

**Session Information:** Platform Session: Underserved Populations I

**[3545.2] Continuity and Resolution of Depressive Symptoms in Low Socioeconomic Status (SES) Mothers at 6 and 14 Months Postpartum**

Cynthia B. Cutler, Benard P. Dreyer, Samantha B. Berkule, Cori Green, Lori A. Legano, J. Lawrence Aber, Alan L. Mendelsohn.. Pediatrics, NYU School of Medicine - Bellevue, NY, NY; Steinhardt School of Education, New York University, NY, NY.

**BACKGROUND:** Periodic screening of mothers with young children for depressive symptoms (sx) has been recommended. There has been limited study of either stability of sx over time or the predictors of change.

**OBJECTIVE:** To assess stability of depressive sx in low SES mothers at 6 and 14 mos postpartum, and to identify predictors of continuity and resolution of sx.

**DESIGN/METHODS:** We performed an analysis of mothers enrolled postpartum in an urban public hospital and followed as part of a larger study. Inclusion: language English/Spanish, no medical complications. Depressive sx were assessed at 6 and 14 mos (Patient Health Questionnaire-9; positive screen: score $\geq$ 5). Also assessed: material hardship (financial problems, food insecurity, poor housing conditions), social risks (substance use, victim of violence, incarceration, child protection), relationship problems with father, sociodemographics, acceptance of referral for mental health services at 6 mos.

**RESULTS:** 112 mothers were screened for depression at both 6 and 14 mos, with 89% low SES, 87% Latina. 23% and 24% of mothers screened positive at 6 and 14 mos (McNemar  $p=1.0$ ). 35% of positives at 6 mos were negative at 14 mos (see Table), while 12% of negatives at 6 mos were positive at 14 mos ( $\kappa=0.53$ ,  $p<.001$ ). In unadjusted analyses, among 26 positives at 6 mos, factors associated with resolution of sx at 14 mos included lack of relationship problems ( $p=0.001$ ), with a trend for lack of social risks ( $p=0.11$ ); among 86 negatives at 6 mos, factors associated with becoming positive at 14 mos were material hardship ( $p=0.03$ ) and social risks ( $p=0.03$ ). In stepwise multiple logistic regression, predictors of 14 mo positive screen were 6 mo screen (AOR 16.8, 95% CI 4.6, 62.0), social risks (AOR 4.6, 95%CI 1.3, 16.4) and relationship problems (AOR 3.9, 95% CI 1.1, 13.6). Other variables were not independently associated with 14 mo positive screen.

	14 mo PHQ-9		
6 mo PHQ-9	Positive	Negative	Total
Positive	17 (65%)	9 (35%)	26
Negative	10 (12%)	76 (88%)	86

**CONCLUSIONS:** Rate of positive screen was similar at 6 and 14 mos. 6 mo screen was the strongest predictor of 14 mo screen. Presence of social risks, relationship problems, and material hardship were related to stability. Periodic screening is indicated with referral for services that address issues underlying sx in low SES women.

Research support: NICHD R01 HD047740-03.

First Author is a Fellow in Training

E-PAS2008:633545.2