



<b>Title</b>	<b>Group Cognitive Behavioral Therapy for Postnatal Depression: A Systematic Review of Clinical Effectiveness, Cost Effectiveness and Value of Information Analyses</b>
<b>Agency</b>	NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom; Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk
<b>Reference</b>	Volume 14.44. ISSN 1366-5278. <a href="http://www.hta.ac.uk/project/1663.asp">www.hta.ac.uk/project/1663.asp</a>

## Aim

To evaluate the clinical and cost effectiveness of group cognitive behavioral therapy (CBT) compared to current packages of care for women with postnatal depression (PND).

## Conclusions and results

Six studies (3 randomized controlled trials [RCTs] and 3 nonrandomized trials) met the inclusion criteria for the quantitative review. Two studies met the inclusion criteria for the qualitative review. Both were treatment evaluations incorporating qualitative methods. Since only one study was deemed appropriate for the decision problem, a meta-analysis was not performed. This study indicated that the reduction in the Edinburgh Postnatal Depression Scale (EPDS) score through group CBT compared with routine primary care (RPC) was 3.48 (95% confidence interval [CI] 0.23 to 6.73) at the end of the treatment period. At 6-month follow-up the relative reduction in EPDS score was 4.48 (95% CI 1.01 to 7.95). There was no adequate evidence on which to assess group CBT compared with treatments for PND other than RPC, usual care, or waiting list groups. Two studies of group CBT for PND were included in the qualitative review. Both studies demonstrated patient acceptability of group CBT for PND, although negative feelings toward group CBT were also identified. A de novo economic model was constructed to assess the cost effectiveness of group CBT. The base-case results indicated a cost per quality-adjusted life-year (QALY) of 46 462 pounds sterling (GBP) for group CBT compared with RPC. The 95% CI for this ratio ranged from GBP 37 008 to GBP 60 728. There was considerable uncertainty in the cost per woman of running a CBT course, of the appropriateness of efficacy data to the decision problem, and the residual length of benefit associated with group CBT. Analyses that fitted distributions to the cost of treatment and the duration of comparative advantage reported a cost per QALY of GBP 36 062 (95% CI GBP 20 464 to GBP 59 262).

Analyses of the expected value of information showed a considerable expected benefit in conducting further research.

## Recommendations

Evidence from the clinical effectiveness review provides inconsistent and low-quality information on which to base interpretations for service provision. Three of the included studies provide some indication that group psychoeducation incorporating CBT is effective compared with RPC. Enough doubt exists in the quality of the study, the level of CBT implemented in the group programs, and the applicability to a PND population to significantly limit any interpretation. The place of group CBT in a stepped care program needs to be identified, and a clearer referral process for group CBT is needed. There is also a requirement to make clearer assessments of the facilitators and resources required for group CBT (including training needs) and to provide a clear method of assessing suitable participants for the treatment. Further research to obtain better data on the costs of running group CBT for PND sessions and on the expected quality-of-life gains associated with treatment appears to be a cost effective use of resources.

## Methods

See Executive Summary link [www.hta.ac.uk/project/1663.asp](http://www.hta.ac.uk/project/1663.asp).

## Further research/reviews required

See Executive Summary link [www.hta.ac.uk/project/1663.asp](http://www.hta.ac.uk/project/1663.asp).