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# Methods of Screening to Detect Postpartum Depression

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## PATIENT CARE ISSUE

### Background & Significance

- Mood altering condition that affects women after childbirth
- Postpartum depression affects 10-20% of women after delivery<sup>1,2</sup>
- Signs and Symptoms
  - Inability to perform activities of daily living
  - Feelings of inadequacy/worthlessness
  - Discouraged outlook on life
  - Altered sleeping pattern
  - Overall worried feelings
  - Exhaustion
- Screening is better than normal routine care in detecting postpartum depression<sup>3</sup>
- Only a small percentage of women are receiving screening<sup>1</sup>
- Our Focus: To find the best evidence-based screening practice for nurses to detect postpartum depression: The Edinburgh Postnatal Depression Scale (EPDS) vs. Postpartum Depression Screening Scale (PDSS)

## EVIDENCE-BASED PRACTICE QUESTION

**Question:** Is the EPDS or the PDSS more effective in detecting postpartum depression?

- P-** Women who have recently delivered a child
- I-** Screening tools used to detect postpartum depression
- C-** EPDS vs. PDSS
- O-** Reduce the incidence of postpartum depression and consequences following

**Table 1.** Depression Screening Tools

Screening Tool	Number of Items	Time to Complete	Sensitivity/Specificity	Spanish Available
Edinburgh Postnatal Depression Scale (EPDS)	10	Less than 5 min	Sensitivity: 59–100% Specificity: 49–100%	Yes
Postpartum Depression Screening Scale (PDSS)	35	5–10 min	Sensitivity: 91–94% Specificity: 72–98%	Yes
Patient Health Questionnaire-9 (PHQ-9)	9	Less than 5 min	Sensitivity: 75% Specificity: 90%	Yes
Beck Depression Inventory (BDI)	21	5–10 min	Sensitivity: 47.6–82% Specificity: 85.9–89%	Yes
Beck Depression Inventory-II (BDI-II)	21	5–10 min	Sensitivity: 56–57% Specificity: 97–100%	Yes
Center for Epidemiologic Studies Depression Scale (CES-D)	20	5–10 min	Sensitivity: 60% Specificity: 92%	Yes
Zung Self-Rating Depression Scale (Zung SDS)	20	5–10 min	Sensitivity: 45–89% Specificity: 77–88%	No

Data from Boyd RC, Le HN, Somberg R. Review of screening instruments for postpartum depression. *Arch Womens Ment Health* 2005;8:141–53; Sharp LK, Lipsky MS. Screening for depression across the lifespan: a review of measures for use in primary care settings. *Am Fam Physician* 2002;66:1001–8; and Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. JAMA* 1999;282:1737–44.

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## REGISTERED NURSE INTERVIEW

- Charge nurse on the Mother/Baby unit at Kettering Hospital stated that postpartum depression is not going to set in within the mother's stay at the hospital and their main priority is education upon discharge and if any signs or symptoms persist then they should notify their obstetrician.
- She did not mention anything about screening.
- Kettering Health Network offers a class called Many Shades of Blue as well a hotline that is available with support and a guarantee call back

## METHODS

- Databases searched: PubMed, Academic Search Complete, and Medline
- Keywords: "postpartum depression," "screening tools"
- Inclusion criteria: articles within the past five years, full-text articles attached, English, Human Species
- Found 70 articles within the inclusion criteria and used 9

## LIMITATIONS

- Screening tools in the United States are not standardized
- Limited information on other screening methods besides EPDS

## ACKNOWLEDGEMENTS

Special thanks to Angela the charge nurse of the Mother/Baby Unit at Kettering Hospital

## RESULTS

- EPDS (Edinburgh Postnatal Depression Scale)
  - Score doesn't diagnose– it indicates probable depressive disorder<sup>5</sup>
  - Valued in many cultures<sup>5</sup>
  - Most widely used screening tool
  - 10 item self-survey questionnaire
- PDSS (Postpartum Depression Screening Scale)
  - Problems: cost and high rates of false positives
  - 35 item self-report questionnaire

- I have been able to laugh and see the funny side of things:
  - o As much as I always could
  - o Not quite so much now
  - o Definitely not so much now
  - o Not at all
- I have looked forward with enjoyment to things:
  - o As much as I ever did
  - o Rather less than I used to
  - o Definitely less than I used to
  - o Hardly at all
- I have blamed myself unnecessarily when things went wrong:
  - o Yes, most of the time
  - o Yes, some of the time
  - o Not very often
  - o No, never
- I have been anxious or worried for no good reason:
  - o No, not at all
  - o Hardly ever
  - o Yes, sometimes
  - o Yes, very often
- I have felt scared or panicky for no very good reason:
  - o Yes, quite a lot
  - o Yes, sometimes
  - o No, not much
  - o No, not at all
- Things have been getting on top of me:
  - o Yes, most of the time I have not been able to cope at all
  - o Yes, sometimes I have not been coping as well as usual
  - o No, most of the time I have coped quite well
  - o No, I have been coping as well as ever
- I have been so unhappy that I have had difficulty sleeping:
  - o Yes, most of the time
  - o Yes, sometimes
  - o Not very often
  - o No, not at all
- I have felt sad or miserable:
  - o Yes, most of the time
  - o Yes, quite often
  - o Not very often
  - o No, not at all
- I have been so unhappy that I have been crying:
  - o Yes, most of the time
  - o Yes, quite often
  - o Only occasionally
  - o No, never
- The thought of harming myself has occurred to me:
  - o Yes, quite often
  - o Sometimes
  - o Hardly ever
  - o Never

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptom. Items marked with an asterisk (\*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the 10 items. Women with scores above 12 likely have depression.

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## SYNTHESIS OF EVIDENCE

- EPDS:**
  - EPDS usually favored because it includes aspects of depression and anxiety
  - It is the most effective when used at 6-8 weeks postpartum
  - Convenient- can be done over phone
- PDSS:**
  - Highly used among Spanish speaking and Native American women
  - Includes some aspects that EPDS leaves out
  - Assesses woman in seven different areas
  - Can be done over telephone

## EVIDENCE-BASED PRACTICE RECOMMENDATIONS

- After the literature was reviewed the consensus is the EPDS is the best evidence-based screening tool available. Both are effective, yet the EPDS is better for general screening.
- More high level research is needed to support

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