

References

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This correspondence is now closed. I.P.

EPDS by post

SIR: The Edinburgh Postnatal Depression Scale (EPDS; Cox *et al*, 1987) is a 10-item self report scale developed as a screening tool for use by health visitors with a post-partum population. It is short, simple, and easy to score and administer. For these reasons it has become very popular as a research tool, although this was not its original purpose.

We are currently using it as part of a study of womens' experiences of screening during routine antenatal care. Our earlier work (Green, 1990) and that of others (e.g. Watson *et al*, 1984) had suggested that low post-natal emotional well-being might be predicted from low antenatal mood. We therefore chose to administer the EPDS at 35 weeks of pregnancy and at six weeks post-partum. We have complete data from over 1300 women.

The EPDS has been validated for antenatal use by Murray & Cox (submitted), who observe that "Fortunately, the EPDS contains no specific reference to the post-natal period so none of the items had to be altered for this study". While this is true, we would like to draw attention to one of its items which, it is clear from our own data, is capable of a different interpretation when asked antenatally. The item in question is (within the past week) "The thought of harming myself has occurred to me". This item is intended to detect suicidal thoughts, but, to a woman well advanced in pregnancy, clumsy and ill-balanced, it can be read as "I am preoccupied by the possibility of falling and hurting myself" or even as concern that harm might befall her during labour and delivery. Accordingly, we have found some women scoring the maximum on this item while having relatively low scores overall, and some have added explicit comments which confirm that their interpretation was not that originally intended. We would therefore warn others who may be using the EPDS in late pregnancy to treat this with caution.

We have yet to complete our analysis, but our impression is that, even without the complication of the last item, many women have been obtaining very

high scores at 35 weeks. This was also observed by Murray & Cox and is consistent with the findings of Watson *et al* (1984).

Our use of the EPDS has been in postal questionnaires as part of a longitudinal study. Women therefore complete the scale in their own homes at a time of their own choosing. By 35 weeks they are used to answering questions about their feelings and in many cases a relationship has been developed, as one woman said "It's like having a penfriend". Any of these factors may account for the fact that we are obtaining some very high scores and a mean level post-natally that appears to be higher than is usually reported. We have observed a tendency for scores on the Spielberger State Trait Anxiety Inventory (STAI) to be lower when sent through the post. We would therefore be interested to hear from others who have sent the EPDS through the post, or who have any other data on postal assessment of emotional state.

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Educational status and neurological abnormalities in schizophrenia

SIR: An interesting finding reported by Rossi *et al* (*Journal*, November 1990, **157**, 735–740) is the significant correlation between educational status and neurological impairment among schizophrenic patients. However, the authors have not elaborated on the nature of this association and have not discussed the implications of this important observation. In a comparable study of neurological soft signs (NSS) in schizophrenic patients and their first-degree relatives (Shaji *et al*, 1990) we found less-educated subjects having more NSS even after controlling for the effects of age and sex. The possibility of an early-onset illness leading to poor educational attainment as an explanation for the association seems unlikely as