registrants whose abstracts are accepted for presentation and who cancel their registration after April 30, 2002, for whatever reason, are not eligible for refund of any meeting registration fees (They will, however, receive all meeting materials). Cancellation prior to this date will result in withdrawal of the abstract from the presentation schedule and related publication, and refund of registration fee minus a \$25 administration charge. Please see meeting registration form for additional registration information.

GUIDELINES FOR ABSTRACT SUBMISSION

- All text and figures must fit on one 8.5" x 11" sheet (21.25 cm x 27.5 cm).
- Use 1" (2 cm) margins and elite type or larger with serif-style font (e.g. Times Roman).
- Graphics should be computer-draft or professionally prepared (no half tones). Label ordinate and abscissa clearly, including units of measurement. Indicate scale values. Mean values should be accompanied by error bars (e.g., S.D., confidence interval). Include a descriptive caption with each figure.
- Style note: abstracts should adhere to SLTBR's usage of "light therapy" rather than "phototherapy" in describing the treatment modality, both for reasons of consistency and to avoid confusion with other medical treatments.

Please format the abstract as follows:

[Title] Bold, All Caps

[Author names] First name initial(s) (separate by periods, no space), Last name. Separate authors by comma only. Use superscript number after each name for corresponding affiliation

[Affiliation] List affiliations preceded by superscript number if more than one affiliation. Run affiliations continuously separated by a semicolon

[Abstract] Use bold only for headings Objectives, Methods, Results, and Conclusions.

[Figures/Tables] Figures provided should be clean with only dark lines. Do not use gray tones or colors. Tables provided should be clear and legible. Please have an original copy available if requested.

[Keywords] list keywords separated by commas. Cap each new keyword.

[Funding] if applicable.

The body of the abstract must include appropriate information as per the following (for basic research abstracts, equivalent attention to detail under appropriate corresponding categories is requested).

- **Objectives** -- the essential antecedents in the literature and the questions addressed in the study.
- **Method** -- design of the study, including setting (location and level of clinical care), patients/participants (manner of selection and number who entered and completed the study), lighting specifications (include apparatus model number, lamp type; indicate spatial position of the subject relative to light-emitting surface, and appropriate physical measures of light intensity), interventions (if any), main outcome measures (primary study outcome measures as planned before data collection).
- **Results** -- key findings, including statistics.
- **Conclusions** -- include direct clinical applications and/or theoretical implications.
- **References** -- citation format used in [Chronobiology International](#) should be followed:
For journal article:
Brown, P.R.; Lundie-Jenkins, G. Non-target Mortalities during Aerial Strychnine Baiting of House Mice. *Wildl. Res.* **1999**, *26* (1), 117-128.
For book chapter:
Bowersock, Terry L.; Park, Kinam. Vaccines and Other Immunological Products. In *Encyclopedia of Pharmaceutical Technology*, 1st Ed.; Swarbrick, James, Boylan, James C., Eds.; Marcel Dekker, Inc.: New York, 1997; Vol. 16, 115-151.
For meeting abstract:
Prasad, A.; Jackson, P. Title of Presentation. In Abstracts of Papers, Part 2, 212th National Meeting of the American Chemical Society, Orlando, FL, Aug 25-29, 1996; American Chemical Society: Washington, DC, 1996; 189.
For further information and formats: see the CI web page www.dekker.com/misc/files/jinstr.html
- **Funding** -- list governmental, institutional, private non-profit and commercial sources, including gifts of apparatus. In addition, authors must disclose financial interest, if any, in sponsorship sources.

A sample abstract follows:

EFFECTS OF CATECHOLAMINE DEPLETION WITH ALPHA-METHYL-PARA-TYROSINE IN PATIENTS WITH SAD IN SUMMER REMISSION

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Objectives: Noradrenergic and dopaminergic mechanisms have been proposed for the pathophysiology of seasonal affective disorder (SAD) (1). A previous study found that catecholamine depletion using alpha-methyl-para-tyrosine (AMPT), an inhibitor of tyrosine hydroxylase, transiently reversed the antidepressant effects of light therapy in patients with SAD during the winter (2). We investigated the effects of AMPT depletion in patients with SAD during a period of natural summer remission.

Methods: We studied 9 drug-free patients with recurrent major depressive disorder, seasonal (winter) pattern, by DSM-IV criteria, who were in summer remission for at least 8 weeks. Patients completed a double-blind, counterbalanced, crossover study with two 3-day sessions separated by at least 1 week. In one session, patients took AMPT for 2 days; in the other, patients took an active control drug, diphenhydramine, to control for sedative effects of AMPT. Behavioral ratings and serum HVA and MHPG levels were obtained at baseline and during the 3-day sessions.

Results: The active AMPT session resulted in significant reduction in serum levels of HVA and MHPG compared to the control diphenhydramine session. The AMPT session resulted in significantly higher ratings of depressive symptoms by time points, peak scores, and maximal change scores. All 9 patients showed significant clinical relapse during the AMPT session, compared to 2 patients during the diphenhydramine session ($p < 0.02$). All patients recovered to baseline remission of symptoms after drug discontinuation.

Conclusions: Catecholamine depletion results in significant clinical relapse in patients with SAD in the untreated, summer-remitted state. AMPT-induced depressive relapse may be a trait marker (3) for SAD, and/or brain catecholamines may play a direct role in the pathogenesis of SAD.

Keywords: Catecholamines, Dopamine, Noradrenaline, Depletion, Seasonal Affective Disorder, Depression

Funding: Supported in part by a grant from the Canadian Psychiatric Research Foundation.

References:

1. Lam, R.W.; Levitan, R.D. Pathophysiology of Seasonal Affective Disorder: A Review. *J. Psychiatr. Neurosci.* **2000**, *25*, 469-480.
2. Neumeister, A.; Turner, E.H.; Matthews, J.R.; Postolache, T.T.; Barnett, R.L.; Rauh, M.; Veticad, R.G.; Kasper, S.; Rosenthal, N.E. Effects of Tryptophan Depletion vs Catecholamine Depletion in Patients With Seasonal Affective Disorder in Remission With Light Therapy. *Arch. Gen. Psychiatry* **1998**, *55*, 524-530.
3. Berman, R.M.; Narasimhan, M.; Miller, H.L.; Anand, A.; Cappiello, A.; Oren, D.A.; Heninger, G.R.; Charney, D.S. Transient Depressive Relapse Induced by Catecholamine Depletion: Potential Phenotypic Vulnerability Marker? *Arch. Gen. Psychiatry* **1999**, *56*, 395-403.