Letters to the Editor

Screening for Postpartum Depression

The Editor

Sir,

Major Depressive Disorder (MDD) is characterized by a sad mood, loss of interest or pleasure, decrease or increase in appetite, sleep disturbance, loss of energy and feelings of worthlessness for a period of two weeks or more (1). According to the 2001 World Health Organization Report, MDD is now the leading cause of disability globally and ranks fourth in the ten leading causes of the global burden of disease. Within the next 20 years, depression is projected to become the second cause of the global disease burden (2). Depression after childbirth has serious ramifications that negatively impact maternal-infant attachment as well as the child's emotional development and self-esteem (3, 4).

There is controversy among clinical practitioners regarding the definition and terminology of mood disturbance during the early postpartum period (5). For most researchers, postnatal depression represents a MDD up to six weeks after childbirth (6). Postpartum depression (PPD) is defined by some authors as a MDD presenting any time between delivery and six months post delivery (7, 8) while others include up to nine months post delivery (9). Postpartum depression most commonly begins two to three weeks post delivery and affects 8% – 15% of all women (10). Women who have PPD are significantly more likely to have subsequent episodes of depression, yet few of these women are diagnosed or adequately treated (4, 11).

Postpartum depression is a multifactorial disorder involving genetic, environmental and temperamental components. Risk factors identified for PPD include a family history of mental illness, past history of depression, premenstrual dysphoric disorder, negative reaction to prospective motherhood, experiencing stressful life events during pregnancy, mood symptoms during the first trimester, poor marital adjustment and low levels of social support (12, 13). In the United States of America (USA) researchers have reported a two-fold increase in incidence for low income postpartum women compared to women in other socioeconomic groups (14). Additionally, the sudden decrease in progesterone and oestrogen concentrations after delivery has been implicated in the aetiology of PPD (15). A study at the University Hospital of the West Indies (UHWI) identified PPD in 34.3% of a cohort of women followed in the antenatal clinic (16).

Given the negative impact on children, as well as the economic burden on society, loss of productivity, potential suicide risks and strain on the health care system overall, the importance of provider recognition of postpartum depression is essential (4). In 1999, the USA Surgeon General's mental health report stated that the impact of mental health on society is under-recognized (17). Depression goes unrecognized 30–50% of the time making lack of detection a major public health problem (18). Under-recognition of depression leads to under treatment. Families coping with depression for long periods of time create additional burden on the community in terms of poorer outcomes for children and decrease community resiliency. The tragedy is that research-based evidence shows that postpartum depression is a treatable condition that responds to psychotherapy and/or medication (19).

Screening Tools

Greater diagnostic suspicion along with utilization of screening tools for depression will increase recognition of postpartum depression. Studies show that primary care providers who are not using screening tools failed to recognize 30–50% of depressed patients even when they expressed their symptoms, because of a lack of diagnostic suspicion (20). Screening for depressive symptoms has been shown to be more effective than spontaneous routine clinical evaluation (21). Screening tools exist that could be administered to assess the presence of postpartum depressive symptoms. The usefulness of the 10-item, self administered Edinburgh Postnatal Depression Scale (EPDS) (Appendix 1) for detecting patients at risk for postpartum depression when completed at two to three days postpartum, or four to six weeks later has been documented (22). It requires only 10 to 15 minutes to be administered. The advantage of the EPDS is specificity for postpartum depression, in addition to documented validity and reliability across several countries, such as Australia, the Netherlands, Portugal, and Sweden, and in several languages (10). It has not been validated in Jamaica. The self-administered Brief Scale for Depression (BSD) (Appendix 2) has been validated in Jamaica and has proven to be reliable, valid and sensitive in detecting depression (23). The BSD is a four-item scale, requiring only five to seven minutes for administration (24). Because obstetricians in Jamaica continue with follow-up treatment of women in the postpartum period, they are in a unique position to provide early detection and care.

A policy of universal screening with a standardized and self-administered tool as part of all postpartum visits would

be of great value in identifying postpartum depressive symptoms. Patients could be encouraged and assisted to complete the brief questionnaire in the waiting room and return the completed form to the clinician during the face-to-face encounter.

Management of Postpartum Depression

The clinician/obstetrician could review the results of the screen during the clinical examination and refer those with scores indicating risk for PPD to the Consultation Liaison Psychiatric Service for a clinical interview and treatment as indicated. Documentation of the patient encounter could be included in the patient's case book for reference and updated at subsequent visits.

An approach to the treatment of patients diagnosed with PPD is short term, individual, cognitive behaviour therapy, consisting of 6–12 sessions, either as an alternative or adjunct to pharmacotherapy. It is beneficial to include the partners in psychotherapy sessions (25). Antidepressants are effective in treating PPD. Paroxetine, Sertraline and Venlafaxine could be considered as initial drug therapy options. Potential adverse effects on the breastfed infant, from secretion of antidepressants in breast milk, have resulted in the Food and Drug Administration (FDA) in the USA not approving any antidepressant for use in mothers who are breastfeeding their infants (26). In keeping with FDA recommendations, mothers requiring pharmacotherapy for postpartum depression must discontinue breastfeeding their infants. Pharmacotherapy is absolutely indicated in clients who are at risk for suicide or have thoughts of infanticide. As a result of the restrictions associated with pharmacotherapy, other treatment modalities such as elctroconvulsive therapy (ECT) can be considered.

