Perinatal Mental Health: The Edinburgh Postnatal Depression Scale (EPDS) Manual, 2nd ed

by John Cox, Jeni Holden, and Carol Henshaw. RCPsych Publications, London, England, 2014, 213 pages, $30.00 (paper).

This well-written manual includes updates and revisions to the first edition of the *Edinburgh Postnatal Depression Scale (EPDS) Manual*, published in 2003. The book is divided into 3 sections. The first section consists of 7 chapters about the background and current uses of the EPDS, as well as describing psychosocial interventions for perinatal depression. The second section, Appendix 1, is the currently used EPDS and its scoring sheet, both originally published in 1987. Appendix 2, which is 112 pages, includes translations of the EPDS into 56 languages. This appendix alone is invaluable to clinicians and researchers interested in using the EPDS in different cultures. The references are updated and comprehensive.

Chapter 1 gives an overview of postnatal depression, including the symptoms and clinical presentation, prevalence, risk factors, relationship with antenatal depression and postpartum blues, effects on child development and relationships with partners, and the importance of referral to a mental health clinician when suicidal ideation or severe symptoms are present.

Chapter 2 describes the rationale behind the development of the EPDS, the original validation studies, the reliability of the scale, and its comparison with multiple self-report depression scales. There is a cogent discussion of the pros and cons of using a cutoff score of 12 or 13 versus 10. The final section of this chapter lists uses of the EPDS to screen for depression outside the postpartum period, such as during pregnancy, after miscarriage, in fathers, and in adoptive parents. Mention is made of an Internet version of the EPDS that has been validated; this is also discussed later on page 72.

Chapter 3 discusses how the translation of the EPDS into 57 languages should improve screening for postpartum depression internationally and allow for cross-cultural comparisons. Almost half of the known EPDS translations have been validated for their specific population and country.

Chapter 4 discusses the high acceptability of the EPDS in postpartum women, its potential for validating depression in postpartum women, and its possible use as a screen for depression during pregnancy. It is emphasized that the EPDS is a screen, not a diagnostic test, and that positive results need to be followed up with full assessment and treatment resources. A recent study[1] reported the findings from almost 1,000 postpartum women who had an EPDS score of greater than 10 and who then received a diagnostic interview. These interviews confirmed unipolar depression in 69% of the women, but also identified bipolar disorder in 22% and anxiety disorders in 65%.

Chapter 5 summarizes research studies on psychosocial interventions for postpartum women, including nondirective person-centered counseling, listening visits, cognitive-behavioral therapy, interpersonal psychotherapy, telephone counseling, and an Internet-based intervention using CBT. This chapter also includes preventive antenatal interventions such as interpersonal psychotherapy and group therapy emphasizing psychoeducation, stress management, improving coping skills, and increasing social support. Interventions for fathers or for mothers that include partners are also described.

Chapter 6 looks at the current controversies with routine screening for depression. Problems include lack of training of health practitioners who perform the screening, the need to follow up a positive screen with a clinical assessment, the need for training in how to respond to a positive response to item 10 on the EPDS (suicidal ideation), and the need for referral options and resources to be available. The literature has suggested that screening for depression without ability to do full clinical assessment of diagnosis and other psychosocial risks and without resources and available mental health clinicians is not helpful for women.[2,3]

Chapter 7 examines some of the "nuts and bolts" of EPDS administration, such as timing and its potential use as a benchmark score to monitor mood or as a treatment outcome measure. The authors emphasize that the EPDS is only a screen for depression, and a positive score indicates a need for full clinical assessment. As the authors state, "Screening…does give an indication of a woman's need for help and should be a precursor to diagnosis and intervention" (p 74).

Overall, in the 74 pages of the 7 chapters, the authors have presented a comprehensive update about the uses of the EPDS worldwide. Although psychosocial interventions for both the prevention and the treatment of postnatal depression are described, the authors acknowledge that the book does not include recommended somatic or psychopharmacologic treatments for perinatal depression (p 16). Readers are referred to national guidelines for this information. The authors could have referred readers to seminal reviews and studies as well.

References

1. Wisner KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*. 2013;70(5):490–498.
2. Austin MP; Marcé Society Position Statement Advisory Committee. Marcé International Society position statement on psychosocial assessment and depression screening in perinatal women. *Best Pract Res Clin Obstet Gynaecol*. 2014;28(1):179–187.
3. Milgrom J, Gemmill AW. Screening for perinatal depression. *Best Pract Res Clin Obstet Gynaecol*. 2014;28(1):13–23.

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