



<b>Title</b>	<b>Methods to Identify Postnatal Depression in Primary Care: An Integrated Evidence Synthesis and Value of Information Analysis</b>
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<b>Reference</b>	Volume 13.36. ISSN 1366-5278. <a href="http://www.hta.ac.uk/project/1521.asp">www.hta.ac.uk/project/1521.asp</a>

## Aim

- To provide an overview of all available methods to identify postnatal depression (PND) and to assess their validity (in terms of key psychometric properties);
- To assess the acceptability of methods to identify PND and assess their clinical and cost effectiveness in improving maternal and infant outcomes;
- To identify research priorities and the value of further research into methods to identify PND, from the perspective of the UK NHS;
- To assess whether methods to identify PND meet minimum criteria outlined by the National Screening Committee (NSC) in the light of this evidence synthesis.

## Conclusions and results

The Edinburgh Postnatal Depression Scale (EPDS) was the most frequently explored instrument across all of the reviews. In terms of test performance, postnatally the EPDS performed reasonably well: sensitivity ranged from 0.60 (specificity 0.97) to 0.96 (specificity 0.45) for major depression only; from 0.31 (specificity 0.99) to 0.91 (specificity 0.67) for major or minor depression; and from 0.38 (specificity 0.99) to 0.86 (specificity 0.87) for any psychiatric disorder. Evidence from the acceptability review indicated that, in most studies, the EPDS was acceptable to women and healthcare professionals when undertaken in the home, with due attention to training, with empathetic skills of the health visitor, and due consideration to positive responses to question 10 about self-harm. Suggestive evidence from the clinical effectiveness review indicated that use of the EPDS, compared with usual care, may lead to reductions in the number of women with depression scores above a threshold. In the absence of existing cost-effectiveness studies of PND identification strategies, a decision analytic model was developed. The results of the base-case analysis suggested that use of formal identification strategies did not appear to represent value for money, based

on conventional thresholds of cost effectiveness used in the NHS. However, the scenarios considered demonstrated that this conclusion was primarily driven by the costs of false positives assumed in the base-case model.

## Recommendations

In light of the results of our evidence synthesis and decision modeling we revisited the examination of PND screening against 5 of the NSC criteria. We found that the accepted criteria for a PND screening program were not currently met. The evidence suggested that there is a simple, safe, precise, and validated screening test, in principle a suitable cut-off level could be defined and that the test is acceptable to the population. Evidence surrounding clinical and cost effectiveness of methods to identify PND is lacking.

## Methods

See Executive Summary link at [www.hta.ac.uk/project/1521.asp](http://www.hta.ac.uk/project/1521.asp).

## Further research/reviews required

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