High- versus low-intensity interventions for perinatal depression delivered by non-specialist primary maternal care providers in Nigeria: cluster randomised controlled trial (the EXPONATE trial)

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Based on the hypothesis that contextually appropriate interventions delivered by primary maternal care providers (PMCPs) might be effective in reducing the treatment gap for perinatal depression, this study compared high-intensity treatment (HIT) with low-intensity treatment (LIT) for perinatal depression. A cluster randomised clinical trial was conducted in Ibadan, Nigeria in 29 maternal care clinics allocated by computed-generated random sequence (15 HIT, 14 LIT). Interventions were delivered individually by trained PMCPs to pregnant women diagnosed with major depression. The LIT consisted of the basic psychosocial treatment specifications in the World Health Organization Mental Health Gap Action Programme – Intervention Guide, while HIT comprised LIT plus eight weekly problem-solving therapy sessions with possible additional sessions determined by scores on the Edinburgh Postnatal Depression Scale (EPDS). The primary outcome was remission of depression at 6 months postpartum (EPDS < 6).

There were 686 participants, of whom 452 received HIT and 234 LIT. Follow-up assessments showed remission rates of 70% with HIT and 66% with LIT. HIT was more effective for severe depression and resulted in a higher rate of exclusive breastfeeding. Infant outcomes and cost-effectiveness were similar in both groups.

Except among severely depressed perinatal women, the study found no strong evidence to recommend HIT in preference to LIT in routine primary maternal care.

This paper is the result of an extensive collaboration between the LDI and researchers at the College of Medicine, University of Ibadan, Nigeria.

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