

# Developing a Community Group Based Psychosocial Intervention for Women With Antenatal Depression

Ines Rio

Masters Public Health Research Project

Dept General Practice/Primary Care Research Unit

Prof Jane Gunn

# Treatment Antenatal Depression

- Neglected, literature:
  - Antenatal period - screening, preventing PND
  - Treating postnatal depression
- Very little on non pharmaceutical treatment AND
  - In itself warrants treatment
  - Reluctant to take medication
  - Theoretical problems foetal brain development
  - AN depression strong RF postnatal depression
  - Healthcare system

# Antenatal Depression

- Cochrane SR march 2008 by Dennis
  - Psychological/psychosocial interventions to treat antenatal depression.....1 study, Spinelli 2003
  - 50 outpatient women in US – mainly Hispanic
    - DSM IV classification major depression
    - Intervention: 15 x 45 min sessions IPT trained therapist
    - Control: parenting education
    - Reduction in depressive symptomatology immediately post treatment using:
      - Clinical global impression scale: RR 0.46, 95% CI: .26-.83
      - Hamilton rating scale: RR 0.82, 95% CI; 0.65-1.03
  - 2 trials underway – Spinelli, confirm finding & McGregor looking at CBT

# Other Studies

- Group antenatal intervention (Austin SR 2003, Lumley 2001): universal or selective prevention PND
    - Gordon 1960: grp intervention with partners – marked difference emotional upsets 6-8 weeks postpartum
    - Zlotnick 2001: 6 control grp dev PND, none of intervention grp
    - Elliot 2000: “high risk”. Grp sessions. Decrease in PND in nulliparous, not multi
    - No change: Stamp 1995, Buist 1998. Brugha 2000
- Low numbers, high attrition, ? active part of intervention

# Psychosocial/psychological Interventions for Treating PND

Cochrane SR Dennis 2007

- 9 trials – all with depression (variably identified)
- Various psychosocial or psychological

All psychological were individually based (CBT, ITP, PDT)

Psychosocial interventions (peer support, non dir counselling)

- Results suggests psychosocial/psychological interventions may be effective (RR 0.7, CI 0.6-0.8)
- Only 1 grp evaluated grp based intervention
- Psychological vs psychosocial (2 trails)- no difference
- Limited outcome measures

# Previous issues with group intervention

- Problems:
  - Inconsistent findings
  - Low numbers
  - High attrition ? why: nullip/multi, childcare, partners
  - ? Minimum defined for adequate intervention
  - Very limited outcome measures
  - Particulars of the intervention
    - What structure was “active” and to whom
    - What content was “active” and to whom
    - What delivery was “active” and to whom

# What I would like to design

- Pregnant women who have depression
  - Identified by psychiatrists at RWH
  - CoM resident
  - ? DSM classification, ? +/- anxiety , ? Nulliparous, ? English
- Randomise to group antenatal series at MCH Centre
  - 6-8 women each group
  - 6 sessions – involve MCHN, enh MCHN, GP
  - “Core elements” + what women want
  - ? Numbers
- Evaluate
  - ? Subgroup analysis of who/what works for

# What to Achieve

- Ameliorate depression & anxiety – antenatally & postnatally
- Feel the groups are worthwhile/attend
- More knowledge community & HC resources/access
- Less lonely, more social connected, more “normal”, more resilient, more confident in their abilities, develop female role models
- Develop social capital
- Enjoy their pregnancy, better relationship with partner, better quality of life, enjoy their current family, happier in their parenting

# Where to From Here?

- Ask women what they want, when they want
  - Generic and prior or individualised to group)
- Develop clearly defined subsets of interventions that can be integrated into current primary care settings and structures
  - Informational, instrumental, emotional support
- Define who & how delivered - group size, characteristics each member, characteristics who delivers/facilitates, content delivery
- Validated tools to evaluate

????