How Is Postpartum Depression Currently Diagnosed and Managed? Insights From A Virtual Patient Simulation

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BACKGROUND

The goal of this study was to determine physician performance in the diagnosis and effective management of postpartum depression (PPD) and to provide needed education in the consequence-free environment of a virtual patient simulation (VPS).

METHODS

A continuing medical education activity was delivered via an online VPS learning platform that offers a sophisticated decision engine, and clinical guidance (CG) based on current evidence-based tools/scales, diagnosis, and pharmacologic treatments based on severity. Given that VPS immerses physicians in an authentic, practical learning experience matching the scope of intervention can be used to determine clinical practice gaps and translate knowledge into practice.

RESULTS

From pre- to post-CG in the simulation, physicians were more likely to make evidence-based clinical decisions relative to:

- Ordering appropriate baseline tests including tools/scales to screen for PPD in case 1. Psychiatrists (n=105) improved from 32% to 38% on average (P<0.001), PCPs (n=20) improved from 34% to 43% on average (P<0.001), and OB/GYNs (n=22) improved from 28% to 35% on average (P<0.001) (Figure 4).
- Diagnosing moderate-to-severe PPD in case 2. Psychiatrists (n=62) improved from 44% to 55% (P<0.001), PCPs (n=19) improved from 45% to 55% (P<0.001) and, OB/GYNs (n=14) improved from 52% to 62% (P<0.001) (Figure 5).
- Ordering appropriate treatments for moderate-to-severe PPD such as selective serotonin-reuptake inhibitors in case 2. Psychiatrists (n=62) improved from 42% to 70% (P<0.001), PCPs (n=19) improved from 50% to 62% (P<0.001) and, OB/GYNs (n=14) improved from 50% to 70% (P<0.001) (Figure 6).
- Top rationales for selection of selective serotonin-reuptake inhibitors for Psychiatrists and PCPs were better tolerability/safety profile, lower cost, and potential for use in pregnancy. OB/GYNs most frequently selected SSRI because of its use, better tolerability/safety profile, and cost-effective option.

- Improving the overall percentage of physicians’ average of 50% choice for evidence-based treatments in PPD which were in clinical trials pre-CG, and this increased to an average of 9% post CG.

CONCLUSION

Physicians who participated in VPS-based education significantly improved their clinical decision-making in PPD, particularly in selection of validated screening tools/scales, diagnosis, and pharmacologic treatments based on severity. Given that VPS immerses physicians in an authentic, practical learning experience matching the scope of intervention can be used to determine clinical practice gaps and translate knowledge into practice.

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REFERENCE