The Edinburgh Postnatal Depression Scale[1]

beyondblue
the national depression initiative

A GUIDE FOR HEALTH PROFESSIONALS

WHY SCREEN FOR DEPRESSION DURING PREGNANCY AND EARLY PARENTHOOD?

Emotional disturbances during pregnancy and early parenthood are common, complex, and may take many forms. Postnatal depression is the most prevalent mood disorder associated with childbirth and affects around 16 per cent of women giving birth in Australia. This may have long-term consequences for women, their partners, the infant and other children. As GPs and Maternal and Child Health workers are often the first point of contact for women with postnatal depression, it is important that they are familiar with a reliable screening instrument to supplement their clinical assessment/judgement and assist with decision-making.

SCREENING FOR PREGNANCY-RELATED DEPRESSION: THE EPDS

Internationally, the Edinburgh Postnatal Depression Scale (EPDS) is the most widely accepted screening instrument used in the perinatal period. The EPDS was developed by Cox, Holden & Sagovsky (1987), and was designed to allow screening of postnatal depression in the primary care setting.[1] It excludes some symptoms that are common in the perinatal period (tiredness, sleep disturbance, irritability) that other depression instruments include, as such symptoms do not differentiate between depressed and non-depressed postnatal women.

As a **screening instrument,** the EPDS should only be used to assess a woman's mood over the past seven days. High scores do not themselves confirm a depressive illness and, similarly, some women who score below a set threshold might have depression. Thus, the EPDS **does not provide a clinical diagnosis of depression** and it should not be used as a substitute for full **psychiatric assessment or clinical judgement.** Importantly the EPDS **cannot be used to predict** whether or not a respondent will experience depression in the future – it can only be used to determine current mood.

GUIDELINES FOR ADMINISTERING THE EPDS

The EPDS is a 10-item self-report questionnaire. It is usually administered as a pencil-and-paper test. Women are asked to select one of 4 responses that most closely represents how they have felt over the past seven days. Each response has a value of between 0 and 3 and scores for the 10 items are added together (see sample). NOTE – Several items are reverse scored.

The value of the EPDS lies in the fact that it is easy to complete, has been validated in relation to other standardized psychiatric measures,[1,2] and has been found to be acceptable to women who are asked to complete it.[2-4] Its use provides women with the opportunity to discuss their feelings and enables health professionals to discreetly raise the issue of postnatal depression.[3-5]

The EPDS may be administered at any stage after birth.[6] Very high scores within the first week may indicate severe 'baby blues' and this, in turn, may signal that postnatal depression is likely to eventuate. Routine administration at 6-8 weeks[2,6-8] with repetition between 3-6 months is recommended,[1,8,10] however, screening through to 12 months is beneficial. The minimum time period which the EPDS should be readministered is two weeks.[1]

RESEARCH RESULTS

Numerous studies have recommended different cut-off scores; however, there is consensus in the literature that women with scores consistently of 13 or more have a 60-100 per cent probability of meeting diagnostic criteria for depression.[1,2,6-8,10] Very high EPDS scores may suggest a woman in crisis or a personality disorder that warrants further evaluation.

Although originally used postnatally, the EPDS has been validated for use antenatally[11] (with a higher cut-off score of 15 or more possibly being optimal) and has been translated into more than a dozen languages including Arabic and Vietnamese.[12] NOTE – Where language versions other than English are used, scores should be interpreted cautiously as different cut-off points may be required, since each version is validated within a specific cultural or language group.[12]

Studies using the EPDS have included those in routine primary care administered by midwives,[6] maternal and child health nurses,[1,5,10] psychologists[8] and researchers.[8] It has also been found to be highly correlated with other measures of depression including the Beck Depression Inventory (BDI)[13-14] and General Health Questionnaire (GHQ).[15]

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Scoring template for the EPDS

We would like to know how you have been feeling in the past week. **Please indicate which of the following comes closest to how you have felt in the past week,** not just how you feel today.

Please **COLOUR IN ONE CIRCLE** for each question, which is the closest to how you have felt in the **PAST SEVEN DAYS.**

Here is a completed example.

I have felt happy

- Yes, all the time ○
- Yes, most of the time ●
- No, not very often ○
- No, not at all ○

This would mean "I have felt happy most of the time during the past week".

Please complete the other questions in the same way.

1. I have been able to laugh and see the funny side of things

As much as I always could ○	0
Not quite so much now ○	1
Definitely not so much now ○	2
Not at all ○	3

2. I have looked forward with enjoyment to things

As much as I ever did ○	0
Rather less than I used to ○	1
Definitely less than I used to ○	2
Hardly at all ○	3

3. I have blamed myself unnecessarily when things went wrong

Yes, most of the time ○	3
Yes, some of the time ○	2
Not very often ○	1
No, never ○	0

4. I have been anxious or worried for no good reason*

No, not at all ○	0
Hardly ever ○	1
Yes, sometimes ○	2
Yes, very often ○	3

5. I have felt scared or panicky for no very good reason*

Yes, quite a lot ○	3
Yes, sometimes ○	2
No, not much ○	1
No, not at all ○	0

6. Things have been getting on top of me

Yes, most of the time I haven't been able to cope at all ○	3
Yes, sometimes I haven't been coping as well as usual ○	2
No, most of the time I have coped quite well ○	1
No, I have been coping as well as ever ○	0

7. I have been so unhappy that I have had difficulty sleeping

Yes, most of the time ○	3
Yes, sometimes ○	2
Not very often ○	1
No, not at all ○	0

8. I have felt sad or miserable

Yes, most of the time ○	3
Yes, quite often ○	2
Not very often ○	1
No, not at all ○	0

9. I have been so unhappy that I have been crying

Yes, most of the time ○	3
Yes, quite often ○	2
Only occasionally ○	1
No, never ○	0

10. The thought of harming myself has occurred to me

Yes, quite often ○	3
Sometimes ○	2
Hardly ever ○	1
Never ○	0

* If scores for these questions are high further assessment for anxiety may be warranted.

- Each item is scored on a scale from 0-3 resulting in a possible total score range of 0-30. Some items are reverse-scored. The total EPDS score is calculated by adding the values of the response for each item. If the woman scores:

0-9	the likelihood of depression is considered low
10-12	the likelihood of depression is considered moderate and should be discussed with your health professional
13 or more	the likelihood of depression can be considered high and should be discussed with your health professional

- An advantage of the EPDS is that it allows for rapid identification of women who are experiencing suicidal ideation. A score on Item 10 needs careful exploration to discriminate between accidents, self harm and true suicidal intent.
- If symptoms are less severe or present for a period shorter than two weeks, it may be worth considering an alternative assessment such as adjustment disorder, minor depression and/or co-morbid anxiety disorder.
- Other causes for symptoms such as anaemia, sleep deprivation, thyroid dysfunction or bereavement should be considered before diagnosing depression. These may also co-exist with depression.
- Scores of '0' should be followed-up by questions for the mother to explore whether a response bias has occurred.

beyondblue and AGPN are principal partners in the National Perinatal Depression Initiative.

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