Screening tools for depressed mood after childbirth in UK-based South Asian women: a systematic review
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CRD summary
This review found that there were very few postnatal psychological screening tools specifically for women of South Asian origin living in the UK and insufficient data on the validity of those that had been developed. The cautious conclusions were supported and are likely to be reliable.

Authors' objectives
To evaluate the effectiveness of tools designed to screen for postnatal depressed mood in South Asian women living in the UK.

Searching
MEDLINE, EMBASE, CINAHL, The Cochrane Library, EMB Reviews, DARE, AMED and National Research Register were searched from 1980 to May 2003; search terms were reported. The Journal Ethnicity and Health and Midwifery was handsearched, researchers in the field were contacted to locate unpublished data and reference lists of retrieved articles were screened. Opportunistic updating was carried out to January 2005. Only English-language studies were included.

Study selection
Studies that reported on the development and/or testing of tools developed or adapted to assess depressed postnatal mood in women of South Asian origin in the context of a UK population were eligible for inclusion. Depressed mood was defined to include any negative emotional or psychological experiences. South Asian women were those born in the Indian sub-continent or women who were born in the UK and described themselves as being of South Asian origin. Inclusion criteria were not defined in terms of population, reference standard or outcomes.

Included studies assessed adaptations of existing tools: General Household Questionnaire (GHQ); Edinburgh Postnatal Depression Scale (EPDS); Punjabi postnatal depression scale (PPNDSQ), a new composite tools based on the EPDS; Hospital Anxiety and Depression Scale (HADS); and the Beck Depression Inventory (BDI). A new visual tool was also included.

The authors stated neither how the papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
Details of the quality assessment were poorly reported, but appeared to be based on the following criteria: whether development work was conducted to establish cultural norms; translation method and equivalence testing; comprehension/acceptability; whether the criterion equivalence was tested on the same or a new sample; and whether appropriate outcome data (conceptual equivalence/validation, sensitivity/specificity) were reported.

The authors do not state how many reviewers performed the validity assessment.

Data extraction
The authors stated neither how the data were extracted for the review nor how many reviewers performed the data extraction.

Methods of synthesis
A narrative synthesis was used to combine studies, grouped according to whether the study assessed a translated or newly developed tool.
Results of the review

Seven studies of at least 504 women (numbers unclear for one study) were included in the review. None of the studies fulfilled all the quality criteria. Only one study used in-depth work within the community to determine whether the conceptual basis of postnatal depression made sense to them. Most studies of language-based tools used back translation. Sampling methods in most studies were based on convenience. Two studies reported using random methods, although in one of these selection was systematic. Only two studies included non-English speakers in their samples. Four studies administered the questionnaire six to eight weeks following birth. The other three studies were longitudinal. Three studies compared the equivalence of a non-English language tool to responses on the English version. Three studies used assessments that were not evaluated for postnatal depressed mood. One study used the standard English version of the Edinburgh Postnatal Depression Scale as the comparison tool. Only two studies provided data on sensitivity and specificity.

Translated tools (four studies)

Two studies assessed a Bengali translation of the General Household Questionnaire, one of which also evaluated a Bengali translation of the Edinburgh Postnatal Depression Scale. Both studies used a clinical comparator for the translated tools, but did not meet standard diagnostic criteria. Both found that the normal consequence of looking after a new baby skewed results and so the threshold for depression on the General Household Questionnaire was moved from the original 4 or 5 to 7 in one study and 8 in the other. The study that evaluated both the Bengali General Household Questionnaire and Edinburgh Postnatal Depression Scale found that only one woman screened positive across both tools. This study also reported that one of the items on the Bengali-Edinburgh Postnatal Depression Scale was not understood by most women. Two further studies by the same author reported on the development and evaluation of a Punjabi translation of the Edinburgh Postnatal Depression Scale, which was taped for face-to-face administration and compared to the English version of the Edinburgh Postnatal Depression Scale. A subgroup of women underwent an interview with a psychiatric nurse, which served as the gold standard, although this involved a tool that was not a direct measure of postnatal depression. The Punjabi version of the tool showed better agreement with the gold standard with sensitivity and specificity both reported to be 80 per cent.

Newly developed tools (three studies)

Two studies assessed the Punjabi postnatal depression scale. One study used the Lahore Somatic Inventory (LSI) which measured psychological aspects that differ from those underpinning postnatal depression and reported differences in scores on the Lahore Somatic Inventory and Punjabi postnatal depression scale. The authors also compared the Punjabi postnatal depression scale to the General Household Questionnaire and found better correlation (figures not reported). The other study used the CPN interview, a valid gold standard, and reported 66 per cent sensitivity and 75 per cent specificity. A third study developed a tool based on a set of scales with weights carrying pictorial representations of various aspects of happiness and sadness. The tool was administered during a face-to-face interview with women asked to place weights on either the negative or positive side of the scales. The tool was developed with close co-operation from the local community. The study presented a qualitative analysis of the tool with no data on the accuracy of the tool.

Authors’ conclusions

There were very few postnatal psychological screening tools specifically for women of South Asian origin living in the UK. There was insufficient data on the validity of those that have been developed.

CRD commentary

This review addressed a clear question, but selection criteria were broadly defined. An extensive literature search was conducted, which included attempts to minimise publication bias. The review was restricted to English-language studies raising the possibility of language bias. As only studies conducted in a UK setting were eligible, the risk of language bias was small. Details on the review process were not reported, so it was not possible to determine whether appropriate steps were taken to minimise bias and errors. A quality assessment was undertaken, but the criteria used were not explicitly defined. Results were presented in a table that was difficult to interpret, although the discussion in the text helped with this. Study details were presented in a table and discussed in the text. A narrative summary was appropriate given the nature of the studies, but the results were sometimes difficult to follow given the lack of numerical and
statistical data (this may have been a failing of the primary studies). Overall, the authors' cautious conclusions were supported by the data presented and are likely to be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that there was a need for further vigorous evaluation of the tools included in the review and of purposive efforts to engage women in face-to-face unstructured interviews during standard midwifery/health visitor appointments.

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