

Routine screening for postnatal depression not cost effective

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Routine screening for postnatal depression in primary care - as recommended in recent guidance from the National Institute for Health and Clinical Excellence (NICE) - do not appear to represent value for money for the NHS, concludes a study published on bmj.com today.

The results suggest that both the NICE guidance and widespread current practice should be reviewed.

More than one in 10 women suffer from postnatal depression six weeks after [giving birth](#), yet fewer than half of cases are detected in routine clinical practice. Formal identification methods, such as postnatal or general depression questionnaires, have been advocated but have attracted substantial controversy.

Furthermore, guidelines issued by NICE in 2007 recommend the use of specific questions to identify possible postnatal depression, but the cost effectiveness of this strategy is uncertain.

So researchers at the University of York used a [computer model](#) to evaluate the cost effectiveness of formal methods to identify postnatal depression in [primary care](#).

Routine use of either postnatal or general depression questionnaires did not appear to be cost effective compared with routine care only, largely due to the cost of managing those wrongly diagnosed as depressed, say the authors.

For example, the Edinburgh postnatal depression scale had an incremental cost effectiveness ratio of £41,103 per quality adjusted life year or QALY (a combined measure of quantity and quality of life) compared with routine care only.

The ratio for all other strategies ranged from £49,928 to £272,463 per QALY compared with routine care only, well above the conventional NHS [cost effectiveness](#) threshold of £20-30,000 per QALY.

In contrast, the strategy of administering only routine care was most likely to be cost effective.

These findings suggest that both the recent NICE guidance and widespread current practice do not result in value for money for the NHS, and do not satisfy the National Screening Committee's criteria for the adoption of a screening strategy as part of national health policy, conclude the authors

They call for further research to quantify the cost of incorrect diagnosis and the wider impact of [postnatal depression](#) treatment strategies on the quality of life of the mother and her family.

Provided by British Medical Journal

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