

APPENDIX 24:

HEALTH ECONOMICS EVIDENCE ON MOTHER AND BABY

UNITS

BOATH2003

Boath, E., Major, K. & Cox, J. (2003) When the cradle falls II: the cost-effectiveness of treating postnatal depression in a psychiatric day hospital compared with routine primary care. *Journal of Affective Disorders*, 74, 159–166.

Study, year and country	Intervention details	Study population Study design – data source	Study type	Costs: description and values Outcomes: description and values	Results: cost effectiveness	Comments Internal validity (Yes/No/NA) Industry support
Boath <i>et al.</i> , 2003 UK	<p><u>Intervention:</u> Specialised psychiatric parent and baby day hospital unit (PBDU)</p> <p><u>Comparator:</u> Routine primary care (RPC) provided by GPs and health visitors with occasional referrals into secondary care</p>	<p>Women with a baby aged between 6 weeks and 1 year, EPDS score ≥ 12 and a diagnosis of major or minor depressive disorder according to RDC; exclusion criteria: puerperal psychosis, schizophrenia, history of drug or alcohol abuse, women not speaking English</p> <p>Data source for effect-size measures and resource use: prospective cohort study N = 30 in each arm</p>	<p>Cost-effectiveness analysis</p>	<p><u>Costs:</u> Healthcare costs: Staff: GPs, health visitors, CPNs, mental health resource centre, PBDU Inpatient and day care Capital costs and equipment of PBDU</p> <p>Antidepressant medication Patient costs: transport, childcare Patient time losses: employment, housework, leisure</p> <p>Total costs (referring to 30 women per arm): PBDU group: £46,211 RPC group: £18,973 ΔC: £27,238, $p < 0.001$</p>	<p>ICER of PBDU versus RPC: £1,945 per successfully treated woman</p> <p>Cost-effectiveness ratio of RPC: £2,710 per successfully treated woman.</p> <p>Authors' conclusion: PBDU more cost effective than RPC</p>	<ul style="list-style-type: none"> • Perspective: societal • Currency: UK £ • Cost year: 1992/93 • Discounting: 6% for capital costs • Time horizon: 6 months • Outcome measures collected by interviews; direct and indirect cost estimates based on resource-use data derived from structured interviews, self-report scales, and retrospective analysis of

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				<p><u>Primary outcome:</u> Number of women successfully treated; recovery defined as no longer fulfilling RDC for major or minor depressive disorder</p> <p>PBDU group: 21 women successfully treated</p> <p>RPC group: 7 women successfully treated $\Delta E = 14, p < 0.001$</p>	<p>Results sensitive to exclusion of costs associated with non-significantly different resource use, that is, medication and GP/health visitor costs</p>	<p>case-notes</p> <ul style="list-style-type: none"> Validity score: 20/5/10