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Original article

Assessing postpartum depression: Evidences for the need of multiple methods

Évidences en faveur de l'utilisation de méthodes multiples pour évaluer la dépression postnatale

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ABSTRACT

Introduction. – Different methods and instruments are frequently used to measure postpartum depression (PPD) in research, e.g. PPD-specific scales, DSM-based diagnostic interviews and rating scales assessing general depression. However, it is unsure whether these measures would lead to the same results, e.g. in the identification of "depressed" women or in their relations to third variables.
Objective(s). – We compared different measures of PPD and their relations with a third variable, namely the mothers' marital satisfaction.
Method. – We recruited 65 mothers to take part in a study about the impact of PPD on the development of early family relations. Maternal PPD was assessed with multiple methods (i) a PPD-specific scale, (ii) a DSM-based diagnostic interviews and (iii) a rating scale designed to assess the severity of depressive symptoms. We assessed mothers' marital satisfaction with the Marital Adjustment Test (MAT).
Results. – Results showed weak overlap between PPD-specific scale and DSM-based diagnosis of PPD, and modest correlations between the PPD-specific scale and the general depression rating scale. Only the score on the PPD-specific scale could predict marital satisfaction.
Conclusion. – As we found discrepancies between different measures of PPD, we suggest being cautious in the choice of measures and using multiple methods to measure PPD in a comprehensive way.
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RÉSUMÉ

Introduction. – Différentes méthodes et instruments de mesure sont fréquemment utilisés pour évaluer la dépression postnatale (DPN) en recherche, comme des échelles spécifiquement créées pour mesurer la DPN, des entretiens diagnostiques basés sur les critères DSM de la dépression majeure, ou encore des échelles mesurant la symptomatologie dépressive générale. Toutefois, il n'est pas certain que ces méthodes parviendront à des résultats similaires si on les applique dans la même population, notamment dans l'identification des cas de « dépression » ou dans leurs liens avec des variables tierces.
Objectifs. – Dans la présente étude, nous avons comparé les résultats de 65 mères à différentes mesures de la DPN : (i) une échelle spécifique de la DPN, (ii) un entretien diagnostique et (iii) une échelle de mesure de la dépression générale. Par ailleurs, nous avons examiné les liens statistiques entre les résultats de ces différentes méthodes d'une part, et les résultats de ces mères à une échelle évaluant la satisfaction conjugale d'autre part.
Résultats. – Les résultats ont montré un faible recoupement entre les résultats de l'échelle spécifique de la DPN et les deux autres méthodes. Par ailleurs, seule l'échelle spécifique de la DPN présentait statistiquement un lien négatif significatif avec la satisfaction conjugale.

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Conclusion. – La discussion sera orientée sur les différences entre les résultats de ces différentes méthodes, ainsi que sur la nécessité d'adopter des méthodes multiples afin d'évaluer la DPN dans toute sa complexité.

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Maternal postpartum depression (PPD) is a common disorder, that affects 10–15% mothers in the first year following delivery (Sheeder, Kabir, & Stafford, 2009). Numerous studies were conducted to investigate the disorder, with a particular attention drawn on its negative consequences for child development and for the construction of healthy mother-child relationships in the very first months (Field, 2010; Goodman et al., 2011). From the first studies and clinical descriptions (Marcé, 1858; Pitt, 1968), PPD was defined as an "atypical" depression. PPD includes the symptomatic features common to any depressive disorder, such as low mood, fatigue, sleep disturbances, or reduced appetite (O'Hara, 1997). However, a set of specific symptomatic expressions have also been regularly described, such as an increased anxiety related to parenthood, feelings of being inadequate in the parental role or unable to take care of the child, or specific fears concerning the child's health (Pitt, 1968; Ross, Evans, Sellers, & Romach, 2003). Although these atypical features have been repeatedly documented in the clinical descriptions of PPD, they are not included in the list of relevant criteria for the diagnosis of PPD in nosographic classifications. For example, the fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) defines PPD as a subtype of Major Depressive Disorder (MDD), with an onset in the four months after delivery (American Psychiatric Association, 2013). This situation has progressively blurred the definition of the disorder, as it is still unclear whether PPD should be considered as a disorder distinct from MDD – as it includes specific symptomatic features – or as a MDD with a specific onset.