SUMMARY

Postpartum depression, a potentially serious public health problem can be effectively treated. With the implementation of universal screening with a standardized, self-administered screening tool, in conjunction with appropriate education and training of health care providers to increase awareness of this problem and to impart greater diagnostic suspicion, identification of and early intervention for PPD can be facilitated. There is need for increased collaboration between Obstetric and Consultation Liaison Psychiatric Services, with particular emphasis on the prevention of psychiatric morbidity associated with pregnancy, thereby improving the quality of life for and interaction between mother and child. The establishment of a true Liaison Psychiatric Service dedicated to pregnancy and the postpartum period, with a Psychiatrist employed by the Obstetric Services, may be of great value.

Appendix 1.

Edinburgh Post Natal Depression Scale (EPDS) – Guidelines for raters

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptom.

Questions 3, 5, 6, 7, 8, 9, 10 are reverse scored (*ie*, 3, 2, 1, 0)

Individual items are totalled to give an overall score. A score of 12+ indicates the likelihood of depression but not its severity. The EPDS Score is designed to assist, not replace clinical judgement.

Edinburgh Post Natal Depression Scale (EPDS)

(JL Cox, JM Holden, R Sagovsky, Department of Psychiatry, University of Edinburgh)

Name: EPDS Score: _____

Assessment Date: Assessor:

As you have recently had a baby, we would like to know how you are feeling. Please underline the answer which comes closest to how you have felt in the past 7 days – Not just how you feel today.

Here is an example, already completed:

I have felt happy:

Yes, all the time
Yes, most of the time
No, not very often
No, not at all

This would mean "I have felt happy most of the time during the past week". Please answer the following 10 questions by placing a tick in the appropriate box. Thank You.

In the past 7 days:

1. I have been able to laugh and see the funny side of things –

As much as I always could
Not quite so much now
Definitely not so much now
Not at all

2. I have looked forward with enjoyment to things –

As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all

3. I have blamed myself unnecessarily when things went wrong –

Yes, most of the time
Yes, some of the time
Not very often
No, never

4. I have been anxious or worried for no good reason –

No, not at all
Hardly ever
Yes, sometimes
Yes, very often

5. I have felt scared or panicky for no good reason –

Yes, quite a lot
Yes, sometimes
No, not much
No, not at all

6. Things have been getting on top of me –

Yes, most of the time I haven't been able to cope at all
Yes, sometimes I haven't been coping as well as usual
No, most of the time I have coped quite well
No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping –

Yes, most of the time
Yes, sometimes
Not very often
No, not at all

8. I have felt sad or miserable –

Yes, most of the time
Yes, quite often
Not very often
No, not at all

9. I have been so unhappy that I have been crying –

Yes, most of the time
Yes, quite often
Only occasionally
No, never

10. The thought of harming myself has occurred to me –

Yes, quite often
Sometimes
Hardly ever
Never

Appendix 2.

Brief Screen for Depression (BSD)

Description

The Brief Screen for Depression (BSD: 1) is a short, easy to complete measure designed to screen non-psychiatric patients for symptoms of depression. It is specifically designed for use in general practice offices and clinics. The BSD consists of four simple to complete items, each of which assesses one set of depressive symptoms. Scores above 21 on the BSD indicate clinical levels of depression while those above 24 are used to distinguish patients with clinical levels of depression from those experiencing other psychiatric disorders. The BSD has been shown to correlate strongly with other measures of depression and to have acceptable internal consistency reliability given its short length ($\alpha = 0.63$ to $\alpha = 0.65$). It appears to have an acceptable degree of concurrent validity as evidenced by high correlations with scores on the Beck Depression Inventory and the Depression Adjective Checklist. The measure has excellent known groups validity as demonstrated by its ability to distinguish non-depressed from depressed patients. The BSD has been successfully applied in cultures outside of North America.

Scoring

Scores on the BSD are calculated by summing responses to items 2 to 4 and then adding four times item one's score.

Overall Score = (4 x item 1) + (item 2 + item 3 + item 4)

Brief Screen for Depression

1) How many times during the last 2 days have you been preoccupied by thoughts of hopelessness, helplessness, pessimism, intense worry, unhappiness, and so on?

(Please circle the number corresponding to your answer)

1	2	3	4	5
Not at all	Rarely	Frequently	Most of the Time	All of the Time

2) How relaxed have you been during the last 2 days, compared to how you normally are?

(Please circle the number corresponding to your answer)

1	2	3	4	5	6	7	8	9	10
Quite calm And relaxed Physically									Extremely Tense (i .e. wringing hands, muscle tremors, etc.)

3) To what extent have you had difficulty starting and following through an ordinary job or task to completion during the last week compared to when you feel things have been going well?

(Please circle the number corresponding to your answer)

1	2	3	4	5	6	7	8	9	10
Start and finish jobs as well as most other people									Put things off starting and not finishing for a long time, if at all

4) How satisfied are you with your ability to perform your usual domestic duties (ii .e. shopping, meals, dishes, home repair, cleaning up, child care, etc.)?

(Please circle the number corresponding to your answer)

1	2	3	4	5	6	7	8	9	10
Very satisfied									Very dissatisfied

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