

Letters

COMMENT & RESPONSE

Assessing Depression Among New Fathers

To the Editor Underwood and colleagues¹ published an article related to depression in new fathers. In their study, the authors assessed paternal antenatal depression symptoms (PADS) and paternal postnatal depression symptoms (PPDS). From their analyses, the authors drew conclusions about the first practical action to take, which would consist of “increasing awareness among fathers about increased risks.”¹ We noticed several methodological problems in the study that directly bear on the authors’ conclusions.

First, the authors did not control for baseline (ie, prepregnancy) depressive symptoms. We understand the potential complications associated with such a control. However, the nonconsideration of depressive symptoms before the pregnancy period prevents the authors from relating potential increases in depression prevalence among new fathers to their partner’s pregnancy. Second, the authors did not find any difference in the level of PADS and the level of depressive symptoms previously reported in the general male population. This suggests that the antenatal period should not be viewed as a specifically depressogenic period in men. Third, the authors used different instruments to assess PADS (ie, Edinburgh Postnatal Depression Scale) and PPDS (ie, 9-item Patient Health Questionnaire). This methodological option is problematic because it hampers reliable comparisons between prevalence estimates. Observed differences in prevalence estimates may merely reflect differences in the psychometric and screening properties of the instruments that have been used to assess PADS and PPDS.

Raising concern among the public toward virtual risk factors that have not been empirically identified may have counterproductive effects in terms of health promotion. Indeed, such practices may lead to pointlessly increasing the amount of stressors among the populations of interest and have negative consequences for individuals prone to rumination.² Therefore, although we recognize the efforts and merits associated with the relatively large-scale study conducted by the authors on new populations, we draw readers’ and policy makers’ attention to the potential negative impact of launching prevention programs on the basis of insufficient information. As the authors’ data show, there is—fortunately—weak evidence for increased depression prevalence in new fathers.

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1. Underwood L, Waldie KE, Peterson E, et al. Paternal depression symptoms during pregnancy and after childbirth among participants in the Growing Up in New Zealand Study. *JAMA Psychiatry*. 2017;74(4):360-369.

2. Chadwick AE, Zoccola PM, Figueroa WS, Rabideau EM. Communication and stress: effects of hope evocation and rumination messages on heart rate, anxiety, and emotions after a stressor. *Health Commun*. 2016;31(12):1447-1459.