論 文 要 旨

Predictive validity of the Japanese version of
Postpartum Depression Predictors Inventory-Revised
(PDPI-R) during pregnancy and the postpartum period

氏　　　　名　Mikiyo Wakamatsu

Aim: To identify the risk factors for postpartum depression (PPD) during pregnancy and the early postpartum period is considered important for preventing the development of PPD. Postpartum Depression Predictors Inventory-Revised (PDPI-R, self-report questionnaires) was developed from Beck's updated meta-analysis and correlated with the development of PPD. The purpose of the present study was to investigate the predictive validity of the Japanese version of PDPI-R during pregnancy and one month after delivery.

Materials and methods: Pregnant Japanese women (n=192) participated in this study between December 2012 and February 2015 at the Department of Obstetrics and Gynecology, Kagoshima University Hospital and three practitioners in Kagoshima prefecture, all of which are located in the southern part of Japan. Subjects were 120 pregnant Japanese women who completed PDPI-R during 10-23 weeks of gestation and one month postpartum. All subjects delivered full-term healthy babies. PPD symptoms were measured by the Edinburgh Postnatal Depression Scale (EPDS) one month after delivery. The predictive validity of the Japanese version of PDPI-R was investigated. After identifying appropriate cut-off values by carrying out a receiver operating characteristic (ROC) curve, sensitivity, specificity, positive and

negative predictive values, and the accuracy of PDPI-R were determined in both versions.

Results: Twelve (10.0%) out of 120 mothers met the PPD criteria with EPDS scores of 9 or higher. With a prenatal cut-off value of 7.0 after carrying out a ROC curve, the sensitivity and specificity of PDPI-R were 50.0% (6/12) and 87.0% (94/108), respectively. The positive and negative predictive values of PDPI-R were 30.0% (6/20) and 94.0% (94/100), respectively. The cut-off value of 7.0 was superior to 6.0 and 8.0. With a postpartum appropriate cut-off value of 8.0, sensitivity and specificity were 66.7% (8/12) and 88.0% (95/108), respectively. The positive and negative predictive values were 38.1% (8/21) and 96.0% (95/99), respectively. The cut-off value of 8.0 was superior to 7.0 and 9.0.

Conclusion: The Japanese version of PDPI-R is a useful instrument for predicting PPD in not only the postpartum period, but also the prenatal period. An appropriate cut-off value of PDPI-R may be 7.0 in the prenatal version and 8.0 in the postpartum version.