Correspondence

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Letter to the Editor

Incorrect citations of Edinburgh Postnatal Depression Scale cut-off scores and the use of the State-Trait Anxiety Inventory

In a recent publication by Alcorn *et al*. (2010) in *Psychological Medicine* there are important errors that need to be corrected. These errors concern cited cut-off scores on the Edinburgh Postnatal Depression Scale (EPDS; Cox *et al*. 1987), as well as stating that in a paper of mine (Matthey *et al*. 2003) we used the State-Trait Anxiety Inventory (Spielbereger *et al*. 1970), which we did not.

Alcorn *et al*. (2010) state that in Matthey (2004) I recommend postpartum scores on the EPDS of 9 or more (i.e. $\geqslant$9) for possible depression and 12 or more (i.e. $\geqslant$12) for probable depression. This is incorrect. In my paper I refer to scores of 10 or more (written as 9/10, which means 9 or less is 'low', 10 or more is 'high') and 13 or more (12/13). It is these scores, not the ones stated by Alcorn *et al*. (2010), which are validated for the postpartum period for English-speaking women.

This error by Alcorn *et al*. (2010) is further compounded when they state that Murray & Cox (1990) showed that the antenatal cut-off scores on the EPDS were 12 or more (i.e. $\geqslant$12) for possible depression and 14 or more (i.e. $\geqslant$14) for probable depression. This again is incorrect. They recommended scores of 13 or more (12/13) and 15 or more (14/15) for the antenatal period (thus the validated cut-off scores are higher in pregnancy than postpartum).

The various validated cut-off scores on this scale, as well as the impact of such errors and ways to prevent them, have been discussed by myself and colleagues (Matthey *et al*. 2006).

Declaration of Interest

None.

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The authors reply

PTSD due to childbirth stands at between 3.1% (adjusted) and 5.8% (unadjusted)

Alcorn *et al*. (2010) was a prospective longitudinal study of the prevalence of post-traumatic Stress Disorder (PTSD) resulting from childbirth events. One of the features of this work was not only to estimate the absolute prevalence of PTSD, but to adjust these estimates for pre-existing PTSD symptomatology and other more common postnatal symptomatology, such as depression and anxiety. It is of course possible if not probable, that these affective expressions are co-morbid or predominantly represent the same underlying post-traumatic sequelae.