

ECONOMIC EVALUATION OF DETECTION, TREATMENT, AND PREVENTION INTERVENTIONS FOR PERINATAL MOOD AND ANXIETY DISORDERS: A SYSTEMATIC REVIEW

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INTRODUCTION

- One in five women is impacted by perinatal mood and anxiety disorders (PMADs).
- Clinical guidelines and recommendations for screening, treatment, and prevention of PMADs are well established; however, intervention is rare and inconsistent.
- Summarizing the evidence on interventional cost-effectiveness is needed to support evidence-based policy, payment, and practice.
- This systematic review aimed to synthesize the evidence on the cost-effectiveness of interventions for detecting, treating, and preventing PMADs.

METHODS

- This review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines and is registered on PROSPERO (CRD42024528777). Scan QR to review protocol in PROSPERO.
- CHEC and ECOBIAS were used to assess risk of bias



RESULTS

- 1,800 deduplicated titles and abstracts screened; 67 full texts assessed for eligibility
- 34 included studies (n=215,722 participants)
- Twenty-nine (85.3%) interventions were cost-effective (CE) (Figure 1)
- CE evaluations from perspectives of healthcare system (n=13; 44.8%), payer (n=8; 27.6%), societal (n=7; 24.1%), public (n=1; 3.4%)
- Twenty (69%) CE interventions included a time horizon ≥ 1 year
- Five of six (83.3%) non-CE interventions included a time horizon ≤ 1
- Studies were heterogeneous in design, population, and intervention types

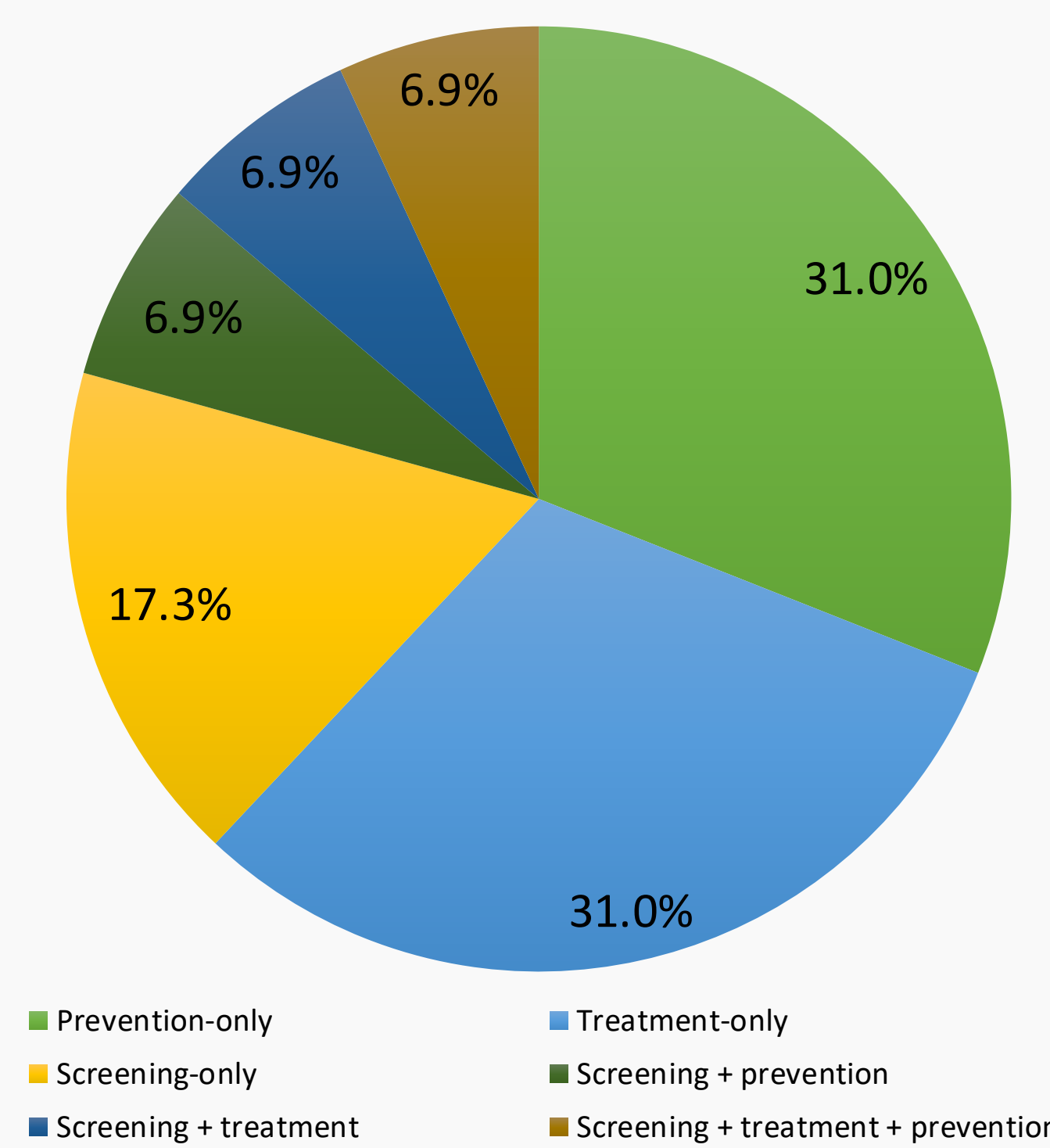
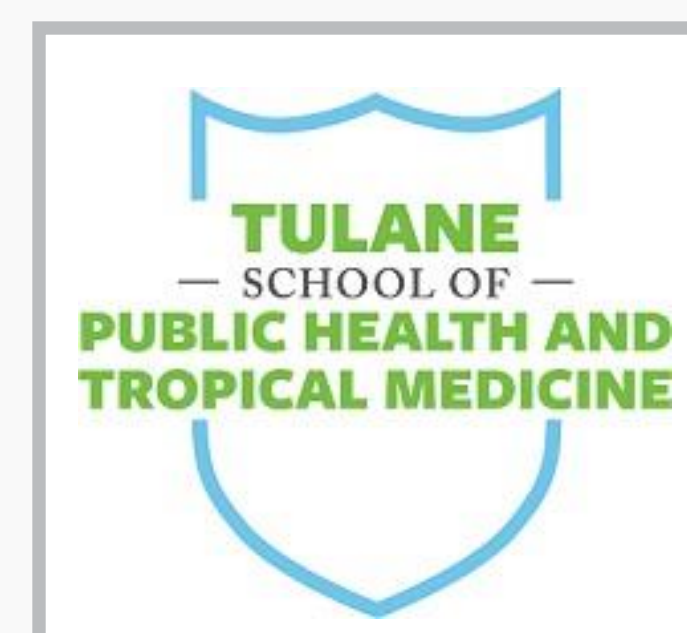


FIGURE 1. COST-EFFECTIVE INTERVENTIONS

DISCUSSION

- Despite heterogeneity across study populations, methods, and interventions, the evidence is clear: any intervention is better than no intervention or treatment as usual.
- Policy and payment improvements are needed to accelerate the sustainable uptake of evidence-based healthcare delivery practices to address PMADs.



Screening, treatment, and prevention interventions to address Perinatal Mood and Anxiety Disorders are *cost-effective* from the perspectives of healthcare systems, payers, and society.