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Variations in the evaluation of the Edinburgh Postnatal Depression Scale in different psychotic states and language versions

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Introduction: Patients with postpartum depression may have an increased risk of developing schizophrenia or bipolar affective psychosis. Conversely, women with schizophrenia may have a higher risk of developing depression during the perinatal period, which could be screened using the EPDS. The presence of cutoff effects complicates the statistical analysis of the Edinburgh Postnatal Depression Scale (EPDS). Sensitivity and specificity, two key parameters, cannot be treated as independent variables in such cases. To improve the precision of EPDS evaluations across different populations, versions with multiple cutoff points are preferable. While linear regression correlations may produce statistically significant results, they can be misleading when nonlinear relationships are present. In these instances, alternative statistical methods are recommended, such as hierarchical (Bayesian) models, bivariate (random effects) models assuming normal distribution, and joint modeling of sensitivity and specificity. Additionally, models with multiple cutoff values for sensitivity and specificity are particularly useful.
Objectives: This study aims to review the literature and assess the validity of the EPDS in its various language versions and across different psychotic states.
Methods: The literature data on the EPDS, across different language versions and psychotic states, was statistically analyzed, focusing on specificity, sensitivity, and the influence of cutoff thresholds.
Results: The analysis of 42 pairs of sensitivity and specificity data using linear regression showed a statistically significant moderate negative correlation (Pearson's r $=-0.4342$, p = 0.0018). Visual aids such as the histogram and Q-Q plot indicated the absence of normal distribution, confirmed by formal normality tests. The normality test results were as follows: Kolmogorov-Smirnov: D(84) = 0.135, p<0.001; Shapiro-Wilk: W = 0.817, p<0.001.
Conclusions: The Kruskal–Wallis one-way ANOVA test revealed statistically significant differences among the three variables (sensitivity, specificity, and cutoff threshold), with a test statistic of H(2) = 79.647, p<0.001. The Receiver Operating Characteristic (ROC) curve is widely regarded as the most reliable tool for representing the relationship between sensitivity, specificity, and cutoff thresholds across different language versions of the EPDS. These variations account for cultural and national characteristics, which play a significant role in the scale's overall validity.

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Investigating the experience of transgender inmates: a systematic review of qualitative studies

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Introduction: Research on transgender issues has significantly advanced in recent years, yet transgender individuals in correctional facilities (CF) remain an overlooked and vulnerable population. Transgender inmates (TGI) within CF face intersectional and systemic challenges, particularly concerning housing placement, access to gender-affirming treatments, and mental health support.
Objectives: This systematic review of qualitative studies aims to explore the experience of TGI in CF.
Methods: Medline, Embase, Scopus, PsychInfo, and CINAHL were searched for studies on TGI in CF published until 31 December 2023. Qualitative studies capturing the voices of TGI detained in CF at the time of data collection were eligible for inclusion. Two independent reviewers extracted key constructs (researcher interpretations) and narratives (participant voices), categorizing them into labels and analytical themes. Intensity (I) and frequency (F) were calculated for each theme as the proportion of labels and studies associated with that theme, respectively. Following a socio-constructivist approach, a meta-synthesis was performed to create a new conceptual framework capturing the subjective experiences of TGI in CF. The study was registered with PROSPERO, CRD42023456340.
Results: From 641 studies initially identified, 33 full texts were analyzed, leading to a selection of 13 qualitative studies of TGI in CF. Ten main themes emerged, based on 537 coded labels: (1) feelings and identity (F:92.3%, I:29.1%); (2) mental and physical violence (F:84.6%, I:12.5%); (3) social issues and connections (F:76.9%, I:11.0%); (4) housing (F:76.9%, I:10.2%); (5) mental and physical health (F:61.5%, I:8.8%); (6) discrimination (F:53.8%; I:6.9%); (7) therapy (F:46.1%, I:6.2%); (8) definition and language (F:38.4%, I:11.6%); (9) coming out (F:38.4%, I:2.6%); (10) expectations (F:15.3%, I:1.3%). These findings inform the proposed Safety Model, a new framework for understanding TGI experiences in CF.
Conclusions: CF, as a total institution, with binary and heteronormative characteristics, often fails to ensure the safety of TGI. This review underscores incarceration as a significant social determinant of health for TGI. A comprehensive policy reform and targeted staff training should be promoted to foster inclusive and supportive correctional environments and improve the safety and health of TGI.

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