



A Meta-Analysis of Interpersonal Psychotherapy for Perinatal Psychopathology and Related Outcomes

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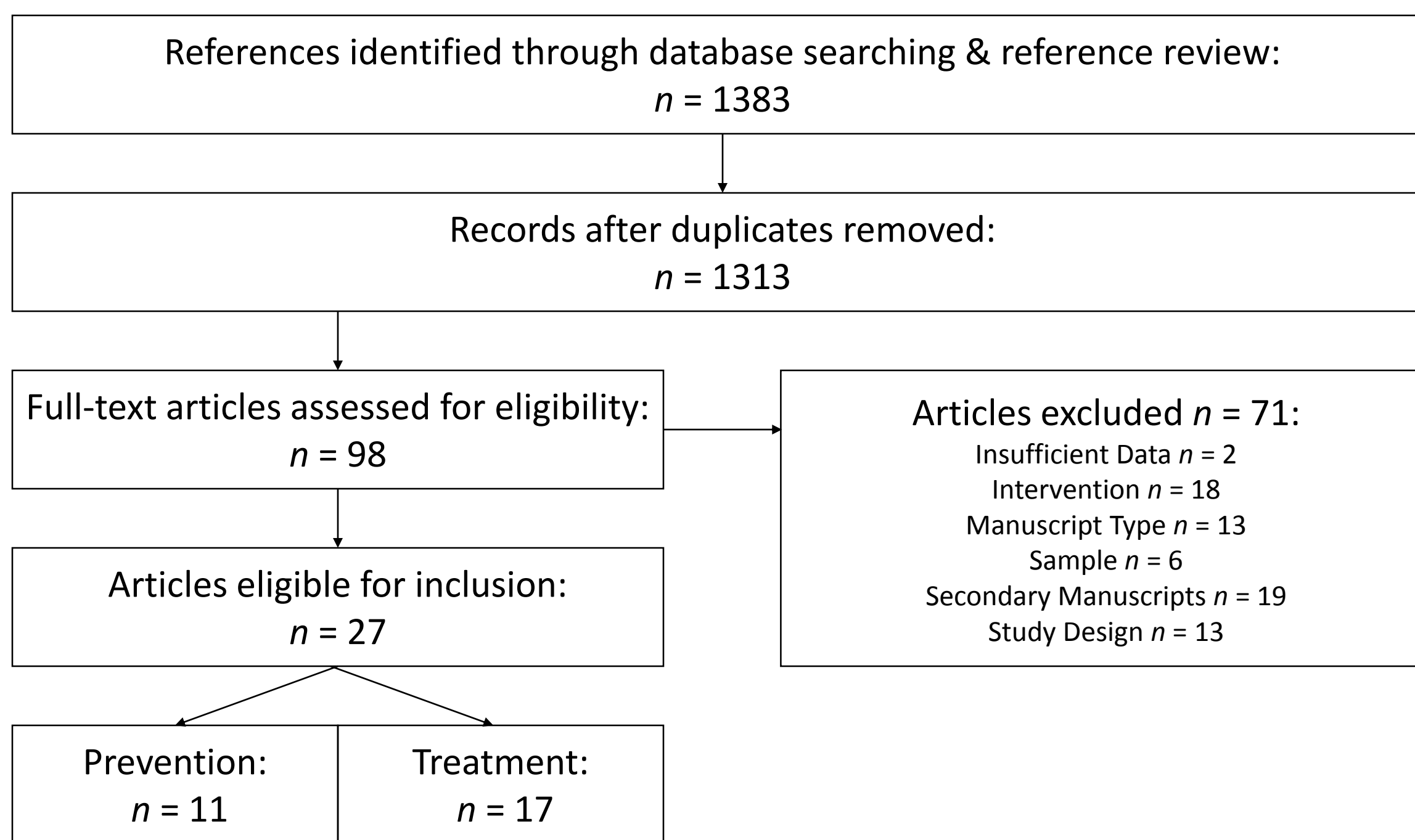


BACKGROUND

- Interpersonal psychotherapy (IPT) is an empirically-supported treatment for preventing and treating perinatal depression.
- Symptoms of anxiety and related disorders are also common in perinatal populations.
- In addition to symptom reduction, a primary treatment target of IPT is improvements in interpersonal functioning.
- Previous meta-analyses of IPT in perinatal populations have only evaluated depression-related outcomes.
- This series of meta-analyses evaluated the efficacy of IPT for reducing symptoms and improving interpersonal functioning among perinatal women.

