Recruitment for post-natal depression studies

SIR: We wish to report a method of overcoming the common problem of identifying adequate numbers of patients in studies of post-natal depression. Non-psychotic depression is common in the puerperium but is often missed by clinical services, even when contact is made antenatally (Appleby *et al*, *Journal*, April 1989, **154,** 510–515). Similarly, in research a sufficient or representative subject sample is hard to recruit. One reason for this is that most women with post-natal depression are not in contact with general practitioners or psychiatrists who might refer them. In addition, they do not readily return postal questionnaires from unfamiliar researchers.

In preparation for a large therapeutic trial of fluoxetine and counselling in post-natal depression, we conducted a three-month pilot study of the following recruitment method. All women who successfully gave birth in one of two south Manchester maternity units were approached before discharge and asked to agree to an assessment at six weeks post-partum. A date and time were agreed, usually confirmed by a telephone call a week before the appointment. On the arranged date, each woman was visited at home and the Edinburgh Post-natal Depression Scale (EPDS; Cox *et al*, *Journal*, June 1987, **150,** 782–786) was completed.

Of 245 women delivering in hospital, 207 (84%) agreed to be visited. Thirty-eight refused or were ineligible for the study, usually because they did not live locally. Of those who agreed, 158 (76%) were available when visited. Thirty-two (20%) of those who completed the EPDS scored at or above 10, a threshold used in community surveys. Nineteen (12%) scored at or above 12, a threshold used in clinical studies. These figures are in keeping with previous estimates of prevalence.

The success of this recruitment appears to be the result of several factors. Firstly, the initial approach was made face-to-face while subjects were well rather than depressed. Secondly, the research was presented in an obstetric rather than a psychiatric setting. Thirdly, the women were visited by a person known to them. Fourthly, the visits took place in the patients' homes at a time convenient to them.

The only disadvantage of this method is the large number of people who must be screened but who score below threshold on the EPDS. However, 20% were found to be potential cases, all of whom were easily accessible within the catchment area of one district health authority.

The study sample resulting from this method of identification was large and likely to be representative of all cases of post-natal depression. We would recommend its use in other such studies.

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Tricyclic-induced seizures and absent ECT response

SIR: Further to previous correspondence on this subject (Silverstone & Fahy, *Journal*, September 1991, **159,** 446–447), we would like to outline details of a case in which tricyclic antidepressants produced seizure activity in a depressed patient, with a pronounced elevation of mood resulting. The subsequent use of electroconvulsive therapy (ECT) in this patient did not have a beneficial effect, instead producing paranoid state with irritability. The case details are outlined below.

Case report. C, a 37-year-old woman, was referred to our unit on a mental health certificate. She had a severe depressive illness of several years' duration, more pronounced in recent months. C had failed to respond to several courses of antidepressants as an out-patient, and had developed apathy, anorexia and a suicidal preoccupation. She was withdrawn, negative and suicidal at interview. C was commenced on amitriptyline in increasing doses and her mood and appetite gradually improved.

Following two weeks of therapy, C was much more positive and hopeful for the future, and she was allowed home for a visit. On her return, she developed a generalised tonic–clonic seizure which lasted one minute, ending spontaneously. This seizure was followed by a dramatic improvement in mood which lasted more than a week. C requested a change of therapy to avoid the possibility of further seizures, and was commenced on fluoxetine therapy. Discharge was effected five days later.

C was reviewed one week later and was demonstrably worse, again experiencing suicidal ideation. She agreed to a trial of ECT and was readmitted for this purpose. Following six treatments, C was actually worse, demonstrating features of depression, paranoia and irritability. ECT was discontinued and amitriptyline therapy was reinstituted with the addition of carbamazepine to limit seizure activity. Her mood quickly responded, and despite some myoclonic activity and hypnogogic experiences on three occasions, she has remained well on treatment and has resumed employment.

This case demonstrates that differences do exist, in terms of clinical response, between seizures induced by tricyclic agents and seizures induced by ECT. This phenomenon has been described in relation to spontaneous seizures, and it shows the complex relationship between seizure activity and mood elevation.

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