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Postpartum depression – a specific concept?

SIR: Cooper & Murray's conclusions on the specificity of postnatal depression as a diagnostic concept (*BJP*, February 1995, **166**, 191–195) are based on the observation that women who develop postpartum depression without any previous psychiatric history have a better prognosis over a five year period than women with a previous psychiatric history of affective disorder unrelated to childbirth.

This is an important finding as it has been widely held that as the majority of relapses following puerperal illness tend to be non-puerperal in nature, there can be no specificity to the concept of puerperal illness in general and to depression in particular. However, if a puerperal group is divided by past psychiatric history it is quite clearly apparent that the previous history of non-puerperal illness predicts much higher rates of non-puerperal illness later in life. (Dean *et al*, 1989).

In our study of postpartum admissions to a mother/baby unit (Bell *et al*, 1994) we found in our follow-up period, which ranged between 5 and 14 years, that only 39% of the group without any previous psychiatric history to the index admission suffered from subsequent non-puerperal illness compared to 76% of the women who had previous psychiaric illness prior to their puerperal illness. These are very similar rates to that of the study in question. However, we did not feel able to conclude that this was enough to support the concept of postpartum affective disorder as being a specific entity and I wonder whether the authors could comment on the following points.

Women presenting with postpartum disorder are likely to be young (our group had a mean age of 26 years); therefore, anybody with psychiatric history prior to that point, it could be argued, represents the severer end of a spectrum of psychiatric disorder and therefore is likely to have a worse prognosis.

Also, the young age of the index group is likely to contain some people whose non-puerperal psychiatric disorder had not yet manifested, and this may account for the fact that the majority of recurrences are non-puerperal in nature and that therefore any first episode group is going to be mixed in type.

It might be possible that using previous psychiatric history as a divider could mean selecting out severe from milder forms of affective disorder, and that a short follow up period of five years is not long enough to distinguish them conceptually.

What we had not been able to do, which would be useful, was to look at family histories of affective disorder as well as social and biological variables in these two groups once they had been separated by prognosis and past history.

With all these provisos in mind, there is still a suspicion that postpartum illness does have a better prognosis than would otherwise be expected. In our group, more than half the manics, if they were without previous history to their first episode of postpartum illness, were free of further episodes at eight years, although this group was too small to be statistically significant.

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AUTHORS REPLY: The comments of Bell *et al* arise from a somewhat selective reading of our paper. They focus on the fact that in our study those with postpartum depression in the absence of a previous history of affective disorder were at relatively low risk for subsequent non-puerperal depressive disorder. We agree that an argument for the specificity of the concept of postpartum depression on this basis alone would be difficult to defend. However, when this fact is taken together with the finding that these women were at relatively raised risk for

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subsequent postpartum depression, the case for specificity is rather more compelling. Indeed, the respective age of those with a previous psychiatric history and those without such a history becomes irrelevant when the critical comparison being made is the relative risk at postpartum and non-postpartum periods. Indeed, if those with a previous history do represent a more severe group, as Bell and colleagues suggest, it is of even more note that they are not at risk for subsequent postpartum depressive episodes.

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Personality features in chronic depressive episodes

SIR: It is unfortunate that Brown *et al* (*BJP*, October 1994, **165**, 447–56 and 457–65) did not examine the role of personality disorder more exhaustively in their report and studies of chronic depressive episodes. Personality status no longer needs to be assessed by 'a crude rating of predominant personality disorder backed up by inter-rater reliability' of unspecified information. There are several instruments that can be used to record the presence of DSM personality disorders more satisfactorily and, although we acknowledge their imperfections, they are undoubtedly superior to the techniques used in this study. It is also accepted that there is often particular difficulty in disentangling the effects of personality from those of chronic illness and even more care with assessments is needed under such conditions. The absence of satisfactory information about personality status is doubly unfortunate when so many other measures are recorded that are often associated with personality disorder. These include life events and early experiences such as sexual abuse, parental separation and delinquency.

The finding of only a marginal association of personality disorder with chronicity in depression is also at variance with most other studies. Although we acknowledge the methodological problems of assessing personality status when there is co-existing mental illness, it is only when workers of stature such as George Brown address these issues squarely that the complex inter-relationship between related life events, childhood adversity and current interpersonal difficulties will be resolved. It is hoped that other investigators will examine personality status in more detail in further studies. Our suspicion is that a careful recording of early childhood experiences and that of current personality status would identify remarkably similar groups of people.

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Chinese whispers and the prophylactic effect of cognitive therapy

SIR: In *Psychotherapy in the maintenance treatment of depression* (*BJP*, December 1994, **165**(suppl), 42–50), Weissman summarises evidence for the maintenance and prophylactic effects of cognitive therapy (CT). She states that "results of follow-up studies in patients who have received CT have been mixed". Results have indeed varied in terms of whether they were (Evans *et al*, 1992) or were not (Shea *et al*, 1992) significant. However, they have not varied in the direction of effects which have consistently favoured CT over treatment with medication alone.

In addition, when considering evidence suggesting prophylactic effects of CT, Weissman reiterates a conclusion from Shea *et al* (p. 786) that "The possibility that CT selects healthier patients with a lower latent risk of relapse compared with those recovering with tricyclic antidepressants is an equally plausible explanation". In neither the NIMH study (Shea *et al*) nor that of Evans *et al* was there any evidence that differential retention of patients during acute treatment biased the comparison of outcomes over follow-up. Differential retention is particularly unlikely to explain the difference in relapse between patients treated with combined cognitive therapy and pharmacotherapy versus patients treated with pharmacotherapy alone in the Evans *et al* study. Furthermore, in both of these studies, patients initially treated with cognitive therapy were found to have received less further treatment during follow-up than patients in the other treatment groups. This would be likely to result in an underestimate of any advantage of CT over pharmacotherapy in the prevention of symptomatic relapse without such further treatment. Thus, it could be argued that there is no evidence that the studies overestimate, and some evidence that they may underestimate, the prophylactic effects of cognitive therapy.

That CT prevents relapse of depression beyond termination of therapy has yet to be proved conclusively. However it is important that encouraging

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