METHOD

- A systematic literature search identified studies evaluating IPT among women during pregnancy or the first 12 months postpartum.



- Characteristics of studies, interventions, assessments, and samples, and information for the calculation of effect sizes were coded according to a detailed manual.
- Random effects meta-analyses were conducted to estimate average effect sizes for each outcome evaluated in at least 3 independent studies.
- Additional analyses evaluated heterogeneity of effect sizes, the presence and effects of outliers, evidence of publication bias, and moderators associated with effect sizes.

RESULTS

Results of Random Effects Meta-Analyses of IPT in Prevention Studies

Outcome	k	Average Effect Size	Corrected Average Effect Size	p Average (Corrected)
Change in Depressive Symptoms (IPT Group)	9	$g = 0.39$	N/A	< .001
Difference in Change in Depressive Symptoms (IPT vs. Comparison Group)	8	$g = 0.33$	0.26 ^a	.010 (.009)
Prevalence of Depressive Episodes (IPT vs. Comparison Group)	8	OR = 0.64	0.68 ^a	.005 (< .001)

^a Outlier(s) excluded & corrected for publication bias.

Results of Random Effects Meta-Analyses of IPT in Treatment Studies

Outcome	k	Average Effect Size	Corrected Average Effect Size	p Average (Corrected)
Change in Depressive Symptoms (IPT Group)	15	$g = 1.91$	1.41 ^a	< .001 (< .001)
Difference in Change in Depressive Symptoms (IPT vs. Comparison Group)	7	$g = 1.86$	1.05 ^a	.002 (.037)
Prevalence of Depressive Episodes (IPT vs. Comparison Group)	5	OR = 0.33	N/A	.212
Change in Anxiety Symptoms (IPT Group)	5	$g = 0.60$	N/A	< .001
Difference in Change in Anxiety Symptoms (IPT vs. Comparison Group)	3	$g = 0.25$	N/A	.482
Change in Relationship Quality (IPT Group)	7	$g = 0.81$	0.25 ^a	.002 (.067)
Difference in Change in Relationship Quality (IPT vs. Comparison Group)	3	$g = 3.82$	0.78 ^a	.002 (.004)
Change in Social Adjustment (IPT Group)	5	$g = 1.18$	N/A	< .001
Change in Social Support (IPT Group)	3	$g = 0.48$	0.46 ^b	< .001 (< .001)

^a Outlier(s) excluded. ^b Corrected for publication bias.

STUDY CHARACTERISTICS

	Prevention Studies	Treatment Studies
N	M = 260 Median = 106 Range 27-1762	M = 45 Median = 32 Range 6-142
Location	Canada (1) China (2) Hong Kong (1) Hungary (1) USA (6)	Australia (2) Austria (1) Iran (1) USA (13)
Trial Type	QRT (3) RCT (8)	OT (7) QRT (1) RCT (9)
Comparison Type	Active (2) No Intervention (1) TAU (8)	Active (5) NS (1) TAU/TAU+ (3) Wait List (1)
Sample	Community (11)	Clinical (6) Mixed (1) Community (7)
Prevention Type/ Inclusion Criteria	Universal (5) Selected (5) Selected/Indicated (1)	Clinical Diagnosis (14) Self-Report (3)
Intervention	IPT (10) Multi-Modal (1)	IPT (14) Multi-Modal (3)
Intervention Method	Individual (3) Group (8)	Individual (11) Group (6)
Intervention Location	Clinic (9) Medical (1) School (1)	Clinic (11) Community (1) Medical (3) School (1) Flexible (1)
Include Partner?	No (11)	Yes (4) No (13)
# of Sessions	M = 5 Range 2-12	M = 11 Range 6-16

DISCUSSION

- There is clear evidence that IPT is effective as a preventive intervention for perinatal depression.
- As treatment, IPT is effective for perinatal depression and promising for anxiety. IPT also leads to significant improvements in relationship quality, social adjustment, and social support.
- Further research should investigate IPT as an intervention for anxiety and related disorders, such as PTSD, and should evaluate interpersonal outcomes, including a woman's relationship with her partner and infant, in addition to symptoms.