Change in child psychopathology with improvement in parental depression: a systematic review

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CRD summary
The authors concluded that some consistent evidence existed to suggest that reduction or remission of parental depressive symptoms was related to long-term success, but definitive conclusions about treatments were not possible. The review included variable studies of uncertain quality and was substantially flawed in all parts of the review process. The authors conclusions are unlikely to be reliable.

Authors' objectives
To evaluate the effect of treating parental depression on child psychopathology outcomes.

Searching
PsycINFO (1806 to 2007) and MEDLINE (1950 to 2007) were searched to identify relevant published English-language articles for inclusion in the review. Search terms were reported. Reference lists of identified articles were scanned for further relevant material.

Study selection
Open and controlled clinical trials of treatments for parental depression that included psychological and behavioural assessments of their children aged 18 years and younger were eligible for inclusion in the review. Observational studies that explored the association between improvements in parental depression and child outcomes were included. Studies that did not report treatment-related or naturalistic reductions in parental depression were excluded, as were those that did not include parent and child outcome assessments, where mothers received psycho-pharmacological treatment during pregnancy and studies where treatments targeted parenting skills or parent-child relationships. There was substantial variation in all aspects of inclusion criteria in the included studies. All parents were assessed using Diagnostic and Statistical Manual of mental disorders-based (DSM-based) criteria; most had major depressive disorder. It was not possible to separate findings for mothers and fathers. Child-related outcomes were psychiatric and psychosocial measures that used a mixture of parental report and independent blinded evaluation. Parent outcomes were measured by various tools (all detailed in the paper). The included treatments were individual and group psychotherapy, and medication (unspecified). Studies of treatment for maternal depression were included; it was not clear whether all were studies postpartum.

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

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
Data were extracted and reported narratively as changes in child outcomes following parental treatment and response. The authors stated neither how the data were extracted for the review nor how many reviewers performed the data extraction.

Methods of synthesis
Studies were synthesised narratively. Child outcomes were reported according to whether parents had been treated and in relation to specific responses. Tables of study details were available to examine between-study differences.

Results of the review
Ten studies were included in the review (n=1,120). Sample sizes ranged from 10 to 260 participants.
Child outcomes and parental treatment (nine studies): Five studies reported improvements in child psychopathology associated with mother's treatment. These included emotional and behavioural health, and psychiatric diagnoses. Six studies examined psychosocial outcomes, five of which reported improvements that arose from the mother's treatment. Academic functioning (three studies), global functioning (one study) and mother-child relationships (two studies) were reported to be improved in studies of treatment for maternal depression.

Child outcomes associated with specific parental response (six studies): Five studies reported a significant association between parental reduction or remission of depression and child outcomes. Reductions of greater than 50% in maternal symptoms was associated with fewer child psychiatric symptoms and diagnoses. Reductions of parent depression greater than 40% resulted in fewer internalising and externalising symptoms (one study); reductions in maternal depression showed similar results (one study), with the addition of improved learning and overall functioning outcomes. Fully remitted parents were associated with improved child functioning (one study).

Longer term benefits were noted for behavioural and functioning outcomes in three studies (follow-up ranged from six months to 10 years).

Authors' conclusions
Some consistent evidence existed to suggest that the reduction or remission of parental depressive symptoms was related to the maintained reduction of child psychopathological outcomes. Definitive conclusions were not possible.

CRD commentary
The review question was broad, but some attempts were made to contain the inclusion criteria for study design, participants and outcomes. The lack of clarity on the timing of treatment studies on maternal depression meant that there may have been some contradiction with the exclusion criteria as stated. The search strategy was limited to two electronic databases and published English-language articles only, which suggested that relevant studies may have been missed and meant that language and publication biases could not be ruled out. There was no assessment of study quality and it appeared that there were no attempts to minimise error and bias in any part of the review process. The included studies were widely variable and the reporting of results lacked numerical or statistical verification. Industry funding was noted for one of the review authors. This appeared to be a poorly conducted and reported review, and the authors' conclusions are unlikely 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 methodologically robust trials were needed to examine the direct influence of parental remission (rather than solely whether treatment was undertaken) on child outcomes; whether there were differential effects between treatments; the effects of treating depressed fathers and of successfully treating postpartum depression; and the effects of mediators and moderators of successful outcomes. They also suggested additional assessment of children in ongoing clinical trials of depressed parents.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.