

other significant differences were detected between groups in several other illness severity measures (Martenyi *et al*, 2002a, Table 3). Other patient-rated secondary measures were used in this study and, as reported, failed to show a significant difference between groups (Martenyi *et al*, 2002a, Table 3).

We believe that the results of this study are robust and support our conclusions, and we maintain our opinion that the study results suggest that 'fluoxetine is effective and well-tolerated in the prevention of PTSD relapse for up to 6 months'.

#### Declaration of interest

This work was sponsored by Eli Lilly and Company. E.B.B., A.P. and C.M.M. are employees of Eli Lilly and Company.

**Martenyi, F., Brown, E. B., Zhang, H., et al (2002a)** Fluoxetine v. placebo in prevention of relapse in post-traumatic stress disorder. *British Journal of Psychiatry*, **181**, 315–320.

—, —, —, et al (2002b) Fluoxetine versus placebo in posttraumatic stress disorder. *Journal of Clinical Psychiatry*, **63**, 199–206.

**E. B. Brown, A. Prakash, C. M. Miner** Lilly Research Laboratories, Eli Lilly & Co., Lilly Corporate Center, Indianapolis, IN 46285, USA

### The Edinburgh Postnatal Depression Scale

The Edinburgh Postnatal Depression Scale (EPDS; Cox *et al*, 1987) is one of the most widely used self-report instruments to screen for depression in the post-partum and antenatal periods. As with all instruments, it is important for validity that the wording of a measure remains faithful to that described in the original validation study. While checking our EPDS against the original, we noticed a difference in the wording of one of the items. We believe that the EPDS used elsewhere may also

contain the same anomaly. Item 4 on the EPDS provided in the paper by Cox *et al* (1987) is phrased: 'I have been anxious or worried for no good reason'. However, the version reproduced in Cox & Holden's book (1994), which is also likely to be the source from which many centres copy their EPDS, is different: 'I have *felt* worried *and* anxious for no *very* good reason' (differences from the journal version italicised for clarity). In addition, the order of anxious and worried has been reversed. Personal communication with Professor Cox has confirmed that the wording in the journal paper is correct. That these mistakes have occurred in a book about the 'use and misuse' of the scale is somewhat ironic. Indeed, this makes us a little anxious and worried!

What effect might these differences have on the self-reports of women or men? It is hard to know – hopefully, none. It would not, however, be surprising if these alterations lead to differential responding and scores.

Over the many years of our involvement in this field, we have also noted usage where the EPDS preamble was omitted or altered, provenance (e.g. authors and date) was not acknowledged, and incorrect cut-off scores were inadvertently applied. We should all, therefore, be more rigorous in our use of this scale.

**Cox, J. L., Holden, J. M. & Sagovsky, R. (1987)** Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, **150**, 782–786.

— & — (eds) (1994) *Perinatal Psychiatry: Use and Misuse of the Edinburgh Postnatal Depression Scale*. London: Gaskell.

**S. Matthey, B. Barnett, T. White** South Western Sydney Area Health Service, Park House for Children & Families: Research Unit, 1st Floor, 13 Elizabeth Street, Liverpool NSW, Australia 2170

**Authors' reply:** We are indebted to our distinguished colleagues in Australia for pointing out this ambiguity. We will be indicating in our definitive EPDS book, soon to be published by Gaskell (Cox & Holden, 2003), that the scale from the first validation study as published in 1987 contains the correct and original wording.

The differences between 'being' and 'feeling', 'anxious or worried' and 'worried and anxious' are not only semantic. Perhaps committed EPDS advocates, like your correspondents, will test their hypothesis that these word changes may affect the total EPDS score. We doubt it, but a local grant-giving body might support an ambitious master's student.

The EPDS is not, of course, a precise measuring-rod of feelings, but its total score has been shown to provide a remarkably accurate indication of the likelihood of clinical depression in many cultures and countries.

Our new book, *Perinatal Mental Health: A Guide to the Edinburgh Postnatal Depression Scale (EPDS)*, is our definitive and final attempt to ensure that the EPDS is used as frequently as appropriate; and misused – never!

#### Declaration of interest

J.C. and J.H. developed the EPDS and are authors of Cox & Holden (2003), sales of which may generate personal royalty payments.

**Cox, J. & Holden, J. (2003)** *Perinatal Mental Health: A Guide to the Edinburgh Postnatal Depression Scale (EPDS)*. London: Gaskell.

**J. Cox** Keele University Medical School (Harplands Campus), Academic Psychiatry Unit, Hilton Road, Harplands, Stoke-on-Trent ST4 6TH, UK

**J. Holden** Flat 4, 19B Gayfield Square, Edinburgh EH1 3NX, UK

## One hundred years ago

### Royal Asylum of Montrose (Annual Report for 1900)

Suicidal tendencies were marked in a large proportion of the patients admitted, and the inquiries of Sir John Sibbald now

published for the first time show that Forfarshire and the neighbouring county of Kincardine have a larger proportion of suicides compared with the population than the rest of Scotland. The same authority states that 'the counties of the east coast

of Scotland all show higher suicidal rates than the western counties. It is curious that the city of Dundee shows a lower rate than the rest of Forfarshire. It is so far in favour of the view of those who say that Celticism and Catholicism prevent suicide, for