This indetermination has led to heterogeneous practices in the studies about PPD, more particularly in the methods of measurement and in the instruments that are used to assess the disorder. The most widely used instrument to assess PPD symptoms is the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987). The EPDS is now considered by many as the gold standard in the field. It was specifically created to screen for PPD, since scales designed for screening or diagnosing general depressive disorders did not consider the atypicality of the disorder (Cox et al., 1987). To fill this gap, the authors of the EPDS proposed to take this atypicality into account, notably including the anxious symptoms that are particularly relevant in clinical descriptions of PPD (Ross et al., 2003). The scale indeed consists in the rating of common depressive symptoms, as well as symptoms specific to PPD, that are combined in a total score. A cutoff score was established and women scoring above this cutoff can be considered at risk for PPD. Less frequently, diagnostic interviews, such as the Structured Clinical Interview for DSM-III-R (SCID-I; Spitzer, Williams, Gibbon, & First, 1992) or the Diagnostic Interview for Genetic Studies (DIGS; Nurnberg et al., 1994; Preisig, Fenton, Matthey, Berney, & Ferrero, 1999) are used to elicit diagnostic criteria for PPD. They are based on the DSM definition of PPD as a subtype of MDD, excluding the atypical features of PPD. Finally, screening or severity scales designed to measure general depression, such as the Montgomery-Åsberg Depression Rating Scale (MADRS; Montgomery & Åsberg, 1979) or the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and also based on the definition of PPD as a MDD, are sometimes used to measure PPD. These scales generally consist in the rating of a general set of depressive symptoms along Likert scales according to their presence or intensity.

In addition to the fact that these methods are based on various definitions of PPD, each of them also has methodological implications, specificities, costs, and benefits. For example, using self-report questionnaires (EPDS, BDI) are convenient and easy-to-use methods, but they will not be appropriate to establish a diagnosis of PPD, as they were not designed to do so. However, in many comparative studies, the definition of clinical and control groups of mothers will only be based on self-reported evaluations of depression and will rarely be confirmed afterwards with a deeper diagnostic investigation, for example, including a diagnostic interview. On the other hand, the use of diagnostic interviews requires greater resources than self-report measures such as the involvement of trained clinicians in the data collection process. Moreover, being DSM-based, most of the existing semi-structured interview suitable for research will not take the specific clinical features of PPD into account. A major problem is that, in the literature, the characteristics of each method of assessment are rarely taken into account or even considered. The results of studies using different measures of PPD are frequently compared, although the choice of the measure may have a major influence on these results. Ignoring the characteristics of the measures may explain why the conclusions of many studies are heterogeneous or even contradictory. The primary cause for this heterogeneity may be due to the fact that it is frequently taken for granted to consider a priori that the different definitions of PPD, as well as the methods of measurement that result from these definitions, are equivalent.

These evidences raise many concerns. Indeed, one could wonder whether different instruments measuring PPD applied in a single sample would lead to different results in terms of rates of "depressed" cases and whether the cases identified as "depressed" would be the same across the different measures. Most studies reported that the EPDS provided fairly similar results than diagnostic interviews and other assessment scales of depression (Condon & Corkindale, 1997; Evins, Theofrastous, & Galvin, 2000; Gibson, McKenzie-McHarg, Shakespeare, Price, & Gray, 2009; Hanusa, Scholle, Haskett, Spadaro, & Wisner, 2008). However, others also reported a certain amount of unexplained variance in the links between the instruments (Eberhard-Gran, Eskild, Tambs, Opjordsmoen, & Ove Samuelsen, 2001). As most of these studies were validation studies, discussions on the results were primarily oriented toward the similarity between the outcomes of different methods of assessment of PPD, however only a few studies specifically addressed the discrepancies between PPD assessment strategies (Beck, Kurz, & Gable, 2012).

In a recent study investigating the impact of maternal depression on the construction of family relationships in the postpartum period, we decided to deal with the indetermination in the definition and measurement of PPD in using three different measures of PPD, in order to be able to compare their results as a secondary objective of our study. The depressive state of mothers was assessed with the EPDS (the PPD-specific scale), the DIGS (DSM-based diagnostic interview), and the MADRS (general depression scale). This paper aims at presenting the results of these different scales, as well as a comparison and a discussion of these results. Moreover, as part of a study about the consequences of PPD on the early family functioning, several relational outcomes were measured, such

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