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*18/10-16*

A comparison of the Edinburgh Postnatal Depression Scale (EPDS) and the Postpartum Depression Screening Scale (PDSS) for peripartum depression screening

# Bachelorprojekt

# Abstract

# Problem Statement

· Does EPDS or PDSS offer the largest area under the curve in a receiver-operating-characteristics-curve?

· What are the trade-offs in deciding on an appropriate cut-off value for each questionnaire in this setting?

# Introduction

The basic background to the question you will work with, ending with a  brief and clear statement of the aim of your work, one aim being better than more aims (!). In this section you may cite individual articles, reviews and other (hopefully) reliable sources (e.g. textbooks). Brevity and clarity are basic virtues.

# Methods

Balancing with the aim(s), a description of how the source literature was found and considered for inclusion in the project. PubMed is recommended as the primary database for sourcing original articles.

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| --- | --- | --- | --- | --- |
| **Criterion** | **Beck et al. (2001)** | | **Zhao et al. (2015)** | |
| **Sample size** | 150 | | 842 | |
| **Inclusion criteria** | · Age ≥ 18  · Able to speak and read English  · 2-12 weeks post-partum  · Delivered a live, healthy infant | | · Obstetric complication | |
| **Gold-standard test** | DSM-IV diagnostic interview | | M.I.N.I. | |
| **Country** | United States | | China | |
| **Language** | English | | Chinese | |
|  | **EPDS** | **PDSS** | **EPDS** | **PDSS** |
| **Cut-off (MDD)** | 12/13 | 79/80 | 12/13 | 79/80 |
| **Cronbach’s α(entire test)** | 0.89 | Not reported | 0.78 | 0.95 |
| **AUC (MDD)** | 0.96\* | 0.98\* | 0.983\*\* | 0.898\*\* |
| **Blinding** | Yes (interviewer blind to scores) | | No (only high-risk women interviewed) | |

# Findings

*\* EPDS vs. PDSS not statistically significant (p = 0.4)*

*\*\* EPDS vs. PDSS statistically significant (p < 0.001)*

*Focus areas from the aim statement are investigated in depth based upon the findings of original research articles. Keep the strict connection to the aim(s)!*

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# Discussion

For an analysis of a screening tool to be meaningful, a suitable confirmatory test must be used. In the case of depression, the gold standard is a DSM-structured or semi-structured diagnostic interview. Whether this choice is valid is outside the scope of this article, and the test appears to have sufficient inter-rater reliability with Cohen’s kappas between .7 and 1 for each dimension{Maffei:1997vg}{Anonymous:FjpZ4SjY}.

# Conclusion

*Based on the aims, methods, findings and discussion, a very brief summary of the research evaluated in the project as well as an opportunity to suggest future directions for the research area you have analysed – just a few lines with statements – no discussion (!).*

# References

1. Pevet, P. & Challet, E. [Melatonin as a zeitgeber] – Melatonin: both master clock output and internal time-giver in the circadian clocks network. *J. Physiol. Paris* **105,** 170–182 (2011).