

# Screening for depressive symptoms

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## Abstract

**Question** Several of my female patients of reproductive age seem to be depressed. Is there a simple tool I can use to screen them?

**Answer** Motherisk is using the Edinburgh Postnatal Depression Scale to screen for depression. This simple questionnaire is filled out by women while in the waiting room. Using this tool has helped us identify large numbers of women who are at risk of, but have not been diagnosed with, depression. We believe family physicians should use this screening tool extensively with women of reproductive age.

## Résumé

**Question** Plusieurs de mes patientes en âge de procréer semblent déprimées. Existe-t-il un outil simple que je pourrais utiliser pour le dépistage de la dépression?

**Réponse** Motherisk utilise le barème de la dépression postnatale d'Edinburgh pour dépister la dépression. C'est un questionnaire simple que peuvent remplir les femmes dans la salle d'attente. Le recours à cet outil nous a permis d'identifier un grand nombre de femmes à risque de dépression mais qui n'avaient pas fait l'objet d'un tel diagnostic. Nous croyons que les médecins de famille devraient utiliser largement cet outil de dépistage avec les femmes en âge de procréer.

Recent studies suggest that at least 10% of all pregnant women meet the criteria for major depression,<sup>1</sup> and up to 18% exhibit elevated depressive symptoms.<sup>2</sup> Untreated depression in pregnancy has been associated with poor maternal health and adverse pregnancy outcomes. The Edinburgh Postnatal Depression Scale (EPDS)\* is a 10-item self-rating scale. It was developed by Cox et al in 1987 for detection of postpartum depression<sup>3</sup> and was later validated for use during pregnancy.<sup>4</sup> Scores range from 0 to 30, with a cutoff score of 11 or higher being recommended for need of monitoring of major and minor depressive disorder. Although not diagnostic per se, a cutoff score of 14 or higher is recommended for detection of major depressive disorder, with sensitivities of up to 100%.<sup>5</sup> Owing to our growing awareness of the fact that many women with depression go undiagnosed, in 2007 Motherisk added the EPDS to our routine assessment in the clinic. Women complete the questionnaire while in our clinic waiting for their appointments. Following the appointment, we report the EPDS results to the patient and follow the appropriate recommendations (**Box 1**).

Upon analyzing the outcomes from the first 2.5 years of using this assessment, we were very surprised by the findings and clinical implications. From October 2007 to April 2010, 404 women completed the questionnaire, 176 (43.6%) of whom were pregnant at the time. Overall, a quarter of the women (25.7%, 104 of 404) received a score of 13 or higher on the EPDS scale, which is highly suggestive of major depressive disorder.

**Box 1. Recommended follow-up to results of the Edinburgh Postnatal Depression Scale (EPDS)\*:** *The EPDS is a 10-item self-rating scale. The total score is calculated by adding together the scores of the 10 items; maximum score is 30.*

Recommended follow-up to results of the EPDS\* is as follows

- A score of 1-3 on item 10<sup>†</sup> indicates a risk of self-harm and requires immediate mental health assessment and intervention as appropriate
- A score in the range of 11-13 indicates need for monitoring, support, and education
- A score of  $\geq 14$  indicates need for follow-up with biopsychosocial diagnostic assessment for depression


\*The EPDS is available at [www.cfp.ca](http://www.cfp.ca). Go to the full text of this article online, then click on CFPlus in the menu at the top right-hand side of the page.

<sup>†</sup>Item 10 on the EPDS is as follows: The thought of harming myself has occurred to me "yes, quite often," "sometimes," "hardly ever," or "never." The top box (ie, "yes, quite often") is scored as 3 and the bottom box (ie, "never") is scored as 0.

Forty-three percent of the pregnant subpopulation (75 of 176) scored 11 or higher on the EPDS scale, and nearly a third (31.2%, 55 of 176) scored 14 or higher. Most of

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these women came to our clinic for counseling on conditions unrelated to depression. For the final statement on the EPDS (ie, The thought of harming myself has occurred to me “yes, quite often,” “sometimes,” “hardly ever,” or “never”), 32.0% (24 of 75) of women chose responses other than “never.” One hundred fifty-seven women came to the clinic for counseling specifically regarding antidepressant medications. Of these diagnosed and treated women, 32.5% scored 13 or higher.

It is alarming that a large number of women in our population, not previously diagnosed with depression, appear to be exhibiting depressive symptoms and occasional suicidal thoughts. In addition we noted that a substantial number of women currently treated pharmacologically for depression also scored high on the EPDS scale, suggesting undertreatment. These results strongly support implementing this depression-screening tool as part of a routine medical investigation during early pregnancy, in an effort to identify, monitor, and treat these women. 

### Competing interests

None declared

### References

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## MOTHERISK

Motherisk questions are prepared by the Motherisk Team at the Hospital for Sick Children in Toronto, Ont. Mr Sermer was a summer student at Motherisk. Drs Walfisch and Matok are members of the Motherisk Program. Dr Koren is Director of the Motherisk Program. Ms Einarson is a consultant for the Motherisk Program. Dr Koren is supported by the Research Leadership for Better Pharmacotherapy during Pregnancy and Lactation. He holds the Ivey Chair in Molecular Toxicology in the Department of Medicine at the University of Western Ontario in London.

Do you have questions about the effects of drugs, chemicals, radiation, or infections in women who are pregnant or breastfeeding? We invite you to submit them to the Motherisk Program by fax at 416 813-7562; they will be addressed in future Motherisk Updates.

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