A systematic review of home-based interventions to prevent and treat postpartum depression

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CRD summary
This review concluded that home-based psychological interventions showed promise in reduction of postpartum depression. This conclusion reflects the results of the review, but poor reporting of the review process, limitations in the search and the lack of a validity assessment make its reliability difficult to determine.

Authors' objectives
To assess home-based psychological interventions for the prevention or treatment of postpartum depression.

Searching
PubMed, PsycINFO, EMBASE and CINAHL were searched from inception to February 2008. Search terms were reported. References of identified articles and reviews were checked. Only peer-reviewed studies published in English were eligible for inclusion in the review.

Study selection
Randomised controlled trials (RCTs) whose primary objective was assessment of a home-based psychological intervention for the prevention or treatment of postpartum depression in pregnant women or women with a child aged under one year were eligible for inclusion.

The treatment studies included in the review enrolled patients who were representative of the community. The single study of prevention enrolled women considered to be at high risk of developing postpartum depression. Interventions assessed included cognitive behavioural therapy (CBT), psychodynamic therapy and non-directive counselling. Most studies provided weekly sessions; others were either fortnightly or monthly. Control groups received routine care, support sessions or fluoxetine or placebo combined with a single or six sessions of CBT. The duration of the interventions ranged from five weeks to one year. Interventions were delivered by health visitors, therapists or early childhood nurses. Outcomes were assessed using the Edinburgh Postnatal Depression Scale (EPDS), Beck Depression Inventory (BDI), General Health Questionnaire (GHQ), Hamilton Depression Rating Scale (HAM-D), Montgomery-Asberg Depression Rating Scale (MADRS) and structured clinical interviews. Trials were conducted in UK, France and Australia.

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, but use of intention-to-treat analysis was reported in an evidence table.

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

Methods of synthesis
The studies were combined in a narrative synthesis grouped by the type of intervention assessed.

Results of the review
Six RCTs were included in the review (n=1,151): five assessed interventions for treatment (n=420) and one an intervention for prevention (n=731) of postpartum depression. Four trials used an intention-to-treat analysis.

Non-directive counselling (two RCTs): One trial found a statistically significant reduction in the proportion of women with depression and significant improvements on the EPDS and a structure interview immediately following the
intervention compared with the control group. A second RCT used counselling as a preventative measure and found no differences between the intervention and control groups.

CBT (three RCTs): One RCT found that six sessions of CBT and fluoxetine were both effective in lowering rates of depression and reducing depressive scores; combined CBT plus fluoxetine did not provide additional benefit. A second RCT found significant benefits in both rates and symptoms of depression. The third trial found no statistically significant differences between CBT and weekly clinic visits.

Comparison of multiple interventions (one RCT): Women randomised to either CBT, psychodynamic therapy or non-directive counselling all had lower rates of depressive disorder and lower EPDS scores than women in a control group; these post-intervention differences were not maintained at follow-up.

Authors' conclusions
The home-based psychological interventions for pregnant and postpartum women showed promise in the reduction of postpartum depression. Each of the three types of therapy was shown to reduce levels of maternal depression. Further research was required to identify mediators and moderators of intervention efficacy, explore strategies for the prevention of postpartum depression and target high-risk groups.

CRD commentary
The review question and the inclusion criteria were clear, except with respect to outcomes. The authors searched several relevant databases, but the decision to limit the review to published studies reported in English increased the chances of publication and language biases and omission of relevant studies. The authors reported no methods designed to reduce reviewer bias and error at any stage of the review process. The authors did not report conducting a validity assessment, which made it difficult to assess the reliability of the evidence included in the review. The decision to adopt a narrative synthesis was probably correct in view of the clinical heterogeneity among the studies. The conclusions reflect the results of the review, but poor reporting of review methodology, the lack of a validity assessment and potential for publication and language biases make it difficult to determine their reliability.

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

Research: The authors stated that further trials of home-based interventions for the prevention and treatment of postpartum depression were needed. These should investigate the following factors: moderators (such as parity, professional delivering therapy and therapy duration); mediators (such as changes in dysfunctional thoughts); interventions for the prevention of postpartum depression; and impact of interventions on high-risk groups such as women on a low income and those from ethnic minorities. They also stated that future trials should adhere to the CONSORT statement.

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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.